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Perception of Family Planning Use among Married Men and Women in Anomabu Community

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Abstract

Despite the launching of a family planning programme in Ghana about 5 decades ago, the country's family planning prevalence rate remains relatively low and its total fertility rate is still considerably high compared with other African countries. One of the factors that may contribute to the low family planning prevalence rate and thus the slow fertility decline in Ghana is the perception of family planning use among married men and women in Ghana. This study sought to examine the perception of family planning use among married men and women at Anomabu community in the Mfantseman Municipality of the Central Region of Ghana. Data were collected among married men and women who were in their reproductive ages (15-49 years). Questionnaires were administered to 200 randomly selected respondents. The data collected were analyzed with Statistical Product and Service Solution (SPSS) software version 21 and presented using graphs and tables.

The results revealed that 82.5% of the respondents had knowledge about family planning with media (radio, TV and internet) being the major source of information about family planning. Fifty-two percent of the respondents had ever used at least a type of family planning with 59.5% ever used modern type of family planning. However, 81% of the respondents were currently using at least a type of family planning of which 87.5% were also using modern family planning method.

In conclusion, the findings indicate that respondents had high knowledge about family planning, especially the modern family planning method.

Keywords: Family planning; Anomabu; Mfantseman; Perception; Knowledge; Sources of information

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Introduction

Family planning (FP) is an essential strategy in promoting maternal and child health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high parity [1]. Even though family planning usage has increased over a period of time, total fertility rate and population growth rate remain high in Ghana (GSS, 2014) [1,2]. High population growth rate can be associated with increased level of poverty as well as maternal mortality, poor child and maternal health [3-7]. To control high fertility, family planning use is essential.

In the family planning component, actions are recommended to help couples and individuals meet their reproductive goals and to increase the participation and sharing of the responsibility of men in the actual practice of family planning. In understanding

the process of family planning use, is not appropriate to focus on women alone since the program is designed to evaluate family planning and reproductive health, men must be involved. It is important to involve men in reproductive health since several of these reproductive health components (especially sexuality, STD/AIDS prevention, and infertility) require the active participation of both men and women. Men's involvement is defined by the International Planned Parenthood Federation (IPPF) as male acceptance of family planning and the importance of men's increasing practice of contraception measured by the popularity and prevalence of vasectomy and condoms [8]. Another explanation for men's involvement is their support for their spouse to use family planning. This implies men support their partners who use female dependent family planning. Men can also influence decisions use family planning of their spouses

by helping them to select the appropriate family planning use based on what they believe is least harmful for their partners.

It appears that many studies have been done on the factors determining married women's family planning use but there have been limited studies examining husbands' influence on family planning use particularly focusing on husbands' views or knowledge and attitudes of contraception. There are more than 120 million couples globally who have the desire to space child bearing but do not use contraception 300 million people unpleased with the various types of family planning available for them to choose.

In Ghana, knowledge about family planning is good among males however; usage is low according to Ghana Demographic Health Survey. To fill this gap in perception, it is necessary to examine knowledge, attitude and type of family planning used by married men and women. This study attempts to examine the perception of family planning types used among married men and women at Anomabu community of the Mfantseman Municipal Assembly.

The family planning use in developing countries has reduced the number of maternal mortality by forty-four percent 44% which is about 270,000 deaths prevented in 2008 but could prevent 73% if the full demand for birth control were met. Deliberate attempts have been made by Governments and Non-Governmental Organizations in Ghana and all over the world to encourage family planning use through television and radio adverts, billboards, social workers and local opinion leaders in Ghana.

According to Think Africa Press (March 18, 2013), a publication on Ghana's Family Planning Policy, in 1969, Ghana became the second sub-Saharan African country to adopt a comprehensive population policy after Kenya in 1965. The policy was revised in 1994 and the National Population Council (NPC) was established as the highest statutory body to advise the government on population issues. The revised policy emphasized a systematic integration of population variables into development planning, with a renewed emphasis on fertility reduction through family planning programmes. An important goal of the revised policy was to reduce the total fertility rate (TFR) from 5.5% to 5.0% by the year 2000, and further to 4.0% by 2010, and to 3.0% by 2020 through increased family planning use. Through the activities various governmental and non-governmental organizations in Ghana such as the Ghana Social Marketing Foundation (GSMF), Ministry of Health (MoH) and the Planned Parenthood Association of Ghana (PPAG), family planning has virtually become a household name in Ghana and Ghana has become actively involved in the promotion of family planning methods aimed at regulating fertility and enhancing reproductive health outcomes.

