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Original Research Article

Factors Influencing Contraceptive Preferences among Reproductive Women Attending the Child Welfare Clinic in Rural Kumbungu

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ABSTRACT

Maternal and child health is very crucial to very nation due to the rule women play in society. It is against this background that the united nation paid a much attention on the health of both children and women and has therefore given it a special consideration in both the MDGs and the SDGs. Many countries including Ghana have since developed and implemented local strategies aimed at improving women and child health. This study aimed at exploring the knowledge of women within the reproductive age on contraceptives use and preferences and also ascertains the factors that influence contraceptives preferences among postpartum women attending CWC in Kumbungu District of the northern region of Ghana.

In conducting this study cross-sectional study design and mix method were adopted. Purposive and simple random sampling techniques were the basic sampling method used. Survey questionnaire, observation and in-depth interviews were the main tools used for data collection. The quantitative data were entered onto Statistical Package for Social Sciences (SPSS) software version 23.0 for analysis. In terms of the qualitative data, the interviews were audio recorded, and transcribed onto Microsoft word before analysis.

The study found that there is a significant association between some socio-demographic characteristics such as educational level ($P< 0.001$), religious affiliation of respondent ($P< 0.045$), ($P < 0.001$) and contraceptives preference. About 61.4% of respondents reported that they were using contraceptives at the time of the study. This was however a drop from 77.9% of those who reported ever use of contraceptives. The most preferred contraceptive was the injectable (65.9%) and the implants (23.1%). Use of maternal health services such as preconception counseling, STI education, family planning and antenatal services were significantly associated with contraceptives preferences.

The study concludes that customs and traditions as well as religion are major predictors hindering women free will to use contraceptives. It also found out that the injectable and implant contraceptives are the most preferred among respondents. Socio-demographic characteristics, use of maternal health services and fertility preferences have a significant association with contraceptive preferences. It further concludes that traditional beliefs system affects the use of contraceptives. The study recommends that the Ghana Health Service should continue to educate communities through durbars and continue to collaborate with other stakeholders in the health industry to capture contraceptives services under the NHIS.

Keywords: Contraceptives, Preferences, Knowledge, Postpartum, Contraceptives

INTRODUCTION

The health of women and children has attracted global attention as a result of their vulnerable situation. For this reason and other maternal and child health are given much attention in both the United

Nations Millennium Development Goals (MDGs) and the current Sustainable Development goals (SDGs). Many countries including Ghana have since developed and implemented local strategies aimed at improving women and child health. Family planning is very central to women health. According to Starbird et al., (2016)women health are very crutial in socio economic development and that nations that need to achieve sustainable development must give priority to maternal and child health. Many scholars exploring the level of contraceptive utilization among mothers found that levels have been somewhat low due to a number of factors. The factors that influence postpartum contraceptive utilization can be categorized into demographic and economic characteristics, fertility preferences and use of maternal health services, (USAID, 2014). Scholars like (Hotchkiss & Do, 2013 CF USAID, 2014) found that higher wealth index and education influenced the use of PPFP services. Living in an urban area was also reported to have a strong influence on PPFP in bivariate analysis but was insignificantly related to PPFP use in multivariate analysis.

Postpartum family planning (PPFP) has been defined as the prevention of unintended pregnancy and closely spaced pregnancy through the first twelve (12) months following child birth (WHO, 2013). The WHO opined that Family planning in the period of postpartum is very crucial because it allows the mother to regain her normal physiology after nine months of pregnancy. It also helps the mother to have more time to care for her baby and allows for adequate bonding between mother and child. During this period the child gets the opportunity to develop physically, physiologically and psychologically. This study was carried out at the Kumbungu district in the northern region of Ghana which is predominantly rural. Family planning services particularly PPFP services are not integrated into other maternal and child health services such as ANC, CWC, nutrition services etc. Despite the efforts by the district health authorities to promote PPFP services utilization, there appear to be little success (KDA annual report, 2017). While these challenges exist, unplanned pregnancies during the postpartum period seem to be on the rise as anecdotal information suggest. Based on the above, this study seeks to explore factors influencing contraceptive use and preferences as well as factors that influence such preferences among postpartum women attending CWC in the Kumbungu District of the northern region of Ghana. This study therefore seeks to ascertain the factors that influence contraceptive use and preferences among postpartum women attending the Child Welfare Clinic in the study district of the northern region of Ghana.

