KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,

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KNOWLEDGE, ATTITUDES AND PRACTICE OF FAMILY PLANNING AMONG MARRIED PARTNERS IN LEKMA IN THE GREATER ACCRA REGION OF GHANA

BY

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KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,

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DECLARATION

I, FELLAH ATILOGO FELIX hereby declare that, apart from specific references which have been duly acknowledged, this work is the result of my original research carried out at the school of Public Health, College of Health Sciences under the supervision of Dr. Sam Newton.

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DEDICATION

I dedicate this work to my mother, Madam Ann Pwazemfeli Fellah and father, Mr. Fellah Jonas Alirah, all of blessed memory who laid the foundation for my education.

I also wish to dedicate the work to my dear wife Mrs. Christina Darkoh and children, Audrey, Jadon Aniweh, Annezra Anuseh and Jeshurun Wesolim for the support.

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ABBREVIATIONS AND ACRONYMS

CHPS	Community-Based Health Planning and Services
CHO	Community Health Officers
FP	Family Planning
GDHS	Ghana Demographic and Health Survey
GSS	Ghana Statistical Service
UNFPA	United Nations Fund for Population Agency
WHO	World Health Organization

ABSTRACT

FP has received serious attention from international organizations. This emphasizes the recognition placed on FP as a strategy to curb the socio-economic implications and health problems that high population growth rate has on countries. Much of this phenomenon of increasing population growth and its consequences is manifested in developing countries. The main objective of this study was to determine the family planning knowledge, attitude and practice among married couples in the Ledzekuku Krowor Municipality. The study employed a household cross-sectional study design with quantitative approach to data collection to examine the knowledge, attitude and practice of family planning among married partners. The study population comprised men and women who were married and were within their reproductive ages (15-49 years) with a total sample size of 206.The study adopted a convenience and purposeful sampling where people who are available and were willing to take part in the study were used. A descriptive data analysis was performed using SPSS version 21. There was a positive correlation between the age of respondents and that of their spouse (r2=0.41). Regarding the knowledge of respondents on family planning, 77%, 55% and 86% cited the purposes as for child spacing, reduced family size and prevention of pregnancy respectively. The results showed positive attitude towards family planning since the majority support the use (88.5%), and partner's use (78.0%). In terms of practice, 72% had ever used; partner ever used (52.5%) and discussed FP with partner (67.5%). Factors influencing include community acceptance (76%), no stigmatization (68.5%) and normal cost of contraceptives (65.0%).

The good knowledge of FP reflected in attitude and practice of respondents towards Family Planning services and related issues. More education and information will further yield positive results.

CHAPTER 1

INTRODUCTION

1.1 Background to the study

In recent times, various international organizations such as the World Health Organization (WHO) and the United Nations Fund for Population Agency (UNFPA) have drawn serious attention to the issue of Family Planning (FP). This emphasizes the recognition placed on FP as a strategy to curb the socio-economic implications and health problems that high population growth rate has on countries. Much of this phenomenon of increasing population growth and its consequences is manifested in developing countries (UNDP, 2014).

Family planning involves a conscious effort on deciding on the size of the family and the spacing between the births (Waruguru, 2014). It is a strategy of controlling population and also helps in reducing unintended pregnancies among women (Cates, 2010). FP programs are vital part of services to reduce the spread of HIV to new born (Reynolds et al, 2008), reducing of maternal, neonatal, infant and child death and reducing the choice for unsafe abortion (Sedghet et al, 2012). Other indirect benefits of FP are the improvement in education and opportunities of employment for women due to delay initiation of childbearing (Cleland et al., 2012).

Africa's population has risen rapidly over the past decades, with the proportion of active youth also increasing exponentially (UNDP, 2009). It is estimated that higher proportion of Africa's population is under age 19 years. Factors such as early age at first marriage and birth, and low contraceptive use, are among factors that have contributed to the youthful population of Africa. The WHO Regional Office for Africa, in partnership with its partners has put up framework to

improve the efforts to push the recognition of the essential role of FP in achieving health and development objectives at all levels (UNDP, 2009).

The health vulnerability of mothers and pregnant women in developing nations are further exacerbated due to inadequate family planning strategies. This situation continuously aggravate into abject poverty, breakdown of the extended family system, high incidence of sexually transmitted infections such as HIV/AIDS and high incidence of morbidity and mortality for other disease (Soremekun, 2014). It is estimated that least 25% of all maternal mortality can be avoided through effective family planning strategies (Hussain, 2011). Again, one in four infant deaths in low resource countries can be prevented by spacing birth at least two years (Islam & Padmadas, et al., 2006).

Globally, from 2000 to 2016, the under-5 mortality rate dropped by 47 per cent, and the neonatal mortality rate fell by 39 per cent. Over the same period, the total number of under-5 deaths dropped from 9.9 million to 5.6 million. (United Nation, the Sustainable Development Goals Report 2018).

With other potential drivers to improving the health of mothers and the family, knowledge and attitude of partners and especially male participation in reproductive health has recently been recommended as one of the major strategies to improve the health outcomes and the increasing population in developing countries (Bishwajit et al., 2017; WHO, 2010). Africa as a whole is lagged behind other world regions in the acceptance and adoption and practice of family planning. Particularly in rural sub- Saharan Africa, the practice of family planning remains very low, even though many men and women report knowledge of at least one family planning method and a number of them also report approval of use(Nagamala et. al, 2018).

According to Adanu et al, (2009), family planning in Ghana is dated as far as pre-independents era

(1956), yet it has been reported that uptake of FP in Ghana has been low. A survey by the Statistical Service of Ghana in 2011, reported a prevalence rate for contraceptive among women was 34.7% and about of 26.4% of them had unmet need for family planning (GSS, 2011), an indication of very low contraceptive use. The survey again, found that, the prevalence of contraceptive use was lowest among currently married women in the youngest and oldest age groups (GDHS, 2014).

From what has been discussed so far, it confirms that the full benefits of family planning have not been realized since there are some cultural barriers and misconception of FP methods in Africa and Ghana in particular (Ijadunola et al.,2010). Several factors have been identified as influencing the low involvement of partners in family planning. These factors include among others male's perception on FP, socioeconomic and demographic profiles, cultural factors, media campaigns, education, recommendations from family members, and the existing health systems (Arundhati, 2011). Ijadunola et al. (2010), proposes an immediate need to increase awareness and accessibility of FP to promote its uptake. In the Ledzekuku Krowor Municipality, however, there are still not well-defined studies on the knowledge, attitude and practice of FP among couples. This study therefore sought to investigate among others the knowledge, attitude and practice of family planning in the Ledzekuku Krowor Municipality of the Greater Accra Region.

1.2 Statement of the Problem

Family Planning strategies are important part of health interventions to reduce maternal and child mortality rates and also to control the rapid population growth rate. FP enables women to make informed decisions about childbirth to postpone, space or limit pregnancy (Vouking, Evina, & Tadenfok, 2014).Good knowledge, attitude on the partner or partners especially the man in the

deliberations about FP is considered imperative for a number of sociocultural and economic reasons. This is due to the fact that in developing nations such as Ghana, cultural norms and religious beliefs ensure men are often the primary decision makers and they also decide on family sizes (Adelekan el at, 2014). Both partners need to be engaged in the practice of FP first as users of male and female methods of contraception, and as enablers for the better access to and utilization of FP services (Kabwigu, 2001).

It is estimated that about 1,600 women and more than 10,000 new born die from preventable complications during pregnancy and childbirth and almost 99% and 90% of maternal and neonatal deaths respectively occur in the low resource countries (WHO, 2012). As an essential part of safe motherhood and primary health care, FP plays an important role in decreasing maternal and new born death and diseases and thus improves the efforts to enhance family health in general.

African family planning promotion programs and population policy development have been severely hampered by their neglect of men(Atuahene, et al, 2016). These programs are also hindered by the relative scarcity of information about partner's knowledge, attitudes and practices regarding family planning. Despite empirical evidence showing increasing efforts to promote FP, their acceptance and use is still low particularly in low resource countries. (Kabagbenyi, 2014; Hartmann et al, 2012).

The situation in Ghana about FP is not far different from this, and several studies have shown that although knowledge of at least one method of family planning is high (98%) among women, their uptake is still low (Adongo et al, 2013; Sakara et al, 2014).

This low uptake is keenly seen in the fact that over the past years, FP methods uptake among married couples in Ledzekuku Krowor Municipality has been low over the years. This state of low

patronage has negative influence on the effectiveness of family planning programs in the municipality.