However, according to the introduction of organized family planning in Ghana dates to 1952 when Edith Gates of the Pathfinders Fund made an exploratory fact finding visit to the then Gold Coast. They noted that, as a result of Edith's activities in April 1960, a family planning committee was formed to consolidate Edith's work. It was followed in 1961 by the establishment of a family Advice Center, now family planning

clinic, by the Young Men Christian Association (YMCA) in Accra. A second centre was opened in Kumasi in 1964 in cooperation with Nicholas, a private medical practitioner. In May 1970, the Ghana National Family Planning Program (GNFPP) was launched to offer family planning services to couple with the aim of achieving a population growth rate reduction from above 3% in 1969 to 2.5% in 1985 and 1.7% by the year 2000. After the launching, the program witnessed massive participation by the Christian council of Ghana, the Planned Parenthood Association of Ghana (PPAG), the Ministry of Health (MoH) and others.

It has been observed that women patronize most of the family planning service more than men but family planning today is not only for females but a concern for both males and females [7]. That is, birth control is not a responsibility of females but for males as well. Over the years, Ghana government has given support in the promotion of family planning methods and services in all the ten (10) regions of the country. This can be seen in areas of personnel training, establishment of mother and child welfare clinics, radio programmes on safe motherhood and making family planning services virtually free. However, Ghana's population continues to rise at an alarming growth rate of about three percent (3%) according to Population and Housing Census by the Statistical Service of Ghana (2010), this clearly indication that family planning programmes and services are poorly utilized among married men and women. It is against this background that a research into the perception of family planning usage among married men and women is thought essential.

Methods

Study setting

The study was conducted in Anomabu which is situated about 12 miles east of Cape Coast on the main road of Accra-Cape Coast highway. On the south, it is bounded by Atlantic Ocean and it stretches northwards to about 5 kilometers. According to the GSS (2010), Anomabu has a population of about 13,401 consisting of 6,047 males and 7354 females. The residential areas are highly congested with houses very close to each other with narrow streets. The people of Anomabu are largely Fantases who are engaged in fishing, farming and trading. The Anomabu Health Centre is the only health facility serving the health needs of the community.

Study design and sample determination

The study employed a cross-sectional study involving married men and women who are in their reproductive age of 18 to 49 years. The sample size for the study was 200 respondents who are married and are in their reproductive age.

Sampling Procedure

Simple random technique was used to select respondents who are married and are in their reproductive age.

Data collection instrument

Questionnaire was used to collect the data. The items were constructed in English based on the research objectives with both close-ended and open-ended questions. The questionnaires

were categorized into 4 sections: section '1' was based on the background information, section '2' involved questions on the knowledge of family planning while section "3" dealt with the type of family planning used and the final section focused on the attitude towards family planning used among married men and women. To ensure that research instrument was well understood by the respondents, a pre-test study was conducted in Kormantse, a community in the Mfantseman Municipality, Central Region. Kormantse was chosen because it has similar socio-demographic and socio-economic characteristics as the study area. This provided a means for ascertaining appropriateness of the questions for obtaining valid and reliable responses. All necessary adjustment and modifications were then made on the instrument before the actual data collection begun.

Data processing and analysis

The data collected from the field were coded after which were entered using Statistical Product and Service Solution (SPSS) software version 21.

Table 1 shows the sociodemographic characteristics of respondents. Married females and males were 127 and 73 respectively. The mean age of the 200 respondents was 29.7

Table 1 Socio-demographic characteristics of respondents (N=200).

