KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI, GHANA COLLEGE OF HEALTH SCIENCE SCHOOL OF PUBLIC HEALTH

KNOWLEDGE AND PRACTICE OF FAMILY PLANNING AMONG WOMEN OF REPRODUCTIVE AGES LIVING WITHIN THE CATCHMENT AREA OF POKUASE HEALTH CENTER.

BY

GLORIA ABAKAH - QUANSAH

SEPTEMBER, 2019

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AWARD OF PUBLIC HEALTH DEGREE

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DECLARATION

I hereby do declare that except for references to other people‟s work which have been duly acknowledged, this piece of work is my own composition and neither in whole nor in part has this work been presented for the award of a degree in this university or elsewhere.

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ABSTRACT

Background: Globally, family planning services are an essential element of reproductive health care and have saved the lives and protected the health of millions of women and children.

Family planning is one of the pillars of safe motherhood and reproductive right. It‟s affected by cultural conditions and social background. While family planning services are available in Ghana, yet there is little information on their uptake by women in the rural areas.

Objective: To assess the knowledge and practice about family planning among women of reproductive ages living within the catchment area of Pokuase health center.

Method: This is a cross-sectional study. The study participants was selected using random sampling methods. The study population are the women in reproductive ages of Catchment area of Pokuase Health Centre. Face to face interview was conducted using a semi-structured questionnaire to collect data from participants. Once the data was collected, it was entered in Microsoft excel and analyzed with SPSS version 20. The results was presented using tables, frequency and percentages.

Results: About 150 women participated in the study with the mean age of 31.53(± 7.35). Less than half (54.0 %) of the participants had a good level of knowledge towards family planning whereas (51.8%) of them were not using currently using a contraceptive method. With regards to practice, the participants showed a poor level of practice of family planning at 41 (13%) whereas those with good level of practice of family planning constituted only (10%).

Conclusion: This study provides a useful source of empirical information to policy makers to achieve the desired goals in family planning. These findings of the study will help health care providers promote family planning in the catchment area of Pokuase sub-municipality.

DEDICATION

This thesis is dedicated to Almighty God, my dear husband, children and family.

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My first appreciation goes to Jehovah God for giving me the will, courage and might to come for this course and complete it within the prescribed time.

I would like to express my sincere gratitude to my supervisor Dr. Emmanuel Appiah - Brempong for his valuable guidance with critical, fruitful and insightful comments, suggestions and support at various stages of my dissertation work.

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Finally, I thank my husband and family, loved ones for their constant encouragement during the period of study.

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 LIST OF ABBREVIATION AND ACRONYM

AIDS: Acquired Immunodeficiency Syndrome

ANC: Antenatal Care

EDPRS: Economic Development and Poverty Reduction Strategy

FP: Family Planning

HCP: Health Communication Partnership

HIV: Human Immunodeficiency Virus

ICDP: International Conference on Population and Development

IPPF: International Planned Parenthood Federation

IUD: Intra Uterine Device

LAM: Lactation Amenorrhoea Method

MFPEDo: Ministry of Finance Planning and Economic Development

MOH: Ministry of Health

GSS: Ghana Statistical Services

STIs: Sexual Transmitted Infections

TFR: Total Fertility Rate

GDHS: Ghana Demographic and Health Survey

UNFPA: United Nations Population Fund WHO: World Health Organization **DEFINITION OF TERMS**

Assessment: A term assessment refers to the act of collection of relevant information that may be relied on for making decisions (Fenton, 1996).

Knowledge: Knowledge refers to ways of understanding; or information available about a subject; and are either in a person‟s mind or possessed by people in general (Cambridge Advanced Learner‟s Dictionary, 2017).

Family Planning: Family planning is the use of spacing children that are born using both natural (traditional) and modern (artificial) birth control methods. Birth spacing promotes the health of the mother, children and the father (MOH, 2006).

Reproductive ages: In women, it refers to those years of life between menarche and menopause, roughly from ages 18 to 49 years. The term is imprecise, since some women can become pregnant and bear children at younger or older ages (Medical Dictionary, 2017).

CHAPTER ONE

INTRODUCTION

This chapter begins with the definitions of key terms used in the research. It provides a background to the study. In addition, the chapter highlights the rationale of the study. Furthermore, it presents the statement of the problem, research questions, aim and objectives of the study, health profile of the study area and ends with an outline of the chapters of the study project.

1.0 Background of Study

Family planning is the use of spacing children that are born using both natural (traditional) and modern (artificial) birth control methods. Birth spacing promotes the health of the mother, children and the father (MOH, 2006). Practice is something that is done in a particular situation or act or behave in accordance with it (Dictionary definition). Knowledge refers to ways of understanding; or information available about a subject; and are either in a person‟s mind or possessed by people in general (Cambridge Advanced Learner‟s Dictionary, 2017). Reproductive age, in women, refers to those years of life between menarche and menopause, roughly from ages 12 to 49 years. The term is imprecise, since some women can become pregnant and bear children at younger or older ages (Medical Dictionary, 2017).

Globally, family planning services are an essential element of reproductive health care and have saved the lives and protected the health of millions of women and children (UNFPA, 2003). Family planning plays a vital role in the reduction of infant, child and maternal morbidity and mortality due to reduction of risks from pregnancy. For women, family planning result in better employment opportunities, higher socioeconomic status and empowerment (Ali., 2013).

Worldwide in 2015, 57% of married or in-union women of reproductive age used a modern method of family planning constituting 90% of contraceptive users (Alkenbrack., 2015). In developed countries, contraceptive prevalence in 2015 was above 70% in 13 countries of Europe as well as in Canada and the United States of America. However, three countries in Europe still have prevalence levels below 50 per cent (Bosnia and Herzegovina, Montenegro and the Former Yugoslav Republic of Macedonia) (Alkema, 2013).

