PSYCHOSOCIAL FACTORS AFFECTING CONTRACEPTIVE USAGE: A CASE OF UNMET NEEDS IN GHANA

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Abstract

The aim of this study is to examine the relationship between some selected socio-demographic variables and current contraceptive use among Ghanaian women. In spite of the remarkable efforts made in improving contraceptive prevalence rate in Ghana there are still substantial constrains to the number of users of contraceptive in the country. The paper considers some selected socio-demographic variables such as education, knowledge of access to contraceptive method, knowledge of method, employment status, marital status, region of residence, fertility preference and ethnicity. All the variables were found to be statistically significant. However, knowledge of access to contraceptive method was the most important variable. It is recommended that contraceptive providers must take keen interest in periodic sensitization of both users and the general public about the general benefits of contraceptive methods. Easy accessible avenues must be created to address complains in order to reduce the unmet needs of women.

Keywords: Contraceptive Usage, Unmet Needs, Contraceptive Prevalence Rate, Reproductive Health

Introduction

Contraception is one of the four important proximate determinant factors of fertility identified by Bongaarts (1978). The role of contraceptive use in population reduction and reproductive health cannot be

overemphasised. However, in many countries, particularly sub-Saharan Africa, modern contraceptive use and prevalence is especially low and fertility is very high resulting in rapid population growth and high maternal and child mortality and morbidity (Asamoah, Agardh, & Per-Olof, 2013). It is estimated that over 215 million women in the developing world have an unmet needs for modern contraceptives (The Guttmacher Institude, 2010). Countries that are determined to achieve the millennium development goals may find it difficult to do without the recognition of the role of contraceptive use. In recent times, there has been a growing concern about the low rate of contraceptive use in Ghana. On 28th September, 2012 it was reported by the Ghana News Agency about poor patronage of contraceptive methods expressed by the Ghana Health Service (GHS, 2012). It was noted that, the family health indicators show a low uptake of family planning services particularly in the northern region of Ghana with decreasing acceptor rate of 31% in 2009 to 24.9% in 2010 and relatively the same in 2011 (GHS, 2012).

Interesting enough, Ghana has been promoting the use of contraceptives more than thirty years ago (GSS, 2003) yet; there has not been an appreciable and consistent increase in contraceptive use over the years compared with the efforts made. For example, about 13 percent of married women were using contraception in 1988; this increased to 25% by 2003, and declined to 24 percent in 2008 (GSS, 2008). Strange enough, the use of modern methods generally have decrease in recent times after rising for a while. Indeed the use of modern methods nearly doubled for about a period of 15 years from 10% in 1993 to 19% in 2003. However, this could not be sustained; it rather declined in 2008 to 17% (GSS et al, 2008). This has been a source of worry to the nation since the ultimate goal of the National Population Policy (1994) was to ensure that the country maintains a level of population growth and achieve health needs of citizens consistent with national development objectives in order to reduce poverty and improve the quality of life of the people (NPC, 2004).

