

Unmet Need for Family Planning in Ghana: Trends and Determinants

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IUSSP International Seminar:

Is access enough? Understanding and addressing unmet need for Family Planning

Session 4: Reasons for Unmet Need

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Background

- Ghana is forerunner of fertility decline in West Africa.

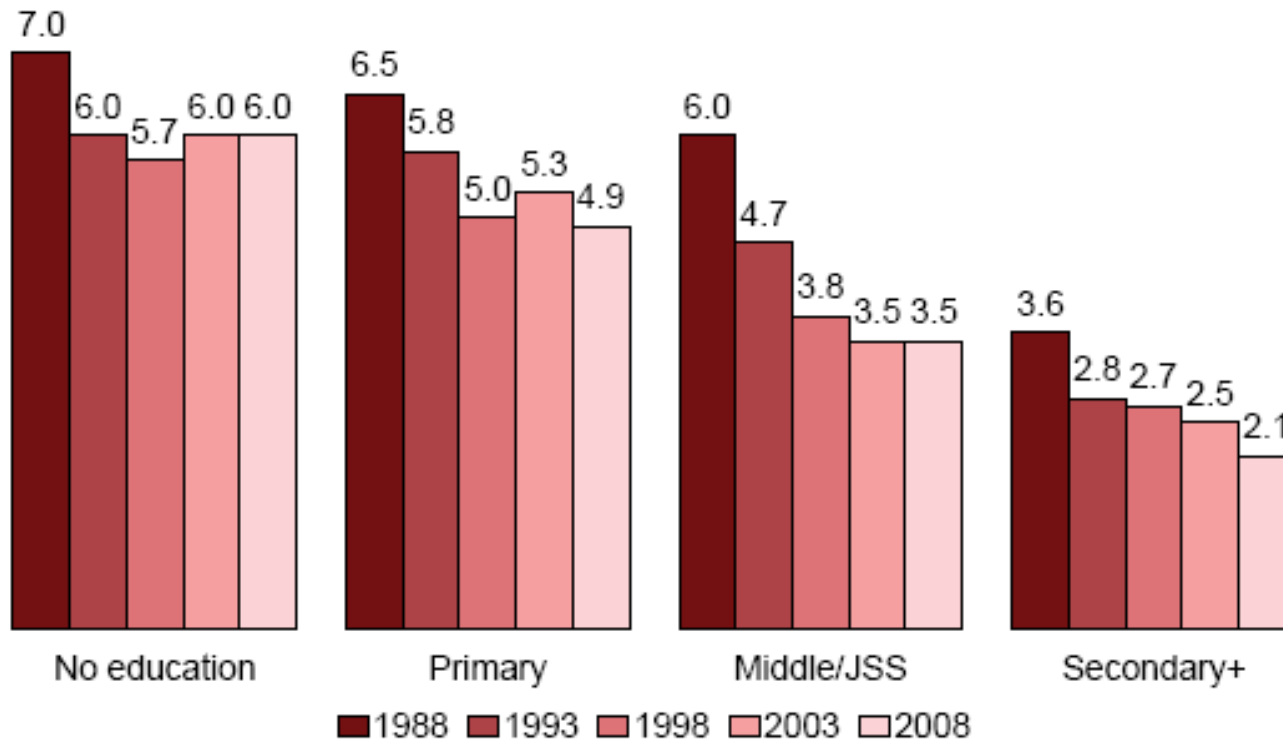
	1988	2008
TFR	6.4	4.0
Contraceptive prevalence (modern)	4.2%	16.6%

Source: DHS STATCompiler

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

Background

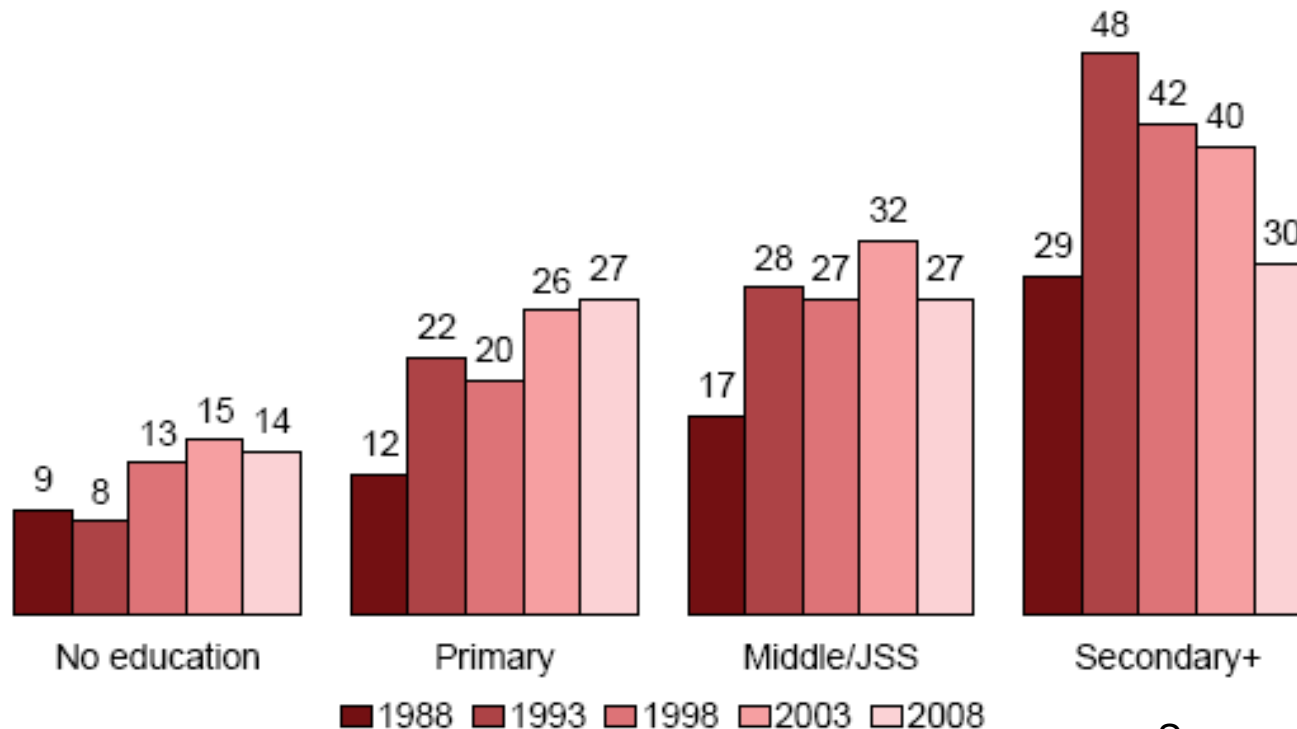
Total Fertility Rates for the Three-Year Period Preceding the Survey, by Level of Education



