

## **Knowledge and current use of contraception among women in Ghana**

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### **Extended Abstract**

#### **Introduction**

Globally, it has been documented that people who have comprehensive knowledge about contraceptives are able to delay onset of sexual activity and thereby reduce fertility and its associated socio-economic and health challenges. The evidence shows that youth who received comprehensive sex education are not more likely to become sexually active early, increase sexual activity, or experience negative sexual health outcomes (Advocates for Youth, 2009).

Despite the global effort at promoting contraceptive use, contraceptive prevalence rate (CPR) has been low in most developing countries. In Nigeria, majority of the people have high level of contraceptive awareness or knowledge but contraceptive usage is low (Adinma et al, 2011). In Ghana, the demographic and health surveys spanning 1988-2014 indicate a high knowledge of any method of family planning, but use is far lower.

Low contraceptive use in sub-Saharan Africa including Ghana has led to a number of health and social challenges. It is the region with one of the highest maternal mortality rates and high teenage pregnancy (GSS et al., 2009a). Teenage pregnancy is a major challenge in Ghana (GSS et al., 2009b). Teenage mothers suffer from pregnancy-related complications compared to older women. Aside losing their lives through childbirth, those who have safe delivery usually find it difficult to take care of their children (GSS, 2009a). Also, these teenage mothers drop out of school and later become a burden on the society. Making family planning services available to such groups of persons could save their lives as well as reduce unwanted pregnancies and ultimately reduce maternal mortality which is increased by unsafe abortion.

Ghana has one of the lowest fertility rates in the West African Sub-region but this does not match the contraceptive prevalence rate (CPR). The 2008 and 2014 Ghana demographic and health surveys (GDHS) report unmet need of about 35 percent and 24 percent respectively in the country among currently married women. This is a very critical issue that needs to be addressed because some people who even want to use contraception do not have access. Also, the focus of programmes on contraceptive methods has been on awareness without paying much attention to the number of methods known by an individual and how that translates into their use. This study, therefore, aims at examining the extent to which the number of family planning methods known by an individual contributes to usage.

It is premised on the reasoning that the number of methods known by an individual provides an opportunity for the person to make an informed choice on the use of contraception. Thus, if the education on contraceptive methods should be shifted from just focusing on mere knowledge or awareness creation, but rather on the number of contraceptive methods known which also means accurate understanding of how the method works and how it is used, it is likely to influence an increased use of contraception among women in Ghana.

The study is driven by two hypotheses: Women with higher education are more likely to know more methods of contraception than women with no education; Women who know more methods of contraceptives are more likely to use contraception than women who knows few methods.

## **Conceptual Framework**

The study is underpinned by Bongaarts' intermediate fertility framework which suggests the direct influence of factors like contraceptive use, proportion of persons married, abortion and post-partum infecundability on fertility behaviour of women. However, use of contraceptives can only take place if a woman's knowledge about the methods of contraception is comprehensive enough to enable her make informed choices.

Comprehensive knowledge about contraceptives that is measured for the purpose of this study by the number of family planning methods known is also concerned to vary by the socio-demographic characteristics of the woman which indirectly also affect her use of family planning methods. These include the woman's age, type of place of residence, level of education, marital status, wealth status, occupation, religion, etc.

In the analysis, the relationship between the number of contraceptive methods known and contraceptive use is derived controlling for women's socio-demographic background characteristics.

## **Methodology**

This study uses data from the 2008 GDHS which was based on a nationally representative sample of 12,323 households. A total of 4,716 women age 15-49 years formed the sample for this study. Techniques of data analysis include the use of both univariate and bivariate methods. Bivariate analysis involved cross-tabulations between the main independent variables including knowledge of contraception and all background variables (characteristics of and the dependent variable which is current use of contraceptives. A chi-square test is in addition used to determine the degree of significance in the association between knowledge of contraception and the dependent variable and also between the background variables and current use of contraception. Multivariate analysis comprised the use of multiple and binary logistic regression techniques. This was used to investigate the relationship between knowledge and use of contraception, controlling for age, place of residence, marital status, education, occupation, religion and wealth index.

