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**ASSESSMENT-OF-UTILIZATION-OF-CONTRACEPTIVES-AMONG-WOMEN-IN-  
EFFUTU-MUNICIPALITY-IN-THE-CENTRAL-REGION, GHANA**

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### **Abstract**

The aim of the Ghana National Contraceptive Security is to provide a conceptual approach at achieving a Contraceptive Prevalence Rate (CPR) of 50 percent by 2020. Despite the various activities carried out by Reproductive Health Unit (RHU) across the country on contraceptives, there is an unmet need of 35 percent which largely could be as a result of wrong perceptions or certain myths people have on contraceptives and side effects associated with them. The study assessed the utilization of contraceptives among women (15 – 49 years) in Effutu Municipality in the Central Region. Descriptive cross-sectional survey design was used to collect quantitative data. Questionnaire was used to collect the data from 277 women. A multi-stage sampling technique was used to select the respondents. Statistical Package for Solutions and Service (SPSS) version 21.0 and Microsoft Office Excel (2013) were used to analyze the data collected. The results demonstrate that the knowledge and utilization level on contraceptives was high (87%). The results show that contraceptive use is greatly influenced by husband's approval. Educational programmes on family planning should target men so as that they could allow their partners to use contraceptives. It is recommended that there should be an intensification of educational programmes particularly to address the issue of side-effects perceived to be associated with the use of contraceptives.

**Keywords: Contraceptives; Prevalence Rate; Reproductive Health; Utilization**

## INTRODUCTION

In 2000, 189 nations, pledged to free people from extreme poverty and multiple deprivations by adopting the United Nations Millennium Declaration, which culminated in the declaration eight Millennium Development Goals (MDG's). It was agreed that family planning contributes to sustainable development, health and well-being of mothers, their children and gender equity Abramowicz (2007). However, the implementation of family planning services in Africa is challenged by poverty, poor access to family planning services and commodities, conflicts situations, inadequate coordination of programmes and dwindling donor funding Addai (1996).

In sub-Saharan Africa, 23 percent of married women are using some form of contraception out of which 18 percent with a modern method and 5 percent with a traditional method. However, 25 percent of women report having an "unmet need", meaning that they would prefer to stop having children or delay their next birth, but are not using any method of family planning. It is therefore significantly important to meet this unmet need as a step towards improving reproductive health in sub-Saharan Africa [3]. According to Kwapong (2008), the health of women have direct impacts on the health of the family and society, thus, it becomes very critical for national development, and this is certainly so in Ghana. As in other cultures, socio-cultural, economic and biological factors impact on the health of Ghanaian women. Contraceptive use has been found to be very low among Ghanaians, probably due to negative socio-cultural perceptions, for instance a married woman who uses contraceptives may be suspected of having an extra-marital sexual relationship (Agyarkor, 2003). The Ghana living standard survey 4 showed that only approximately 15 percent of women reported that they or their partner were using a contraceptive (Kwapong, 2008).

Between 2000 and 2025, it is estimated that overall contraceptive prevalence at the world level needs to increase from 63 percent to 67 percent in order to make possible the reduction of total fertility from 2.8 children per woman to 2.3 children per woman as projected in the medium variant of the 2002 revision of the United Nations population projection (United Nation, 2002). To intensify global momentum to expand access to contraceptives could be an opportunity for reproductive health programmes in resource-limited settings (Bellizzi, Sobel, Obara1, & Temmerman, 2014). In Ghana, government support for methods of contraception has been rising

steadily since 1975. A lot of efforts has been made to support family planning programmes and the distribution of contraceptives, either directly through government facilities by the Ministry of Health (MoH), or indirectly through support of the activities of Non-Governmental Organizations (NGO's) (MoH, 2010).

