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FACTORS INFLUENCING CONTRACEPTIVE USE AMONG WOMEN OF REPRODUCTIVE AGE IN THE BIA WEST DISTRICT OF GHANA: A COMMUNITY BASED CROSS-SECTIONAL STUDY

Awuni Prosper Mandela Amaltinga*[1], Mbinta Fenibe James[2] and Abugri Osman Bright[3]

[1]Institute for Social Science Research, University of Queensland, Australia.
[2]Faculty of Health, Victoria University of Wellington, New Zealand.
[3]Faculty of Medicine, Okayama University, Japan.

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***Corresponding author: Awuni Prosper Mandela Amaltinga**

Institute for Social Science Research, University of Queensland, Australia.

ABSTRACT

The study looks at the BIA District in the Western Region of Ghana where unmet need of contraceptives is low with fluctuations between 22.4% and 20.8%. The objective of the study was to examine factors influencing contraceptive uptake among women of reproductive age (15 – 49 years) and sexually active women. **Methods:** A cross-sectional study design was used and 268 participants were selected through simple random and systematic sampling techniques from six sub-districts from January to November 2019. The study adapted the Health Belief Model (HBM) as a conceptual framework to explain and predict behaviors. Chi-square test was used to determine associations between socio-demographic variables and contraceptives use. Results were considered statistically significant if p value was < 0.05. **Results:** Most (58.6%) of the respondents reported ever using contraceptive method while 41.4% did not use any contraceptive method. 73.5% of respondents agreed that using contraceptives is beneficial to the mother and the family. However, respondents constituting 55.2% agreed that contraceptive use has serious negative side effects on users. Most of the respondents (54.9%) feared using contraceptives because of their partners. There was an association between contraceptive use and religion ($p<0.001$), culture ($p<0.001$), fear to use contraceptives ($p<0.001$), benefit to use ($p<0.031$), expensive in acquisition ($p<0.001$), and negative side effect ($p<0.001$). However, there were no associations between contraceptives use and marital status of the respondents. **Conclusion:** The finding showed that almost half of the respondents have never used any form of contraceptives. It implies that if this trend continues there will be increased in unplanned pregnancies and high population growth. This may also affect the maternal and child health as there will not be enough spacing between pregnancies. Comprehensive sexual education should be included in the educational curriculum to promote education of contraceptives.

KEYWORDS: Bia West District, Contraception and contraceptive uptake, Determinants, Reproductive age, Sexually active.

Take-Home Message: Contraceptives are a key investment in women empowerment, child health, poverty reduction and achieving the SDGs.

BACKGROUND

Access to contraceptives is both a human right and a socio-economic necessity. It is a human right issue because every woman has the fundamental right to determine how many children she wants and when she wants to have them (Grant Miller Grant, 2010). Though statistics have shown a growth of 76.4% in the number of women or partners using contraceptives, unfortunately, of the 1.9 billion women of reproductive age (15-49 years) globally, only 922 million use contraceptives of any (Adongo et al., 2014; Mark Wheldon, 2018; D. o. E. A. United Nations, 2019). The growth in contraceptive use is suggested to have been driven by the global population growth (United Nations & Department of Economic and Social Affairs, 2019).

In Sub-Saharan Africa, Family Planning (FP) Methods/contraceptive use of all kinds have increased from 23.6% 29% by women of reproductive age (15-49 years) (D. o. E. A. United Nations, 2019). However, inequities exist in the Sub-region as 24.2% cannot access modern methods of contraceptives (WHO, 2018). With

sub-Saharan Africa's growth of Total Fertility Rate (TFR) at 5.4 for Sub-Sahara Africa, (Westoff, Kristin Bietsch, & Dawn Koffman, 2013) and population projected to increase from 860 million in 2010 to 1.96 billion in 2050 (John Bongaarts, 2013), contraceptives use by sexually active people should be placed at the fore front of health policy on the continent.

With contraceptives considered a key to invest in women empowerment, and poverty reduction, the government of Ghana made a commitment to improve Family Planning (FP) during the 2012 London conference (Ibironke Folashade Oyatoye, 2019; UK-aid, 2012). The government committed to increase FP from 31.5% to 35.0%, the number of women using modern contraceptive methods from 1.46 million to 1.93 million from 2015- 2020 (Government of Ghana, 2017). To this effect, FP was added to the NHIS, while funding for towards FP increased (Government of Ghana, 2017; Oyatoye, 2019). This saw a nationwide increase in contraceptive use from 22% to 26.4% between 2014 to 2017 (D. o. E. A. United Nations, 2019).