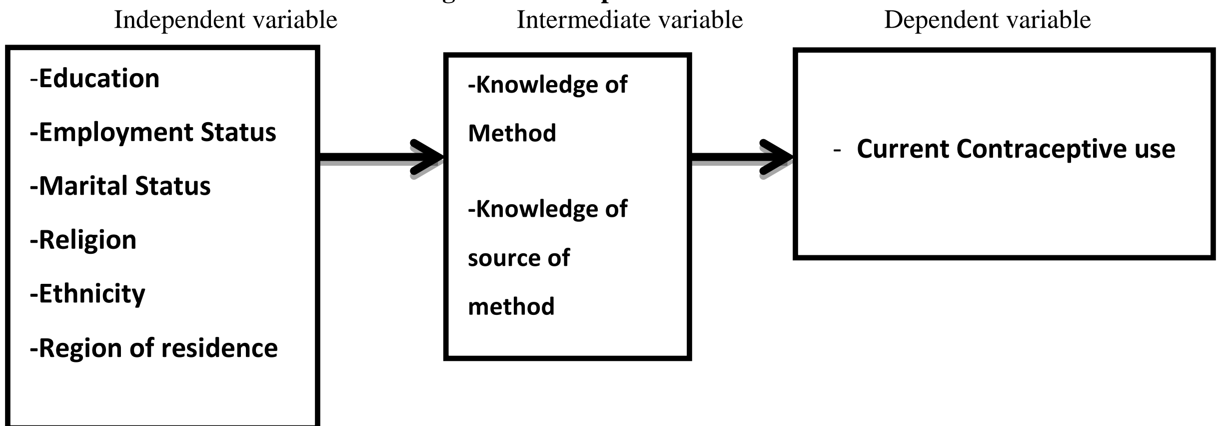
Even though from 1988 to 2008 there has been a notable improvement in Ghana's Total Fertility Rate, studies suggest that induced abortion coupled with contraceptive use could be responsible for the observed improvement not contraceptive use alone. Since Ghana's contraceptive prevalence rate was too low to have solely led to the change (Geelhoed, 2007; Ahiadeke, 2007). This is not surprising since a study conducted in Greater Accra by Biney (2011) is consistent with the explanation given. In this study it was found that individuals regarded abortion as a safer method of birth control compared to contraceptive use. It is interesting to know that more than half of the respondents in this study were ready to risk their lives and health with abortion as a method of birth control base on wrong rumour about negative side effects of contraceptive.

It is overwhelming to know that issues about unmet needs of contraceptive use in sub-Saharan Africa including Ghana is considered as a major developmental challenge. It is important to know that the multiplicity of factors and the complex nature of the environments of developing countries, regarding the factors affecting contraceptive use, are enormous. For this reason, even though the topic might have been extensively examined by many scholars, yet the challenges pertaining to contraceptive use have still not been dealt with.

Material and Methods

This paper used data from the 2008 Ghana Demographic and Health Survey which was conducted by the Ghana Statistical Service as part of the world-wide Demographic and Health Survey programme of the Institute for Resource Development/Macro Systems. Interviews were conducted with a representative sample of 2098 women aged 15–49 selected from the ten regions of Ghana. The 2008 GDHS was a household-based survey, implemented in a representative probability sample of more than 12,000 households selected nationwide. This sample was selected in such a manner as to allow for separate estimates of key indicators for each of the 10 regions in Ghana, as well as for urban and rural areas separately.

Figure 1: Conceptual Framework



The analyses reported here are based on information on current contraceptive use provided by 2098 currently married women. The dependent variable was current use of modern contraceptive method as reported by the women. Modern methods comprise the pill, IUD, injection, vaginal methods, condom and female sterilisation. Current use of contraception was chosen because it has direct implications on contraceptive usage. A simple basic analysis was performed for this study which sought to

examine the bivariate relationships between the selected socio-demographic variables and current contraceptive use.

Contraceptive use is presumed to be influenced by many psychosocial factors. Some of these factors include; education, place of residence, employment status, marital status, religion, ethnicity, region of residence, knowledge of method and knowledge of source of method**.** Figure 1 demonstrates how some demographic variables influence current contraceptive use. It is assumed that the independent variables influence the dependent variable indirectly through the intermediate variables as demonstrated by the figure above. Independent variables are those variables that influence the dependent variable while the intermediate variables serve as intermediaries between the independent variables and the dependent variables.

Results:

As indicated from the table below it is clear, that knowledge of access (χ^2=1308, *p=0.00*) of a contraceptive method is the most predictive variable among the variables presented below followed by knowledge of contraceptive method (χ^2=92.220, *p=0.00*). Knowledge of contraceptive method alone may not be enough even though having knowledge about contraceptives is presumed to be a first step in stimulating the desire for its use. Individuals must be aware of where they can get access to a method. It must be understood that poor knowledge of accessibility could therefore lead to low use of contraceptives and the contrary is true. A more enlightened person may use it but the less enlightened person may doubt its potency and its benefit and may not find it relevant to use. It is reported that, knowledge of contraceptive method is almost universal in Ghana, with 98 % of all women and 99 % of all men knowing at least one method of contraception (GSS, 2008). Region of residence has much to tell policy maker. Analysis of data on region of residence is consistent with this result. Results presented by the GDGHS Report (2008) showed a significant difference in the various regions of Ghana. It was noted that, the highest contraceptive prevalence rate by region was in the Greater Accra region (33%), followed by the Brong-Ahafo and Volta regions (29%). The Northern region reports the lowest level of contraceptive use (6%) (GSS, 2008).