The study therefore seeks to determine the knowledge, attitude and practice as well as associated factors of FP.

1.3 Significance of Study

The effectiveness of family planning programs would be successful if there is active participation of both partners that is, the male and female couples involved. Due to the vital role men play in the decision making of the family health, their knowledge and attitude in family planning, is one of the key strategies to tackling reproductive health issues of women. Until recently, few studies have paid attention to the contribution of both partners to avoiding unwanted pregnancies and unmet family planning needs.

It is therefore important to investigate the knowledge, attitude of both partner on family planning methods and their associated factors. Information on their attitude and practice will increase our understating on the utilization patterns of family planning in the municipality. This is important to give deeper input into family planning programming and interventions.

It would also inform policy makers and program managers of the missed opportunities worthy of consideration in the implementation of programs. Further, it would yield information that would add to the existing knowledge in academia and research in the field of contraceptive uses and related issues.

1.4 Research Questions

1. What is the family planning knowledge among married couples in the Ledzekuku Krowor Municipality?
2. What is the attitude of married partners towards family planning in the Ledzekuku Krowor Municipality?

3. What is the level of family planning practice among married couples in the Ledzekuku Krowor Municipality?
4. What are the socio-demographic and cultural factors that influence couples' knowledge, attitude and practice of family planning in the Ledzekuku Krowor Municipality?

1.5 General Objective(s)

The general objective of the study is to explore the knowledge, attitudes and practice as well as the association towards family planning among married couples in the Ledzekuku Krowor Municipality.

1.5.1Specific Objectives

1. To determine the family planning knowledge among married couples in the Ledzekuku Krowor Municipality.
2. To examine the attitude of married partners towards family planning in the Ledzekuku Krowor Municipality.
3. To determine the Practice of Family Planning among married couples in the Ledzekuku Krowor Municipality.
4. To identify socio-demographic and cultural factors that influence couples' knowledge, attitude and practice of family planning in the Ledzekuku Krowor Municipality.

1.6Conceptual framework

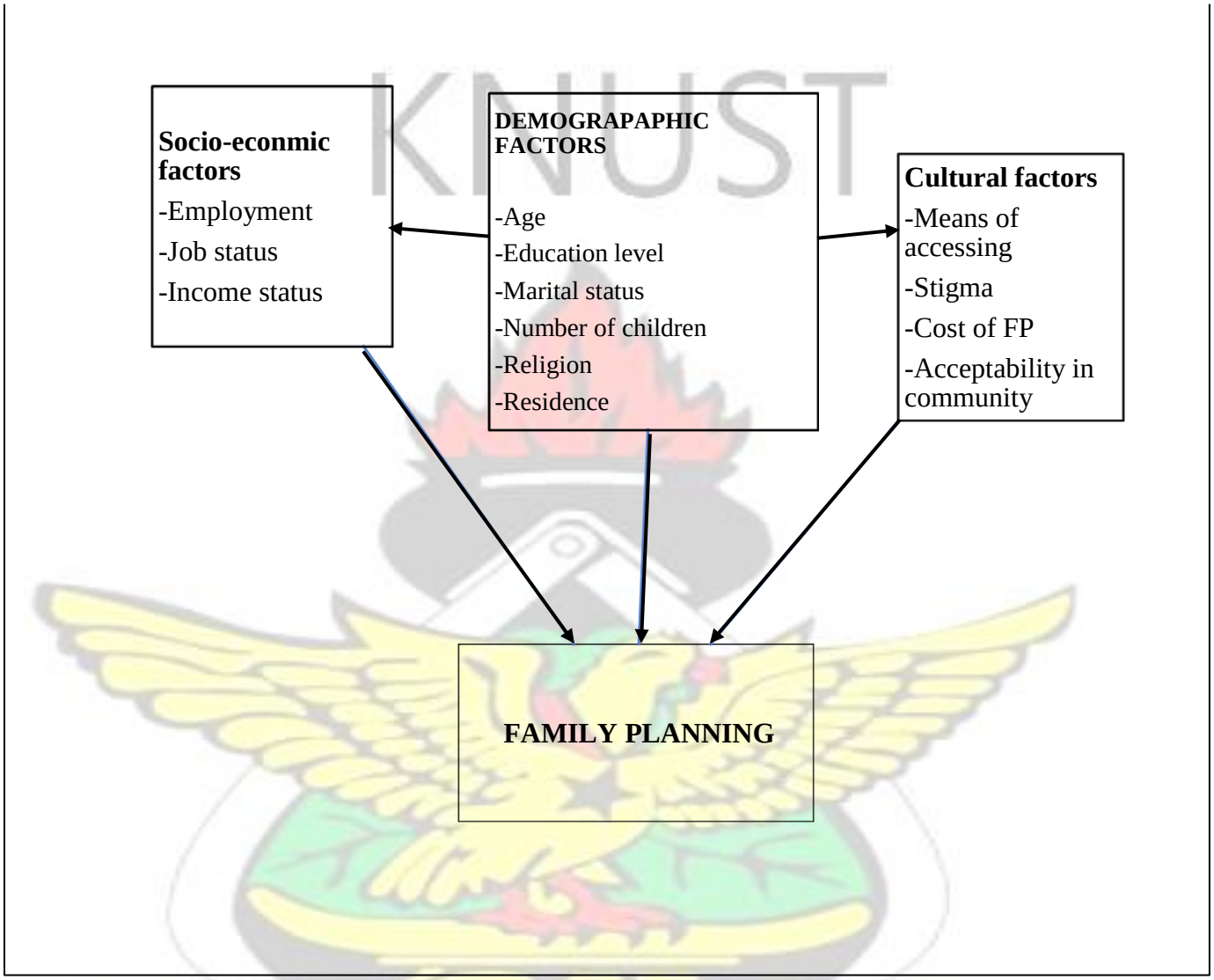

Figure 1: Conceptual Framework of the study

Source (Authors construct, 2019)

1.7 Scope of Study

The scope of this study was influenced by the context, study coverage, time period and the study design. Contextually, the study examined the knowledge, attitude and practice of family planning

uptake. The coverage of the study included couples were married, or engaged. Time period covered May 2019 to July 2019. A descriptive cross-sectional design was used. In terms of geographical coverage, the study was conducted in some selected communities in the Ledzokuku Krowor Municipality of Greater Accra Region.

1.8 Organization of Report

The research report is presented into six (6) chapters. Chapter one presents a general introduction and discussion of the background of family planning, the statement of the problem, significance of the study, objectives of the study and research questions. It also contains the scope of the study, conceptual framework and organization of the study.

The chapter two presents a review of relevant literature from which the findings were discussed in the context of the significance of the concepts that were used.

Chapter three presents the detailed research methods to be adopted for the data collection and analysis. Questionnaire was the main methods of data collection.

Chapter four presents the results and chapter five the discussions of the findings.

Lastly, chapter six provides the conclusion and recommendations.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter overviews relevant literature on family planning among married people. The literature was obtained from various sources such as journal articles, Internet sources, books and institutional reports. The literature was organized based on the main thematic areas of the study. These are the Family planning, knowledge, attitude and practice of family planning.

2.1 Family Planning Strategy

Family planning protects women and their children and keeps their health by avoiding unwanted and untimely pregnancies, reducing exposure of women to the risk involved in child birth and abortion. People have the right to make decision responsibly on the number and spacing of their childbirth and to have access to available information, education and awareness. Despite great progress over the years, many partners are still not using contraceptives methods. Quality of service, unavailability of range of methods, fear of opposition from partners and worries of side effects and health concerns are among reasons for the unmet needs for FP services (WHO, 2012).

Globally, 38% of pregnancies are either unwanted or unplanned and in low resource countries, unwanted pregnancy poses a major social, health, and developmental challenge. It contributes to more than a quarter of the 40 million pregnancies that occur annually in the Africa as a result of contraceptive failure, non-use and to some extent due to rape. The enormous diverse consequences of unwanted pregnancy make it crucial to prevent such pregnancies by providing access to contraceptives including emergency contraception, safe abortion services and empowering women to determine their reproductive decisions (Fotso et al. 2011).

2.1.1 Family planning in Ghana

In 2006 a study conducted in some rural Sahelian Setting of Northern Ghana to examine Men's Concerns about Reproductive Health Services found out that Community mobilization and male outreach was not sufficient for introducing behavioural change (Adongo et al., 2006). Utilization of contraceptive services were found to be greater and more sustained among the Zurugelu community in the North when combined with Community-Based Health Planning and Services (CHPS) and Community Health Officers (CHO) services, than when Zurugelu lacked supporting CHO (Adongo et al, 2006). The 2014 Ghana Demographic and Health Survey (GDHS) reported only 27% of married women use family planning with 22% using a modern method and 5% using traditional methods (GDHS, 2014).