However, the target seems far off as the unmet needs for contraceptives is high, as 3 in 10 women cannot get any form of family planning services in Ghana (Ibironke Folashade Oyatoye, 2019). Also, 30% of married women have an unmet need for contraceptive services, 17% unmet need for spacing and 13% unmet need for child limiting (Ghana Statistical Service (GSS), 2015). Approximately 1 in 4 contraceptive users stopped using a method after a year of starting its use (Ayaga A. Bawah, 2019). Also, 6% of women who stopped using contraceptives was as a result of side effects and other health related reason (Ghana Statistical Service, Ghana Health Service, & ICF International, 2015).

In 2011, annual report on family planning indicated the fluctuating trend of family planning acceptance rate in western Region which Bia West District belong. The acceptance rate of contraceptive use in the Bia West District was 22.4% in 2016 and dropped to 20.8% in 2017 (Bia West District Health Bia West Health Directorate, 2016). The fluctuating trend in the district prompted the study into the factors influencing contraceptive uptake among women in reproductive age (15 to 49 years) in the Bia West District in 2019. This study will inform policy-makers, programme managers and service providers on the factors influencing contraceptives use among women in reproductive age. The more they know about these factors the more it will influence policy planning and help re-strategize contraceptives service provision among women of reproductive age.

METHODS

Study Area

The Bia West District is one of the 22 Administrative districts in the Western Region. The district was carved out of the Juaboso-Bia District in 2004. However, the Bia West District Heath Directorate (DHD) started its own administration in July, 2005. The district has borders with the Bia East District to the North, Asunafo North District to the East, Juaboso District to the South and La Cote d'Ivoire to the West. There are over 253 communities and settlements scattered in the district. The average distance between communitiesis about 10 km. The total population of inhabitants is 101,657 (Western Region Health Western Regional Health Directorate, 2017).

There are a total of 37 Heath Facilities owned by Government, Missions and individuals health care providers. The Government facilities include the Essam Government Hospital, 3 health centres and 11 Community-based Heath Planning and Services (CHPS) compounds. The district has been demarcated into smaller administrative units called sub-districts. There are 6 sub-districts and each provides basic health services for its population. The basic services include antenatal and delivery services, treatment for malaria and other minor ailments, immunisations, family planning and communicable disease control (Bia West Health Bia West Health Directorate, 2017).

Study Design

A cross-sectional study design was used for this study. The choice of this design is due to its advantage to facilitate the collection of original data necessary to address the research objectives. It is useful in collecting data that can be quantified for reporting the true picture of the situation at the district.

Study Population

The study population was sexually active women of reproductive Age (15 – 49 years) in the district.

Sample Size

The population of the district according to the District Health Directorate is 101,657. Considering the district population size, a sample was drawn that would enable the study to reach adequate number of women in reproductive age so that it would help draw relevant conclusion. In determining the sample size, a 95% confidence interval and a 5% margin of error was applied. Based on the proportion of the population of 22%, the calculation of the sample size for the study using the formula that follows:

$$n = \frac{z^2 pq}{d^2}$$

Where d= is margin of error, p = population proportion, q= (1-p), n= is sample size, z=desired level of confidence/reliability. Using the formula above, an estimated sample size of 268 was obtained.

Sampling Method

Simple random and systematic sampling techniques were used. Respondents were selected from the six (6) sub-districts. A simple random sampling technique was used

to select eight communities from each sub district for the study. In each of these communities, systematic sampling was used to select the households. This was obtained by dividing the total number of houses in the community by the sample size of that community. For the index house to be arrived at, all the house numbers in the community were written on pieces of papers and put in a basket. The house number picked was the index or the first house to be entered for the interview. The total numbers of houses in the communities were divided by the sample size to get the sample interval. After that, the sample interval was added to the index house number to get the next house.

In each of the houses, all women in reproductive age of the ages of 15 – 49 years had an equal chance of being selected by a simple random method, where the number of respondents in a house was more than the required number, "Yes" and "No' were written on pieces of paper depending on the number of respondents to be picked from that house. The one who picked "Yes" was interviewed.