Review of Relevant Literature and the Gap that Exists

The (WHO, 2013) defined Postpartum Family Planning (PPFP) as the prevention of unintended pregnancy and closely spaced pregnancies through the first twelve (12) months following childbirth. The period from child birth to about twelve (12) months is usually crucial for the mother and baby because it allows the mother to regain normal physiology, have more time for bonding and care for her baby and to engage in some economic activity for self-support. The baby on the other hand develops well, bond with the mother and build resilient immunity. Any truncation of this period by early unintended pregnancy may interrupt the path of normal growth and development. Many scholars have made findings about the circumstances that are likely to influence a woman's decision to use a contraceptive in the postpartum period. Reproductive desires and preference for specific contraceptives, behavior of mothers, levels of knowledge on contraceptives and access to these services were identified as some of the factors that could influence demand and use of contraceptives (Ramarao et al., 2015). The low utilization of contraceptives among postpartum women in Africa is not however universal as findings by (Bwazy et al.,

2014) in Malawi contradicts that of (Ogechi et. al, 2017) in Nigeria. Bwazi et al found that out of the 94.3% of women who had knowledge in contraceptives, 75% of them were using contraceptives. What might have accounted for these differences may be the fact that Ogechi et al carried out their study among Inner city women who were attending CWC. In most occasions the level of education among Inner city women are low and mostly linked with poor utilization of family planning services. Also, while Bwazi et al assessed the level of knowledge on contraceptives, Ogechi et al assessed awareness. This might have also accounted for the difference in the levels of usage in these two studies since people with knowledge are more likely to make informed decisions than those who are just aware of a particular phenomenon. Findings of (Yilmazel&Balci, 2013) also indicates that status of contraceptive use before the postpartum period and receiving counseling on contraception were significantly related to thoughts about using contraceptives in the postpartum period.

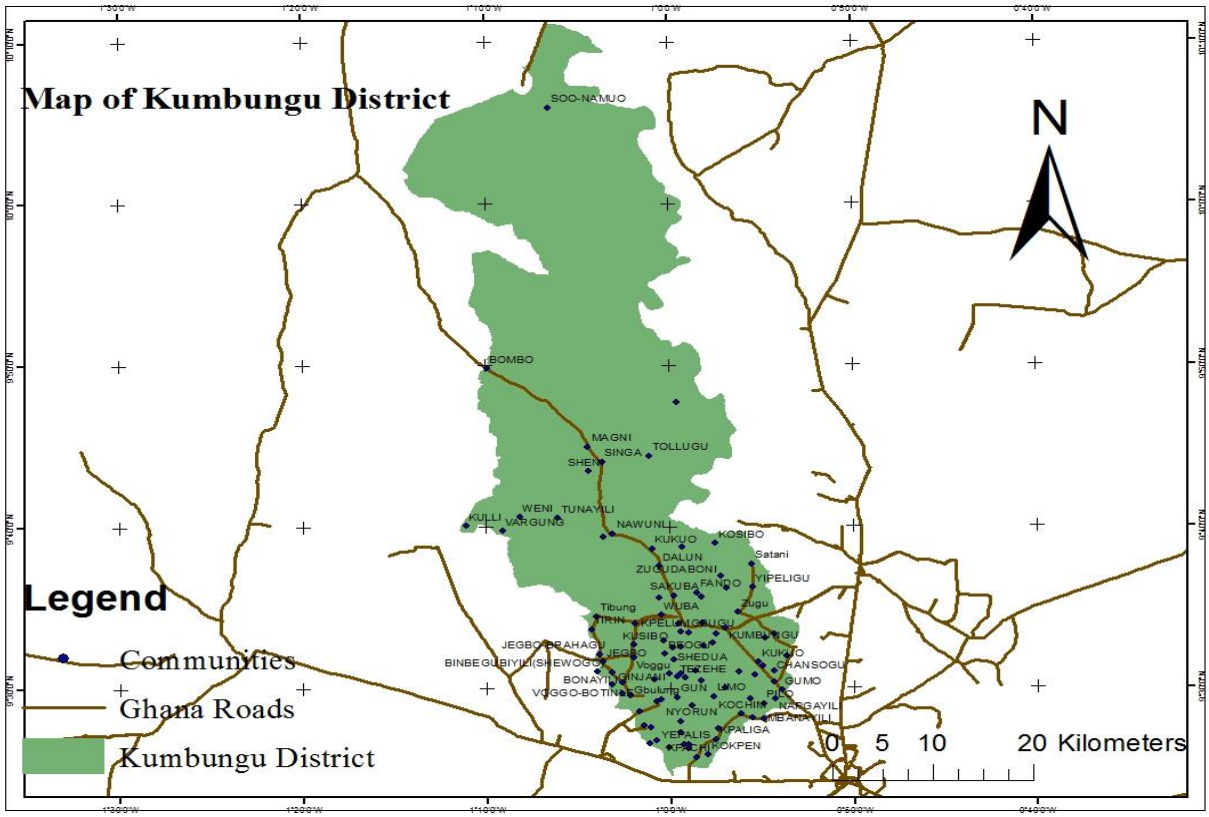
Contraceptive Preferences among Postpartum Mothers