Adongo et al (2003), investigated elements of the social system of the Kassena-Nankana that influence reproductive beliefs and behaviour and found out that women practicing contraception do so at considerable risk of social ostracism or familial conflict. Few women view personal choices about contraceptives as coming from them.

Sedgh et al. (2012) conducted a study with men's groups and male community leaders in a participatory fashion to overcome men's opposition to women using family planning and concluded that gender constraints to reproductive health are best addressed by working with men to change their situation, using participatory approaches which enhance women's empowerment.

2.2 Knowledge levels of FP and socio-demographic characteristics

Availability of accurate knowledge about RH issues is key factor in promoting access to quality RH services. According to Kongnyey et al, (2007), knowledge about contraceptives is presupposes to be an important step in stimulating the preference for use. However, assessing the knowledge about contraceptives therefore does not only ascertain the degree of awareness and sensitization but further offers the background for evaluating the service utilization among the people (Takyi, 2000). In this manner, evaluation relates with the background aspects, primarily social, of users that influence the awareness and sensitization levels.

In a study on the knowledge and perceptions level of contraception among users who were mainly married men and women in India, it was reported that, 73% users indicated a high degree of satisfaction with the pill, although with some misperceptions. Small proportion of women knew it was safe to take the pill after age 35, and that the pill reduces certain cancers. Four percent strongly agreed when they were asked whether taking the pill presented fewer health risks than pregnancy (Das B.Mand Deka, 2008).

Recent literature on the effectiveness of education and contraceptive counselling reflect a significant gap between the message being offered by providers and what users appear to receive. An assessment of family planning consumers in Scotland, UK and other countries showed 30% inconsistency between the number of women whom health workers believed to have adequately counselled and the number of them who actually understood their information given them (Rajasekar et al, 2011). Per the estimation by Oakley et al, (2012), up to one third of women requires more individualized counselling to use any family planning method effectively. Having adequate information about the many benefits of contraceptive will empower more women,

married and unmarried to take advantage of their positive health and may help increase compliance (Shulman et al, 2009.) Jenseen et al (2010) discovered that the knowledge on pill regarding risks of Canadian women, and benefits and side effects of the pill was in several key areas, but was increased through counselling.

Ghana Demographic Health Survey (GDHS), 2014, define knowledge of family planning as having heard of a method. The report showed that knowledge of contraceptive was known by 98 percent of women and 99 percent of men (GSS, 2015). These proportions represented Ghanaians who have knowledge of at least one method of contraception. Meanwhile, knowledge about traditional and modern contraceptive has changed over the past decade and half ago. Whereas the traditional method was popular among Ghanaians, the modern methods are now popular even though users of contraceptives use the traditional methods (Hoque, 2007). It is again noted that contraceptive knowledge among unmarried women was found to be almost 100% with methods such as condoms, diaphragm, the pill, implant, and lactation amenorrhoea among the commonly identified.

The lack of accurate information on Reproductive Health (RH) and services bring about widespread myths, rumours and misconceptions that de-motivate women and men from using RH services, particularly FP. People with adequate and accurate information about the available contraception methods are better informed and are able to develop a rational approach to planning their families (UDHS, 2005). Thus, it is important to provide wider access to accurate information on FP services and especially, the benefits of seeking qualified health assistance.

An assessment of the level of knowledge of contraceptive methods among Ugandan women and men showed that knowledge of family planning was nearly universal; similar to that of Ghana, 97 percent of all women and 98 percent of all men age 15-49 were aware of at least one method of

family planning (UDHS, 2006). Furthermore, knowledge was widespread, with over 90percent of women in all age groups, regions, and education levels having heard of at least one method. The only exceptions found were women in the North of the country (87 percent) and those in Karamoja, only half of whom say that they know any method. These findings are consistent with the HCP and YEAH survey reports which had 95% for male and 93% for females who were aware of a modern FP method (HCP. 2008).

2.3 Family planning practice and attitude among men and women

An earlier study conducted in Ghana in the 1980s at Damfa, found that compared to women, men prefer visiting mobile clinics for obtaining contraceptives such as condoms rather than buying it in a store or over the counter at the pharmacy (IPPF, 2001). This shows that men are more comfortable in patronizing FP service brought to them at their door step rather than going out to the health centres. In a similar survey among married couples, it was revealed that even though there has been significant improvement in increasing the use of FP among couples especially males, the reality remains that most men feel reluctant to utilize the service. It is evident that while some positive steps have been taken, FP service utilization are still been hindered by some negative factors (Sonenstein & Pleck, 2005). GDHS (2014) reports shows a very high awareness level but this does not translate into utilization especially from married people.

Similarly, in a study conducted in northern part of Nigeria on the relationship between socioeconomic characteristics, attitudes and contraceptive use. The report revealed that there is high knowledge of contraceptive but low rate of its utilization. Couples who were willing to use contraceptives were more willing to do so for child spacing purposes than for limiting family size (Oye-Adeniran et al, 2004).

In other studies, in Zimbabwe and Kenya, it was found that an increased percentage of men who believed, they alone should be responsible for family planning decisions but increase in male approval of FP use was absent (WHO, 2011). This attitude of men towards contraceptive is common particularly in Sub-Saharan Africa which Ghana no exception. What is known generally is that men unlike women are the heads of the family and, the decision makers, including issues relating to health of the family.

Tigray (2002) found that the role of couples in fertility and family planning in Tigray region showed that most of the family planning programs, moreover, have less attention towards the understanding of men's role in the effective and consistent utilization of contraceptive methods. It has been observed that families in Africa and some part of Asia in generally, want larger family size than do the rest of the world. This is attributed to social and economic gain they derive from having large number of children (Kamla-Raj 2006).

2.4 Conclusion

A descriptive background to family planning was provided and has given an understanding of contextual and practical understanding of FP services especially contraceptives. In Ghana, like any other African country, there have been promotions of FP services among the population. Although, it was found that awareness level of FP among the general population was high, it has not translated into use among both the married and the unmarried. Many studies have been conducted of FP and contraceptives, however, fewer or no study was found to include both married couples as the focus of the study. This was a gap found in literature, which this current study is aimed at filling.

CHAPTER THREE

METHODS

3.0 Introduction

The chapter presented the methodology for the study. These were various procedures and techniques used in gathering, collecting and analysing data to satisfy the research questions. The areas of methodology here included the research design, study population, sampling, data collection and data analysis techniques as well as ethical considerations.

3.1 Study design

The study employed a household cross-sectional study design with quantitative approach to data collection to examine the knowledge, attitude and practice of family planning among married partners. Cross-sectional study collects data from whole study population at a single point in time to examine the relationship between the outcome of interest and other variables. It provides a snapshot of the frequency of a phenomenon or other health related characteristics in a population at a given point in time (Hemed, 2015).

3.2 Study area/site

The study was undertaken in the Ledzokuku Krowor Municipality in the Greater Accra Region of Ghana. Ledzokuku Krowor Municipality is one of the sixteen (16) districts in the Greater Accra Region of Ghana with a population of 227,932 (GSS, 2011). It has Nungua as the administrative capital. It covers an area of 47.58 km2 (18.37 square meters) and was formed by Legislative Instrument (LI 1865) in November 2007. The local authority of the district is headed by the Municipal Chief Executive and serves as the political head of the district.

Administratively, the district is one of the 17 local authority districts of the Greater Accra

Metropolitan Area, which include among others Accra Metropolitan District, Tema Metropolitan District, Ga South Municipal District, Ga Central Municipal District, Ga West Municipal District, Ga East Municipal District.

The Lekma Hospital is one of the governmental health facilities built by the Chinese Government in 2010. The remarkable financial support from the Government of the People's Republic of China was about 7.280.00 US Dollar. The construction was completed within 16 months and the hospital was inaugurated by the then Vice President of the Republic of Ghana H.E John Dramani Mahama on the 21st of December 2010.

The Lekma hospital is a 100-bed capacity hospital that has all the units of a general hospital including special services, laboratory and radiological facilities. They have as well in addition a Malaria Research Centre and Herbal Medicine Unit. It serves as the municipal hospital for the Ledzokuku Krowor (Teshie and Nungua) area and beyond. The Hospital's clinical staffs is made up of a team of 22 Doctors of which 9 are specialist and as well over 200 Nurses, Pharmacists and Paramedical staff.