Source: ICF Macro 2010

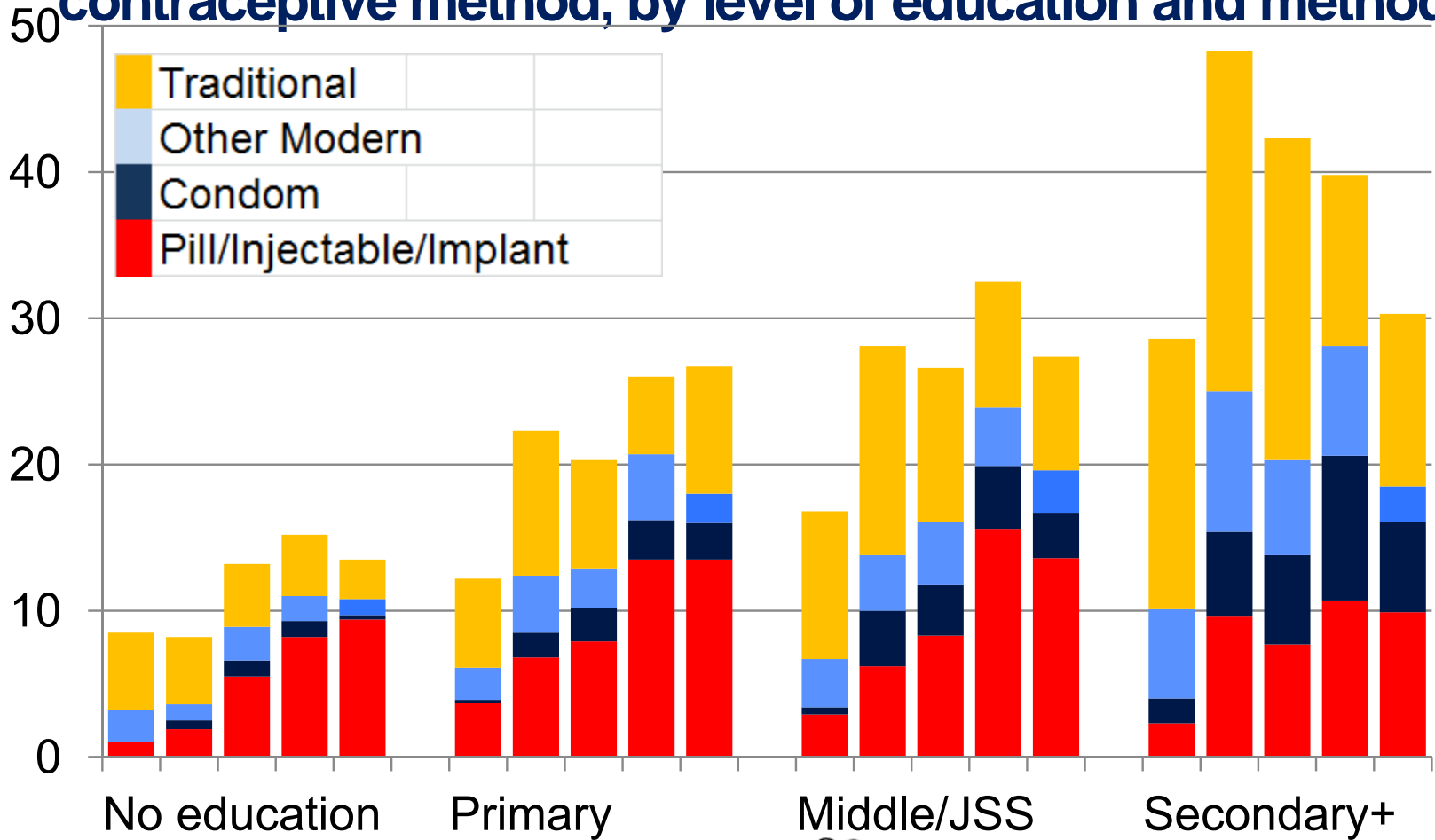
Background

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

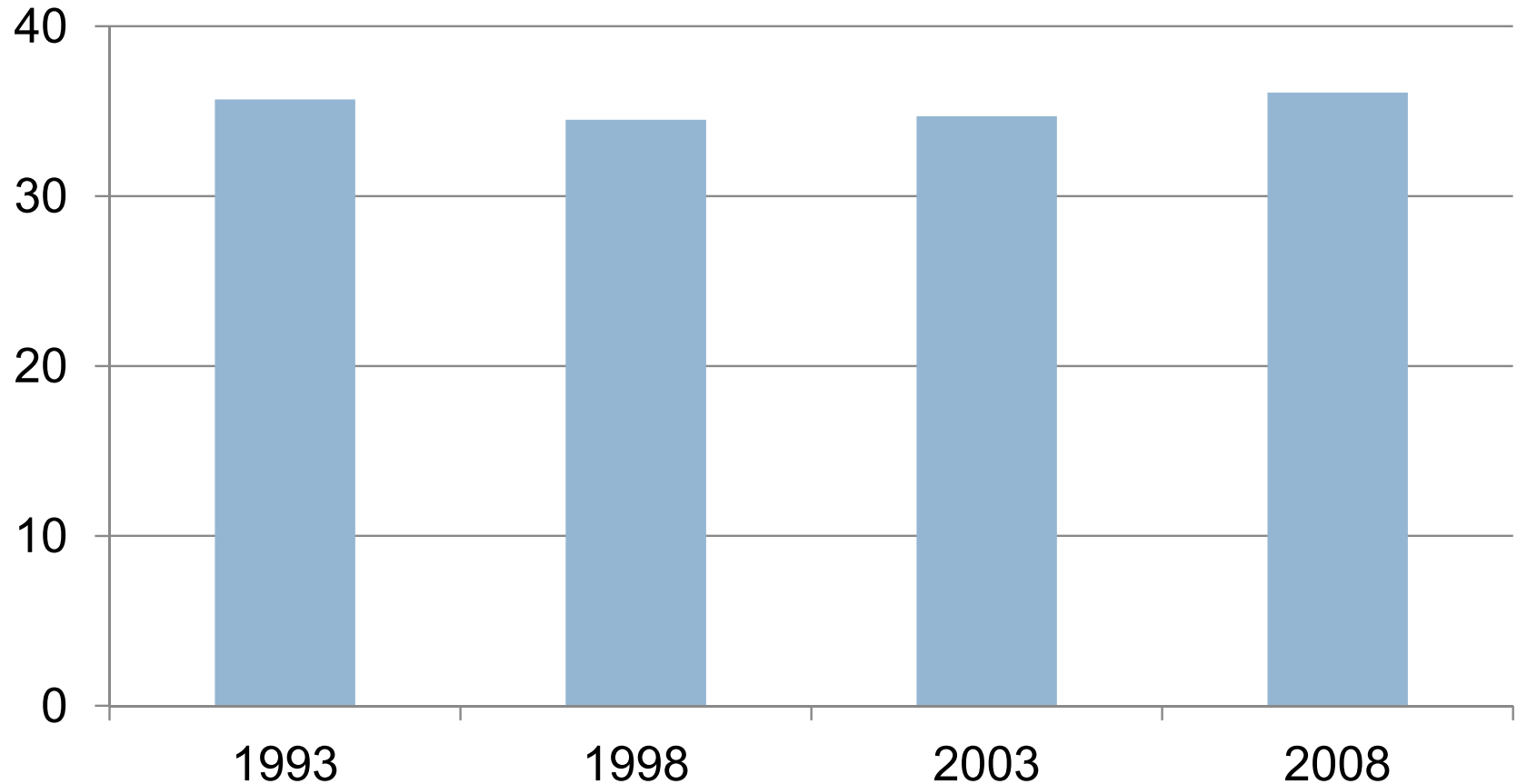


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Source: GDHS
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Background: % of married women with unmet need for family planning