Data Collection and Instrumentation

Questionnaires were used to collect data from the participants. Ten (10) community health nurses were trained to help in administering the questionnaires. The data collection instrument comprised of three sections namely A, B, and, C. Section A focused on seven (7) socio-demographic variables: age, marital status, partner, and number of children, educational level, occupation, religion and whom respondents stay with. Section B also dealt with issues on factors influencing contraceptives use among women in reproductive age, 15 – 49 years. The section C centered on determining contraceptive practices among respondents. The above questionnaires were developed using the conceptual framework on the HBM (Rosenstock, Strecher, & Becker, 1988). Although the model has six constructs this study used four: Perceived susceptibility, perceived severity, perceived barriers and perceived benefits (Rosenstock, et al., 1988).

Data Analysis

Descriptive analysis was done. The data gathered was screened and edited for completeness. The completed questionnaires were then coded and entered using Statistical Package for Social Science (SPSS version 20) to analyze data and to highlight significant characteristics associated with the factors that were associated with the use and non-use of contraceptives. Chi-square analysis was used to determine associations between demographic variables and contraceptives use. The analysis was presented in tables and figures. Results were considered statistically significant if p value was < 0.05. Finally, the findings were analyzed using the Health Belief Model (HBM).

Ethical Issues

Permission was sought from the Bia West District Health Directorate and the Ghana Education Service. Also, informed consent among in-schools adolescents, consent was sought from the school as well as from their parents. Adolescents in school were asked to send their consent forms home prior to the study to be signed by their parents. Among the out of school adolescents, permission was sought from community leaders and from their parents.

The respondents were informed that, they were not under any obligation to take part in the study and hence can freely opt out at any stage of the study without any punishment, intimidation, losing any benefit or whatsoever. Data that was obtained from them in this study was kept strictly confidential and would be used for research purposes only. Their names were not part on the actual research work.

The inconvenience they may experience is the time she would have to dedicate to answer the questionnaires. Possibly, some questions may make her feel uncomfortable or lead to a loss of her privacy. Joining the study is on a voluntary basis. There is no compensation available for study participants. Participating in this study would have no direct benefit but findings from the study would help policy makers and other agencies to develop programme and policies that would improve the health status of women in reproductive age.

Limitations of the study

The study involved a relatively small sample that may not be statistically representative of all women in their reproductive age in the Bia West District. The conclusions and use of figures are, therefore, substantially limited to those who participated in the study.

Findings

This section focuses on the presentation of the findings of the research concerning the factors influencing contraceptive use among women in reproductive age (15 – 49 years) in six (6) sub districts in the Bia West District. This is guided by the objectives of the study and the socio-demographic characteristics of the respondents.

Socio-demographic characteristics of respondents

Table 4.1: Socio-demographic characteristics of respondents.

Characteristics of Respondents	Frequency (268)	Percentage (%)
Age (In completed years)		
15 – 19	41	15.3
20 – 29	128	47.8

30 – 39	74	27.6
40 – 49	25	9.3
Level of Formal Education		
None	56	20.9
Primary	70	26.1
Junior High	73	27.2
Senior High and above	69	25.8
Marital status		
Never Married	63	23.5
Married/ living together	166	61.9
Separated/Divorced	30	11.2
Widow	9	3.4
Number of Children		
0	47	17.6
1 – 3	185	69.0
4 – 6	32	11.9
7+	4	1.5
Occupation of respondents		
Working	105	39.2
Not Working	163	60.8
Ethnicity		
Bono	104	38.8
Sefwi	127	47.4
Asante	23	8.6
Other	14	5.2
Religion		
Christian	189	70.5
Muslim	51	19.1
African Traditionalist	28	10.4

Source: Field work, 2019

The socio-demographic characteristics of the study respondents provide a clear idea of who the respondents of the study were. The characteristics included in the study were; age, level of education, marital status, number of children, occupation, ethnicity, and religious affiliation. From Table 4.1, comparative majority (47.8%) of the women in their reproductive age were 20-29 years old. A comparative majority of the respondents (27.2%) had Junior high school education, while 20.9 percent had no formal education. Most of the respondents (61.9%) were married/living together and those who were widowed constituted 3.4 percent.

Out of the 268 respondents who were interviewed, most (69.0%) of them had one to three children. Only 1.5 percent of them had seven children and above. Majority (60.8%) of the respondents were also not working. About 47.4 percent were sefwi and 5.2 percent were from other ethnic groups. Christians constituted the majority (70.5%) of the sampled population, followed by Muslims (19.1%) and some 10.4 percent of the respondents were African Traditionalists.