## **Results**

The analysis suggests that an increase in the educational level of a woman enhances her chances of knowing more methods of contraception as well as the usage (Table 1). However, use of contraceptives is not necessarily highest among the most educated women. This can be attributed to the fact that, women with higher education usually married late, and some of them want to catch up with childbearing in order to have a few births and so although they may know more

methods of contraception their use may not necessarily be high. There is, however, a statistically significant association between education and number of methods known and current use of contraception at p-value of 0.05.

The results in the analysis further suggest that as one's knowledge of contraceptive methods increases (measured in terms of number of methods known), usage of contraceptives also increases. The chi-square tests of the variables are also statistically significant in the analysis at p-value of 0.05.

**Table 1. Results of binary logistic regression of background characteristics and use of contraception among women in Ghana**

<b>Variables</b>	<b>B</b>	<b>S.E</b>	<b>Exp(B)</b>
<b>Number of methods known</b>	0.143	0.015	1.154
<b>Age</b>			
15-19 ( R.C )			1.000
20-24	0.679***	0.163	1.972
25-29	0.767***	0.181	2.154
30-34	0.679***	0.199	1.971
35-39	0.816***	0.201	2.261
40-44	0.884***	0.211	2.420
45-49	0.378	0.230	1.460
<b>Place of residence</b>			
Urban ( R.C )			1.000
Rural	-0.182*	0.109	0.834
<b>Marital status</b>			
Never Married ( R.C )			1.000
Currently Married	0.138	0.133	1.148
Living Together	0.244*	0.144	1.277
Formerly Married	-0.711***	0.198	0.491
<b>Education</b>			
No Education ( R.C )			1.000
Primary	0.456 ***	0.144	1.577
Middle/JHS	0.463***	0.141	1.588
Secondary	0.685**	0.186	1.984
Higher	0.066*	0.267	1.068
<b>Wealth index</b>			
Poorest ( R.C )			1.000
Poorer	0.158	0.167	1.171
Middle	0.239	0.178	1.270
Richer	0.383**	0.189	1.466
Richest	0.251	0.209	1.286
Constant	-4.465	310	0.011

Source: GDHS 2008 Nagelkerke R-Square = 0.154 or 15.4% RC: Reference Category  
 +P<0.100 \*P<0.05 \*\*P<0.01 \*\*\*P<0.001

The variables in the model together explain variation in the use of contraception among women aged 15-49 years in Ghana. The data revealed that any additional method of contraception known increases a woman's chance of using contraceptive methods by about 1.2 times. This is

an indication that the number of methods known by a woman offers her the opportunity to make an informed choice.

A minimum level of education for a woman is also important for a woman to be a user of contraceptives. Women with primary education were 0.57 times more likely to use contraceptives than their counterparts with no education.

The literature review also looked at various studies that revealed knowledge and use of contraception as a means for evaluating the success of family planning programmes. The analysis of background characteristics of respondents and the knowledge of contraception further shows that age, place of residence, educational level and marital status are statistically significant predictors of contraceptive knowledge in terms of number of methods known among women in Ghana.

Education level of women in Ghana is very important or plays an important role or influence on contraceptive knowledge. For instance a woman with primary education was 0.7 times more likely to know contraceptive methods than her counterpart with no education. Also, the knowledge of contraception among women enhances their chances of using contraceptives. As a woman gets to know more methods of contraceptives, the more likely she is to use contraceptives.

## **Conclusions**

The Ghana national family planning programmes should intensify not only its information, education and communication programmes on family planning to cover particularly the neglected rural areas but also, more importantly, focus should be on the number of contraceptive methods known and its influence on contraceptive use. This is because the number of methods of contraception known by a woman influences her current contraceptive usage by empowering her to make an informed choice of the methods. The results also indicate that the socio-economic and demographic variables like age, place of residence, marital status, educational level, etc., are statistically significant predictors of contraceptive use among women in Ghana.

## **References**

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