3.3 Study Population

The study population comprised men and women who were married and were within their reproductive ages (15-49 years). Also, the participants' were people who meet the above criteria and are living in the municipality.

The inclusion criteria included:

- Married men and women
- In their reproductive ages (15-49)
- And give consent to participate in the study

The exclusion criteria included:

- Those who meet the inclusion criteria but refuse to give consent to participate Those not fit or not in a stable mental state to participate

3.4 Sample size

Sample size for the cross-sectional survey was calculated using the Cochran's formula: N

$= \frac{Z^2 \times p(1-p)}{d^2}$ Z = 1.96, N= Sample size

Based on the following conditions: Proportion of married people (between15-49), P=Probability of event occurring in this study is 0.15, P= 0.15

1-P= Probability of event not occurring in this case (1-0.15) = 0.85

Confidence interval = 95%, alpha= 0.05

Margin of error (d) = 5%

$N = \frac{(1.96)2 * (0.15)(1-0.15)}{(0.05)2}$

$N = \frac{3.8416 * (0.15)(0.85)}{0.0025}$

N= 196

From the above information, the sample size was arrived at 196. Therefore, non-response rate of 5% is assumed to give a total sample size of **206.**

3.5 Sampling techniques

To select participants for the study, households within the study area was visited and where people who meet the inclusion criteria were met, they were then recruited to answer questions. The study adopted convenient and purposeful sampling where people who are eligible and are willing to take part in the study used. Households were visited until the required sample size is exhausted. In the event where a particular house has more than one married partner, one of them was randomly selected by given them papers with inscription "Yes" or "No". Those who selected "Yes" were given questionnaires to answer. If no partners are found eligible in any visited house, then the next house was used. The same procedure was used until the required number was achieved.

3.6 Data collection tool

The data was collected using an interviewer administered structured questionnaire. Together with trained field data collectors, questionnaires were administered one-on-one to each participant and filled in their responses on the questionnaire. The questionnaire was designed by the researcher with modification from other previous studies. The information in the questionnaire included: Socio-demographic characteristics like age, gender, and educational level, occupation, type of marriage, living together, religion and number of children. Knowledge on family planning, attitude towards family planning practices.

3.7 Study Variables

- **Dependent Variable**

  Knowledge, attitude and practice towards family.

- **Independent Variables**

Socio-economic and demographic factors ,age, ethnicity, religion, marital status, residence, level of education, occupation, income, number of biological children born from couples and duration.

3.8 Data Quality Control

Pre-test was done on 5% of the total sample. The data collection process was supervised by the principal investigator. Data completeness and consistency was also verified using preliminary analysis.

3.9 Data analysis

The collected data were cleaned, coded and entered into Ms. Excel 2016 prior to the analysis and exported to SPSS version21. Then, recoded, categorized and sorted for analysis purposes. Descriptive analysis was used to describe the percentages and frequency of the respondents by their socio-demographic characteristics. Additionally, certain statements identified factors influencing married couples' knowledge, attitude and practice of family planning. The results were presented in text and tables, graphs based on the types of data.

3.10: Limitation

Based on the adopted study design, some limitations were expected. In addition, measuring the temporal relationship was not possible, as both exposure and outcome variables were collected simultaneously.

3.11: Ethical consideration

Ethical approval was obtained from the Committee on Human Research Ethics Publication and Ethics (CHRPE), College of Health Sciences, Kwame Nkrumah University of Science and

technology (KNUST). Consent was obtained from each respondent for their participation, and the right to withdraw from the study at any time. Anonymity and confidentiality of the information will be assured and privacy of each respondent was maintained throughout the data collection process.

3.12.1 Informed Consent

A detailed explanation of the procedure and its purpose were made known to the participants to obtain their consent. It was categorically spelt out to participants that research participation was entirely voluntary, and that declining to enter the study, declining to answer the questions, have no negative consequences. A questionnaire was administered to each participant after consent was sought. Trained data collectors were translated the questionnaires into local language the participant is convenient with.

3.12.2 Privacy and Confidentiality

The questionnaire was coded and thus, devoid of participants' identification particulars to ensure anonymity. The findings of this study were shared with the Ghana Health Service as per guided procedure.

3.12.3 Risk and benefits of the study

This research had no known risks to the participants and their relations. However, participants were assured of the other ethical principles of confidentiality and anonymity as discussed earlier.

Respondents were paid for direct involvement in the research since this could be regarded as an incentive.

3.12.4 Data storage and usage

Electronic data files were secured by a password known by only principal investigator. All hard copies of data sheets were kept in a locked file cabinet that can only be accessed by the principal investigator. This research was fully self-funded. The researcher had no conflict of interest in this study.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the results of the study which has been categorized in according to the study objectives. A descriptive analysis was performed to determine the proportions, frequencies, averages of the main study variables and have been presented in tables, and charts. This analysis was performed on 200 valid questionnaires obtained through primary data collection.

4.1 Demographic characteristics of respondents

The average age of participants who were 33 years $\pm$6.09 ranging from 20 years to 49 years? The majority of them (51.5%) were within the age group of 30-39 years followed by those within the age of 20 to 29 years (30.5%); the minority were also between 40 and 49 years (18%). On the other hand, the average age of their partners was 33 years and ranges from 20 years to 50 years old. Similarly, the majority of them were also within the age of 30-39 years old (53.0%) followed

by those between the ages of 20-29 years old. In terms of their educational level, the majority of the respondents had obtained up to tertiary education (62.5%) and similar was found among their partners (66.0%).

Christians were the majority (69.0%) followed by Muslims (26.5%). Those who were affiliated to other religions were just 4.5%. Again, almost all the respondents were in the monogamous marriages (91.0%). On this ethnicity, Akan, Ga, and ewe were 29.5%, 16.5% and 25.5% respectively. Details are presented in Table 4.1.

Table 4.1: Demographic profile of respondents

Questions	Frequency	Percentage
Age of respondent		
20-29	61	30.5
30-39	103	51.5
40-49	36	18.0
Age of Partner		
20-29	52	26.0
30-39	106	53.0
40-50	42	21.0
Religion		
Christian Muslim	138	69.0
Traditionalist	53	26.5
Others	3	1.5
	6	3.0
Ethnicity		
Ga	33	16.5
Akan	59	29.5
Ewe	51	25.5
Others	57	28.5
Type of Marriage		
Monogamous	182	91.0
Polygamous	18	9.0

Level of Education		
No Education	9	4.5
Primary Middle/JSS	8	4.0
Secondary	25	12.5
Tertiary	30	15.0
Others	125	62.5
	3	1.5
Education level of Partner		
No Education	3	1.5
Primary Middle/JSS	8	4.0
Secondary	29	14.5
Tertiary	28	14.0
	132	66.0
Occupation of respondents		
Farmer	8	4.0
Teacher	23	11.5
Business	38	19.0
Civil servant	15	7.5
Student	32	16.0
Others	84	42.0
Occupation of your Partner		
Farmer	9	4.5
Teacher	22	11.0
Business	56	28.0
Civil servant	36	18.0
Student	17	8.5
Others	60	30.0

Source: Field data collection, 2019

Figure 4.1 shows the correlation analysis of age of respondents and their partners

