

# Observing variations in fertility regulation strategies among educated women in Accra, Ghana

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# STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion. STEP UP focuses its activities in five countries: Bangladesh, Ghana, India, Kenya, and Senegal. STEP UP is funded by UKaid from the Department for International Development.

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# Background (What? Why? So?)

- 2003 - 2008: low use of modern methods esp. better-educated & urban women = 19% to 17% = decline reported use of periodic abstinence BUT TFR dropped (2.5 - 2.1 )
- MICS 2011: 42% of women with secondary and higher education use any contraception= 26.5% & 15.6% use modern methods and traditional methods respectively
- GDHS 2008: periodic abstinence - most common method among most educated group of women. Married women with secondary/higher education= 10% periodic abstinence, 6% condoms, 5% pills & 4% injectables
- Study in Accra 2008-9; 22.5% of non-menopausal women aged 20-54 reported current use of periodic abstinence - highest prevalence among women in the wealthiest households followed by condom (14%) and withdrawal (12.5%).
- Reasons : 'infrequent sex' (25%), fear of side effects & health concerns (44%)
- ❑ **HOW HAS THIS GROUP REDUCED FERTILITY?**

# Methods and Data (How?)

- ✓ explorative qualitative study – November/December, 2014; LSHTM & PC under STEP UP
- ✓ snowballing & purposive sampling - personal networks, work places and universities.
- ✓ 25 IDIs & 3 FGDs : 18-24 years, 25-39 years and 40-49 : at least secondary-level education, married/stable relationships
- ✓ IDIs - general views and personal experiences, FGDs - normative views of women regarding fertility, menstruation and use of technology in fertility regulation
- ✓ **Initial study was not set up to examine generational effects**
- ✓ further exploration of key fertile groups (18-24 years, 25-39 years) fertility regulation strategies for developing targeted information and counseling on contraception & abortion.
- ✓ 20 IDIs & 2 FGDs used in this analysis

# FINDINGS – Contraception: commonalities

- **Evidence of menstruation is very important**

*“very important. It’s something psychological... especially when you have sex...so when you don’t have that kind of [pause] time that you’re supposed to have and it doesn’t come you feel so distressed... Right from umm onset of menarchy we were told we gonna see blood flow every month and then if you don’t see it that means ...that you’re pregnant.” FGD\_18-24years*

- **Knowledge of most contraceptive methods available both traditional and modern**

- **Traditional methods with calendar method =norm (“unsafe periods”=at risk)**

# FINDINGS – Contraception: commonalities

- **Combining methods to regulate fertility**

*“a lot of, um the Ghanaian women who are educated won't rely on just one method.... some people also combine the withdrawal and the.. if it's not your safe period and then you do the withdrawal just to be sure.. ” FGD\_18-24years*

*“there are times I use the calendar, if I realize that its not my safe period, I use the condom.... If I was comfortable with only the calendar I wouldn't have gone in for the condoms.” Interview H (24)*

■ *“basically that is what I've been managing with...about the time that the man has to ejaculate, when the sperm has to come out, you take it out....you calculate your menstrual date and then you know your safe periods, you know your unsafe periods so you can confidently have sex within these periods ...they are days that are high alerts, this is a no go area... you don't have sex around that time... I mean all three combined.” Interview R (38)*

- **Emergency Contraception Pill (ECP as normative preventive method**

*‘T: So which of the contraceptives are you aware of?’*

*Am aware of Lydia contraceptive. Em, I know of em Postinor, I know of Secure, yes and the others don't come to mind. I think Postinor was more popular because on campus, mostly what you hear is “Postinor, Postinor” so I think it's a two way affair. If in town, in any setting I think Lydia is on the rise but in school, on campus where you find young, a lot of young people I think Postinor is more.” Interview H, Age 24*

- **Stages/levels of relationship contributes to determining type of method/strategy**

■ *“...married women would not use condom most but they would use...the calendar method and the everyday pill like the secured...when you start having children umm maybe you will go in for the two years three ... with the issue about the condom is not everybody who, even, she said married couples normally do not, is very true and even those who are seriously dating, some of the gentlemen do not like the condom... if your partner has travelled maybe he lives outside and you live in Ghana, there is no need to go and do IUD” FGD\_18-24years*

## ■ Different contraceptives for different stages

*“...when you start having active sex life and you're young, you will be using the condoms and then the morning after pills, when you start having children umm maybe you will go in for the two years three years, and then when you stop having kids you, you start using the like very long term, ten years...” FGD\_18-24years*

## ■ Education as an influence

*“when somebody is too educated before marriage, it means that you delay. If you want to really go high in the education before getting married, you delay, and so part of your fertility period is already gone... The rest that is remaining you don't want to take chances that is how come some will never go for hormonals because even when I want it for two years and after two years I have to wait for, about six months to one year before I can finally get pregnant, then it is going to worry me because I have about five years, I don't know what will happen from five years. So I have to catch up...” FGD 25-49*

# Contraception: differences

- **Reasons for condom use**

*“...when you start having active sex life and you’re young, you will be using the condoms...” FGD\_18-24years “I had my first sex at age eighteen. I used a Condom.” Interview F (22)*

