

Why Ghanaian Women are Not Using Modern Contraception

Brief Abstract: Between the 2003 and 2008 Demographic and Health Surveys, Ghana's TFR declined from 4.4 to 4.0, while modern contraceptive use also declined - 19% to 17% among married women. We explore reasons why women are not using modern contraceptive methods. We conducted 16 focus groups among 89 women recruited from three wards at Legon University Hospital, Accra: maternity, child welfare, and the student clinic. We used vignette-based methods to elicit women's responses to why women are not using contraception. In general, women who had never used contraception were fearful of methods based on hearsay or second-hand information. A leading concern with modern contraception was menstrual irregularity, particularly for hormonal methods. Hearsay about side effects, including concern about "fibroids" and "tumors" is also common. Targeted programmatic efforts are needed, including increased media attention to side effects and provider training to ensure that women know what to expect when using modern contraceptive methods.

Extended Abstract

Introduction: Ghana is a low-income country, undergoing a significant fertility transition. This fertility decline is occurring while modern contraceptive use is declining. The most recent data from Ghana show that nationally, women will have an average of four children in their reproductive lifespan, down from 4.4 children in 2003. At the same time, modern contraceptive use is low with 17% of married women reporting use of a contraceptive method in 2008 down from 19% in 2003.

Key Research Question: The focus of this study was to explore the normative reasons why women are not using modern contraceptive methods.

Methodology: We conducted 16 focus groups among 89 women recruited from three wards at Legon University Hospital—maternity (antenatal care), child welfare, and the student clinic. Focus groups were homogenous in regards to union status and age group (21-25 and 26-30). In addition to collecting basic sociodemographic data, we used vignette-based methods to elicit women's responses to why women in Ghana are not using contraception.

The three scenarios presented represented a range of potential contraceptive users—Abeena, a 16 year old student who is having a sexual relationship, Georgina, a married 37 year old with four children who cannot afford more and has never used contraception and has not discussed contraception with her husband, and Hanna, a married 27 year old with an 11 month old, who used Depo in the past with some irregular menses, and wants to wait two years to have another child.

All focus groups were conducted by two bilingual (Twi, English) female Ghanaian research assistants and were digitally recorded. Most were conducted in Twi while those in the student clinic were conducted in English, based on women's preferences. Following the focus groups, the discussions were transcribed and translated to English. Themes were identified and coded using Atlas.Ti.

Results: In general, women who had never used contraception were fearful of methods based on hearsay:

“I want to do it [contraception] but because of what people say about it, that it can make you sick, I am afraid...They say that, for instance the five years, they will insert something like needle into the arm and you will not feel normal again. “ Woman aged 26-30, in union, ANC

Most women believed that the best place to get contraception was the hospital and women needed to be sure someone “tested their blood” to be sure they had the right method. A leading concern with modern contraception, particular hormonal methods, was menstrual irregularity. For example, “You see fibroid is caused by blood clot and when you use some of them; it causes your menses to stop. So the

blood remains there and it clots leading to fibroid.” Woman aged 21-35, single, student

Many women expressed concern that Abeena was “too young” to be sexually active and she should abstain. If she were to use contraception, she should use a “natural” method such as counting days, as modern contraception could lead to infertility.

Women felt in the case of Georgina, that if her husband opposed her using contraception, covert use was Georgina’s right:

“These days if you follow a man, it is you the woman who will suffer, he will get up and leave for work and the children will be surrounding you. If you die he will go marry another woman. So as for me I think she should just forget about the husband and think about her own well-being. When you come to the labour ward, no man will come with you, you will do it all alone. And if the children are many, you may not be able to take good care of them. So she should find her own way and forget about the man.” Woman aged 26-30, in union, ANC

Others believed she could just convince her husband:

“At the beginning, he might object but if you the woman take your time to pamper him as time goes on, he will give in.” Woman aged 26-30, in union, ANC

For Hanna, some believed should could go back and use Depo. Some women mentioned that she should consider a longer-term method while others felt she should just “count days” to determine when she can and cannot have sex, as irregular menses was a “side effect” of concern.

Preliminary Conclusions: While the 2008 DHS documents fear of side effects as a leading reason for non-use of contraception, this study shows that menstrual irregularities due to hormonal methods is of paramount concern. In addition, hearsay about side effects and misinformation are common reasons for non-use. Targeted programmatic efforts are needed, including increased media attention to side effects, as well as provider level training, particularly at hospitals, to ensure that women know what to expect when using modern contraceptive methods.