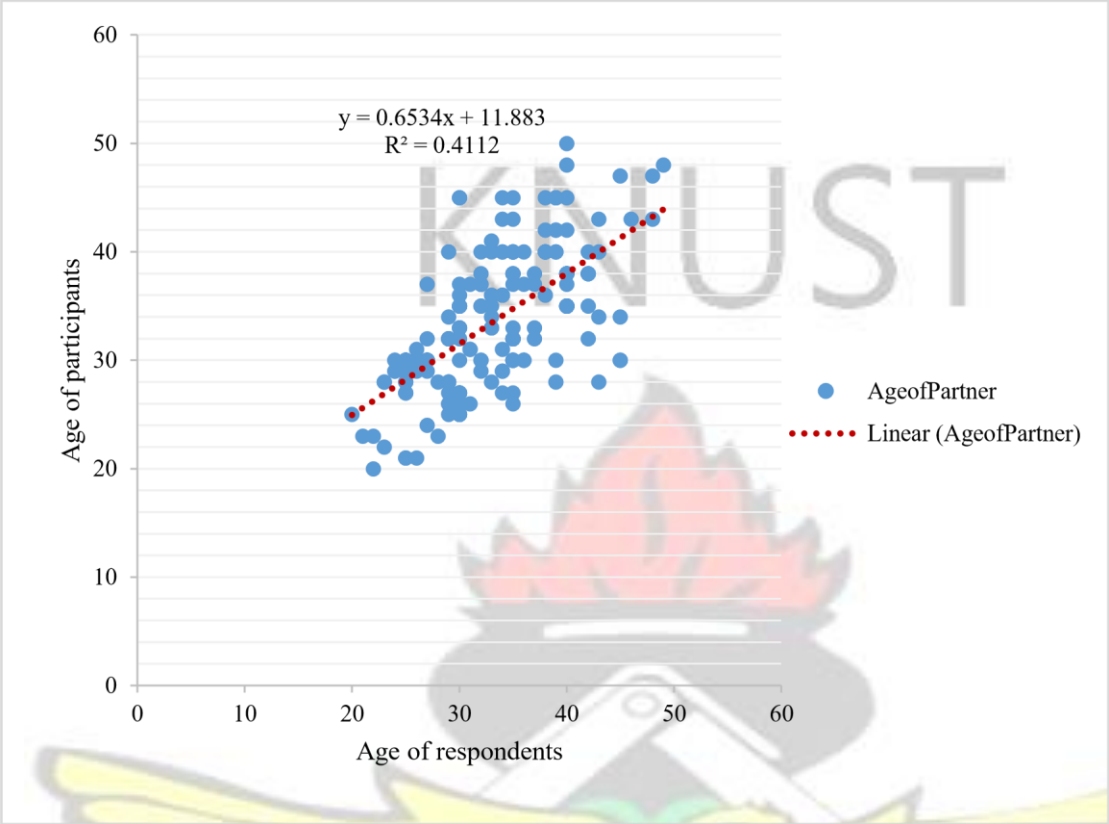

Figure 4.1: Correlation analysis of respondents' age and their partner's age

From Figure 4.1, the graph shows majority of the respondents' were younger (25-45years) as compared to their partner's age, as they were willing to respond to the questions than their partners who were older than them, either a male or female.

4.2 Knowledge of respondents on family planning

As part of the objectives of this study, the knowledge of respondents on contraception was examined. Areas of knowledge studied were purpose of contraceptives, place of accessing family planning and methods of family planning. A descriptive analysis was performed and the results are presented in tables and charts.

Figure 4.2 shows respondent's knowledge on the family planning among respondents

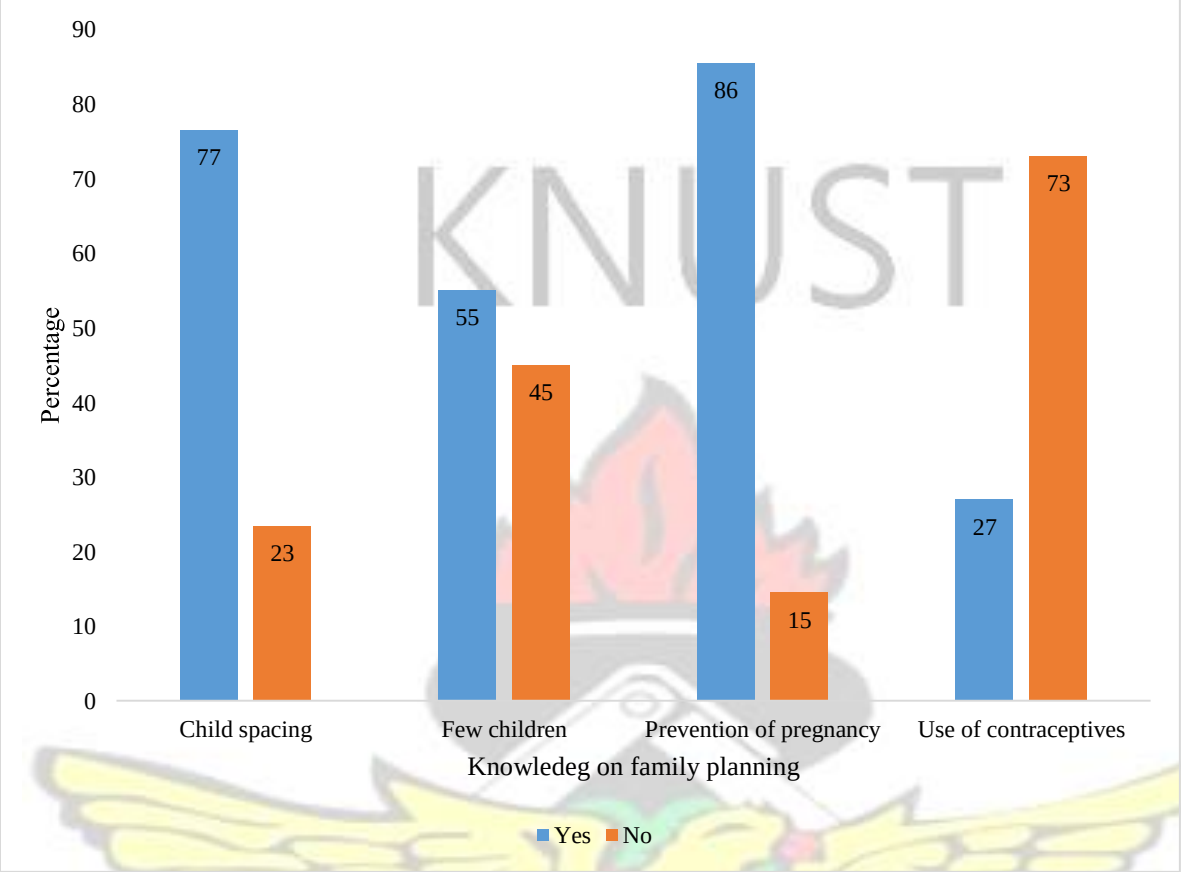

Figure 4.2: Respondents' knowledge on the purpose of contraceptives

From Figure 4.2, 77% of the respondents were of the knowledge that FP is used for child spacing and 55% also mentioned that it was used to reduce the number of children to be borne. Also, 86% were also of the knowledge that FP is use contraceptives

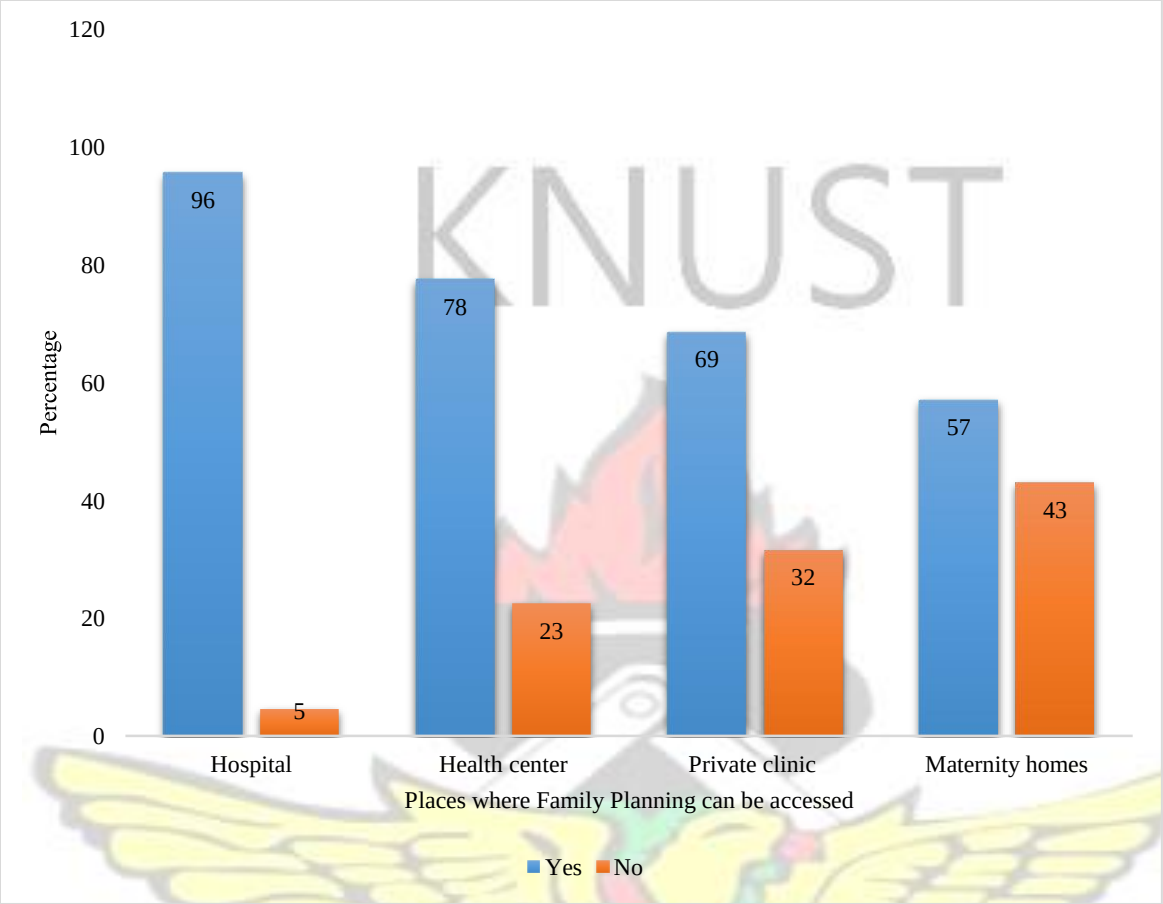

Figure 4.3: Places of obtaining FP

As shown in Figure 4.3, almost all the respondents (96%) mentioned hospital as a place of accessing FP. Also, 78%, 69% and 57% mentioned health centres, private clinics and maternity homes respectively.