Preference for contraceptives especially in the postpartum period may be a driving factor for their use. Globally, about 92% to 97% of women do not intend to have their next child before two years. Shockingly however, about 35% of these women have their children spaced two years apart or even less and about 40% of women intending to use contraceptives in their first year postpartum are not using (USAID, 2019). The clear difference between those actually in need of contraception in the postpartum period is very worrying. This according to the USAID could be as a result of preference for particular contraceptives. The absence of the preferred contraceptive or not able to afford the preferred contraceptive could be a serious cause of concern for the potential user of such contraceptives. They opined that counseling or adequate information about contraceptives and their use could be a determining factor of a postpartum woman's preference for contraception. In a study to assess the preferences and related factors for postpartum contraception among pregnant women, (Yilmazel&Balci, 2013) found that, many of the women (35.7%) preferred Intrauterine contraceptive device (IUCD), 24.2% of them preferred their partners use male condoms, 20.4% preferred combined oral pills (COP), 15.9% preferred tubal ligation and 3.8% preferred an injection or a spermicide. Their findings conclude that these choices among the postpartum women were influenced by husbands, health workers friends and the media. These findings were corroborated by findings from Ghana by (Eliason et al., 2013) when they indicated that women with past experiences were more likely to use the injectable contraceptives (OR=2.07, 95% CI 1.50-2.87). They opined that knowledge and past experiences with contraceptives like the IUCD was a predictor of the choices postpartum women were likely to make. These varied reasons for wanting to use or not though revealing but may form the basis for a more strategic and innovative ways of stimulating demand and use of contraceptives. Findings by (Jalang, 2012) in his study, "Determinants of contraceptives use among postpartum women in Kissii, Kenya" indicates that the most preferred contraceptives among postpartum women were injectables (27.9%), IUCD (24.1%), oral pills (15.1%) and implants (14.2%). The study found that postpartum mothers made these preferences based on some side effects such as weight gain, increased blood pressure, backache, headache and blurred vision among others associated with some contraceptives. This was corroborated by (Cleland et al., 2012) in their study titled "Family planning needs during the first two years postpartum in Ghana" they indicated that 31% of the 233 postpartum mothers studied preferred injectables, 23% of them preferred the pills, 14% preferred condoms and only 2% of the mothers preferred female sterilization and implants. About 21% of the mothers

preferred the traditional methods (withdrawal and periodic abstinence). Further findings by (Anaba et al., 2018) in Nigeria suggest that the most preferred contraceptives were implants and Injectables whiles the least preferred was the IUCD. This is a confirmation that the preference for a contraceptive method may vary from one geographical location to the other as well as individual differences. The preference for contraceptives in the postpartum period is very critical in determining the level of demand and use of contraceptives. If care providers have information on the most preferred contraceptives in this period, it equips them to understand and appreciates the individualistic demands of postpartum mothers and hence an increased use of contraceptives among such mothers.