Half the adult life of a woman is spent in the reproductive years, where there is an increase in sexual activities among. The WHO reports that, many women are presented with a stark set of scenarios: risk of death, disability and lower educational and employment potential, after becoming pregnant without intention (WHO, 2005b). Every year, about 87 million women face pregnancy with dismay (Bellizzi et al., 2014). Furthermore, many undesired pregnancies end in induced abortion (Cleland & Ali, 2004). Contraceptive use has increased in many parts of the world (WHO, 2013), with global contraceptive prevalence showing an upward trend and unmet needs showing a downward trend (Alkema, Kantorova, Menozzi & Biddlecom, 2013; Darrich and Singh, 2013), from 54 percent in 1990 to 57 percent in 2012 (WHO, 2013). In Africa, it went from 23 percent to 24 percent (WHO, 2013), however, the absolute number of married women who either do not use contraception or who have an unmet need for family planning is projected to grow (Alkema et al., 2013; Darrich & Singh, 2013).

An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. This inequity is fueled by both a growing population, and a shortage of family planning services (WHO, 2013). In Africa, 53 percent of women of reproductive age have an unmet need for modern contraception (WHO, 2013). According to Agyarkor (2003), the reproductive health knowledge on contraceptive usage is low, especially among the rural population in Ghana. The Ghana Statistical Service (GSS) report 2004 revealed that, only 25 percent of married women in the country are currently using modern contraceptives method, and this is also reflected in almost every region in the country. The central region, as at the end of the year 2013 had its contraceptive acceptor rate to be 26.6 percent (Regional Health Directorate, 2013).

In the Effutu Municipality of Central Region, the 2013 Municipal Health Directorate Annual Report indicates that contraceptive prevalence rate among Women in Fertility Age (WIFA) is 9.3 percent (Effutu Municipal Health Directorate, 2013). There is, however, no documentation on the causes of the low utilization of contraceptive services within the municipality. This study

therefore seeks to assess the level of contraceptive use among women in the Effutu Municipality in the Central Region and recommend ways to improve the situation in the area.

### Design and Methods

A descriptive cross-sectional design was used to assess the utilization of contraceptives among women in their fertility age (15 – 49 years) living within the Effutu Municipality quantitatively. A sample of two hundred and eighty one (281) women were used and this was determined by the following factors: estimated contraceptive prevalence rate for women in reproductive age at national level (24%); the confidence level at 95 percent; and the margin of error at 5 percent. The formula below was used to calculate the sample size:

$n = [((t^2) * p(1-p)) / m^2]$  Where:

**n** = required or desired sample size

**t** = confidence level at 95 percent (standard value of 1.96)

**p** = estimated contraceptive prevalence rate for women in reproductive age at national level (24% or 0.24)

**m** = margin of error at 5 percent (standard value of 0.05)

Hence  $n$  was calculated as follows:

$$n = ((1.96)^2 * (0.24) * (1-0.24)) / (0.05)^2$$

$$n = ((3.8416) * (0.24) * (0.76)) / (0.0025) = 280.2 \sim 281$$

A multi-stage sampling technique was used to select samples for the study. The purposive sampling method was used to select all the four (4) sub-municipals so that the results could be a true representation of the entire municipality. The simple random sampling method was

employed to select thirty (30) communities based on the proportion of the number of communities within each sub-municipal. The convenience sampling procedure was then used to select the first house to enter and all eligible women in that house were interviewed. The remaining houses were selected by serial proximity and this was done in all the thirty (30) communities.

A structured questionnaire was developed by the researchers based on the research questions and used as the instrument to gather data for the study after a pilot test of the items on the questionnaire. The instrument had a reliability coefficient of 0.773 on the cronbachs alpha scale. Suitable statistical procedures were used to generate frequency percentages, tables and charts to describe the output of the data for all the three research questions. Two weeks was used to collect the data, from 12<sup>th</sup> -24<sup>th</sup> March, 2015. Statistical Package for Solutions and Service (SPSS) version 21.0 and Microsoft Office Excel (2013) were used to analyze the data collected.

## **Results**

Out of a total of 281 questionnaires administered, 277 respondents responded and returned the questionnaires giving a response rate of 99 percent. The results of the study is in two divisions; the presentation of background data and the presentation of main data.