Table 4.2 presents the results on respondents' view on FP.

Table 4.2: Respondents' view on the FM methods

Variables	Frequency	Percentage

Is family planning important?		
Yes	194	97.0
No	6	3.0
FP methods is used by men and women		
True		
False	168	84.0
Don't Know	3	1.5
	29	14.5

Source: Field data (2019)

Almost all the respondents were of the view that family planning is important (97%) whilst 84.0% also agreed that FP can be used by both men and women.

4.3 The Attitude and practice of married partners on family planning

Respondents were examined to determine their attitudes and family planning practices. The results are presented here.

4.3.1 The attitude of respondents towards contraception

Table 4.4 provides the results on the attitudes on the married partners towards family planning.

Table 4.3: Attitudes on the married partners towards family planning

Questions	Frequency	Percentage
Support the use of family planning methods		
Yes	177	88.5
No	23	11.5
Support your partner's use of contraceptives Yes		
No	156	78.0
	44	22.0
Approve of your partner's use of contraceptive		
Yes No		
	141	70.5
	59	29.5
Ever recommended family planning to any close relative		
Yes	82	41.0
No	118	59.0

As shown in Table 4.3, a clear indication was given for the positive attitudes of respondents towards family planning. That is, the majority (88.5%) support the use of family planning methods. Similarly, 78.0% supports their partner's use of contraceptives and 70.5% also approve of partner's use of contraceptive.

Table 4.4: Practice of the use of family planning among respondents

Questions	Frequency	Percentage

You ever used any form of contraceptive		
Yes	144	72.0
No	56	28.0
Partner ever used any form of contraceptive		
Yes	105	52.5
No	68	34.0
Don't Know	27	13.5
Discuss contraceptive with your partner		
Yes	135	67.5
No	65	32.5
Ever attended family planning clinic with your partner		
Yes	55	27.5
No	145	72.5
Intend using family planning service in future Yes		
No	149	74.5
Don't Know	25	12.5
	26	13.0

It can be observed from Table 4.4 that 72.0% indicated that they have ever used contraceptive and 52.5% had partners who had also used contraceptive. Again, 67.5% of the respondents indicated discussing contraceptive use with partners but only 27.5% had ever attended family planning clinic with the partner.

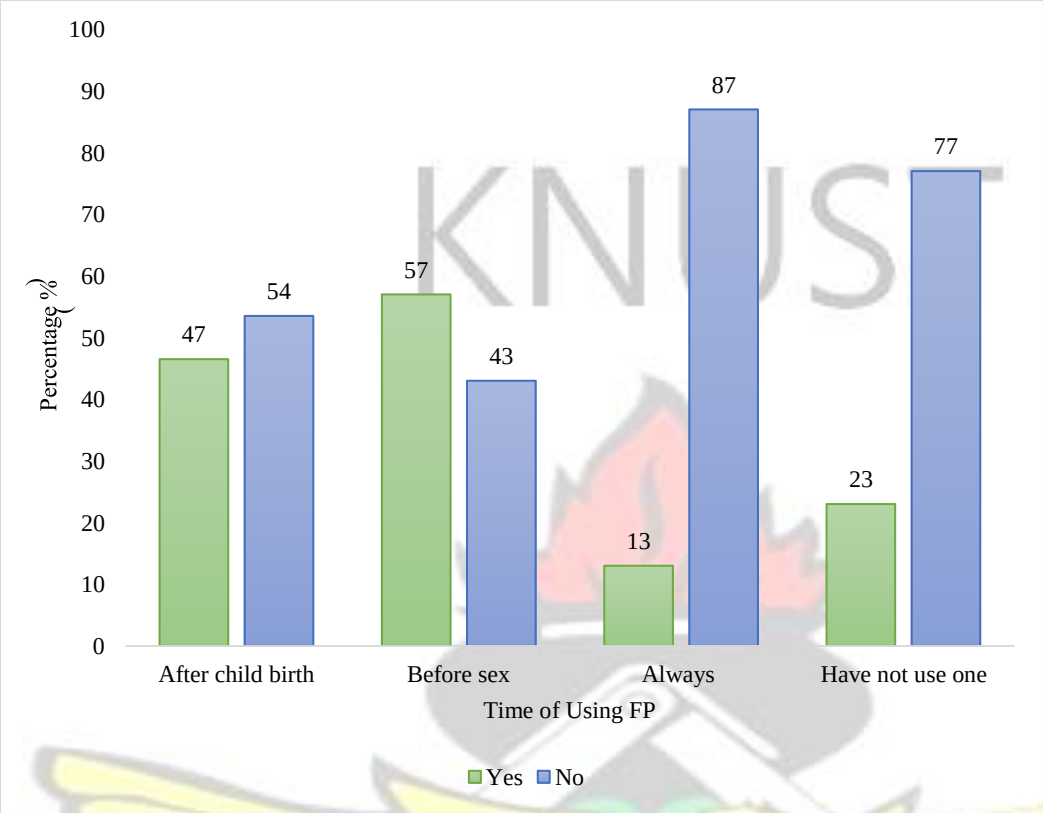

Figure 4.4: Last time of using family planning method

As shown in Figure 4.4, the last time of using contraceptive by respondents were after child birth (47%), before sex (57%), always (13%).

4.4 Factors influencing the use of FP among married partners

As part of the objectives of this study, it was of interest to study the factors influencing the use of family planning methods among partners. The results are provided under this section.

Table 4.5: Factors that influence family planning utilization

Variables	Frequency (n)	Percentage (%)
Community accepts man to accompany his partner for Family Planning clinics		
Yes	152	76.0
No	25	12.5
Don't know	23	11.5

People are stigmatized to family planning methods in your community		
Yes	15	7.5
No	137	68.5
Don't Know	48	24.0
Been influenced by relations to have more children		
Yes	48	24.0
No	142	71
Don't know	10	5.0
Cost of accessing family planning services		
Expensive	7	3.5
Normal	130	65.0
Cheap	59	29.5
Don't Know	4	2.0
Quality of family planning services provided		
Poor	7	3.5
Average	27	13.5
Good	89	44.5
Very good	63	31.0
Don't Know	14	7
Have time off from work to attend family planning clinic		
Yes	115	57.4
No	57	28.5
Don't Know	28	14.0
There are any known risks of modern family planning methods		
Yes	125	62.5
No	43	21.5
Don't Know	32	16.0

Table 4.5 provides the results on factors that affect or influence the use of family planning among married partners. It can be observed that 76% indicated that in their communities, it is acceptable for a man to accompany the partner for family planning clinics. Also, 68.5% revealed that people who are using family planning methods are not stigmatized in their communities. Similarly, 71% indicated that they have not been influenced by their relations to have more children. In terms of cost of accessing family planning services, only 3.5 indicated it as expensive and only 3.5% also indicated quality of family planning services as poor.

