

FACTORS INFLUENCING FAMILY PLANNING CHOICES AMONG WOMEN IN HOHOE, GHANA

**INTERNATIONAL CONFERENCE ON
FAMILY PLANNING:
RESEARCH AND BEST PRACTICES**

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Uganda, September 2009



Outline



Preamble

Objectives

Methods

Results & Discussion

Knowledge contribution



Preamble...1

- Family planning is important for sexual health and well-being
- Cost-effective intervention for lowering maternal and infant mortality
- Features as an indicator for achievement of MDG5



Preamble...2

- Age, level of education, place of residence and economic status influence FP-use (Barret & Buckley, 2007; Gribble & Haffey, 2008).
- Financial costs, status of women, provider bias and misinformation determine choices (Campbell et al., 2006)
- Relational issues and desire for a number or sex of children influence fp choices



Preamble...3

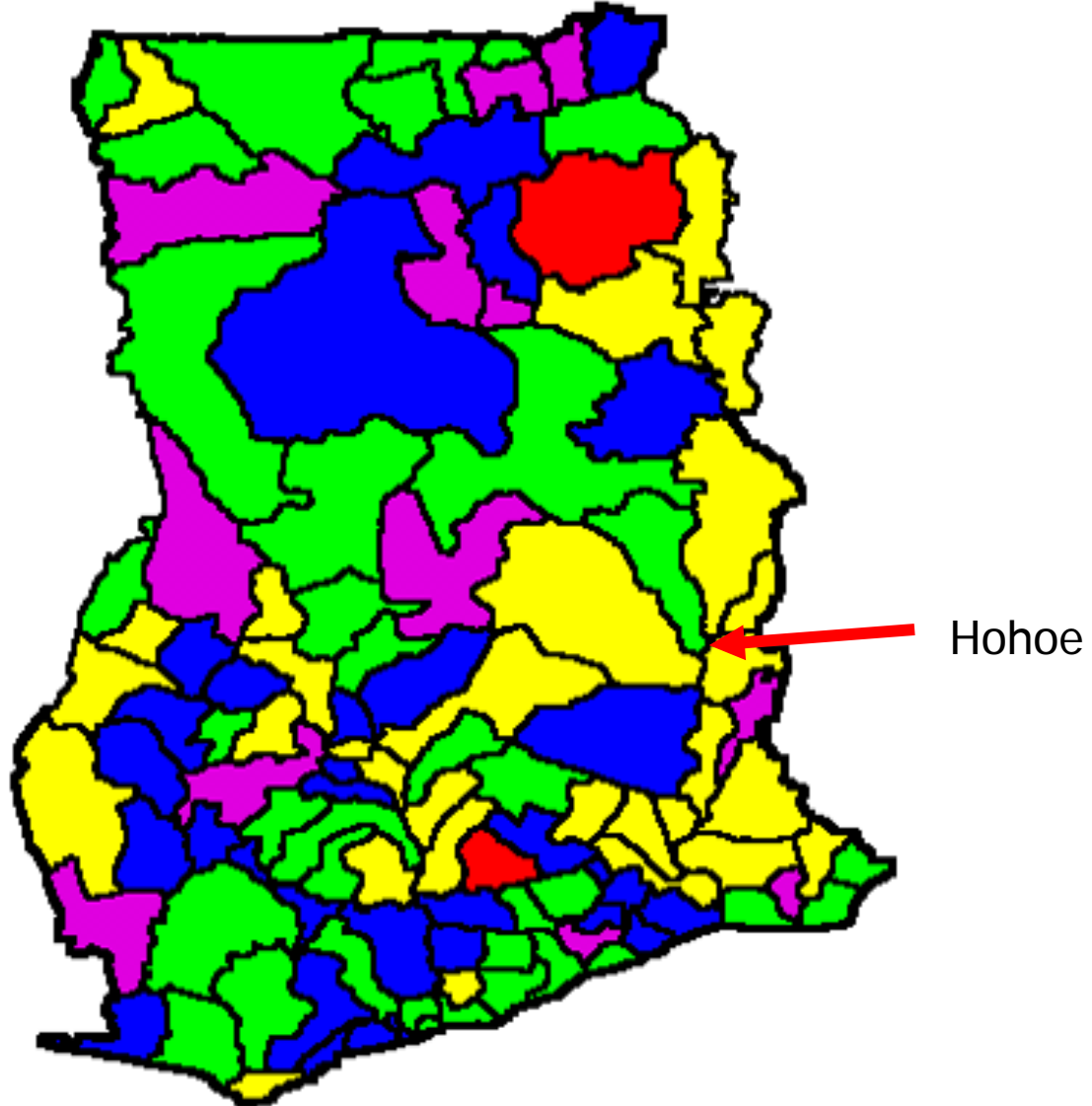
- Nationally, 24% of married women currently use some form of contraception
 - 17% of married women use a modern method
- Higher use among urban married women (18.6%) than rural married women (15.1%)
- Most common modern methods; injectable (6%), pill (5%) and male condom (3%)