Characteristics	Frequency (N)	Percentage (%)
Sex		
Male	73	36.50%
Female	127	63.50%
Age		
	Mean=27.4	
<20	2	1.00%
20-29	88	44.00%
30-39	69	34.50%
40-49	41	20.50%
Ethnicity		
Akan	153	76.50%
Ga	16	8.00%
Ewe	21	10.50%
Others	10	5.00%
Religion		
Christian	179	89.50%
Moslem	15	7.50%
African Tradition	1	0.50%
No religion	5	2.50%
Educational Level		
None	52	26.00%
Primary	53	26.50%
JHS	39	19.50%
SHS	33	16.50%
Tertiary	23	11.50%
Occupation		
Employed	154	77.00%
Unemployed	46	23.00%
Number of children		
Not yet	32	16.00%
< 4	116	58.00%
≥ 4	52	26.00%

Source: Fieldwork, 2013

years with majority between the ages of 20-29 years. Majority (76.5%) of the respondents are Akans, while more three-quarters (89.5%) are Christians, primary (26.5%), unemployed (77.0%). In relation to parity, 58% of the respondents had less than four children.

Table 2 shows percentage distribution of knowledge of family planning among married men and women who are in their reproductive age. Overall about 82.5% of the respondents have ever heard of FP. However, almost 90% of men have ever heard of FP as compare with 79% of women. Also, more than half (53.0%) of the respondents understood family planning as a birth control with about 19.5% and 9.5% understanding family planning for preventing diseases and pregnancies; and improving health and helps to care for children respectively. The level of knowledge was also high regarding modern types of family planning while knowledge on where to access FP was high for clinic (59.5%), friends (26%), drug store (6.5%), others (5.5%) and health worker (2.5%).

Figure 1 shows the various sources through which respondents heard about FP. Almost half of the respondents (49%) heard of family planning from the media (radio and television), followed by health worker (26%), friend (24%) and others (1%).

Table 3 shows the types of family planning ever used, currently using and the type currently using. Overall, majority of the respondents (52%) have ever used FP. However, 59.5% of the respondents indicated to have ever used modern type of FP. Currently, majority of both men and women (81%) are using any FP in Anomabu while a significant number of them are using modern types of FP (87.5%).

Discussion

The study assessed the knowledge and types of FP use among married men and women in Anomabu Community. Various studies have been conducted in parts of the world exploring

Table 2 Knowledge on FP (N=200).

Characteristics	Overall	Male	Female
Ever heard of FP			
Yes	165 (82.5%)	65 (89.9%)	100 (78.7%)
Understanding of FP			
Birth control	106 (53.0%)	43 (40.6%)	63 (59.4%)
Preventing diseases and pregnancies	39 (19.5%)	12 (0.8%)	27 (96.2%)
Improve health and helps to care for children	19 (9.5%)	10 (52.6)	9 (47.4%)
Family planning method known			
Modern	158 (79.0%)	63 (39.9%)	95 (60.1%)
Tradition	3 (1.5%)	1 (33.33%)	2 (66.7%)
Don't	39 (19.5%)	9 (33.0%)	30(77.0%)
Access to contraceptive			
Clinic	119 (59.5%)	47 (39.5%)	72 (60.5%)
Health worker	5 (2.5%)	0 (0.0%)	5 (100.0%)
Friend	11 (5.5%)	7 (63.6%)	4 (36.4%)
Drug store	13 (6.5%)	8 (50.0%)	8 (50.0%)
Others	11 (5.5%)	3 (27.3%)	8 (72.7%)
Do not know	41 (20.5%)	8 (19.5%)	33 (80.5%)