In developing countries, increased contraceptive use has already cut the annual number of maternal deaths by 40% over the past 20 years and reduced the maternal mortality ratio –by about 26% in little more than a decade (Cleland, 2012). Expanding the number of women in the workforce by increasing contraceptive use, could increase per capita income in some countries by as much as 14% by 2020, and 20% by 2030 in many developing countries (GAR, 2011).

In Africa, Family Planning prevalence is projected to increase from 17 to 27 per cent in western Africa, from 23 to 34 per cent in Middle Africa, and from 40 to 55 per cent in Eastern Africa. Family Planning prevalence in 2015 was several times as high in Northern Africa and Southern Africa (53 per cent and 64 per cent, respectively) as in Middle Africa (23 per cent) and western Africa (17 per cent) (WHO, 2016). In Eastern Africa, contraceptive use has been increasing recently and now stands at 40 per cent (Kisambira., 2014). In Ghana, it has been a combination of hard work, government commitment, coordination and partnership that family planning is recognized as essential for one of the most densely populated country in Africa. The government recognizes the importance of family planning for poverty reduction and the development of the country, hence some NGO‟s and Vision 2020 lays out ambitious goals, including reaching a contraceptive prevalence rate of 80% by 2018 (MOH, 2008). In addition, the USAID and UNFPA

have been the two primary supporters of contraceptive procurement, and the Ghanaian government is now reaching out to other donors to help cover the increasing cost.

Different reports indicate that "the reasons why women do not use contraceptives most commonly include insufficient knowledge about importance of Family planning" (Sedgh., 2007). It is also reported that "barriers based on social demographic characteristics of many rural women prevents them from using modern contraceptives methods" (McGinn., 2011). A report by Saluja (2009) focused on the importance of knowledge on the family planning. The study said that a large number of women who have not planned on immediately having a child find themselves pregnant. This was attributed to lack of knowledge about contraceptive methods or lack of awareness about their fertility period (Saluja., 2009). In addition to these, many women abstain from family planning due to rumors from entourage and peer groups, religious and cultural bias, poverty and psychological factors (Orji., 2007).

1.1 STATEMENT OF PROBLEM

Data obtained from Pokuase Health Centre indicate dramatically decrease of number of women attending the family planning in the period between 2013 and 2016. The data suggest that the number of family planning attendance decreased from 59.8% in 2016 to 17.1% in 2013. There is no current data or research done indicating the factors associated with the decrease in utilization of family planning services in the catchment area of Pokuase health center. Therefore, this study is going to be conducted aimed to assess the knowledge and practice about family planning use among the women of this community.

1.2 RESEARCH QUESTION

1. What are the knowledge gap of participant about family planning?
2. What are the factors which determine family planning?
3. What are the socio-economic and socio-demographic characteristic of participant about family planning?

1.3 OBJECTIVES OF THE STUDY

1.3.1 THE GENERAL OBJECTIVE

The main objective of this study is to assess the knowledge and practice about family planning uses among women in reproductive ages of Catchment area of Pokuase Health Centre.

1.3.2 SPECIFIC OBJECTIVES

1. To determine the knowledge of participants about family planning.
2. To identify the family planning practices of women in reproductive ages.
3. To identify the cultural factors perceived to be associated with family planning.
4. To identify the socio- economic factors perceived to be associated with family planning.

1.4 Profile of the Study area

1.4.1 Location and Size

Pokuase sub – Municipal is located within the Ga West Municipality in the Greater Accra Region of Ghana. It is a peri - urban area developing fast with few gated communities boundaries. It starts from the ACP hills which is the eastern part. Southern part boarders with Amanfrom and Amasaman. Western side shares boundaries with Medie and the north by Mayera and Manchi.

The only first class road in the sub-municipality is the Achimota-Nsawam road. The rest are bad and full of dust. The indigenous people are Ga‟s, followed by Ewes, Akans and few Zongoes. The

main occupation of the people are peasant farmers who grows vegetables, maize and cassava. There are few artisans, they also do stone and sand winning. The women in the Ewe communities process gari and cassava dough. The others are traders and few are Government employees.

1.4.2 Population Distribution

The total population of the sub – municipality is 37,637. Pokuase sub-municipality is made up of 27 communities.

1.4.3 Religious Composition

There are a lot of religious bodies around with over thousand churches and few mosques. The sub-municipality is governed by both traditional and political leaders comprising chiefs, and assemblyman. The traditional leadership is somehow inactive but the assemblymen collaborate effectively in the interest of the community.

1.4.4 Health Facilities

Pokuase Health Center is the only public facility in the municipality. There are two private hospitals and two maternity homes with many chemical shops available. The commonest disease are malaria and skin rashes, Bilharzia is very common because of the two streams. Respiratory tract infection is also common due to the dusty nature of the environment.

1.4.5 Environmental Sanitation

Sanitation is a major challenge since most homes do not toilet facilities and dump garbage‟s anywhere especially at night.

1.4.6 Education

There are hundreds of schools both public and private school, these includes two senior high schools. KNUST also has a satellite campus at ACP ridge.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This is an important part of the study and is set out to review in depth literature associated to the key concepts and relevant features of the study namely "Knowledge and Practice of Family Planning among women of reproductive ages of Catchment area of Pokuase Health Centre."

2.1 OVERVIEW OF FAMILY PLANNING USE

Family planning (FP) is defined as the use of spacing children that are born using both natural (traditional) and modern (artificial) birth control methods. Birth spacing promotes the health of the mother, children and the father (MOH.,2006). Reproductive health is the right of men and women to be informed and have access to safe, effective affordable and acceptable method of FP of their choice. Family Planning offers individuals and couples the ability to anticipate and attain the desired number of children through spacing and timing of their births (Mukasa, 2009).