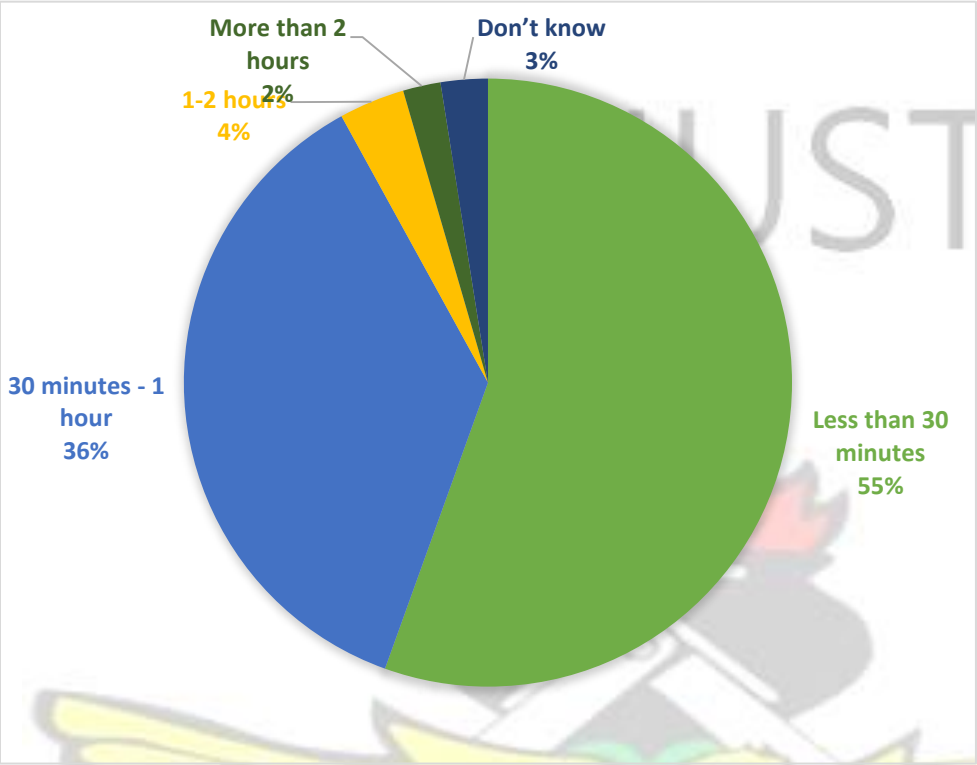

Figure 4.5: Distance to the nearest FP service centre

From 4.5, the majority spent less than 30 minutes to the nearest facility for family planning services, whilst 36% spent between 30 minutes to 1 hour.

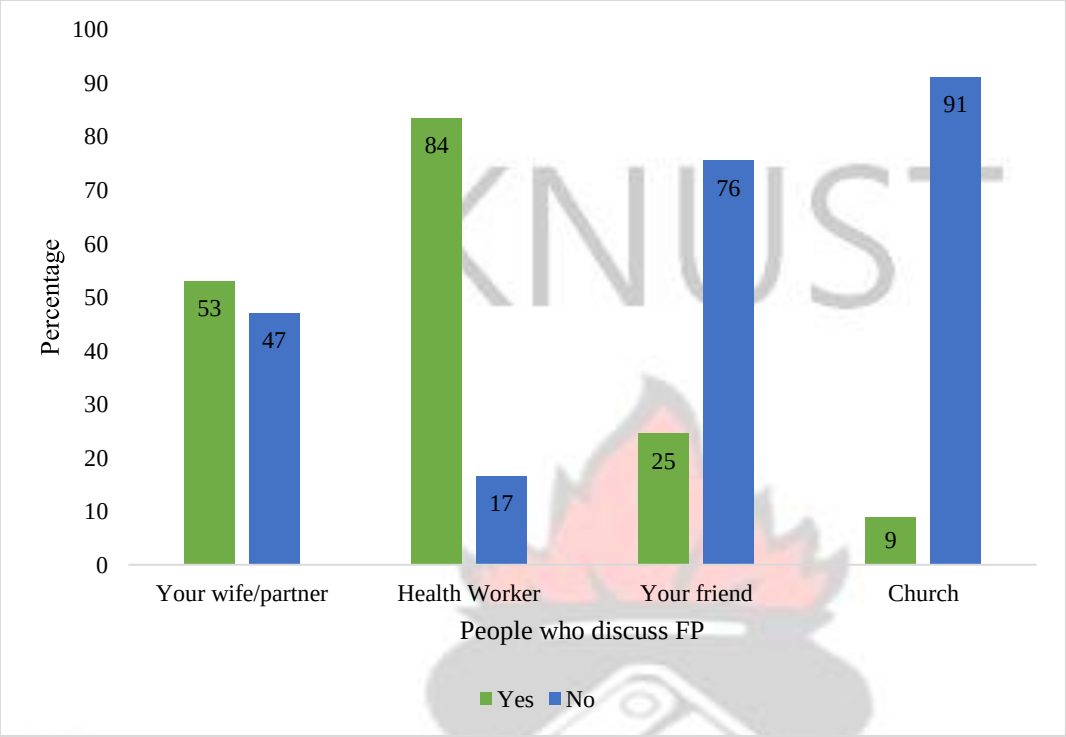

Figure 4.6: People who discuss FP with respondents

Figure 4.6 shows the people who discuss FP with respondents and almost all health workers were the majority. Health workers were the majority (84%) followed by partners (53%) and friends (25%).

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This study set out to examine the attitude, knowledge and practice of family planning among married partners in the LEKMA in the Greater Accra Region of Ghana. The previous chapter

presented the results of the study. In this chapter, a discussion of the results is provided. The discussions compare and contrast the findings made in this study to other previous studies.

5.1 The Demographic characteristics of participants

This study found the average age of respondents to be 33 years with the majority of them within the age group of 30-39 years (51.5%). This corresponds with the standard age group of married people within the general population of Ghana as reported by the 2010 general census of Ghana (GSS, 2011). Again, as found in this study, study conducted in Calabar, Nigeria on the knowledge, practice and attitudes to family planning among couples, reported similar age range and mean age. That is, the age range was 29 to 40 years, with a mean age of 34 years(Monjok et al 2010). Several previous studies in Kenya, Ethiopia and Sudan have found similar age characteristics among couples (Alsaedi et al 2018; Kasa et al, 2018; Otieno, 1999).

The most prevalent religion groups found among the respondents were Christianity, and Islam, 69% and 26.5% respectively. This reflects the characteristics of religious affiliations in Ghana as Christians are the majority followed by Muslims (GSS, 2011). In most African societies, it is common to found polygamous marriages, however, in this study; it was found that most of the marriages were monogamous (91%). In terms of their educational status, those with tertiary education were the majority. This is not consistent with an earlier study in Ghana and Ethiopia where majority of the respondents studied had just up to secondary education (Atuahene et al, 2016; Tilahun et al, 2013).

5.2 Knowledge of respondents on family planning

Adequate and good knowledge on family planning procedures are very important for acceptance and use. According to Nansseu et al.(2015), where there are no adequate knowledge on family

planning, there are low patronage of the methods including contraceptives. In this current study, it was revealed that most of the respondents had adequate knowledge on family planning. Areas of adequate knowledge among the respondents were purposes of family, methods, where to access family planning services and the importance of FP. More than 50% of the respondents in this study cited the purpose of FP as for child spacing, reduce family size and prevention of pregnancy. Similarly, in a previous study in Ghana, Atuahene et al. (2016), found that both clients and health professionals were aware of the purposes of FP as also in Sudan (Handady et al, 2015).

Furthermore, knowledge of people of where to access FP services is good to ensure that they go to the right places to access the service. In this study, almost all the respondents could mention at least one place to access FP services. These places were hospitals, health centres, private clinics and maternity homes. In Ghana, FP services can largely be found in any private or public health institutions. So, respondents had good knowledge when they cited these places.

5.3 Attitudes and practices of married partners on family planning

Attitudes influence use or practice and when people have positive attitude towards a particular thing, they are more likely to use it. This current study was interested in studying the attitudes and practice of married couples towards family planning. In terms of their attitude, this study found that respondents have positive attitudes towards FP. This is because, it was found that more than 70% of the respondents indicated support for the use of FP methods and also support and approved for their partners' use of contraceptives. This implies that among the study group, FP is well acceptable, however, there is no evidence to say that it is because they are married couples. Because, the knowledge level was good, one could attribute such positive attitude to their knowledge level. Compare to other previous studied among adolescents or people who were not

married (Dangat & Njau, 2013), attitudes on FP among married couples were found to be positive (Handady et al, 2015).