Objectives

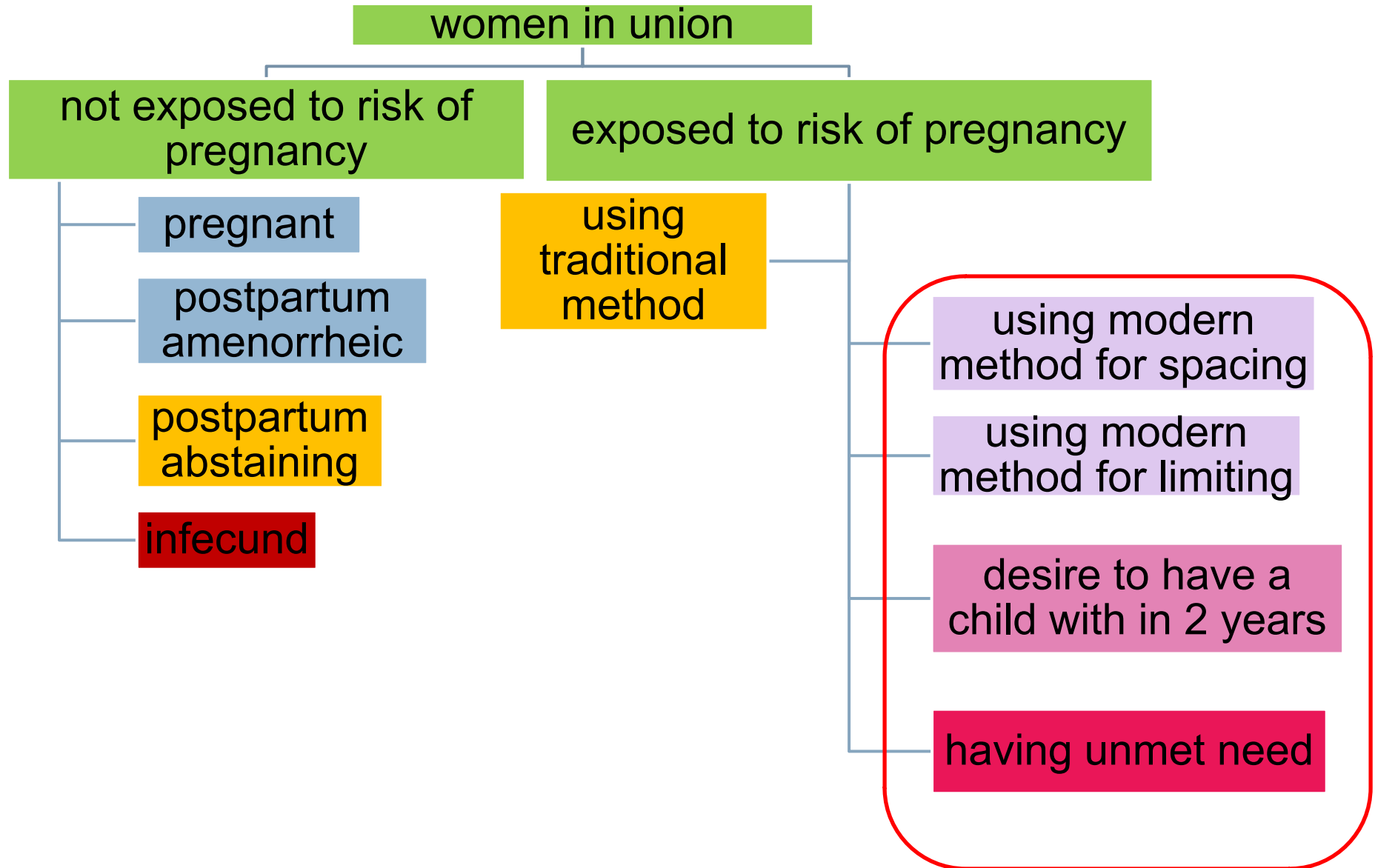
- Establish the relative importance of lack of access and attitudinal resistance towards use of family planning (FP) in accounting for unmet need.
- Examine reasons for non-use of FP.



Methods

- DHS Ghana 1988, 1993, 1998, 2003 & 2008
- Women in union who were exposed to risk of pregnancy