**Table 1: Background Information of Respondents (n=277)**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Age Groups</b>		
15 – 19	43	15.5
20 – 29	111	40.1
30 – 39	85	30.7
40 – 49	38	13.7
<b>Marital status</b>		
Married	138	49.8
Single	96	34.7
Divorced	15	5.4
Separation	8	2.9
Widowed	5	1.8
Co-habitation	15	5.4
<b>No. of Children</b>		
None	66	23.8
1 child	89	32.1
2 children	53	19.1
3 children	36	13.0
4+ children	33	11.9
<b>Educational Background</b>		
No formal education	29	10.5
Primary	45	16.2
JHS/middle school	82	29.6
SHS/vocational	46	16.6
Tertiary	75	27.1
<b>Occupation of Respondents</b>		
Farmer	15	5.4
Trader	79	28.5
Businesswoman	71	25.6
Teacher	34	12.3
Unemployed	36	13.0
Nursing	42	15.2
<b>Religion</b>		
Christian	233	84.1
Islam	38	13.7
Pagan	6	2.2

Source: Field Data, 2015

Table 1 shows that out of the 277 respondents interviewed, majority of them (40%) were within the age group of 20 – 29 years. This shows that family planning commodities are highly patronized by the economically active age group within the population. Furthermore, majority (50%) of the respondents were married.

In addition, 76.2 percent of the respondents had at least one child at the time of interview.

Majority of the respondents (30%) had education up to the JSS/JHS/Middle school level. This finding is consistent with the findings of the report of the GSS (2015) which indicates that only 4% of women have their educational level above secondary level. The educational level of people has a great effect on contraceptive use, it is believed that educated people are more likely to use contraceptive than non-educational people in Ghana. In addition, 87 percent were found to be engaged in some form of employment. In terms of religious affiliation, 84 percent were Christians.

### Knowledge on the Use of Contraceptives

**Table 2: Respondents' understanding of contraception**

Statements	Frequency	Percentages (%)
Drugs taken to prevent pregnancy	238	85.9
Drugs taken to enhance pregnancy	6	2.2
Devices to prevent STIs	15	5.4
Spacing of pregnancy	18	6.5
<b>Total</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

Table 2 presents information on the understanding respondents have on contraceptive. Among the respondents, majority of the respondents (86%) stated that contraceptives are drugs taken to prevent pregnancy.



**Table 3: Respondents awareness on contraceptive methods**

Contraceptive methods	Frequency	Percentages (%)
Condom	177	15.5
Birth pill	155	13.6
Emergency contraception	109	9.5
Injectable	205	17.9
Implants	134	11.7
IUD	110	9.6
LAM	49	4.3
Withdrawal (Coitus Interruptus)	83	7.3
Fertility awareness	54	4.7
Sterilization	67	5.9
<b>Total</b>	<b>1143*</b>	<b>100.0</b>

Source: Field Data, 2015 \*Multiple response,  $n = 277$

Table 3 shows respondents' knowledge on the awareness of contraceptive methods. Among the contraceptives, the most known was Injectable (17.9%), and condom (15.5%).

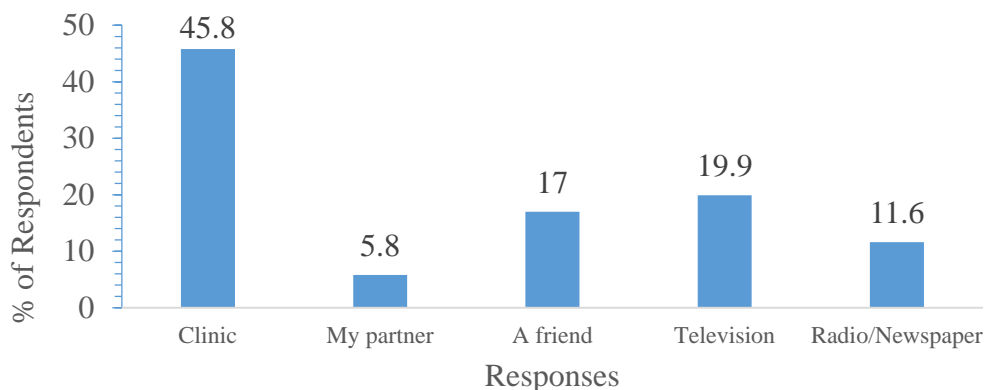
**Table 4: Knowledge on some Traditional Ways of Contraception**

Methods	Frequency	Percentages (%)
Herbal preparation	33	11.9
Insertion of herbs into vagina	15	5.4
Enema	57	20.6
Douching	27	9.7
No idea	145	52.3
<b>Total</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

