SHORT REPORT

Contraceptive use among ‘at-risk’ women in a metropolitan area in Ghana

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Abstract

Engaging in risky sexual behaviors puts a woman at increased risk of acquiring unintended pregnancies and sexually transmitted infections. Barrier contraceptives protect against both. Field workers interviewed 1,070 such ‘at-risk’ women aged 18–35 years who had at least three coital acts per week and at least two sex partners in the previous three months to establish the prevalence of contraceptive use in the Kumasi metropolis in Ghana. Awareness and use of contraception applied to 96.4 and 50% of these women, respectively. The male condom was the commonest form of contraception (32%) followed by the pill (16%). Mean coital acts per week were 3.6 while mean new partners in the previous three months were 2.7. About 12 and 42% engaged in anal and oral sex, respectively. Almost 4% were using norethisterone in various dosages as emergency contraception. Low use of safe contraceptives and risky sexual practices are of concern among this population.

Key words: Contraceptive use, at-risk women, sexual activity

Introduction

Engaging in risky sexual behavior is known to result in unintended pregnancies and the acquisition of sexually transmitted infections (STIs). It is empirical knowledge that some young people engage in risky sexual behaviors with unprotected intercourse, having multiple sexual partners, exchanging sex for monies/favors and indulging in alcohol, tobacco and other substance abuse (1–3).

Barrier methods of contraception are known to protect against the acquisition of STIs including HIV, if used properly and consistently (4,5). The commonest barrier methods available in Ghana are the male and female condoms. While the latter is relatively new, the former has been in use for considerable time. Other forms of contraceptives, although protective against unintended pregnancies, have little effect on the acquisition of STIs.

Although knowledge about contraceptives is widespread in Ghana, both among men and women, their use is still low (6). No studies have been done to look at the level of contraceptive use among women considered to be at high risk for the acquisition of STIs in Kumasi, the second largest city in the country.

This study was done to establish the types and prevalence of contraceptive use among women at high risk of acquiring STIs.

Material and methods

Trained female field workers were deployed in five groups of three each to suburbs and areas of the metropolis that are known from previous formative studies to be populated by women considered to be at high risk for acquiring sexually-transmitted infections. Areas sampled included drinking bars, night clubs, female hostels and work places of apprentice hairdressers and seamstresses. Potential participants were engaged in casual discussions on social matters. Once their attention had been caught, they were introduced
to the study. If they showed interest and met the inclusion criteria, which included residence in Kumasi metropolis, ages 18–35 inclusive, having vaginal sex of at least three times per week and having had at least two sexual partners in the previous three months, and if they were willing to be part of the study, a written informed consent was obtained. They were then administered a structured questionnaire. Answers were obtained on basic demographic data, number of sexual partners in the previous three months, coital activities in the previous week, type of contraceptive used and any previously diagnosed STI. The study was carried out between April and November 2006.

Ethical clearance was obtained from the Committee on Human Research, Publications and Ethics of the School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana.

Results

A total of 1,350 women were identified who met the inclusion criteria of whom 207 declined to be part of the study. Seventy-three had incomplete data entry and were excluded from the final analysis (final number 1,070). The mean age was 22.7 years (standard deviation = 3.6).

The majority or 962 (89.9%) were single, while 102 (9.5%) were not married but in stable relationships. Six (0.6%) said they were married.

Seventy-one percent had had education through junior secondary schools (≤ 9 years basic education) and 29% had at least a senior secondary education (≥ 12 years education).

Of the women, 731 (68.3%) were apprentice seamstresses and hairdressers or petty traders. Almost 17% were unemployed.

Contraceptive awareness of all respondents was 96.4%, while 53.6% used a contraceptive. The main contraceptives used were the male condom (31.7%), combined oral contraceptive pill (16.2%) and injectable hormonal substances (1.9%). Almost half of the persons interviewed (46.3%) were not using any form of contraceptives. In all, 257 participants (24%) had a known history of STI. The prevalence of both contraceptive use (26%) and non-use (22%) was the highest in the age group 21–25 years.

Table 1 shows their sexual behaviors.

Discussion

Most respondents were single, in their early twenties and were either learning a trade or were in small trading activities. These constitute groups which by their socio-economic disposition are vulnerable and engage in risky sexual behavior.

Contraception awareness was high and mirrored that found in the Ghana Demographic and Health Survey of 2003 (6). Ever use of conventional contraception was, however, only 49.9% and similar to that in the national survey (47%). The other women were either not on any form of contraception or not using an effective form of contraception. Norethisterone, popularly called ‘N’ tablet in the metropolis, was used as a form of emergency contraceptive by almost 4% of the women. The average dosage mentioned was one tablet of 5 mg. The times of administration differed from before sex to the day after sex. There are no studies to show its efficacy as an emergency contraceptive but it is cheap and readily bought over the counter. Its use as a contraceptive probably arises from its ability to induce withdrawal bleeding in women with secondary amenorrhea.

In a third of respondents the male condom was the major form of contraception, and 59% of those on any form of contraception used this only. This is higher than what is reported from the national survey where its use among all women was 4.3%, and 18% among sexually active unmarried women (6). Peterson et al. found condom use in at-risk women to be 40% (7).

The Ghana AIDS Commission and the National AIDS Control Program have over the past decade been preaching the use of barrier methods as part of campaign to reduce the prevalence of STIs including AIDS. This probably has helped increase condom use among this category of women as compared to the
general population. None of the respondents in this study had ever used the female condom despite availability.

Oral sex (fellatio) was practiced by over 40% of respondents. STIs, including HIV, can be acquired through oral sex, though the risk is low (8). Other studies have also linked oral sex to the risk of oral cancer (8,9). Anal sex was acknowledged by 11.5%. This is worrisome as anal intercourse is a well-known mode of transmission of HIV and is in fact more risky in this regard than vaginal intercourse (9). Although only 24% of respondents gave a history of previous diagnosis of STI, this may be misleading since gonorrheal and chlamydial infections, the commonest STIs, are largely asymptomatic in women (10).

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References