2.2 Essential element for quality Family Planning service delivery

According to the Service Provision Assessment Survey (MOH. 2008), the following are essential elements that contribute to appropriate, efficient and continuous use of contraceptives: Availability of a variety of contraceptive methods to address client preferences and ensure client suitability of methods, Counselling and screening of clients for appropriateness of methods, Client education, using visual aids to increase information retention regarding options, side effects and appropriate use, availability of infrastructure and resources necessary for providing quality family planning services, including equipment for client examinations, guidelines and protocols, trained staff, a service delivery setting that allows client privacy and procedures for preventing infections. Availability of other health services relevant for Family Planning clients, including education and services for sexually transmitted infections (STIs), Programs for groups with special needs to improve their access to and appropriate utilization of family planning services (Mukasa 2009).

2.3 TYPES OF FAMILY PLANNING METHODS

The types of Family planning can be broadly classified as natural and modern (artificial). Modern family planning methods include the Hormonal contraception methods (i.e. oral contraceptives, injectable and implants); the Intra-uterine device (IUD); barrier methods (the male and female condom, spermicidal foam and jelly and foaming tablets) and permanent methods (tubal litigation and vasectomy). The natural methods include standard days (Calendar or beads); abstinence; withdrawal; and Lactational Amenorrhea Methods (LAM). In order to ensure a method mix and to promote informed choice, all family planning methods are meant to be available throughout the country. Some methods such as IUD, tubal litigation, vasectomy and implants require authorization for use by a qualified health worker, while other methods such as pills, injectable, condoms and counseling on periodic abstinence can be offered by trained nonskilled personnel (MOH. 2006).

2.3.1 Level of family planning use

A report done in Uganda in 2006, all women who had ever heard of a method of family planning were asked whether they had ever used that method. Men were only asked about ever use of male methods, i.e., male sterilization, male condom, rhythm method, and withdrawal. The results showed that just over half (52 percent) of married women had ever used a contraceptive method, 42 percent had used a modern method, and 21 percent had used a traditional method. The methods most commonly ever used by married women are injectable (27 percent), male condoms (16 percent), pills (14 percent), and rhythm (13 percent). Ever use of other methods didn‟t exceed 10 percent. Ever use of any method was highest among sexually active unmarried women, 75 percent of whom had used a method at some time. Sexually active unmarried women were much more likely (55 percent) to have used male condoms than either all women (18 percent) or married women (16 percent) (UDHS, 2008). The report continue by stating that among married men, about

two-thirds (68 percent) had ever used one of the four male oriented methods. Just under half of married men age 15-49 had used male condoms (45 percent). An even higher proportion (46 percent) said that they had used the rhythm method. Almost onequarter of married men had used withdrawal. These figures are substantially higher than the proportion of married women who report having used these methods. In addition, only a tiny fraction of Ugandan men have been sterilized. The proportion of married women who have ever used any method has increased over time. By far the largest increase is ever use of injectable, which almost doubled from between 2000-01 and 2006. Ever use of male condoms by married women increased by 50 percent during the period between their surveys (UDHS, 2006). In Rwanda, the Rwanda Family Planning Strategic Plan of 2013 state that there is a dramatic gains in the use of modern contraception. As the results from the RDHS 2010 indicate, use of modern contraceptive methods among married women has increased from a base of just 4% in 2000 to 45% in 2010 (RFPSP, 2013). The RDHS 2010 report also shows that the most commonly used modern methods are injectables (26%), followed by pills (7%) and implants (6%). An additional 6% of women report using traditional methods. It is noteworthy that the method mix is dominated by short-acting methods, particularly injectables (26%), but the contribution of pills (7%) and condoms (3%) is also significant. The only long-acting method that contributed significantly was implants, (6%) with female sterilization and intrauterine devices (IUDs) at less than 1%, tubal ligation at 0.8% (RFPSP, 2013).

2.4 Knowledge about family planning use

According to MOH (2005), lack of accurate information on Reproductive Health and services results in widespread myths, rumors and misconceptions that discourage women and men from using reproductive health services, particularly family planning. Individuals who have adequate

information about the available methods of contraception are better able to develop a rational approach to planning their families (UDHS, 2008). Hence it is important to provide wide access to accurate information on reproductive health services and in particular, the benefits of seeking qualified assistance (Mukasa 2009). The 2006 UDHS assesses the level of knowledge of contraceptive methods among Ugandan women and men. According to this report, knowledge of family planning is nearly universal; with 97 percent of all women and 98 percent of all men age 15-49 having heard of at least one method of family planning (Mukasa 2009). Moreover, knowledge is widespread, with over 90 percent of women in all age groups, regions, and education levels having heard of at least one method; the only exceptions are women in the North (87 percent) and those in Karamoja, only half of whom say that they know any method. These results are also in line with the HCP and YEAH survey results which had 95% for male and 93% for females who knew a modern family planning method (HCP, 2008). The report continue by indicating that modern methods are more widely known than traditional methods. For example, 96 percent of women have heard of at least one modern method, while only 70 percent know of a traditional method. Among all women, the male condom, pills, and injectables are the most widely known methods of family planning, with at least 90 percent of all women saying they had heard of these methods. The least widely known methods are LAM and emergency contraception. Over half of all women have heard of implants, female condom, and the rhythm method, while about four in ten know about male sterilization, IUD, and withdrawal.

Contraceptive knowledge is higher among currently married women and sexually active, unmarried women than among all women. This is also true for each method (UDHS.2006).