As shown in Table 4, it was clear that 132 (48%) of the respondents knew some of the traditional methods of achieving contraception and even went further to mention some of them. Traditional enema use was seen as the commonest with 57 (20.6%) while 15 (5.4%) said insertion of herbs into the vagina. However, more than half of the respondents (52.3%) had no knowledge about the existence of any traditional method of contraception. The finding shows

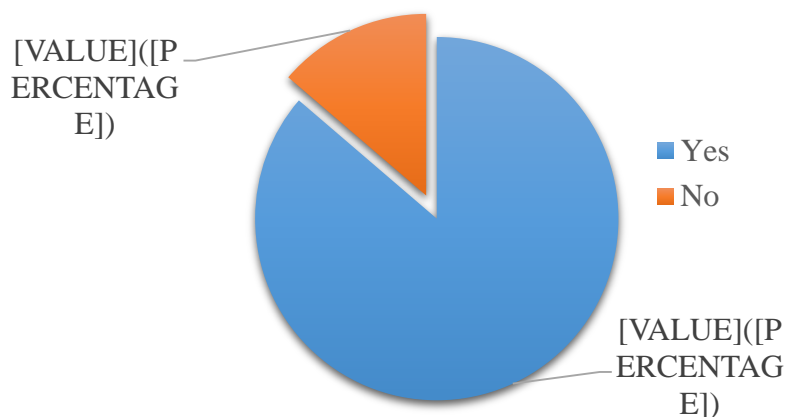
that educational activities on modern contraceptive use have been very effective as it is evident from the analysis that more than half of the respondents did not know even one traditional way of contraception.



**Figure 2: Respondents first source of information on Contraceptive**

Source: Field Data, 2015

From Figure 2, it was clear that, all the respondents who knew at least one method of contraception (modern or traditional) got their information from myriad of sources. It emerged from the analysis that respondents’ major source of information on contraceptives was the clinic (46%). This could be attributed to the multiplicity of health facilities in the communities as an effort to bringing health care services to the doorsteps of every individual through the CHPS programme. About 55 (20%) respondents stated television, with 47 (17%) quoting friends as their first source of information on contraceptives.

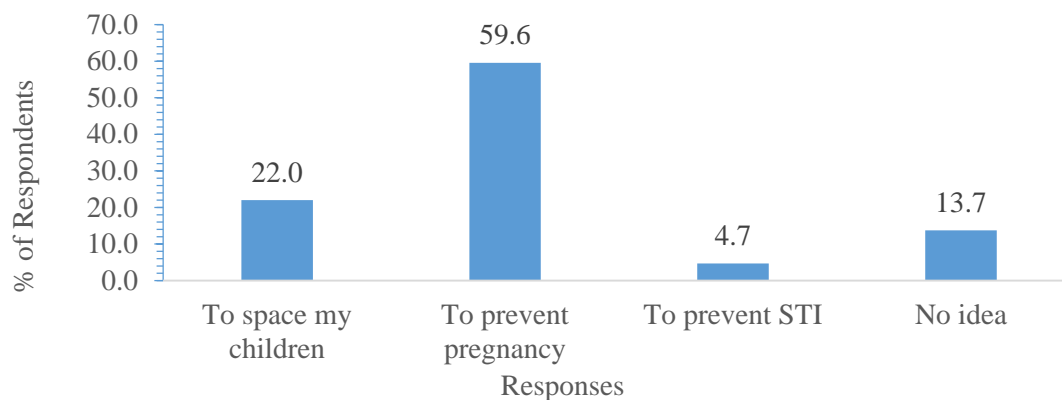


**Figure 3: Responses on whether respondents have used contraceptive method before**

Figure 3 is a summary of responses on whether respondents have used contraceptive method before. Among the 277 respondents, 86 percent of them reported that they have used a contraceptive method before. Out of the respondents who had used contraceptives before (239),

majority 97 (41%) of them used Injectables. The study revealed that majority of respondents were married (50%), juxtaposing this with the contraceptive method used, the study showed that the most common contraceptive method used by married women is injectables.