Religious affiliation of respondents also has a strong link with current contraceptive use. Studies have found that women affiliated with Muslim faith are less likely to use contraception because of the faith's stance on procreation (Chamie, 1981; Caldwell, 1968; Fagley, 1967; Kirk, 1967). In another context, contraceptive use among Muslim women may also be shaped by certain prevailing practices, such as emphasis on early and near

universal marriage and the importance of marriage and motherhood for women's status, rather than from a direct religious injunction to procreate (Kirk, 1967). It is not intriguing to know that employment status was significantly associated with current contraceptive use. It is established that when women are economically empowered it affect their ability to take decisions on their own. Research has found that there is a strong relationship between occupation and contraceptive use (Schuler, & Hashemi, 1994). When women are economically empowered their decision making on fertility is affected which has implication for contraceptive use. It is known that mother's occupation in India revealed a significant association with number of living children (Chaturvedi, Phukan, & Mahanta, 1998). Further analysis shows that economic dependence level of woman on her close relations affects her contraceptive decision process (Benefo, 2005). Other findings indicate that the type of work and the amount of income earned by the woman in particular have implications for contraceptives use (Baiden, 2003; Singh, Darroch, Vlassoff, & Nadeau, 2003).

Table 1: Relationship between Psychosocial Factors and Current Contraceptive Usage

Variables	*Chi-square (χ^2)*	*P-Value = (0.05)*
Religion	55.016	0.000
Region	86.646	0.000
Education	49.719	0.000
Ethnicity	47.542	0.000
Employment status	5.487	0.019
Marital status	17.535	0.000
Knowledge of access	1308	0.000
Knowledge of method	92.220	0.000
Fertility preference	6.109	0.047

Source: Computed from DHS 2008 dataset

Ethnic background has been recognized in the studies of contraception. Research shows that culture that hails high births is likely to be flexible on contraceptive use. According to Buor (1994), the pronatalist attitude of Ghanaian women has largely influence their fertility attitude and behaviour. Until recently, women were hailed and praised for their high fertility and men were rewarded for their contribution to the high number of children of their wives among the Akans of Ghana. As a matter of fact education plays a major role in the decision to use or not to use contraceptive method. Evidence shows that women with relatively high educational levels are more likely to use contraceptive method as compare to those with low or no education (Kasarda et al., 1986; Robey et al., 1992). In a study by Tawiah (1997) it was found that women who had higher education were three times likely to be contraceptive users compare to their counterparts who have no education. Similarly, according to the 2008 Ghana Demographic and Health Survey report, women who have secondary education were found to be more

than twice as likely to use contraceptive method as women with no education (GSS, 2008)

Fertility preference was also found to be strongly associated with contraceptive use as shown by the table. Studies during the past few decades have established significant relation between contraceptive use and fertility preferences. It was established by Das and Deka (1982) that fertility behaviour changes with different cultural settings. According to Buor (1994), the pronalist attitude of Ghanaian women has largely influenced their fertility attitude and behaviour. It is expected that women who desire to limit births are more likely to use contraceptives since they are presumed to have reached the desired parity. Study has shown that this is possible when the fraction of the population that desires to avoid pregnancy can change in response to shifts in the desired number of children surviving to adulthood, changes in infant and child mortality, and population the population dynamics in terms of stage of reproductive career. For example, substantial improvements in children's survival chances can increase couples' motivation to practice contraception, even if the desired number of living children remains stable (Bamikale & Casterline, 2000). Generally, all the variables were found to be good predictors of contraceptive use. However, employment status and fertility preference were weakly associated compared to the rest of the variables even though they were also statistically significant and consistent to other literature.