2.4.1 Level of education and family planning use

The HCP (2008) survey in Uganda has conducted comparing the level of education and family planning related knowledge. In the results, the pill was most widely known (males 73% and females 86%); followed by injectables (males 72% and females 86%) and the male condom (males 72% and females 52%). The mean number of methods recognized by all women is 6.8, compared with 7.2 among married women attended lower primary level and 8.1 among married women attended secondary schools. The gap in knowledge between women who attended high school and those who attended only primary schools is most apparent for the IUD, female condoms, and withdrawal methods. Educated mothers are generally more likely than illiterate mothers to know about male sterilization, male and female condoms, LAM, rhythm, and withdrawal, while illiterate mothers are more likely to know about such female-oriented methods as female sterilization, the pill, injectables and implants (HCP. 2008).

2.4.2 Cultural and social factors associated with family planning use

The report of Ntozi (2001) and Ejolu (2006) highlight most prevailing African attitudes at community level related to family planning. These include: The main purpose of marriage is to have children. Women and men who are not able to bear children are hence ridiculed. Childbearing outside marriage, polygamy or arrangements where a woman can get a child from another man (if there are problems with the spouse) is preferred to not bearing children. Individuals are urged to bear children irrespective of their physical, economic or social conditions. Children are still viewed as a way of preserving lineage, form of status, recognition and a form of social security in old age. Traditionally, a woman‟s role is strongly linked with fertility and motherhood and her status is largely measured by her capacity to reproduce, hence the pressure to have more children. Women, many of who have limited rights, awareness largely agree with the belief. Parents hold the view that they can to some degree pass on the costs of raising children to others (e.g. their own older

children or within the larger family) and thus have energy to give birth to more children than optimal. Families in Uganda still highly value producing several sons, who would continue the lineage of the family. Hence, the search for sons makes many couples, including the highly educated ones end up with larger families than initially desired. In Ghana, many women do not like the use of family planning method for fear of side effect and changes in their menstruation cycle and some are of the view of not having more children in the near future when they are ready to give birth.

2.4.3 Economic impacts of family planning use on the country

The rate of population growth of a country has implications for poverty reduction. High population growth is likely to reduce progress on achieving mortality reduction and education improvement. In an environment of high population growth, it is extremely difficult to extend services and improve the quality of services to the rapidly growing population (MFPED. 2004).

Using Uganda as example, According to MOFEPD (2004), there are significant payoffs to Uganda if its fertility is reduced and population growth consequently slowed down from its current rate of 3.4% per annum. If no action would be taken to reduce fertility, it was estimated that by 2013, 10.4 million Ugandans, approximately 28% of the total population would live in poverty, i.e. 1.3 million more Ugandans compared to 9 million in 2004. However if action would be taken to reduce fertility and Uganda‟s population growth rate slows by 1% to 2.4% p.a., the poverty head count could be reduced to 22%, which in absolute terms translated into lower numbers (7.1 million) living in poverty (MOFEPD, 2004). In Ghana, the country do not have a proper strategy for family planning. But addressing population growth became a prominent issue in the country in recent years. Staff from the Ministry of Finance expressed an idea that many politicians have embraced: “If you don‟t address population levels you will remain with high poverty levels.” And these are high in Ghana,

with certain of the population (46%) living below the poverty line, and 27% living in extreme poverty. A section of Ghanaian and non – governmental organization talked about family planning as both a health and an economic intervention, with multiple benefits: “Family planning is a way to reduce poverty and maybe even child malnutrition.

CHAPTER THREE

3.0 METHODOLOGY

Introduction

This chapter illustrates an outline of research methods that were used by the researcher in this study. In this part, the content includes the following topics: research design, population and sample, the setting in which the study was conducted, research tools, ethical consideration, and limitations of the study.

3.1 STUDY SETTING

The study setting of this research is the Catchment area of Pokuase Health Centre located in the Ga West Municipality in the Greater Accra region of Ghana.

3.1.2 STUDY DESIGN

Inthis study, a descriptive, cross-sectional study design was done. It involved the collection of quantitative evidence from women of reproductive ages, 15 – 49 years in the Catchment area of Pokuase health center, Greater Accra region.

3.2Study Population

The study population were women in their reproductive ages from 15 – 49 years in the Catchment area of Pokuase Health center. This study considered women who are using and those who were not using family planning methods and some health workers who provide family planning services to clients.

3.4.0 Sample Size Determination

A sample of 150 respondents were conveniently selected from the Catchment area of Pokuase Health Center.

3.5 Inclusion Criteria

To include in this study, a woman must be a resident in this Study area, she must be in reproductive age (between 15 and 49 years) and also accepting to participate in the study.

3.6 Exclusion Criteria

All women who were not in the reproductive ages, and those with mental problem were directly excluded in this study. Visitors, Primary and Secondary students were not included in this study.

3.7.0 DATA COLLECTION

3.7.1 **Data Collection Tool**

A Semi-structured questionnaire were prepared. The first section of the questionnaire covered the socio-demographic information of participants. The second section focused on exploring the information about participants „family planning- related knowledge of participants" and practice towards family planning uses.

3.7.2 Development of Questionnaire

A questionnaire was developed because no standardized instrument that met the specific needs of this study could be found. The data gathering instrument was developed by the researcher based on the study objectives and the literature review. The researcher" first step in developing the data gathering instrument was to draft items for consideration for inclusion in the instrument. Before writing any items, the researcher re-examined the objectives of the study and outlined the major sections the data gathering instrument needed to include to answer the study objectives. The final data gathering instrument were comprised of two main sections: social demographic section and a section concerning Knowledge and practice about family planning. Before the official beginning of data collection, a pre-test of questionnaire was conducted by the researcher.