Study Area and Research Methodology

The location context of this study is Kumbungu district. It is one of the rural districts among the 18 districts in the northern region of Ghana. The district has rural characteristics and health care delivery in the area is very poor which has an influence on the health seeking behavior of the people and such contraceptives use among women in the area.



In conducting this study mix method was employed. The main data collections tools use in this study were survey questionnaire, focus group guide and in-depth interview check list. Purposive sampling was the sampling technique adopted because the study dealt with a specific group of people (women in their reproductive age) simple random sampling was also employed to get the study participants.

RESULTS AND DISCUSSION

From the table many of the respondents 35.3% (150/425) attending the CWC in the Bongo district were within the age group of 20-24, 25.6% (109/425) were within the age group of 25-29 and only 2.6% (11/425) were within the age group of 40-44. About 42.4% (180/425) of the respondents had basic education, 24% (102/425) had no formal education, 21.6% (92/425) had secondary education and only

1.6% (7/425) received vocational training. From table 1a, 27.1% (115/425) of respondents' partners had no formal education, 27.8% (118/425) of the respondents' partners had secondary education, 26.4% (112/425) of respondents' partners had basic education and only 0.7% (3/425) of them had vocational training. An overwhelming 93.9% (399/425) of the respondents were living in rural communities while very few were in urban areas. Majority of the respondents 75.5% (321/425) were Christians, 16% (68/425) were Muslims and the rest were practitioners of the traditional religion

Table 1a: Socio-demographic characteristics

Age of respondent	Frequency	Percent
15-19	53	12.5
20-24	150	35.3
25-29	109	25.6
30-34	68	16
35-39	34	8
40-44	11	2.6
Total	425	100
Respondents educational level		
No formal	102	24
Basic	180	42.4
Secondary	92	21.6
Vocational	7	1.6
Tertiary	44	10.4
Total	425	100
Respondents partner's educational level		
No formal	115	27.1
Basic	112	26.4
Secondary	118	27.8
Vocational	3	0.7
Tertiary	77	18.1
Total	425	100
Residential area of respondent		
Rural	399	93.9
Urban	26	6.1
Total	425	100
Religious affiliation of respondent		
Traditional	36	8.5
Christianity	321	75.5
Islam	68	16
Total	425	100

Table 1b above is a continuation of the socio-demographic characteristics of respondents. It indicates that, 82.6% (351/425) of the respondents were married, 12.9% (55/425) were single and the rest of them were either cohabiting or divorced. Also, 57.2% (243/425) of the respondents were unemployed, 54.6% (232/425) were traders, 34.8% (148/425) were in blue colour jobs and the rest were either health workers or in teaching jobs. About 75.8% (322/425) described their incomes as low, 15.5% (66/425) described their incomes as high and the rest reported middle level incomes.

Table 1b: Socio-demographic characteristics

Marital status of respondent		
Single	55	12.9
Cohabitating	13	3.1
Married	351	82.6
Divorced	6	1.4
Total	425	100
Employment status of respondent		
Employed	182	42.8
Unemployed	243	57.2
Total	425	100
Occupation of respondent		
Blue colour	148	34.8
Teaching	19	4.5
Health	26	6.1
Trader	232	54.6
Total	425	100
Income level of respondent		
High	66	15.5
Middle	37	8.7
Low	322	75.8
Total	425	100

Table 2 presents socio-demographic factors which were significantly associated with contraceptives preferences. Respondents' partner's level of education, religious affiliation of respondents and income levels of respondents were significantly associated with the contraceptive preferences of respondents. Most of the respondents demonstrated preference for the injectable contraceptives, 65.2% (75/115) of respondents with no formal education reported preference for the injectables, 64.2% (72/112) with basic education, 68.6% (81/118) with secondary education and only 33.3% (1/3) of those with tertiary education reported preference for the injectables. The relationship between level of respondents' education and their contraceptives preference was significant (P< 0.001). Christians {60.4% (194/321)} and Muslims {79.7% (55/69)} also reported preference for injectables compared to other contraceptives. The P-Value for the relationship between religion and contraceptives preference was significant (P =0.045 Most of those with low level of income, 70.5% (227/322) indicated they preferred injectable contraceptives to others. There was a significant relationship between

income levels and contraceptives preferences (P< 0.001). As income reduces their preference for injectable contraceptives increases (table 2).