*“it was once a while because he wasn’t in the country ... when I see him, to use it because of diseases... because you don’t trust the person that you doing it with. You don’t know what he is doing behind you so you just have to prevent yourself...to use it because of diseases.” Interview A (30)*

*“when I was, when I wasn’t married to him,.... It was once, it was just one partner... we used condom... it was after first partner and it was during second partner.” Interview N (37)*

- **Variations in “safe period” calculations**

- **Experiences with (trial) of long acting and reversible contraceptives such as injectable and implants**

*“I did the one month injection. I did the two month ...my menses wasn’t really flowing well...I tried the three month too and then, with the one under the arm, it sized for a whole year. My menses didn’t come for a whole year...I didn’t really feel comfortable about that... “Interview N (37)*

# Contraception: differences

- **awareness and or use of technology applications to calculate their “safe methods”**

*“there’re actually applications on the play store like, pregnancy test, periods...it helps you know you’re safe... it’s just like something that you just tap when you have your period, and know when your safe period, when you are ovulating, and when you have sex with a condom ... the phone...I know the M calendar... my lady... My calendoscope... you can use web MD...educated women are concerned so like yes...I went to a girls school so...when we were in school we were thought how to calculate...Safe period and it was, at that time it was so confusing but now you have an app that does all the calculations for you, [laughter from room] ...and they would just notify you.”*

*FGD\_18-24years*

# Abortion: Commonalities

## ■ Abortion awareness and use of both MA and MVA/EVA

*“...we will go to the hospital again for the abortion, it was painful, very painful. I, they didn't, I didn't know, they were supposed to give me some injection for it, for me not to feel any pain... in fact those times, I think there wasn't even like that “kora” (at all)... I had 2 abortions.... That one I didn't go through any anesthesia...this last one that ...I took the medabon... That is medication abortion... for the last two, it was medication abortion that I took.” Interview N (37)*

*“ ...Yes Marie Stopes International that is where I went. Because she told me it would be safe and they have the drugs that would be good for me and not harm me in any way and that's where I went ... they showed me two methods, one emmm like to go in the theater for them to take the thing out, and one to take medicine and have it... So she advised me and I went for the drugs....” Interview M (22)*

# Abortion: Commonalities

## ■ Use of Cytotech (misoprostol)

*“Cytotec... And blood tonic... The Cytotec, it wasn't coming, so I took the blood tonic. Then it came... Then the second one, I took the Cytotech but it didn't work, the blood tonic didn't work... Oh yes, taking medicine to abort it and then going to the hospital to complete it...” Interview I (31)*

*“I aborted it... Yes, by taking medicine... A medicine called cytotec.. But it was very dangerous... a friend of (my boyfriend) told him that we should go and buy cytotec. Yeah, so when I bought it, they told me that I should insert three, three tablets and drink one... but the pains, the pains were too much for me so, I end up at the hospital...” Interview T (20)*

## ■ Awareness of other strategies for abortion considered bad/dangerous

*“some will take the Guinness ... plus coke, uh... grounded bottles... plus sugar they take some... concoctions, a whole lot of things.... They have herbal preparations they insert. Then it will cause abortion.” FGD\_25-49years*

# Abortion: Differences

## ■ Medication abortion pills vrs MVA and D&C

*“ they showed me two methods, one emmm like to go in the theater for them to take the thing out, and one to take medicine and have it... So she advised me and I went for the drugs...they gave me a first medicine to take then after three days, come for the last one, but I didn't experience anything. After the three days, like the blood was just coming over and over, so I just went and they said I had to take the last one before everything comes, so after the last one I didn't experience any other signs and stuff...I know a friend who ended her pregnancy with cytotec.” Interview M (22)*

*“ ... I got pregnant as a teenage girl so what I did was to have a D&C ...we arranged to go to the hospital and have the D& C done over there. It was quite painful...You cannot even shout when you are in pain and its, it's very painful so I vowed myself not to go into that again .” Interview A (30)*

*“ ...I went to the hospital and it was aborted... it's the extraction method.” Interview L (36)*

# Abortion: Differences

## ■ Legal consideration for abortion

*“abortion has been legalized...and people have been trained to terminate... Marie Stopes...so long as it's being done in a recognized facility by qualified person, its legal...you will be given a consent form to sign that you want it to be terminated and it will be done.. FGD\_25-49years*

## ■ Multiple abortions

*“ ... I had 2 abortions...I had three abortions with him before we got married..., this last one ...I took the, the pill. I took the medabon... That is medication abortion... for the last two, it was medication abortion that I took.” Interview N (37)*

# Questions arising from findings

The 2014 GDHS; an unmet need of 23.7% amongst married women with a secondary education or higher.

- Are we asking the right questions? Survey instruments?
- normalized the use of ECPs? side effects after long term use?
- Traditional method use; norm? underreporting? encourage? STDs?
- Calendar method as a norm; why? taught in schools? health facilities?
- Use of technology/apps in calculating calendar methods an opportunity a for reaching more educated women with information on contraceptive methods? Reliable?
- Does level of women's education increase access to information? How reliable is the information they get?
- Use of Cyctotech for abortion. Long term effects?

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