Preamble...4

- Hohoe is one of 18 districts in Volta region
- Projected population of 171345 with growth rate of 1.9% in 152 communities
- CPR is 24% for all methods and 15% for modern methods

MAP OF GHANA showing study district





Objectives

- To determine socio-economic and demographic factors associated with FP-use by women in Hohoe to improve uptake
 - Examine methods available and coverage.
 - Explore the relationship between knowledge, place of residence, employment and FP-use



Methods

- Cross-sectional household survey
- Study sample; women aged 15-49 years irrespective of marital status
- Sample size = 408
- Multi-stage random sampling
- July-October, 2008
- Epi Info ver 6 (CDC, Atlanta)

Sample Characteristics

Variables	
Age (mean)	29.9 years
Married	58.8%
Single	41.2%
Religion (Christian)	93%
Peri-urban	64.5%
Rural	21.1%
Urban	14.4%
Self-employed (farmers, petty traders)	70.3%
Unemployed (apprentices, housewives)	20.3%
Employed (civil and public servants)	9.4%
Level of education (at least basic education)	65.4%
Zero children alive	22.8%
1-2 children alive	38.7%
3-4 children alive	25.5%
5 plus children alive	13.0%



Family planning use

Modern method use	25.5%
Any method use	43.9%
Age group most likely to use modern method	20-24 & 30-34 years
Marital status most likely to use modern method	Married (66.6% of users)
No child alive	30.0%
Five or more children	17.0%
Employed	77.6%
Unemployed	22.4%
Peri-urban dwellers	67.8%
Rural dwellers	6.6%
Educational level higher than secondary school	63.8%
No formal education	5.8%

Place of residence and employment type were statistically associated with FP-use (p-value < 0.01)



Family planning knowledge

Most commonly mentioned method	Pill (80.6%); Injectable (82.6%)
Main source of FP education	Health worker (71.6%)
Discussion of FP with partner	48.3%
Discussed contraceptives with other persons	82.1%

Contraceptive knowledge was strongly associated with use (p-value=0.0007)



Non-use of family planning

Reasons for use	Delay initiation of child-bearing (44.1%) Spacing (24.0%), Limiting (16.2%)
Reasons for non-use	Fear of adverse effects (52.4%) Desire to have children (33.0%)
Desire to use FP in future	58.5% of current non-users
Things to consider in future choice of methods	Safety (50.6%), Effectiveness (25.0%), Convenience

60% of current non-users had previously used a modern method



Summary

- Overall FP use in Hohoe is higher than the national average (43.9% vs. 24.0%) as is modern use (25.5% vs. 17%)
- Great unmet need exists; 37.5% of women did not desire any more children and more than half of these were not using FP
- Most women (44.1%) using FP are trying to delay the start of childbearing
- The fear of adverse effects is the largest cause of non-use (52.4%)



Recommendations

- Provide education about side effects and advantages of FP use. Focus on health educators who are the primary source of FP information in this population.
- Increase method mix which will improve use
- Target programs to those women who are most underserved (rural unemployed women)



Acknowledgements

- Study participants
- District Health Administration, Hohoe
- Gates Institute, Johns Hopkins
Bloomberg School of Public Health
- KNUST-School of Medical Sciences

THANK YOU!!