In an in-depth interview with one of the respondent she reported as follows:

"*Contraceptives use is good for we the women but the place we found ourselves makes it very difficult us use. In this part of the world if you are known to be using any form of contraceptives they perceive you as a bad woman. Our customs and traditions as well us religion does not give we the women the free will to use contraceptives. Hmmm we hide and use it. The very day your husband get to know this then you have to pack and go to your parents"*

This illustrates how traditional belief systems affect the use of contraceptives in rural Ghana. This finding resonates well in the study of Ramaroa el at 2015.

Table 2: Association between socio-demographic factors and contraceptive preferences of respondents

Respondents partners educational level	Most preferred contraceptive method					
	Condoms	Pills	Injectables	Implants	Total	P-Value
No formal	0	12(10.4%)	75(65.2%)	28(24.3)	115(100)	
Basic	5(4.5%)	5(4.5%)	72(64.3%)	30(26.8%)	112(100)	
Secondary	6(5.1%)	3(2.5%)	81(68.6%)	26(22%)	118(100)	
Vocational	0	2(66.7%)	1(33.3%)	0	3(100)	0.001
Tertiary	6(7.8%)	8(10.4%)	51(66.2%)	12(15.6%)	77(100)	
Total	17(4%)	30(7.1%)	280(65.9%)	96(22.6%)	425(100)	
Religious affiliation of respondent						
Traditional	0	2(5.6%)	31(86.1%)	3(8.3%)	36(100)	
Christianity	15(4.6%)	28(8.7%)	194(60.4%)	82(25.5%)	321(100)	
Islam	2(2.9%)	0	55(79.7%)	11(15.9%)	69(100)	0.045
Total	17(4%)	30(7.1%)	280(65.9%)	96(22.6%)	425(100)	
Income level of respondent						
High	7(10.6%)	7(10.6%0	31(47%)	21(31.8%)	66(100)	
Middle	1(2.7%)	0	22(59.5%)	14(37.8%)	37(100)	
Low	9(2.8%)	23(7.1%)	227(70.5%)	61(18.9%)	322(100)	0.001
Total	17(10%)	30(7.1%)	280(65.9%)	96(22.6%)	425(100)	

"Most of the women who attend the CWC are married and usually young adults. Many of them are from this very community and as you are aware; the communities here are all rural" (Community health Nurse, Voggu health centre).

It was clear from the study that the people had a fair knowledge on contraceptives and the type of contraceptives use by participants in this study as illustrated on the table below. The study shows that there was an association between levels of knowledge and contraceptives preferences. There is no significant association between contraceptive preferences and levels of knowledge (P = 0.942). The study further revealed that the injectable contraceptive is the most preferred across all the levels of knowledge followed by the implants.

Table 3: Association between levels of knowledge and contraceptives preferences

Knowledge levels	Condoms	Pills	Injectables	Implants	Total	P-Value
Low	2(5.4%)	2(5.4%)	26(70.3%)	7(18.9%)	37(100%)	
Moderate	2(3.2%)	4(6.4%)	41(65.1%)	16(25.4%)	63(100%)	
High	5(5.9%)	4(4.7%)	53(62.4%)	23(27.1%)	85(100%)	0.942
Very high	8(3.3%)	20(8.3%)	160(66.67%)	52(21.67%)	240(100%)	
Total	17(4%)	30(7.1%)	280(65.9%)	98(23.1%)	425(100%)	