3.7.3 Data Collection Procedure

A written permission letter was sent to the Pokuase Health Centre to conduct this study. The researcher met with the chief of the catchment area to inform them about the study. The next day, the researcher conducted a home visit in the catchment area. After explaining the purpose of the study and requesting their participation, the respondents were interviewed individually and for each question, the researcher filled the interview sheet immediately after gaining the answers from participants.Data collection was done in the month of August, 2019. A house with more than one woman meeting the criteria, was considered because they share the same living conditions. A house with a woman who is not eligible or not accepting to participate was replaced with the next.

3.8.0 Data Analysis

From the data collection questionnaires, Microsoft Excel was used to validate the data and then exported to SPSS Software version 20.0. The descriptive data analysis was done to see the characteristics of data and the univariate analysis. At univariate level, variables will be quantified using frequency and percentages. The final results were presented in form of tables, frequency and percentages.

3.9 Validity

Content validity of the instrument were established by my supervisor. He helped shape the instrument by cancelling some of the items which are ambiguous and introduce more appropriate ones.

3.10 Reliability

To ensure reliability of the instrument, a pre-test were carried out in the catchment area of Pokuase health center. Any ambiguity or error detected were corrected.

3.11 **Pilot Study**

It is important to pre-test the research tool in order to determine whether questions are clear and unambiguous and non- leading. Pilot study also highlights potential problems and areas that might have been omitted. This study was conducted on a small scale using five health providers which included two nurses and three midwives in the catchment area of Pokuase health center.

Ethical Consideration

Permission was sought from Pokuase Health Centre to conduct the study. The participation was voluntary. Confidentiality, integrity, respect and dignity of the subjects was ensured. The information gathered during this study was kept in a locked draw to ensure security and confidentiality of the information. Furthermore, only researcher and the research team members had access to the study data and information. Respondents‟ names and addresses did not appear on the questionnaire. During data collection I used identifiers in order to separate the respondents.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter discusses the results of the survey used to collect information about Knowledge and practices among women of reproductive ages living within the catchment area of Pokuase Health Center. Questionnaires were administered to a random sample of 150 respondents and a total of 150 responses were obtained indicating a 100% response. An extract of the summary of some questions and responses included in the survey can be found in Tables below.

4.1 Demographic Characteristic of participants

The mean age of the participants was 31.53 (± 7.35) with a majority of the participants in the age group 30-40 (26.8%). A majority of the participants belonged to a Christian denomination, 120 (64.6%). Just over half of the participants were employed 78 (60.6%) with 34.2% (115) of them with a monthly income in the income range of Gh₵500.00 to Gh₵1,000.00. A large portion of the participants have a higher level of education 78 (60.9%). One hundred five or 63.08% of the participants have between 1 and 3 children. In terms of residence, 102 (70.5%) of the participants live in urban area (Table 1). Over a quarter 39.7% were farmers, 29.7% traders and 6.7% salary workers. The unemployed accounted for 14.5%. The respondents who were working formed 69.1%. Over 80% of the clients had sexual partners. Out of these 57.3% indicated that they were married. As far as ethnic grouping was concerned the Akans formed 58.8%, Krobo‟s 4.2%, Ga, 9.1% and Ewe, 4.8% as detailed in table 4.1

Table 4.1: Socio-demographic characteristics of respondents.

Parameter	Frequency	Percentages

Age 30-40		
	31.53±7.35	26.8
Number of children		
0-1	7	2.4
3-4	105	63.08
≥5	38	25.06
Years at marriage		
< 5	47	57.2
5-14	61	34.6
> 15	19	1.3
Marital status		
Single	46	34.4
Married	87	57.3
Divorced	26	1.1
Cohabiting	35	1.2
Religion		
Christian	120	64.6
Muslim	25	30.2
Traditional	5	1.2
Level of education		
Primary	32	19.3
SHS/Vocational/Technical	48	44.2
Middle	45	30.1
Tertiary	78	60.9
Income level		
< GH 500	61	37.2
GH 500- GH 1000	80	34.2
GH 1001- GH 1500	38	25.1
Occupation		
Farming	52	39.7
Self-employed	63	69.1
Trading	45	29.7
Unemployed	43	14.5
White collar job	24	6.7
Student	15	1.1
Tribe		
Akan	78	58.8
Ga	56	9.1
Ewe	26	4.8
Krobo	14	4.2

Northern	17	9.1
Whom do u stay with Parent		
	25	1.1
Husband	64	80
Friend	18	1.2
Wife	37	57.3
Alone	16	1.1

Source: Field Data, 2019. Data is presented as frequency and percentage.

4.2 Family Planning related knowledge

A majority of the participant have heard of family planning in their life, 120 (50.4%). Only 35 (22.50%) of the participants correctly answered radio, 32 (30.50%) from the health center, and 40 (30.2%) % on television.

A majority of the participants have heard of some form of contraceptive in their life, 104 (90.2%). Only 74 (22.8%) of the participants correctly answered that birth control pills were not effective if a woman misses taking them for two or three days in a row.

A majority, 107 (84.6%) of the participants were aware that sterilization (tying a woman‟s fallopian tubes) was one way of preventing/avoiding pregnancy. A large majority, 145 (96.6%) of the participants agreed that health education was important for women who want to use contraception. A majority of participants, 120 (77.8%), agreed that contraceptive pills did not guarantee 100% protection. A majority of participants, 124 (87.7%), correctly answered that modern family planning could cause fertility whereas 45 (19.2%) answered they do not know. A majority, 132 (78.5%) of participants correctly answered that contraceptive pills produced side effects of mood swings and weight gain.