Method: 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



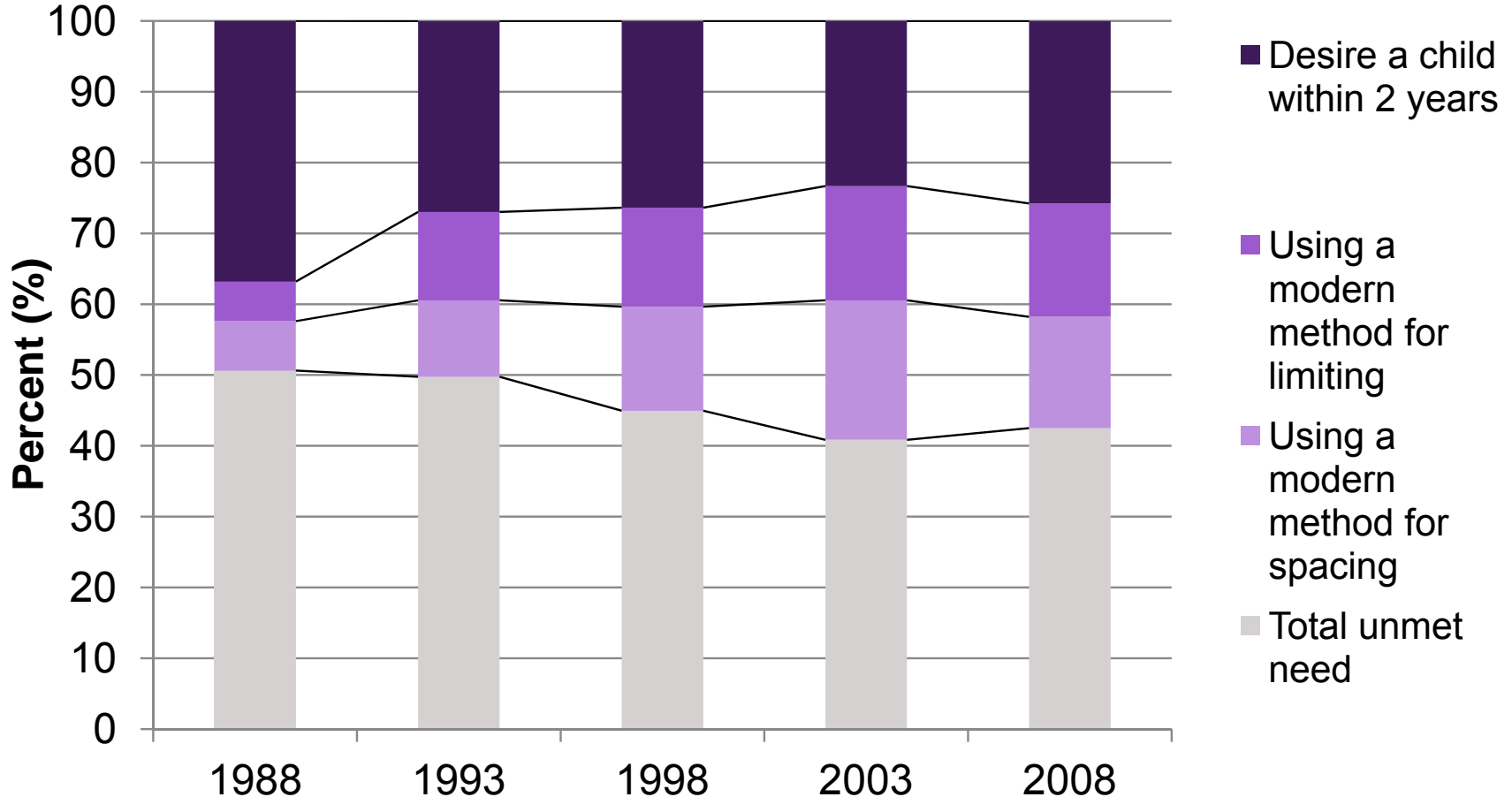
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