Sources of information

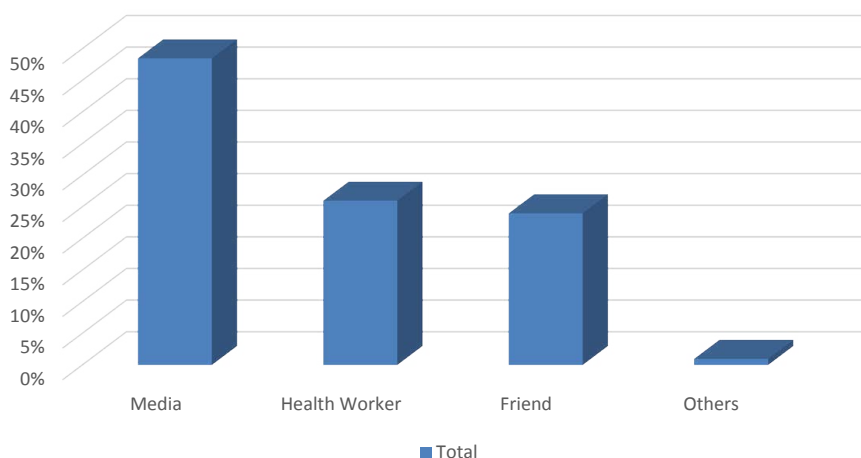


Figure 1 Sources of information.

Table 3 Types of FP used.

Variable	Overall	Men	Women	P-values
Ever used FP				
Yes	104 (52.0)	43 (58.9)	61 (48.0)	0.14
Type used				
Traditional	119 (59.5)	42(57.5)	77(60.6)	0.18
Any side effect				
No	187 (93.5)	67(91.8)	119 (93.7)	0.26
Currently using any FP				
No	162(81)	64(87.7)	98(77.2)	0.07
FP type currently using				
Traditional	175(87.5)	65(89)	110(86.6)	0.25

the knowledge, attitude and practices of family planning types with different results. Knowledge about family planning and its types are essential steps in gaining access to safe sexual and reproductive health care and services. This study collected information on knowledge on family planning and the findings show that the concept of family planning is well known to respondents (83%) among the married men and women. This is consistent with a study by Ghana Statistical Service (2015) were about 99% of both married men and women have heard about family planning and modern types are widely known than the traditional type (99%). Other studies by Nanseu et al. [9] and Barir and Eltayeb [10] also revealed in a study that about 87% of their respondents have heard of family planning.

The study revealed most of the participants have heard about modern method of family planning (79%). In all, most married women (60%) reported to have heard of modern method of family planning than their counterpart men (40%). This finding is similar to a study where 93.4% of the respondents have knowledge on modern method.

Media is considered being the important factor responsible for knowledge of family planning. The study revealed that almost half (49%) of the married men and women had family planning information from the media (TV, radio and internet) and health

workers (27%). This is in line with a study by Tuladhar and Marahatta [11] where more than half (55.5%) of the respondents indicated that their main source of knowledge on family planning was mass media. Also, a study conducted by Handady et al. [1] indicate that majority of the respondents (35%) got family planning information from the media and health care providers (25.5%). In contrast, a Korean study by Renjhen et al. [12] revealed the main source of information to be health centers or relatives. Another study in Cameroonian Mbouda Health district by Nanseu et al. [9] indicates that the main source of information being the health personnel (58.8%). Interestingly, it was found that a little about half (52%) have ever used family planning with more than half (58.9%) of men reported of ever used family planning compared to 48% of women. Similarly, a study by Upadhayay et al. [13] confirms that almost two-third (65.3%) of respondents in Nepal have ever used FP method. In contrast, a study Pemberton [14] where more than half (52%) of the respondents have never used a family planning method. Other studies by Pemberton [14] revealed that less than a half (48%) and a third (23.4%) respondent in Axim, Ghana and South West, Nigeria respectively have ever used family planning methods.

The study revealed that about 81% of the respondents were currently using family planning method. This is confirmed by a study conducted by Upadhayay et al. [13] which revealed that 85.7% of the participants were currently using family planning methods. Other studies conducted in Cambodia showed 56% of respondents were using contraception at the time of the study [15]. In our study the most common FP method used among them was modern [16,17].

Conclusion

The analysis of this study provides information on knowledge, sources and types of family planning methods in Anomabu community. Overall, this study showed that respondents have a high knowledge of family planning, especially the modern family planning method. Respondents had information on the various methods of family planning from the media (TV, radio

and internet). It was noted that although a significant number of the respondents have ever used modern method of family

planning such as condom, pills, IUD etc. many of the respondents are currently using modern family planning.

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