Perception towards contraceptive use

Table 4.2: Perception towards contraceptive use among respondents.

Perception towards contraceptive uses	**Agree**		**Neutral**		**Disagree**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
My religion does not accept contraceptives use	74	27.6	61	22.8	133	49.6
My culture does not accept the use of contraceptives	82	30.6	69	25.7	117	43.7
I fear to use contraceptives because rumors about them	147	54.9	56	20.9	65	24.2
Using contraceptive is not beneficial to the mother and the family	5	1.9	66	24.6	197	73.5
Contraceptives are too expensive for me to buy	107	39.9	84	31.4	77	28.7
Contraceptives have serious negative side effects on users	148	55.2	76	28.4	44	16.4

Source: Field work, 2019

Table 4.3 presents respondents' perception towards contraceptives. For religious acceptance, 49.6 percent of the respondents disagreed. They argued that their religion does not permit them to use contraceptives.

About 27.6 percent, however, agreed that their religion allows them to practice contraceptive use and some (22.8%) did not know whether their religion agrees or not. Close to half (43.7%) of the respondents said that their culture does not allow them to use contraceptive. Some (30.6%), however, said their culture allows them to use contraceptive. A few (25.7%) did not know whether their culture agrees or not. Most of the respondents (54.9%) feared to use contraceptives because of rumors. Some (24.3%) disagreed to the fear to use contraceptives because of rumors and a minority do not know whether they feared to use contraceptives because of rumors.

Out of the 268 respondents who were interviewed, 73.5 percent agreed that using contraceptives is beneficial to the mother and the family and also a few respondents forming 1.9 percent, however, disagreed that using contraceptive is beneficial to the mother and the family. Also, 39.9% of the respondents agreed that contraceptives were too expensive to buy. A few (28.7%), however, disagreed that contraceptives were too expensive to buy. Respondents constituting 55.2 percent also agreed that contraceptive use has serious negative side effects on users.

The overall perception of respondents towards contraceptive use was examined by asking respondents to choose among three answers on a Likert scale of 'agree' (score as 1), 'neutral' (score as 2) and 'disagree' (score as 3) of the six negatively worded questions constituting the perception scale (Table 4.3). After the responses, individual marks were sum up. A total score from 1 – 9 was considered negative perception while 10 – 18 marks was considered positive perception.

From Figure 4.1, most of the respondents (67.6%) showed positive perception towards contraceptive use while 32.5 percent had negative perception towards their use. The implication therefore is that perception towards contraceptive use was positive among the respondents.

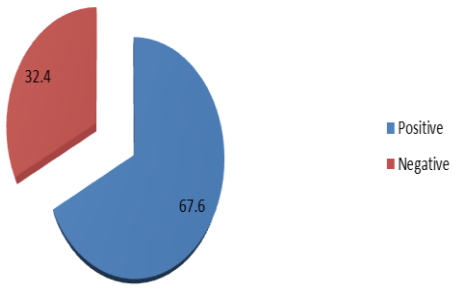

Figure 4.1: Perception towards contraceptive use
Source: Field work 2019

Contraceptive use among women in reproductive age

Table 4.3: Contraceptives use among women in reproductive age.

Characteristics	Frequency	Percentage (%)
Ever use of any contraceptive (N=268)		
Yes	157	58.6
No	111	41.4
Reasons for using contraceptives (N=157)		
To delay pregnancy to complete school	62	39.5
To avoid teenage pregnancy	30	19.1
To be married before childbirth	42	26.8
Birth spacing	22	14.0
Prevent unnecessary pregnancy	1	0.6
Contraceptive methods used (N=157)		
Female Condom	3	1.9
Rhythm Calendar Method	3	1.9
Injectable	104	66.2
Condom	15	9.6
Norplant implant	19	12.1
IUCDs	1	0.6
Oral Contraceptives ("The Pills)	9	5.8
Withdrawal	1	0.6
Emergency contraceptive pill	2	1.3
Person who decided on contraceptive use (N=157)		
Self	75	47.8
Friend	11	7.0
Parent	7	4.5
Partner	63	40.1
Health worker	1	0.6
Reasons for not using any contraceptive method (N=111)		
Prostitute (Men chaser)	18	16.2

