Unmet Need for Family Planning in Ghana:
Trends and Determinants

Kazuyo Machiyama and John Cleland
London School of Hygiene and Tropical Medicine

IUSSP International Seminar:
Is access enough? Understanding and addressing unmet need for Family Planning
Session 4: Reasons for Unmet Need
Nanyuki, Kenya, 15 May 2013
## Background

- Ghana is forerunner of fertility decline in West Africa.

<table>
<thead>
<tr>
<th></th>
<th>1988</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>TFR</td>
<td>6.4</td>
<td>4.0</td>
</tr>
<tr>
<td>Contraceptive prevalence (modern)</td>
<td>4.2%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Source: DHS STATCompiler

- The decline has occurred despite rather low levels of contraceptive use (Blanc and Grey 2002)
Background

Total Fertility Rates for the Three-Year Period Preceding the Survey, by Level of Education

Source: ICF Macro 2010
Background

Percentage of Currently Married Women 15-49 Currently Using a Contraceptive Method, by Level of Education

Source: ICF Macro 2010
Background: % of married women currently using a contraceptive method, by level of education and method

Source: GDHS
Background: % of married women with unmet need for family planning

Source: STATCompiler
Objectives

- Establish the relative importance of lack of access and attitudinal resistance towards use of family planning (FP) in accounting for unmet need.

- Examine reasons for non-use of FP.
Methods

- Women in union who were exposed to risk of pregnancy
Method: Unmet need

- women in union
  - not exposed to risk of pregnancy
    - pregnant
    - postpartum amenorrheic
    - postpartum abstaining
    - infecund
  - exposed to risk of pregnancy
    - using traditional method
      - using modern method for spacing
      - using modern method for limiting
      - desire to have a child with in 2 years
      - having unmet need
Definition of access and attitudinal acceptance

- **Access to FP**: Know pills and injectables, and a supply source
- **Attitudinal acceptance towards FP**: Intend to use FP in the future
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Limitations
1. The knowledge may be superficial and/or include misinformation.
2. Knowledge of a supply source is not method-specific.
3. No account of travelling time, distance or cost.
4. Intention to use in the future ≠ attitudinal acceptance.
Results: Unmet need, FP use, fertility desire, 1988-2008

- Desire a child within 2 years
- Using a modern method for limiting
- Using a modern method for spacing
- Total unmet need
Results: Unmet need: Access & attitude

[Bar chart showing changes in access and attitude from 1988 to 2008]

- Neither access nor positive attitude
- Positive attitude, but not access
- Access, but not positive attitude
- Access & positive attitude
Unmet need by population strata, 2008

- Neither access nor positive attitude
- Positive attitude, but not access
- Access, but positive not attitude
- Access & positive attitude
<table>
<thead>
<tr>
<th>Reasons</th>
<th>Access &amp; positive attitude</th>
<th>Access, but not positive attitude</th>
<th>Positive attitude, but not access</th>
<th>Neither access nor attitude</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent's opposition</td>
<td>8.7</td>
<td>19.2</td>
<td>15.9</td>
<td>18.6</td>
<td>14.1</td>
</tr>
<tr>
<td>Partner's/ others' opposition</td>
<td>4.8</td>
<td>2.6</td>
<td>5.2</td>
<td>7.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>4.6</td>
<td>0.9</td>
<td>14.4</td>
<td>11.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Lack of access/cost</td>
<td>6.8</td>
<td>2.8</td>
<td>7.2</td>
<td>2.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Health concerns/fear of side effect/interfere with body</td>
<td>36.6</td>
<td>53.8</td>
<td>32.4</td>
<td>44.2</td>
<td>42.7</td>
</tr>
<tr>
<td>Infrequent or no sex</td>
<td>23.5</td>
<td>11.8</td>
<td>9.4</td>
<td>10.2</td>
<td>16.6</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>12.5</td>
<td>2.4</td>
<td>4.0</td>
<td>3.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Others/don't know</td>
<td>7.4</td>
<td>3.4</td>
<td>10.8</td>
<td>1.7</td>
<td>5.8</td>
</tr>
<tr>
<td>N</td>
<td>216</td>
<td>157</td>
<td>51</td>
<td>55</td>
<td>479</td>
</tr>
</tbody>
</table>
### Infrequent sex: Recency of last sex by whether infrequent sex was given as a reason for non-use, 2008

<table>
<thead>
<tr>
<th>Recency of last sex</th>
<th>Reason for non-use: Infrequent sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>in last 4 weeks</td>
<td>71.3</td>
</tr>
<tr>
<td>in last 3 months</td>
<td>19.8</td>
</tr>
<tr>
<td>4 or more months ago</td>
<td>6.2</td>
</tr>
<tr>
<td>before last birth</td>
<td>0.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

N=479
Infrequent sex: Adjusted odds ratios for not having sex in the last 4 weeks versus having sex in the last 4 weeks, 2008

Adjusted for education, parity, postpartum status, age group, polygyny
Suppl.: Recent sex by co-residence, 17 SSA

Proportions of married women (15-39) who had sex in the last 28 days by co-residential status, 17 SSA

Source: Machiyama (2011)
Conclusions

- Access has been improved, but relative importance of resistance to use of FP increased.

- Over 40% had no apparent problem in access or attitude

- High unmet need among postpartum women, those living in Southern belt, less educated.

- 1/3 of women with unmet need had used the hormonal methods before and no apparent problem in access.

- Infrequent sex appeared to be used as an alternative method
Implications

- An enduring resistance to hormonal methods may lead many Ghanaian women to use non-hormonal methods, i.e. male condom, periodic abstinence or reduced coital frequency as an alternative means of reducing pregnancy-risk.

- The elite group use less effective method, but the TFR has continuously declined.

Is Ghanaian fertility transition powered by less effective methods with abortion as back-up?
Implications

- Further research is needed to understand fertility regulation strategies and strong resistance to FP in Ghana, taking into account living arrangement.

- Re-visit role of traditional methods.
Thank you!

Contact: Kazuyo.machiyama@lshtm.ac.uk