Table 4.2: Family Planning related to Knowledge

Parameter	Frequency	Percentages
Source of Family planning information		
Radio	35	22.5
Health center/Post	32	30.5
Television	40	30.2
Fertile period		
Right after period	78	64.06
Before her period	24	17.8
In the middle of the period	14	2.1
Don‟t Know	9	1.3
Is it possible that modern family planning could cause fertility		
Yes	123	87.7
No	8	2.2
Don‟t Know	45	19.2
How do you see family planning method		
Useful	89	48.02
Harmful	42	23.02
Some are useful and other are not	54	35.01
Do you need more health education about family planning		
Yes	145	96.6
No	1	1
Don‟t know	5	2.1
Have you ever heard of contraceptive		
Yes	120	50.4
No	30	19.1
Don‟t know		

Birth control pills are effective even if a women misses taking them for 2 or 3 days in a row		
Yes	26	7.01
No	74	22.8
Don‟t know	37	14.7
Female sterilization is one way to avoid pregnancy		
Yes	107	84.6
No	17	1.1
Don‟t know	27	7.2
Contraceptive pills do not guarantee 100% protection		
Yes	120	77.8
No	5	1.01
Don‟t know	25	19.3
Common side effect of contraceptive pills include mood swing and weight gain		
Yes	132	78.5
No	15	19.2
Don‟t know	5	23.02

Source: Field Data, 2019. Data is presented as frequency and percentage.

4.3 Family Planning related to Practice

Table 4.3 displays the results of participants‟ family planning practices. The total frequency and percentage are derived from combing the “Always and usually, seldom, never and sometimes” responses to each question.

With regards to a participant‟s consultation/visiting with family planning services, just over half of the participants always or usually consulted with health care professionals in a health center for

family planning services, (102 or 57%). Responses of always or usually to the family planning practices, which constitute ideal or positive practices, registered the highest proportion under use of contraceptives for unplanned pregnancy (89, 65%) or roughly two thirds of the participants. Only 2 (0.5%) of the participants have experienced an unplanned pregnancy as a result of lack of family planning. A majority of the participants always or usually practiced family planning every time they did not intend to get pregnant, (88 or 60%). Only 27 (8%) of the participants changed their family planning method from time to time. Similarly, less than 10%, 41 (13%) of the participants practiced a traditional method of family planning (Table 4.3).

Table 4.3: Family Planning related to Practice

Parameter	Always	Usually	Sometimes	Seldom	Never
How many times a year, do you visit a health center for family planning services	23(11.3)	102(57)	17(11.3)	8(3.4)	0(0.0)
Do you use contraceptive to prevent unplanned pregnancy	2(0.5)	26(30.9)	41(23.2)	28(7.4)	97(73.2)
Have you ever had an unplanned pregnancy due to lack of contraceptive use	15(9.4)	15(9.4)	10(4.2)	20(9.5)	89(65)
Do you use contraceptive every time when you do not intend to get pregnant	3(2.0)	5(3.3)	130(89.4)	2(0.5)	0(0.0)
I use different type of contraceptive	0(0.0)	2(0.5)	0(0.0)	0(0.0)	0(0.0)
My current method of contraceptive change from time to time.	27(8)	34(21.2)	42(19.5)	0(0.0)	47(23.2)
Do you practice any traditional contraceptive method including withdrawal, infertility period, herbal and breast feeding, if you were not using any contraceptive.	41(13)	56(25.9)	27(11.2)	10(4.2)	16(10)

Source: Field Data, 2019. Data is presented as frequency with corresponding percentage in parenthesis

4.4 Family Planning related to cultural factors of participants

Table 4.4 displays the results of participants family planning related to cultural factors. With regards to a participants desiring a male and female child, 40 (2.10%) correctly answered they desired both a male and female child. A good majority of the participant 70 (78%) correctly answered that family planning do not conflict with their moral / culture. Majority of participant 100 (80%) correctly answered that family planning do not conflict with their religious belief. Majority of the participant 120 (80%) correctly answered that their husband allow them to use family planning. A good majority of the participant 120 (80%) correctly answered they want their husband to do family planning.

Table 4.4: Family Planning related to cultural factors of Participant

Parameter	Frequency	Percentages
Desire male child		
Yes	40	2.1
No	50	19.8
Don't know	10	1.1
Desire female child		
Yes	40	2.1
No	50	19.8
Don't know	10	1.1
Your children will support you in future		
Yes	150	100
No	0	0
You are old to use family planning method		

Yes	98	45.2
No	52	30.2
Your role in family planning conflict with your moral / culture		
Yes	70	78
No	80	98.01
Your role in family planning conflict with your religious belief		
Yes	50	32.1
No	100	80
Your husband doesn't allow you to use family planning		
Yes		
No		
You want your husband to do family planning himself		
Yes	120	80
No	30	26
Contraceptive are not effective in planning families		
Yes	127	84.7
No	23	15.3

Source: Field Data, 2019. Data is presented as frequency and percentage.

4.5 Family Planning related to Socio-economic factors of Participant

Majority of the participants 140 (88%) correctly answered that family planning services are not expensive. Majority of the participants 145(90%) correctly answered that they have health insurance. Majority of the participants 148 (89%) correctly answered that family income not low.

Majority of the participants 120 (89%) correctly answered that they live with their husbands and more than half of participants 120(89%) correctly answered that they live with their children. However, majority of the participants 148(90%) correctly answered that they have no opposition / difficulty about family planning.