It could be deduced from the analysis that, the high level of knowledge on contraception among the respondents had a direct impact on the total percentage of the respondent using any form of contraception which was 86 percent. The evidence is clear that good knowledge on contraceptive could have a bearing on the use of contraceptive, a sharp contrast to the assertion by Mustafa et al. (2005), Saluja et al. (2006) and Akyeah (2007), which sort indicate that there is a gap between contraceptive knowledge and contraceptive utilization, but this study found otherwise.



**Figure 4: Respondents' reason for contraceptive use**

Source: Field Data, 2015

Figure 4 indicates the reasons why the respondents use contraceptive, out of 277 respondents interviewed, a large proportion (60%) used contraceptives because they wanted to prevent pregnancy whiles 22 percent used contraceptives because they wanted to space their children. However 14 percent had no idea about the importance of contraceptives likely because they had never used contraceptives before.

### Perception about Contraception

**Table 5: Responses on traditional beliefs and superstitions that affect the use contraceptives**

Superstition	Frequency	Percentages (%)
People who use contraceptive turn to be obese	36	13.0
Links you as engaging in extra marital affairs	12	4.3
Reduce fertility	31	11.2
Disrupts menstrual cycle	32	11.5
It is a sin	24	8.7
No belief or superstition	142	51.3
<b>Total response</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

Table 5 shows that out of the 277 respondents interviewed, 51 percent indicated that traditional beliefs or superstition do not prohibit the use of contraceptives. However, the rest (48.7%), who believed there were some traditional believes and superstition towards contraceptives gave diverse examples of them. Majority, 36 (13.0%) of the respondents believed that people who use contraceptives turn to be obese, with 12 (4.3%) of the respondents perceiving that the use of contraceptives creates an avenue for one to engage in extra marital affairs.

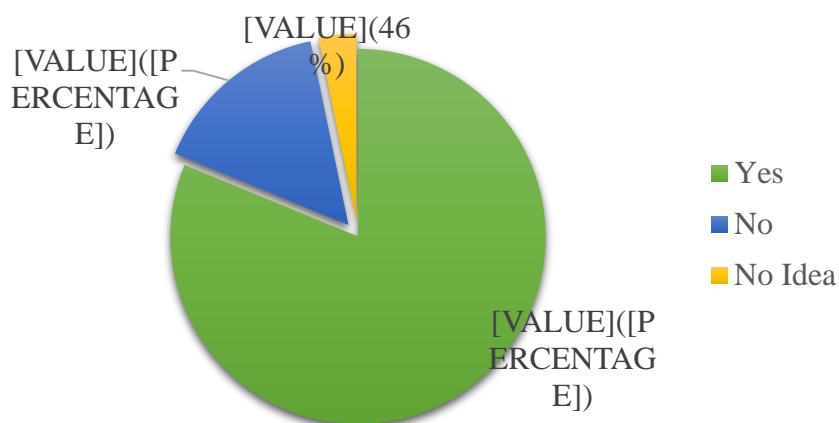
**Table 6: Perception on who determines when to use contraceptive method**

Category people	Frequency	Percentages (%)
Husband/Partners	88	31.8
In-laws	4	1.4
Nurses	19	6.9
Self	0	0.0
No idea	166	59.9
<b>Total</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

Table 6 presents information on the respondents' perception of the person/persons who determines when to use contraceptive method. The analysis revealed that 88 (32%) of the respondents have the perception that their husbands/partners determines when to use contraceptive method. Surprisingly, none of the respondents mentioned themselves as the person to determine when to use a contraceptive.

### Factors Influencing the Use of Contraception



**Figure 5: Availability of contraceptive in the community always**

Source: Field Data, 2015

From Figure 5, majority of respondents, 225 (81%) reported that contraceptives were available at all times in their communities.

**Table 7: Place of accessing contraceptive method**

Places	Frequency	Percentages (%)
Clinic	163	58.8
Pharmacy	92	33.2
TBA/CBSVs	13	4.7
Friends	0	0.0
No idea	9	3.2
<b>Total</b>	<b>277</b>	<b>100</b>

Source: Field Data, 2015

Table 7 shows that, most of the contraceptive methods used by respondents were accessed from diverse sources with clinics (any health facility) being the most common source known to them (58.8%). About 92 (33%) of respondents stated that they accessed contraceptive method from pharmacy.