"Oh I can confidently say that many of the women here have good knowledge about contraceptives especially most common ones that we provide here at this facility. This is also because of the activities that we undertake every time. Community durbars, home visiting, actively engaging and encouraging partners among others has also helped in the education of women on contraceptives" (Public health Nurse, Kings Village, Buntanga Hospital)

Table 4: Association between respondent's use of contraceptives and their preferences

Respondents reason if good	Most preferred contraceptive method					
	Condoms	Pills	Injectables	Implants	Total	P-Value
Help space	13(6.1%)	7(3.3%)	142(66.4%)	52(24.3%)	214(100%)	0.000
Help limit	0	12(14.6%)	59(72%)	9(11%)	82(100%)	
Improves mother's health	3(3.9%)	6(7.9%)	54(71.1%)	13(17.1%)	76(100%)	
Improves child's health	1(1.9%)	5(9.4%)	25(47.2%)	22(41.5%)	53(100%)	
Total	17(4%)	30(7.1%)	280(65.9%)	96(22.6%)	425(100%)	
Respondents reasons if not good						
Cause sickness	3(11.5%)	5(19.2%)	15(57.7%)	3(11.5%)	26(100%)	0.000
Fear of infertility	0	3(42.9%)	2(28.6%)	2(28.6%)	7(100%)	
Religious disapproval	2(18.2%)	0	4(36.4%)	5(45.5%)	11(100%)	
Fear of adverse effects	12(3.1%)	22(5.8%)	259(68%)	86(22.6%)	381(100%)	
Total	17(4%)	30(7.1%)	280(65.9%)	96(22.6%)	425(100%)	
Reasons for choosing that method						
No adverse effects	2(2.7%)	8(10.8%)	52(70.3%)	12(16.2%)	74(100%)	0.009
Less expensive	3(3.4%)	5(5.6%)	62(69.7%)	19(21.3%)	89(100%)	
Availability	5(9.6%)	2(3.8%)	27(51.9%)	16(30.8%)	52(100%)	
Easy to use	7(3.4%)	13(6.3%)	139(66.8%)	49(23.6%)	208(100%)	
Total	17(4%)	28(6.6%)	280(66.2%)	96(22.7%)	423(100%)	

The reasons respondents gave for reporting that contraceptives use was good is significantly related to their preferences (P< 0.000). Further the respondents reported the injectable contraceptives as their most preferred contraceptive. About 66.4% (142/214) of those who preferred injectables said contraceptives use was good for spacing, 72% (59/82), 71.1% (54/76) and 47.2% (25/53) of respondents reported limiting, improvement in mother's health and improvement in children health as good reasons for use of contraceptives respectively. Cause of sickness, fear of infertility, religious disapproval and fear of adverse effects were reasons why contraceptives use was not good as reported by respondents. The association between reasons if not good and contraceptives preferences was significant (P< 0.000). Respondents also gave varied reasons for choosing the different contraceptives methods and this was significantly associated with contraceptives preferences. Majority of the respondents reported injectables as not having adverse effects, less expensive, more available and easier to use, (table 4)

"Most of the people, I mean the women who come here to the CWC choose the different methods because they think the adverse effects that come with them are better than others. Others also think that the injectable is always available and the pay just GHC 1 for it. If you consider all these things then you will understand why the rather prefer the injectable more than the others" (Community Health Nurse,).

"You know this is a rural area so hardly will you find women coming for preconception counseling. As for STIs, family planning services they will get them when they are pregnant and come for ANC. They will do the entire necessary test for STIs and we will tell them the need for contraception when they deliver. All this contributed to the high use of contraception among those women who come for CWC" (Community Health Nurse, Health Center)

CONCLUSION AND RECOMMENDATION

The study conclude that women in the reproductive age have fair knowledge and are adequately aware of contraceptive and methods of contraceptive however, traditional and customary belief systems affected their choices and preference as well as the use of contraceptive and this affect the health of both mothers and children in the study area and beyond. The study recommends that the Ghana Health Service should continue to educate both women and men on the importance of family planning and other reproductive health needs. Also, traditional rulers and religious leader should give women the free will to use any of the contraceptives of their choice.

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