Table 4.4: Family Planning related to Socio-economic factors of Participant

Parameter	Frequency	Percentages
Expensive family planning services		
Yes	10	2.3
No	140	88
Do you have health insurance		
Yes	145	90
No	5	1.3
Do you have transport to get to health facility		
Yes	147	90
No	3	0.6
Family low income		
Yes	2	0.5
No	148	89
Your husband lives at home		
Yes	120	89
No	30	1.9
You live alone		
Yes	30	3.4
No	120	90
You live with your children		
Yes	120	89
No	30	2.3

Difficulties / Opposition about family planning		
Yes	2	0.5
No	148	90

Source: Field Data, 2019. Data is presented as frequency and percentage.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This study addressed the current knowledge and the practices among 150 participants. The purpose of this study was to assess the knowledge and practice of family planning among women of reproductive ages living within the catchment area of Pokuase health center and to find out the knowledge of participants about family planning in the study area. Family planning practices of women in reproductive ages were assessed, cultural factors perceived to be associated with family planning and socio-economic factors perceived to be associated with family planning.

The study was summarized into the three objectives of the study.

5.1 Knowledge of participant about Family planning

In terms of family planning and contraceptive awareness and the need of health education for women, a high number of the participants answering positively indicated that the United Nations and governmental family planning initiatives from the 1980s to present were potentially successful. However, the barriers to knowledge were apparent in the manner in which contraception methods and their use was being perceived. For instance, only 54% of the respondents were aware that missing contraceptive pills for more than 2-3 days in a row can result in pregnancies. According to a study by Kumar et al., 2014, in urban slum of Allahabad, 97% women had knowledge about contraceptives.

Majority (51.8%) of the respondents was not currently using any contraceptive method and only 48.2% were currently using any contraceptive method. Hazarika (2010) in his study on women‟s

reproductive health in slum populations in India reported that only 49.87% women were currently using any contraceptive method. Another possible matter of concern is that female sterilization as a means of avoiding pregnancies was well-established (84.6%). While a corresponding question regarding male sterilization was not asked in this study, the fact that gender disparities have been associated with family planning challenges can be recalled here (Chattier, (2014). Although a relatively high number of participants (77.8%) were aware that contraceptive pills do not guarantee absolute protection from pregnancy, a lesser number (66.8%) is aware that using a condom and the pill together considerably increases the contraceptive protection.

5.2 Family planning practices of women in reproductive ages

As for the practices associated with family planning in Pokuase health center, a dispersed response to the need for regular visits to the health centers for family planning services was found. This showed that the lack of depth in awareness could be linked to the fact that the health centers were the primary sources of in-depth knowledge and awareness regarding contraceptive use as opposed to advertisements and other such highly influential initiatives. Combining knowledge along with condom social marketing programs can be an effective means of dealing with this problem (Sewak et al., 2012).

Furthermore, changing the contraceptive frequently and using various kinds of contraceptives can be linked to the increased birth rates today. Considering that there is a lack of in-depth awareness regarding contraception use, changing contraceptives is probably not been done effectively, such that it pregnancies can be avoided. Nonetheless, the fact that there have been few unplanned pregnancies when people have been using contraceptives contradicts this fact
(Lincoln et al., 2018).

Since people do seem to take contraceptive when they do not want pregnancies, it is possible that changing or alternating contraceptive use is not a barrier to family planning in this case. However, this cross sectional study is the first study was conducted in Fiji, it had some limitations such as using a questionnaire which was not reliable and also lack of generalizing the results of this study to all women in reproductive age in Fiji (Lincoln et al., 2018).

5.3Family planning related to cultural factors

The reason given by maximum (25.3%) of the respondents for not using any contraceptive method was the desire for a male and female child. Similarly, Bhattacharjya (2014) and Reang (2014) in their study in urban slum of Tripura reported that the commonest reason for not practicing family planning was the desire for a son. A positive significant association was reported that family planning do not conflict with their moral / culture as participants suggest. Also a positive significant revealed by participants that family planning do not conflict with their religious belief in any way.

5.4 Socio-economic factors related to family planning

As socio-economic factor related to family planning in the catchment area of Pokuase health center, Majority of participants (80%) shows that family planning is inexpensive compared to a less than (20%) which suggest of no knowledge of cost of family planning services. With regards to having health insurance, more than half (70%) of participant suggests to have insured. Majority of participants (80%) suggest to have no difficulty or opposition to family planning services, but have no interest for family planning services. Majority of participants do not seems to have Social and economic influence towards family planning.

According to UNFPA, (2002) over 350 million couples worldwide (more than one-third of all couples) do not have access to a full range of modern family planning information and services.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

Knowledge and practice of family planning among women of reproductive ages living within the catchment area of Pokuase health center is very low as compared to the national prevalence rate (25% versus 32.8%). It can be concluded from the facts presented in this study that the most prominent problem with the knowledge and practice regarding family planning was in that several crucial details regarding it were unknown or unclear among the people in the catchment area of Pokuase health center. Other important facts that emerged include large family size shown to be a defining factor in negatively impacting contraception use.

Family planning services are also readily available to clients but for the high fertility preference expressed by most of the respondents‟ family planning would have been even higher. (As much as 75% of respondents wanted 4 to 6 children).

A wide gap between the knowledge and the practice of contraception was found among the women respondents. Desire for male and female child was the most common reason found for not using any contraceptive method or family planning method. Hence behaviour change communication for eliminating preference for male child and measures favouring girl children may promote couple protection in this catchment area. This shows that intensive exertions are needed to popularize spacing methods among younger couples, as this is a more fertile group and also efforts should be made to educate the community dwellers, particularly the women.

6.2 Recommendations

Considering the findings and discussion of the study, the following recommendations are made to help individuals, the communities and the country as a whole on the knowledge and practice of family planning among women of reproductive ages living within the catchment area of Pokuase health center.