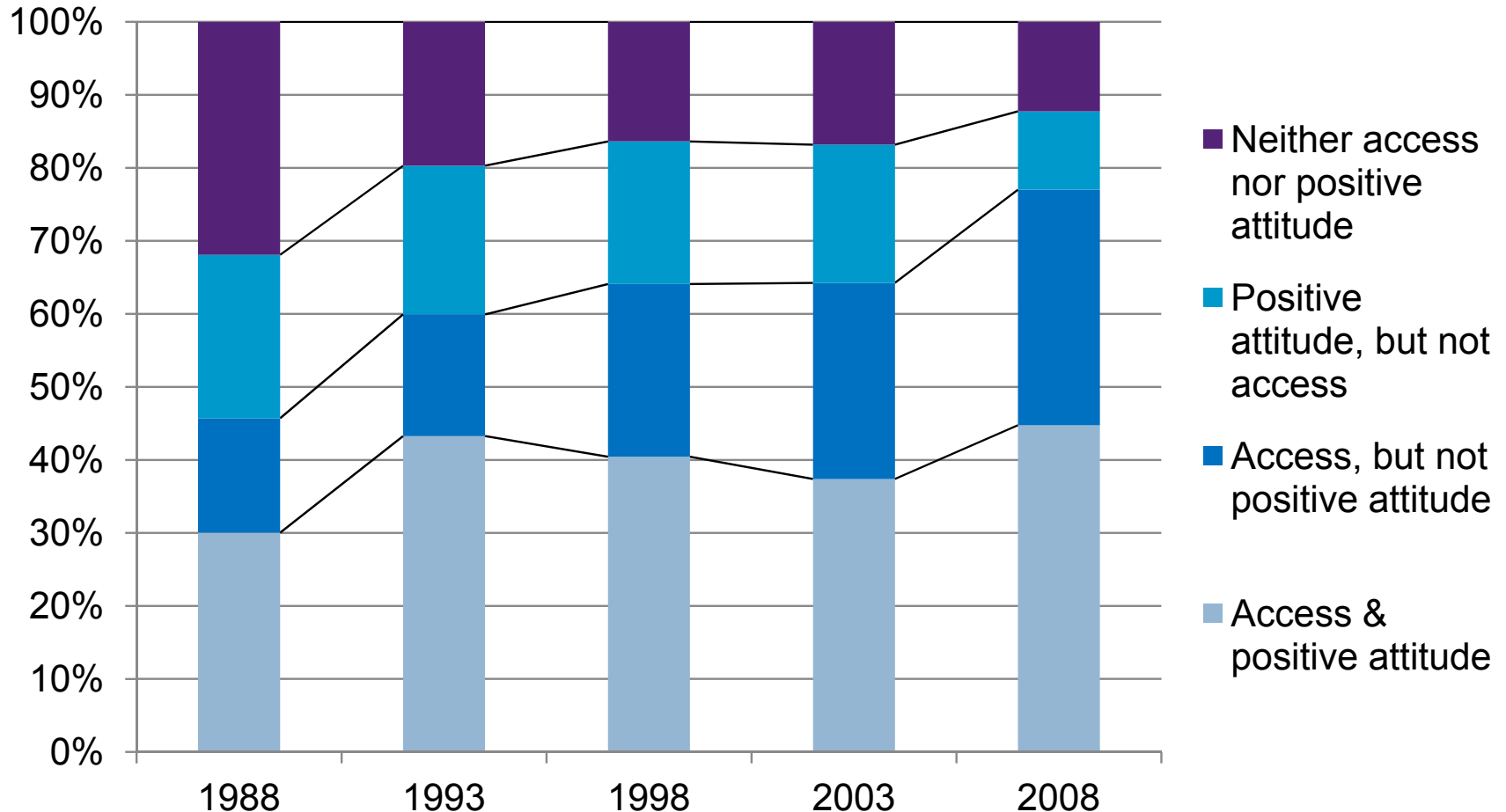
Limitations

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 \neq attitudinal acceptance.