**Table 8: The cost of acquiring contraceptive**

<b>Responses</b>	<b>Frequency</b>	<b>Percentages (%)</b>
Free	11	4.0
Cheap	118	42.5
Moderate	108	39.0
Expensive	24	8.7
No idea	16	5.8
<b>Total</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

Table 8 indicates that the cost of acquiring contraceptive was cheap (43%). The cost related to the use of modern contraceptive has been a barrier to contraceptive use.

**Table 9: How respondents arrived at the contraceptive method to use**

<b>Response</b>	<b>Frequency</b>	<b>Percentages (%)</b>
Chose it myself	207	74.7
Imposed by the service provider	21	7.6
My partners choice	20	7.2
No consultation	29	10.5
<b>Total</b>	<b>277</b>	<b>100.0</b>

Source: Field Data, 2015

As shown in Table 9, majority of respondents (75%), indicated that the service providers allowed them to make their own choice. The result support the findings of the studies by Yasmin (2007) and El-khouny (2013), which sort to say that service providers impose methods for clients.

**Table 10: Some side effects experienced by Respondent**

Side effect	Frequency	Percentages (%)
High blood pressure	17	7.1
Weight gain	46	19.2
Depression	11	4.6
Headache	4	1.7
Abdominal pain	10	4.2
Menstrual pain	16	6.7
Irregular menstrual periods	36	15.0
Nausea	16	6.7
Irritation	2	0.8
No side effect	82	24.3
<b>Total</b>	<b>239**</b>	<b>100.0</b>

*\*\*Number of respondents who experienced the side effects of using contraceptives*

Source: Field Data, 2015

Table 10 shows that out of 239 respondents who have ever used contraceptive, 76 percent had ever experienced side effect and out of them, a higher proportion (19%) reported gaining weight as a side effect experienced.

**Table 11: Reaction after experiencing the side effect**

Reactions	Frequency	Percentages (%)
Stopped using any contraceptive	29	12.1
Continued to use the method	73	30.5
Changed the method	28	11.7
Went to the FP clinic	77	32.2
Bought some drugs from the drug store	32	13.4
<b>Total</b>	<b>239**</b>	<b>100.0</b>

*\*\*Number of respondents who experienced the side effects of using contraceptives*

Source: Field Data, 2015

Table 11 presents the reaction of respondents after experiencing the side effect of contraceptive usage. About 11-12 percent of the respondents stated that they stopped using any contraceptive and change the method after experiencing its side effect whiles 30.5 percent indicated that they continued the usage of the contraceptive.

## Discussions

Contraceptive is largely used by couples or married people. Women in general marry at an early age especially those in the rural areas. According to the Ghana demographic health survey (GSS) (2015), one-third of women in Ghana married by age 18 with women in the rural area's marrying three years earlier than women in the urban areas. Clearly, almost everybody interviewed had good knowledge on contraceptive which is consistent with the GSS (2015) which indicated that knowledge on family planning is universal. It thus agree with the study conducted by Mustafa et al., (2005) which revealed that 81 percent of respondents interviewed had knowledge on contraception.

The majority of the respondents were able to define contraception as device used to prevent pregnancy and to space birth, which also conforms to the definition of Nordqvist (2009) who defined contraception as the use of various device, drugs, agents, sexual practices or surgical procedures to prevent conception or pregnancy. The findings regarding contraceptive methods were consistent with the findings of the GSS (2015) which indicated that most commonly contraceptive methods known by Ghanaians are injectables, implants and the pills. The awareness created by media and other mediums on condom usage is very high as compared to the other methods. This rise in knowledge could be partly due to greater familiarity with the methods. The low knowledge on methods such as sterilization (male and female) seen in the results of this study thus confirms the results of the work by the Women's Health and Action Centre (1999).

It could be deduced from the analysis that, the high level of knowledge on contraception among the respondents had a direct impact on the total percentage of the respondent using any form of contraception which was 86 percent. The evidence is clear that good knowledge on



contraceptive could have a bearing on the use of contraceptive, a sharp contrast to the assertion by Mustafa et al. (2005), Saluja et al. (2006) and Akyeah (2007), which sort indicate that there is a gap between contraceptive knowledge and contraceptive utilization, but this study found otherwise.