The family planning units or departments of various health facilities should include family planning discussions as a routine part of the medical visit of women. Health providers should include in their discussion type of methods of family planning services, duration of use, efficacy and side effect. The Ghana government, NGO‟s and civil organization should advocate for the increased levels of female education. From the primary school level all the way to secondary school level should include adolescents in all decision making concerning their reproductive lives.

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APPENDICES

Appendix 1

KWAME NKRUAH UNIVERSITY OF SCIENCE AND TECHNOLOGY/AFRICAN INSTITUTE OF SANITATION AND WASTE MANAGEMENT / COLLEGE OF HEALTH SCIENCES / SCHOOL OF PUBLIC HEALTH

Research Title: Knowledge and Practice of Family Planning among women of reproductive ages living within the catchment area of Pokuase health center.

Questionnaire for ……..

Introduction

Good morning/afternoon. I am a student at School of Public Health, KNUST. I will be conducting several meetings with people like you in the Pokuase health center catchment area, to find out your views and ideas about "(Knowledge and Practice of family planning among women of reproductive ages living within these catchment area). Your opinions are highly essential at the same time vital as they will help us to improve the kind of service we provide. Whatever you say will be treated confidential, so feel at ease to express your candid opinion. Be assured that your responses will not in any way be linked to your identity. You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answer when needed. THANK YOU.

Appendix 2: Questionnaire

Questionnaire number:

Date of Interview:

No.	**Section A** **Social Demographic profile of the participant**	Response
1.1	Age ……	☐
1.2	Numbers of children. a) None b) 1 – 2 c) 3 – 4 d) ≥ 5	☐
1.3	Years at marriage. a) < 5 b) 5 – 14 c) ≥ 15	☐
1.4	Marital Status. a) Single b) Married c) Divorced d) Widowed e) Living alone	☐
1.5	Religion of Participant. a) Christian b) Muslim c) Non-religion d) Other……	☐

1.6	Level of education. a) Primary b) SHS/Vocational/Technical c) Middle d) Tertiary	
1.7	Income level. a) < 500 b) 500 – 1000 c) 1000 – 1500 d) Above 1500	
1.8	What is your Occupation? a) Farming b) Self-employed c) Trading d) Unemployed e) White collar job f) Other (Specify) …… g) Student	
1.9	Which tribe do you belong? a) Akan b) Ga c) Ewe d) Krobo e) Northern f) Other ……	
1.10	Whom do you stay with? a) Parent b) Friend c) Husband d) Wife e) Alone	

Section B **Family Planning related to Knowledge**	
2.1	Source of Family planning information? a) Radio b) Health center / Post c) Television d) Internet e) Peer groups f) Other source …….

2.2	Fertile period? a) Right after period b) Before her period c) In the middle of the period d) Don‟t know	☐
2.3	Is it possible that modern family planning could cause fertility? a) Yes b) No c) Don‟t know	☐
2.4	How do you see family planning method? a) Useful b) Harmful c) Some are useful and other are not d) Not sure about benefit	☐
	e) Don‟t know any knowledge on the correct use of pills.	
2.5	Do you need more health education about family planning? a) Yes b) No c) Don‟t know	☐
2.6	Have you ever heard of contraceptive? a) Yes b) No c) Don‟t know	☐
2.7	Birth control pills are effective even if a women misses taking them for 2 or 3 days in a row? a) Yes b) No c) Don‟t know	☐
2.8	Female sterilization is one way to avoid pregnancy? a) Yes b) No c) Don‟t know	☐
2.9	Contraceptive pills do not guarantee 100% protection. a) Yes b) No c) Don‟t know	☐
2.10	Common side effect of contraceptive pills include mood swing and weight gain. a) Yes b) No c) Don‟t know	☐

Section C Family Planning related to cultural factors of Participant		
3.1	Desire of male child? a) Yes b) No c) Don‟t know	
3.2	Desire of female child? a) Yes b) No	
3.3	Your children will support you in future? a) Yes b) No	
3.4	You are old to use family planning method? a) Yes b) No	
3.5	Your role in family planning conflict with your moral / culture? a) Yes	
	b) No	
3.6	Your role in family planning conflict with your religious belief? a) Yes b) No	
3.7	Your husband doesn‟t allow you to use family planning? a) Yes b) No	
3.8	You want your husband to do family planning himself? a) Yes b) No	
3.9	Contraceptive are not effective in planning families? a) Yes b) No	

Section D Family Planning related to Socio-economic factors of Participant		
4.1	Expensive family planning services? a) Yes b) No	

4.2	Do you have health insurance? a) Yes b) No	
4.3	Do you have transport to get to health facility? a) Yes b) No	
4.4	Family low income? a) Yes b) No	
4.5	Your husband lives at home? a) Yes b) No	
4.6	You live alone? a) Yes b) No	
4.7	You live with your children? a) Yes b) No	
4.8	Difficulties / Opposition about family planning? a) Yes b) No	

Section E **Family Planning related to Practice**		
1: Always ; 2: Usually ; 3: Sometimes ; 4: Seldom ;5 : Never		
5.1	How many times a year, do you visit a health center for family planning services?	
5.2	Do you use contraceptive to prevent unplanned pregnancy?	
5.3	Have you ever had an unplanned pregnancy due to lack of contraceptive use?	

5.4	Do you use contraceptive every time when you do not intend to get pregnant?	
5.5	I use different type of contraceptive.	
5.6	My current method of contraceptive change from time to time.	
5.7	Do you practice any traditional contraceptive method including withdrawal, infertility period, herbal and breast feeding, if you were not using any contraceptive?	

THANK YOU FOR PARTICIPATING.