Results: Unmet need, FP use, fertility desire, 1988-2008



Results: Unmet need: Access & attitude

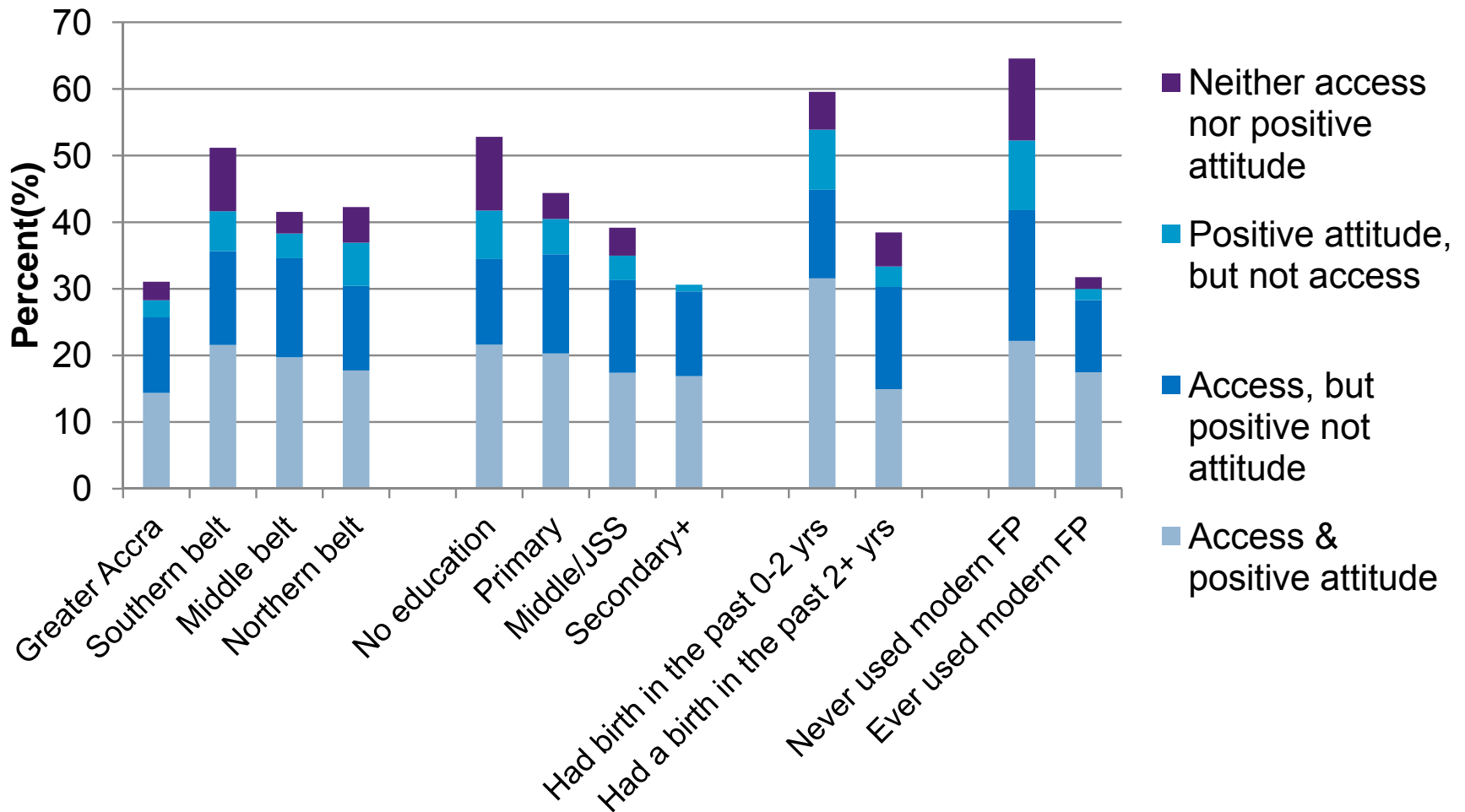


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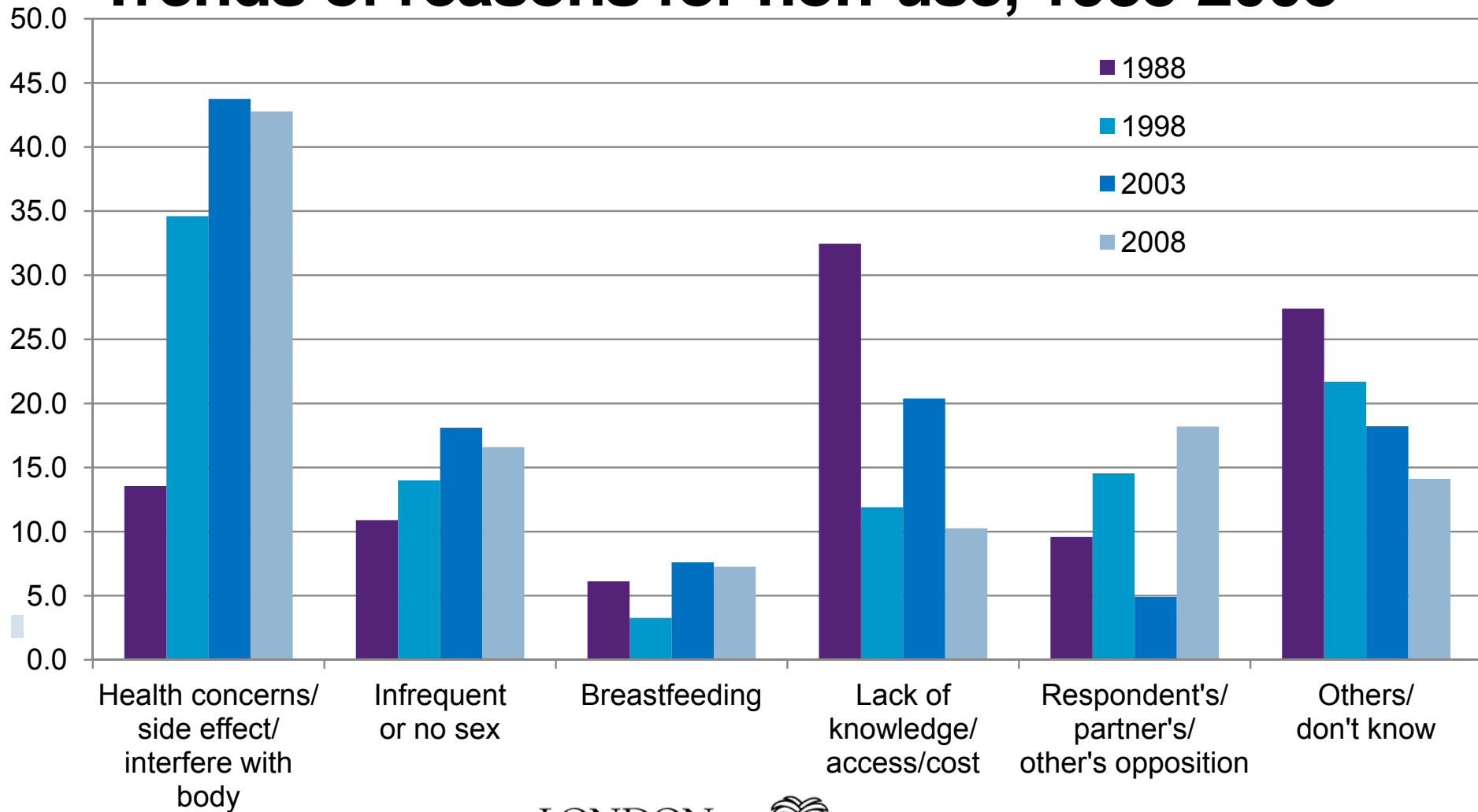