Husband dislike	24	21.6
No need for it	26	23.4
Side effect	34	30.6
Religion disallow	7	6.4
No knowledge on FP	1	0.9
Prevent future pregnancies	1	0.9

Source: Field work, 2019

The contraceptive use by respondents provides a clear knowledge on reasons for use and non-use, methods used, as well as the person who decides on contraceptive use. Most (58.6%) of the respondents reported ever using contraceptive method while 41.4 percent did not use any contraceptive method. Out of the 157 respondents who said 'Yes' (Table 4.2), 39.5 percent of the respondents said they took the contraceptives to delay pregnancy for them to complete their education. Only 0.6 said it was done to prevent an unnecessary pregnancy.

Out of the 157 respondents who used contraceptives, 66.2 percent used injectables. Only 0.6 percent used IUCDs and Withdrawal method respectively. Out of the 111 respondents who did not use any contraceptive method, (Table 4.2), about 30.6 percent of them did not use due to perceived side effect. Only 0.9 percent said it was due to no knowledge on family planning and that it prevents future pregnancies respectively. When asked who decided on whether or not to use contraceptive, 47.8 percent said they took the decision themselves. This was followed by their partners (40.1%) and friends (7.0%).

Association between factors influencing contraceptive use with perception of the respondents

Table 4.4: Factors influencing contraceptive use with perception of the respondents.

Variable	**Contraceptive use**		**Chi-square**	**P-value**
	Yes (N=157) (%)	**No. (N=111) (%)**		
My religion does not accept contraceptive use			21.492	<0.001
Disagree	37.6	13.5		
Neutral	22.9	22.5		
Agree	39.5	64.0		
My culture does not accept the use of contraceptives			18.848	<0.001
Disagree	38.9	18.9		
Neutral	28.0	22.5		
Agree	33.1	58.6		
I fear to use contraceptives because rumors about them			36.771	<0.001
Agree	52.7	57.7		
Neutral	11.6	34.2		
Disagree	35.7	8.1		
Using contraceptive is not beneficial to the mother and the family			51.740	<0.001
Disagree	9.6	45.9		
Neutral	0.6	3.6		
Agree	89.8	50.5		
Contraceptives are too expensive for me to buy			44.652	<0.001
Agree	43.3	35.1		
Neutral	16.6	52.3		
Disagree	40.1	12.6		
Contraceptives have serious negative side effects on users			37.735	<0.001
Agree	54.8	56.9		
Neutral	18.5	41.3		
Disagree	26.7	1.8		

Source: Field work, 2019

To determine the association between factors influencing contraceptive use with perception on contraceptives use by respondents, Pearson Chi-square was used. The results showed significant associations between contraceptive use and religion ($p<0.001$), culture ($p<0.001$), fear to use contraceptives ($p<0.001$), benefit to use ($p<0.031$), expensive in acquisition ($p<0.001$), and negative side effect ($p<0.001$).

Association between factors influencing contraceptive use with Socio-demographic characteristics

Table 4.5: Factors influencing contraceptive use with Socio-demographic characteristics.

Variable	Contraceptive use		Chi-square	P-value
	Yes (N=157) (%)	No. (N=111) (%)		
Age (years)			9.246	0.026
15 -19	14.0	17.1		
20 - 29	51.6	42.3		
30 - 39	29.3	25.3		
40 - 49	5.1	15.3		
Religion			22.943	0.000
Christianity	80.3	56.8		
Muslim	15.9	23.4		
Traditional	3.8	19.8		
Ethnicity			9.020	0.029
Bono	44.6	30.6		
Sefwi	45.2	50.5		
Asante	5.1	13.5		
Others	5.1	5.4		
Occupation			4.650	0.031
Working	44.6	31.5		
Not Working	55.4	68.5		
Educational level			17.495	0.001
No Formal Education	14.6	32.4		
Primary	24.2	28.8		
Junior high school	28.7	22.5		
Senior high school and above	32.5	16.3		
Marital status			7.120	0.068
Never Married	26.1	19.8		
Married/ living together	58.0	67.6		
Separated/Divorced	14.0	7.2		
Widow	1.9	5.4		
Number of children			9.163	0.027
0	17.8	17.1		
1 – 3	73.9	62.1		
4 – 6	7.0	18.9		
7 and above	1.3	1.8		

Source: Field work, 2019

To explore the association between factors influencing contraceptive use with Socio-demographic variables, Pearson Chi-square for associations was used for analysis. The results showed a significant association between contraceptive use and age (p=0.026), religion (p= 0.000), ethnicity (p=0.029), occupation (p=0.031), educational level (p=0.001), and number of children (p= 0.027). However, there were no associations between contraceptives use and marital status of the respondents (Table 4.3).