Concerning the reasons for contraceptive use, the finding was consistence with the assertion of WHO (2005a) that the use of contraception assist couples to achieve the number of children they desire with appropriate spacing and timing, thus, ensuring ideal growth and development of each family member.

According to the GSS (2015), it recognized traditional beliefs as one of the barriers to contraceptive use in Ghana. Majority of the respondents believed that traditional belief and superstition could prohibit the use of contraceptive and those women are more likely not to use contraceptive if effective education to address such myth are not instituted. This, to some extent, supports Addai (1996) logomachy that, the cultural effect on the reproductive behavior of fertility limitations in sub-Saharan Africa and other parts of the world emphasizes the importance of heritage and descent in indigenous religious and social structure.

The analysis revealed that majority of the respondents have the perception that their husbands/partners determines when to use contraceptive method. Surprisingly, none of the respondents mentioned themselves as the person to determine when to use a contraceptive. This indicates that husbands/partners are viewed as having full control on their partner when it comes to the use of contraceptives. Women or wives have to seek permission from their partners before they use contraceptives. In other situations, wives have to go behind their husbands in order to use contraceptives because their husbands would not allow them to use when husbands are made

aware of their intentions. This is a clear evidence to support the finding of the GSS (2015) that, men are reasons for non-use of contraceptive by women.

Majority of respondents reported that contraceptives were available at all times in their communities. Availability of contraceptive method has a direct impact on contraceptive use and that, once there is availability of contraceptive it is expected that the contraceptive use should rise. Although data available shows an increase in contraceptives, as which could be associated to the effort put in by the Ministry of Health (MoH), through the Ghana Health Services (GHS) in ensuring that contraceptive are more available even at the door steps of the populace, certain barriers are still an impediment to contraceptive use.

Most of the contraceptive methods used by respondents were accessed from clinics and pharmacy. This finding is in congruence with the GSS (2015) which indicates that private sources, primarily chemical and drug stores provide contraceptives leading source of condoms while the public sector is also the leading source of injectables. The cost of acquiring contraceptive was cheap. The cost related to the use of modern contraceptive has been a barrier to contraceptive use. According to Singh and Darrich (2012), the unmet need for modern contraceptive in sub-Saharan Africa is as a result of cost related to its use. The unmet need for modern contraceptives has been identified to be highest in the poorest social group. The policy on contraceptive should be reviewed so as to make modern contraceptive free to people who can not afford them. The modern contraceptive prevalence rate would reduce if more people keep opting for traditional contraceptive methods.

Majority of respondents indicated that, the service providers allowed them to make their own choice. The result support the findings of the studies by Yasmin (2007) and El-khouny (2013), which sort to say that service providers impose methods for clients.

Majority of the respondents who have ever used contraceptive, experienced side effect and weight was the common side effect. The results of this study seemed to confirm the studies by Trussell, (2007), Abramowicz, (2007) and Nordqvist, (2009) on the various side effects associated with the contraceptive methods available. The GSS (2015) also revealed that one of the barriers to contraceptive use is fear of side effect. Based on this assertion, the 76 percent of respondent who experienced some form of side effect are likely to stop the use of contraceptives if there are no initiation of effective educational package to address the perception of side effects of people on contraceptives.

### **Conclusions**

The study showed that knowledge and utilization level of contraceptive was high. This could be associated to the various educational programmes organized by policy makers to create awareness on contraceptives and the effort to bring health care services to the doorsteps through the CHPS concept. It further revealed that most of the respondents obtained their information from nurses (all forms). The finding of the study also revealed that male involvement in the contraceptive usage is crucial, however most educational programs on family planning by the health sector do not capture men as their targets. Also, it was seen from the study that most women discontinue the use of contraceptives as a result of perceived side-effects associated with the use of contraceptive or some myths people have on contraceptive. The study also shows that despite the education on family planning there were still some myths or beliefs people have on the use of contraceptives which if not addressed is likely to be a barrier or a factor to prevent or reduce the use of contraceptives.

### **Conflict of interest**

The authors have no conflict of interests.

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