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Unmet need by population strata, 2008

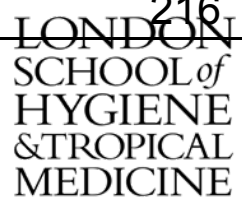


Trends of reasons for non-use, 1988-2008



Reasons of non-use by type of unmet need, 2008

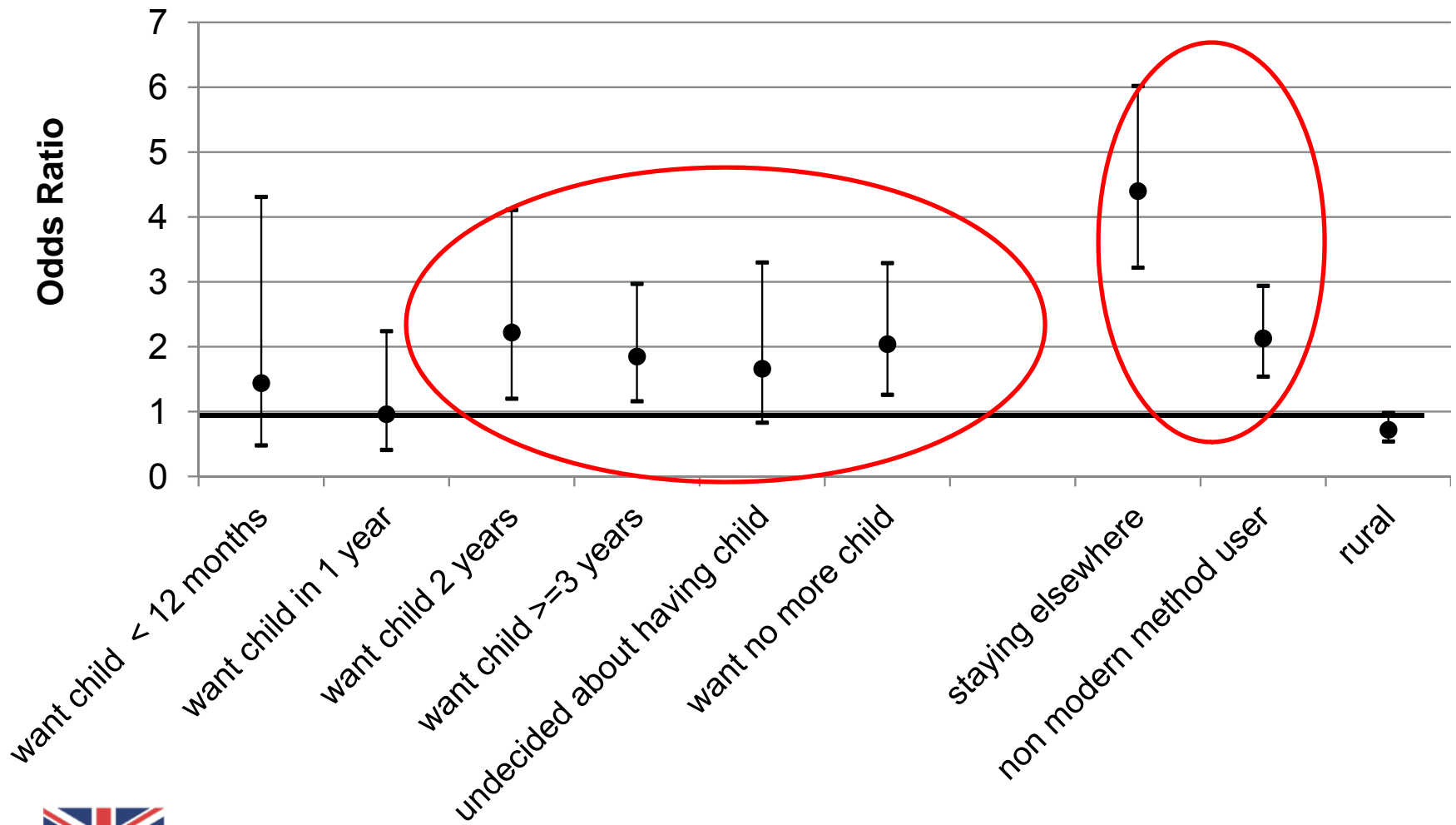
Reasons	Unmet need for family planning				Total
	Access & positive attitude	Access, but not positive attitude	Positive attitude, but not access	Neither access nor attitude	
Respondent's opposition	8.7	19.2	15.9	18.6	14.1
Partner's/ others' opposition	4.8	2.6	5.2	7.9	4.5
Lack of knowledge	4.6	0.9	14.4	11.4	5.2
Lack of access/cost	6.8	2.8	7.2	2.9	5.1
Health concerns/fear of side effect/interfere with body	36.6	53.8	32.4	44.2	42.7
Infrequent or no sex	23.5	11.8	9.4	10.2	16.6
Breastfeeding	12.5	2.4	4.0	3.3	7.3
Others/don't know	7.4	3.4	10.8	1.7	5.8
N	216	157	51	55	479