DISCUSSION

Perception towards contraceptive use

According to the health belief model, where the perception of risk is low, the likelihood of taking an action to avoid the undesirable threat will also be low (Conner, Smelser, & Baltes, 2001). Perceptions towards contraceptive use among respondents have been looked at further under psychosocial, physical and economic.

The study revealed that most of the respondents 67.6% showed positive perception towards contraceptive use. Under the psychosocial perceptions, religious beliefs were a significant perception (27%) towards contraceptive use among mostly among Catholics and Muslims. Religious believes from previous studies in developing countries have been cited as stumbling blocks to effective utilization of contraception among women of reproductive age (Fosu, 1986; Konje & Ladipo, 1999). Recent studies have also captured the perceptions of

Muslim and Catholic groups who believed that FP is leeway for promiscuity (Beson, Appiah, & Adomah-Afari, 2018). From the study, culture was seen as a reason for almost half (43.7%) of participant's low patronage of FP. There is a need to revisit the health promotion campaigns on FP from the religious bodies and religious leaders if FP will be effectively patronized by Ghanaians.

The fear of side effects (55.2%) resulting from contraceptive use was cited by respondents as a reason for unmet needs of FP. Similar studies conducted in Ghana revealed that fear of side effect is one of the main reasons for non-use of contraceptives (Chris Guure, 2019). A qualitative study among sexually active young women in Kenya cited the side effects of modern FP methods for low uptake (Rhoune Ochako, 2015). From the study, the cost of contraceptives has been a reason for the low uptake of contraceptives in the district. A study on FP in Ghana found out that the annual expenditure to provide contraceptives to an individual amounts to 135.29 Ghanaian cedis (Felix Ankomah Asante, 2013). This amount of is to be spent by an individual on FP, most families will remain in a vicious cycle of poverty. Also, where poverty is an issue, it is likely that adolescents would be much more affected such that even condom which is inexpensive may be prohibitively costly for many impoverished adolescents (Likhaan Center for Women's Health, 2013).

Contraceptive use

The study revealed more than half (58.6%) of the respondents used a modern FP method during their most recent sexual activity prior to data collection for the study. Similar findings in the Jirapa District which posited that 57.4 percent of the women in their reproductive age were currently using some method of contraception (Deri Mathilda, 2016). Though these percentages look good, 41.4% of the women in their reproductive age both married and unmarried had not used any form of modern contraceptive methods. All the respondents perceive when it comes to the use of contraceptives is about pregnancy and child birth, but no mention of transmitted diseases. This is evident from the 0.6% receiving information from health care workers on the need to use contraceptives.

Perceived susceptibility relates to the respondent's subjective perception of risk of an unwanted pregnancy (Conner, et al., 2001; Rosenstock, et al., 1988). Where respondents feel that they are very much at risk of getting an unwanted pregnancy, then they are likely to take an action to prevent it. The high level of contraceptive use recorded among the participants could, therefore, be linked to the level of susceptibility they felt and which motivated them to use the contraceptives.

People weigh the perceived benefits of the health action against the cost of taking the proposed actions (Rosenstock, et al., 1988). On the benefits (39.5%) of women in their fertility age who used contraceptives said they use contraceptive to delay pregnancy, and (19.1%) to avoid teenage pregnancy. A similar study conducted in Gomoa East District realized that majority (71%) of those who used contraceptives said they use contraceptive to prevent pregnancy in order to complete school or acquire skills (Clottey Crystal, 2012). Furthermore, reasons for contraceptive use for Birth spacing (14%), limiting birth (0.6%). Similarly, a survey in the Upper East region of Ghana revealed women of reproductive age preference for child spacing as a reason for FP instead of limiting the number of children one should have (Ayaga A. Bawah, 2019). This invariably means that women use contraceptives not for limiting the number of children they want to have but, to space child birth.