Discussion

This paper examines the relationship between socio-demographic variables and current contraceptive use among Ghanaian women. It also draws conclusions on unmet needs of Ghanaian women in the light of the socio-demographic factor. From the findings it is clearly demonstrated that the factors affecting contraceptive and the decision to use a method may be quiet complex and often times misunderstood. From the findings respondents knowledge of access to a method appear to be the most important explanatory variable followed by respondent knowledge of contraceptive method. This is to be expected because no matter the level of knowledge one has about contraceptive use, if one has no idea about where to access a method it may be absolutely impossible to use. It is commonly known that poor knowledge of a method could lead to low use of contraceptives and high knowledge and enlightenment may result in high use of contraceptive.

A strong association between education and contraceptive use was anticipating based on previous studies. Emphasis on education in the role of contraceptive use has been made by many scholars. In the writings of Caldwell (1982), education is a vehicle by which individuals easily learn more Western views about the family which affects one’s decision to

demand for fewer children, thereby creating the need for the use of contraceptive to prevent or space childbirth. According to Tawiah (1997) educating a woman at least to a higher level influences her decision for contraceptive use. This is consistent with the findings in this study. Research shows that women with secondary education have lower level of unmet needs (GDHS Report, 2008). According to Tawiah (1997) "increasing female education is not only good in itself but also for improving the status of women".

The findings show that ethnicity has a role to play in the determination of contraceptive use. Hitherto, women were praised and men were rewarded for their high fertility among the Akan ethnic group of Ghana. Religion has also been given recognition in predicting contraceptive use. Religious beliefs and practices have much to do with the thought pattern of the individual and the way he or she react to life issues. Research show that religious beliefs that hold the stand that fertility is a natural process ordained by God and therefore must not be hindered by any human activity are less likely to use contraceptive method (Chamie, 1981; Caldwell, 1968; Fagley, 1967; Kirk, 1967). Fertility preference is another interesting variable that has strong connection to current contraceptive use. Study has it that children's survival rate has bearing on couples' decision to practice contraception, even if the desired number of living children remains stable (Bamikale, & Casterline, 2000). Interestingly improved medicine in the 21st century has given couples confidence to determine the number of children beforehand thereby affecting their decision to practice contraception.

Currently, about one in four married women is using a method of contraception and the unmet needs for married women stands at 55% even though knowledge of contraceptive (98%) among women in Ghana is almost universal (GSS, 2008). It is possible that many people have wrong idea about contraceptive use which is resulting in the low contraceptive prevalence rate in Ghana. In a qualitative research conducted by Biney (2011) among women in Accra and Tema, it was reported that almost all the respondents preferred to resort to abortion as a method of birth control to contraceptive use. This may be attributed to the fact that the achievements made in the Total Fertility Rate in light of the Ghana's Population Policy in 2008 (GSS, 2008) might have been engineered by induced abortion and contraceptive (not only contraceptive use). This assumption might be possible because contraceptive prevalence rate was too low then to have solely led to the level of reduction witnessed in 2008.

However, the complexity surrounding the use of some methods has resulted to a wrong perception about its use which sends wrong signal to individual who have never used contraceptive method to avoid using any method. The use and the operation of some methods are poorly understood

by many women. It has been reported (GSS, 2003; Hogue, 2007) that intermittent bleeding and other side effects of the methods in addition to the social stigma and fear related to the use of the methods could account for the decision of some women not to use at all. Modern contraceptives use has been documented to cause temporal infertility due to delay ovulation as a result of hormone imbalance (Kayembe et.al, 2003; Hogue, 2007).

Limitation

A large number of psychosocial factors are likely affect contraceptive usage, however this study considered some common ones due to the nature of national survey data. Although the authors do accept these limitations, some possible inferences may be drawn from this current study.

Conclusion

Psychosocial factors often affect biomedical interventions and outcomes of behaviour change programmes. In the light of this, government must increase its effort in the areas of the factors discussed in order to clear any doubt surrounding contraceptive use to minimize the level of unmet needs in the country. Easy accessible avenues should be created to address the needs of contraceptive users. Periodic programs should be organized nationwide to educate individuals both married and unmarried to clear out any misunderstanding individuals may be having. Religious leaders and educational institutions should be made to teach about contraceptive methods across the country.

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