Family planning practices regards the use and patronage of FP methods by the appropriate segment of the population. In this study, it was found that over 70% of the respondents had ever used any form of contraceptives. Similarly, more than half of their partners have also any form of contraceptives. In similar studies in Ghana and Nigeria, similar proportion of FP use was found among married couples (Atuahene et al., 2016; Monjok et al., 2010). However, in these two studies contraceptive use was found to be low in the early years of married. Compare to single people, several studies have found high practice of FP among married couples (Alsaedi et al, 2018; Tilahun et al, 2013).Additionally, this current study found that the majority discuses FP use with their partners, however, following or being followed by a partner to FP clinic was low. This may be an area where most partners found it difficult doing.

5.4 Factors influencing the practice of FP among married partners

Several factors may affect FP use among the people. These could be the some socio-cultural, economic and health system factors (Ramaiah & Jayarama, 2017). In this current study, participants were examined to assess the factors that influence their use of contraceptives. Among these factors found were community acceptance, stigmatization, influence from relations, and cost of accessing family planning, quality and time for accessing service. This found that respondent faced no stigma or opposition from the community of family members towards FP practice. This was inconsistent with other earlier studies in Nigeria and Saudi Arabia where couples who tried to use any form of contraceptives are stigmatized by the families (Handady et al, 2015; Otieno, 1999).

Cost of using FP methods were found to be less expensive by respondents and the majority also regard the quality of services as good. This is good to promote or encourage the practice of FP in the country and at the study area. In Ghana, other studies have also found the cost of FP as less expensive by those who use it (Atuahene et al, 2016; Monjok et al, 2010).

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The study found good knowledge on family planning among the married couples as the majority showed good understanding of the purposes, methods, and place of accessing the service. Again, family was regarded by all respondents as good to use an indication of acceptance among the population.

The good knowledge reflected in attitude and practice because the respondents showed positive attitudes to Family Planning services and related. It was found that the majority support and approve of FP use for themselves and for their partners. Similarly, almost of them have ever used any form of contraception before.

Among the factors influencing FP practice, the study found that there was no stigmatization towards those that practice it and there was community acceptance too. Similarly, no respondents had been forced by a relation to give more birth. The cost of FP and the quality were found to be low and good respectively.

5.2 RECOMMENDATIONS

The following recommendations are given according to the findings made from the study.

Recommendation to Health workers.

- Since there was good knowledge level found, it is recommended that health workers should continue the education and awareness creation to sustain their knowledge and also broaden the scope of their knowledge. Strategies to create more awareness on benefits of FP to couples should be given more priority at the clinics; other approaches may include seminars and media (mass media like, radio jingles/drama and print and bulk SMS).

Recommendation to Family Planning Clinics for couples

- Couples should be acknowledged and motivated to accompany their partners to FP clinics so as to serve as motivation for use.
- Health authority should open more centres close to the people since it was found that respondents who leave close to FP centres expressed positive attitude to use.
- Married couples must be assisted in terms of cost funding so as to reduce the burden to FP service cost.

Future studies should examine both the married and the unmarried to as to draw comparison of practice among them.

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APPENDICES

Appendix 1: Questionnaire

FORM No:……

TOPIC: KNOWLEDGE, ATTITUDES AND PRACTICE OF FAMILY PLANNING AMONG MARRIED PARTNERS IN LEKMA IN THE GREATER ACCRA REGION OF GHANA

My name is **FELLAH ATILOGO FELIX**. I am a student of the College of Health Sciences, Kwame Nkrumah University of Science and Technology (KNUST). I am conducting a research on family planning among married partners. This forms part of the requirement for the award of a bachelor's degree in Public Health. If you agree to be a part of this study, I would ask you a few questions which require answers. Your participation is voluntary and you are free to end the interview at any time. But I would be very grateful if you participated in the study to contribute to existing knowledge on family planning.

Section A: Socio-Demographic Characteristics

(*Kindly check the appropriate box that correspond to your answer*)

No	Questions	Responses	Code
1	Age of respondent	……	
2	Age of Partner	……	
3	Religion?	1. Christian [ ] 2. Muslim [ ] 4. Traditionalist [ ] 5. Others specify……..	
4	Ethnicity?	1.Ga [ ] 2. Akan [ ] 3.Ewe 4. Others (specify)	
5	Type of Marriage?	1. Monogamous[ ] 2. Polygamous [ ]	

6	Level of Education?	1. No Education [ ] 2. Primary [ ] 3. Middle/JSS [ ] 4. Secondary [ ] 5. Tertiary [ ] 6. Others (Specify)…….	
7	Education level of your Partner?	1. No Education [ ] 2. Primary [ ] 3. Middle/JSS [ ] 4. Secondary [ ] 5. Tertiary [ ] 6. Others (Specify)……..	
8	What is your occupation?	1. Farmer [ ] 2. Teacher [ ] 3. Business [ ] 4. Civil servant [ ] 5. Student [ ] 6. Others (specify)……	
9	What is the occupation of your Partner?	1. Farmer [ ] 2. Teacher [ ] 3. Business [ ] 4. Civil servant [ ] 5. Student [ ] 6. Others (specify)…….	

Section B: Knowledge on Contraception

No	Questions	Responses	Code
B1	Do you have any idea about family planning?	1. Yes [ ] 2. No [ ]	
B2	What do you know about family planning? (***check as many as applied***)	1. Child spacing [ ] 2. Few children[ ] 3. Prevention of pregnancy [ ] 4. Use of contraceptives [ ]	
B3	Is family planning important?	1. Yes [ ] 2. No [ ]	

]B4	Where can you receive family planning service in the community? (***check as many as applied***)	1. Hospital [ ] 2. Health centre [ ] 3. Private clinic [ ] 4. Maternity homes [ ] 5. Other (Specify)……	
B5	Family planning methods can be used by men and women	1. True [ ] 2. False [ ] 3. Don't Know [ ]	

Section C: Practice and Attitude towards the use of family planning methods

No	Questions	Responses	Code
C1	Do you support the use of family planning methods?	1. Yes [ ] 2. No [ ]	
C2	Do you support your partner's use of contraceptives?	1. Yes [ ] 2. No [ ]	
C3	Have you ever used any form of contraceptive?	1. Yes [ ] 2. No[ ]	
C4	Has your partner ever used any form of contraceptive?	1. Yes [ ] 2. No[ ] 3. Don't Know [ ]	
C5	Do you discuss contraceptive with your partner?	1. Yes [ ] 2. No [ ]	
C6	Do you approve of your partner's use of contraceptive?	1. Yes [ ] 2. No [ ]	
C7	Have you ever attended family planning clinic with your partner?	1. Yes [ ] 2. No [ ]	
C8	Have you ever recommended family planning to any close relative?	1. Yes [ ] 2. No [ ]	
C9	When was the last time you use family planning method? (***check as many as applied***)	1. After child birth [ ] 2. Before sex [ ] 3. Always [ ] 4. Have not use one [ ]	

		5. Don't know [ ]	
C10	Do you intend using family planning service in future?	1. Yes[ ] 2. No[ ] 3. Don't Know [ ]	

Section D: Factors that influence family planning utilization

No	Questions	Responses	Code
D1	If you were to go to the FP clinic at the health facility, how long does it take you to get there?	1. Less than 30 minutes [ ] 2. 30 minutes - 1 hour [ ] 3. 1-2 hours [ ] 4. More than 2 hours [ ]	
D2	In this community, is it acceptable for a man to accompany his partner for Family Planning?	1. Yes [ ] 2. No [ ]	
D3	How much do you know about family planning?	1. Knows nothing [ ] 2. Knows very little [ ] 3. Knows sufficiently [ ]	
D4	Are people stigmatized for using family planning methods in this community?	1. Yes [ ] 2. No [ ] 3. Don't Know [ ]	
D5	Have you ever been influenced by your parents/ in-laws/ relations to have more children?	1. Yes [ ] 2. No [ ]	
D6	How would you describe the cost of accessing family planning services?	1. Expensive [ ] 2. Normal [ ] 3. Cheap [ ] 4. Don't Know [ ]	
D7	What do you think about quality of family planning services provided?	1. Poor [ ] 2. Average [ ] 3.Good [ ] 4. Very good [ ] 5. Don't Know [ ]	

D8	Do you get time off from work to attend family planning clinic?	1. Yes [No [ ] 2. Don't Know[ ]	
D9	Have any of the following people ever discussed family planning with you? (***check as many as applied***)	Your wife/partner[ ] Health Worker[ ] Your friend[ ] Church [ ]	
D10	Have you seen/read about family planning from any source?	1. Yes [ ] 2. No [ ]	
D11	If yes, please specify the source	……..	
D12	Do you think there are any known risks of modern family planning methods?	1. Yes [ ] 2. No [ ] 3 Don't Know [ ]	