Injectables were the commonly (66.2%) used contraceptive and these findings are similar to the 2014 Ghana Demographic and Health Survey whereby injectables were the most widely used method among women both married and unmarried, even though the recorded proportion was much lower (15%) than what was realized in the present study. However, according to (John Ross, 2013), to increase uptake of FP, more methods need to be available for use.

CONCLUSION

The research work set out to assess factors influencing contraceptive use among women in reproductive age (15 – 49 years) in the Bia West District due to the low uptake of contraceptive. The objectives were, to assess the contraceptive practice among women, to determine factors influencing contraceptive use among women and to examine the perception of women about contraceptive use. The study was guided by the Health Belief Model (HBM) which assumes that, persons weigh the perceived benefits of a health action against the cost of taking the proposed actions.

The finding showed that almost half of the respondents have never used any form of contraceptives. It implies that if this trend continues there will be increased in unplanned pregnancies and high population growth. This may also affect the maternal and child health as there will not be enough spacing between pregnancies.

Also, with more than one-fifth respondents being hindered by their partners from using contraceptives, this implies that there still exist gender inequalities in decision making regarding reproductive health. This further has implication on the health of the women and their children. The study further found socio-cultural barriers to contraceptive acceptance such as perception of those who use contraceptives. Women place birth spacing above birth limiting with regards to contraceptive use. Though most women of active sex age are aware of modern contraceptives, population control is not their priority and authorities should be concerned about these perceptions. For a country trying to meet

targets for infant and maternal deaths, with an increasing population amidst scarce resources, birth limiting should be encouraged.

Recommendation for Policy and Practice

1. The Ghana Health Service should make available the various contraceptive methods and intensify education and counselling regarding IUDs, Male and Female Sterilisations.
2. Health workers and community leadership should diversify education towards ensuring male involvement in reproductive health including family planning through attitudinal and behavioural change.
3. Comprehensive sexuality education should be incorporated in the education curriculum to promote the teaching of contraceptives and the need for child limiting.
4. Further research should be carried out to investigate the reasons for which male partners oppose contraception and how this factor can be changed

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Authorship and Contributions

All the authors were involved in the writing of the proposal, data collection, analyses and drafting of the manuscript. All authors read and approved the final manuscript.

Competing Interests

The authors of this study declare that they have no competing interest.

REFERENCE

1. Adongo, P. B., Tabong, P. T. N., Azongo, T. B., Phillips, J. F., Sheff, M. C., Stone, A. E., & Tapsoba, P. A comparative qualitative study of misconceptions associated with contraceptive use in southern and northern ghana. *Frontiers in public health*, 2014; *2*: 137-137. doi: 10.3389/fpubh.2014.00137.
2. Ayaga A. Bawah, P. A., Sebastian F. Achana,Edmund W. Kanmiki, John Koku Awoonor-Williams, James F. Phillips. Contraceptive use intentions and unmet need for family planning among reproductive-aged women in the Upper East Region of Ghana. *Reproductive Health*, 2019; *16*(26): 1-9.
3. Beson, P., Appiah, R., & Adomah-Afari, A. Modern contraceptive use among reproductive-aged women in Ghana: prevalence, predictors, and policy implications. *BMC women's health*, 2018; *18*(1): 157-157. doi: 10.1186/s12905-018-0649-2.
4. Bia West Health Directorate. Bia West Annual Reports 2016. Sefwi-Essam: BWHD. *Retrieved*, 2016; *27 August 2019*.
5. Bia West Health Directorate. Bia West Annual Reports 2016. Sefwi-Essam: BWHD. *Retrieved, 2017 October*.
6. Chris Guure, E. T. M., Samuel Dery, Baaba da-Costa Vrom,Refah M. Alotaibi,Hoda Ragab Rezk,Alfred Yawson. Factors influencing unmet need for family planning among Ghanaian married/union women: a multinomial mixed effects logistic regression modelling approach. *Archives of Public Health*, 2019; *77*(11). https://archpublichealth.biomedcentral.com/track/pdf/10.1186/s13690-13019-10340-13696.
7. Clottey Crystal. *Social Barriers That Affect The Non-Use of Contraceptives Among Adolescents in The Gomoa East District.* Master of Public Health, University of Ghana http://ugspace.ug.edu.gh, 2012.
8. Conner, M., Smelser, N. J., & Baltes, P. B. Health Behaviors *International Encyclopedia of the Social & Behavioral Sciences* (pp. 6506-6512). Oxford: Pergamon, 2001.
9. Deri Mathilda. *Contraceptive Use Among Women Of Reproductive Age In Jirapa District* Master of Public Health University of Ghana, http://ugspace.ug.edu.gh. (10550690), 2016.
10. Felix Ankomah Asante. (2013). Cost of Family Planning Services in Ghana. Washington, DC: Futures Group, Health Policy Project. *Accessed 19, January 2019.*
11. Fosu, G. B. Fertility and Family Planning in Accra. *Journal of Biosocial Science*, 1986**;** *18*(1): 11-22. doi: Doi: 10.1017/s0021932000006453.
12. Ghana, G. o. Family Planning 2020 Commitment (pp. https://www.familyplanning2020.org/sites/default/files /Ghana_FP2020_Commitment_2017.pdf). Accra: Government of Ghana, 2017.
13. Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International. *https://dhsprogram.com/pubs/pdf/FR307/FR307.pdf, Accessed 30 October 2017*.
14. Ghana Statistical Service (GSS), G. H. S. G., and ICF International. (2015). Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International: https://dhsprogram.com/pubs/pdf/FR307/FR307.pdf.
15. Government of Ghana. (2017). Family Planning 2020 Commitment. *HTTP://WWW.FAMILYPLANNING2020. ORG/GHANA, Accessed 27 September 2017*.
16. John Bongaarts, J. C. Fertility Transition: Is sub-Saharan Africa Different? *Popul Dev Rev*, 2013; *38*(1): 153-168.
17. John Ross, J. S. Use of modern contraception increases when more methods become available:

analysis of evidence from 1982-2009. *Glob Health Science and Practice*, 2013; *1*(2): 203-212.
18. Konje, J. C., & Ladipo, O. A. Barriers to uptake and use of modern methods of contraception in developing countries. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, 1999; *65*(3): 287-294. doi: 10.1016/s0020-7292(99)00052-1.
19. Likhaan Center for Women's Health. Unintended Pregnancy and Unsafe Abortion in the Philippines. *Guttmacher Institute Fact Sheet, https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-unsafe-abortion-philippines*(Accessed 20 March 2019), 2013.
20. Mark Wheldon, V. K., Philipp Ueffing, Aisha N. Z. Dasgupta. Methods for Estimating and Projecting. United Nations Department of Economic and Social Affairs Population Division Techincal Paper No. 2018/2: https://www.un.org/en/development/desa/population/publications/pdf/technical/TP2018-2.pdf., 2018.
21. Miller Grant. Contraception as Development? New Evidence from Family Planning in Colombia*. *The Economic Journal*, 2010; *120*(545): 709-736.
22. Oyatoye, I. F. Taking stock: Financing family planning services to reach Ghana's 2020 Goals. *World Bank Blogs*, https://blogs.worldbank.org/africacan/taking-stock-financing-family-planning-services-to-reach-ghanas-2020-goals, 2019.
23. Rhoune Ochako, M. M., Stephen Aloo, Susan Kaimenyi, Rachel Thompson, Marleen Temmerman, Megan Kays. Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC Public Health*, 2015; *15*(118): doi:10.1186/s12889-12015-11483-12881.
24. Rosenstock, I. M., Strecher, V. J., & Becker, M. H. Social learning theory and the health belief model. *Health education quarterly*, 1988; *15*(2): 175-183.
25. UK-aid. *The London Summit on Family Planning.* Paper presented at the Abut the London Summit, London, 2012.
26. United Nations, & Department of Economic and Social Affairs, P. D. Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435), 2019.
27. United Nations, D. o. E. A. Contraceptive use by 2019: Data Booklet. United Nations, Department of Economic Affairs Population Division (ST/ESA/SER.A/435): https://www.un.org/en/development/desa/population/publications/pdf/family/ContraceptiveUseByMethodDataBooklet2019.pdf, 2019.
28. Western Regional Health Directorate. (2017). Western Region Annual Reports 2011. Sekondi-Takoradi: WRHD. *Accessed on 30, September 2018*.
29. Westoff, C. F., Kristin Bietsch, & Dawn Koffman. Indicators of Trends in Fertility in SubSaharan Africa. DHS Analytical Studies No. 34. Calverton, Maryland, USA: ICF International. *Accessed 2 October 2017*, 2013.
30. WHO. Family planning/Contraception. World Health Organization Geneva: https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception, 2018,