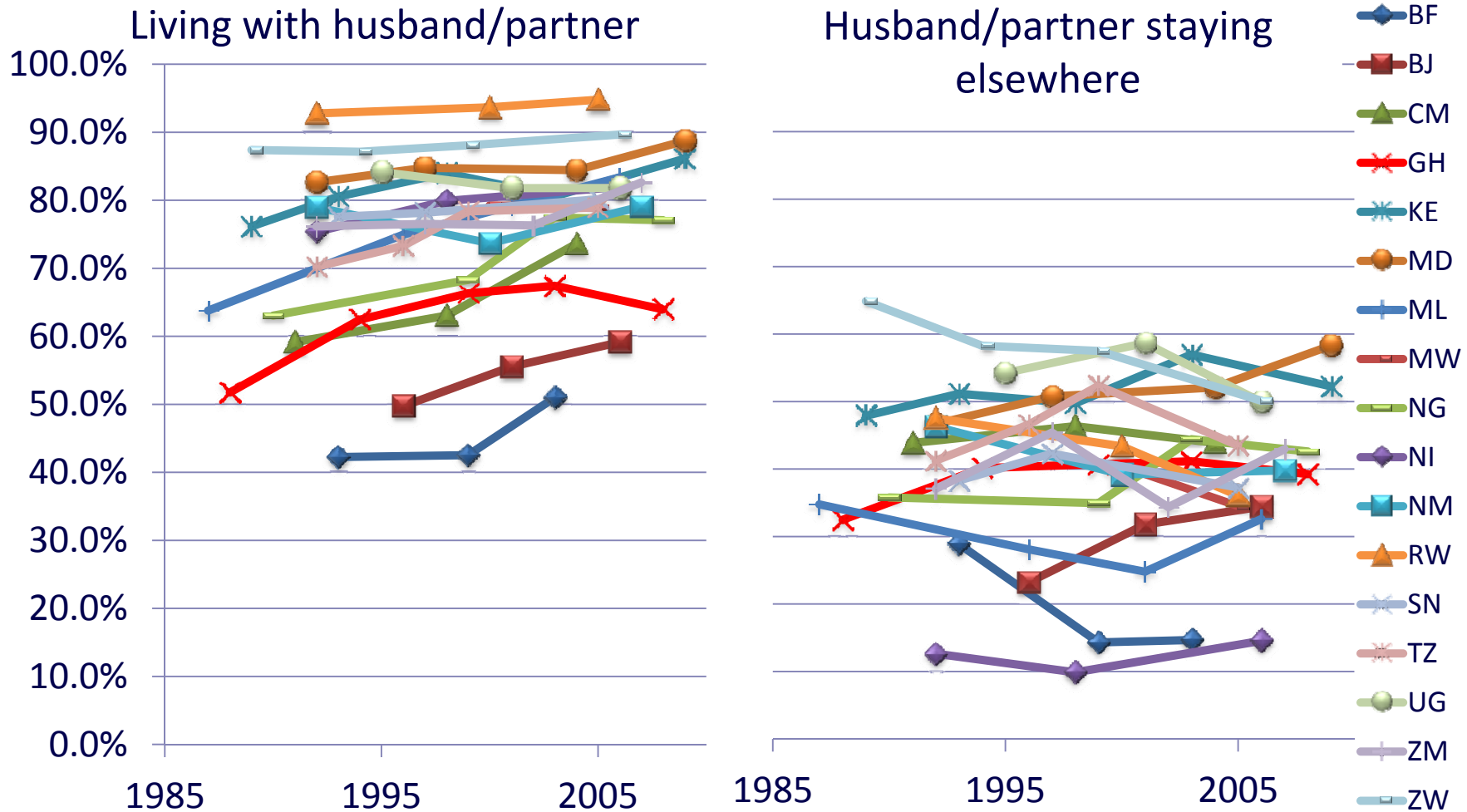
Infrequent sex: Recency of last sex by whether infrequent sex was given as a reason for non-use, 2008

Recency of last sex	Reason for non-use: Infrequent sex		Total
	No	Yes	
in last 4 weeks	71.3	32.6	64.8
in last 3 months	19.8	28.9	21.3
4 or more months ago	6.2	34.0	10.8
before last birth	0.0	1.6	0.3
Missing	2.7	2.9	2.8
Total	100.0	100.0	100.0

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



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

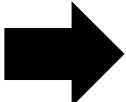
Source: Machiyama (2011)

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 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!

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