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Misconceptions about contraception and the effect on women of reproductive age in Kintampo Municipality, Ghana.

Master Thesis

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ABSTRACT

Background: Studies show that, the use of contraceptives is still low in Ghana especially in the remote regions despite the availability of safe effective methods. Research has documented misconceptions, perceptions, fear of side effects to be common reasons for the low uptake. In the remote areas, accessibility and availability of methods were stated as common reasons for the low use. Studies have not yet explored the core factors connected to the low acceptance and use of contraceptives in Kintampo North Municipality (Ghana Statistical Service, 2015).

Objective: To gain understanding of the causes of misconceptions concerning contraception and the impact on women of reproductive age between 15 and 49 years in Kintampo North Municipality, Ghana.

Method: A qualitative study design using in-depth interviews (IDIs) and Focus Group Discussions (FGDs) were deployed to collect data from women of reproductive age (15 – 49 years) and from health care providers in Kintampo North Municipality. An interview guide including specific questions about the topic was used to collect data.

Results: Participants had some level of understanding of contraceptives but deeper knowledge of methods was low. Participants agreed that contraceptive methods were worthy options to prevent unintended pregnancy. Some participants were worried and fearful of side effects. It was revealed that particular methods like the pill and injection were more accepted and preferred. Invasive and surgical methods were the most feared methods. Perceptions and misconceptions regarding side effects, methods and its effectiveness were believed to lower the acceptance, uptake and use. Service providers have presented challenges in service provision.

It was recommended that educating the general public could change client's opinion about contraceptives.

Conclusion: Awareness of contraceptive methods is prevalent but women's knowledge on pregnancy and contraception differ according to the method. Perceptions and misconception surrounding methods were high. Although contraceptives are accepted to some extent, fears of side effects are high which seem to interrupt long-term use. The study results cannot be generalized to the general population.

Recommendation: Distribution of reproductive health information is essential to address fear and misconceptions. Information agents should be supported to disseminate evidence based information to promote family planning. Awareness regarding women's reproductive health and pregnancy should be raised.

Keywords: Misconception, Myths, Perceptions, Sexual and Reproductive health, Contraceptives

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ACRONYMS AND ABBREVIATIONS

IDIs	In-depth Interviews
FGDs	Focus Group Discussions
KHRC	Kintampo Health Research Center
DSS	District Surveillance Systems
TBAs	Traditional Birth Attendants
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	Worlds Health Organization
UN	United Nations
SRH	Sexual Reproductive Health
IUD	Intrauterine device
LMICs	Low and middle income countries
TFR	Total Fertility Rate
MCMs	Modern Contraceptive Methods
NHIS	National Health Insurance Scheme
HIV	Human Immunodeficiency Virus
STIs	Sexually Transmitted Infections
AIDS	Acquired Immunodeficiency Syndrome
CWC	Child Welfare Clinic

DEFINITION AND TERMS

Term definitions are presented to obtain full understanding of the terms used in this paper.

- Family Planning is the way to control or limit the number of children people have especially by using a means of contraception.
- Emergency contraception is a method that women use to prevent pregnancy after unprotected sexual encounter, method malfunction, or inaccurate use.
- The Total Fertility Rate is defined as the number of children a woman would have by the end of her childbearing years.
- Fertility refers to the number of live births women have.
- Misconceptions refer to a wrong idea or impression.
- Perception is the way in which something is regarded, understood or perceived.
- Acceptability is the quality of being satisfactory and able to be agreed to or approve of.
- Current Users were study participants who were currently using contraceptive method or available method at point of the study.
- Previous Users were study participants who have previously used contraceptive method.
- Never/ Non Users were study participants who have never used or tried any type of contraceptive method.
- Researcher is referred to the student who conducted the study in this master's thesis.
- In-depth Interviews (IDIs) are qualitative research technique where individual interviews are conducted intensively.
- Focus Group Discussions (FGDs) are qualitative research technique where people from different backgrounds and experiences gather together to discuss specific topics revolving around attitudes, beliefs, ideas and opinions.
- Contraceptives and modern contraceptive methods, contraception and family planning were used interchangeably to indicate ways of preventing pregnancy and spacing children.
- Kintampo was used to indicate Kintampo North and South Municipalities.
- IDIs and Face-to- face interviews were used interchangeably

1 INTRODUCTION

Contraception enables women and their partners to decrease the unmet need for family planning. It is used by both men and women of reproductive age to regulate fertility and to meet family planning goals (United Nations, 2015).

Many studies have been conducted on this topic with small and larger sample populations. The results point at the level of knowledge and information a person has about a particular contraceptive method to have impacted on the level of acceptance and use (WHO, 2017).

Previous studies have as well identified misconceptions and fear of side effects of contraception as reasons for non-use and discontinuations of method which is a prerequisite for population growth when contraceptives are not properly used and fertility not regulated. Demographic change and the challenges in regard to population growth has been one of the stark concerns worldwide (Lam, 2011). The United Nations (UN) reported that the world population increased from 2.5 billion in 1950 to 7.2 billion in 2014; a population increase of about 9.2 billion should be expected by 2050 (United Nations & Department of Economic and Social Affairs, 2014).

The alarming rise of the world population of which a quarter of the growth takes place in the least developing countries could cause fatal health implications for the next generation (Bloom, 2011). The rapid population growth could lead to mass starvation, high mortality rate among children, poverty and reduction of nonrenewable resources especially in low and middle-income nations (LMICs) (Ortiz et al., 2012).

While some countries are expected to decline in population, Asia and Africa are expected to grow extremely in the next ten years (United Nations & Department of Economic and Social Affairs, 2014). In sub-Saharan Africa, there is a tendency that the population growth is going to increase rapidly if necessary measures are not taken (Lam, 2011). This has raised a major international concern because, as a result of the population growth in sub-Saharan-Africa, attainment of health and development goals in the regions of Africa could be detrimental (United Nations & Department of Economic and Social Affairs, 2014).

The introduction of family planning and the use of birth control methods have been suggested by concerned international bodies as a solution to manage population growth, especially in sub-Saharan Africa.

The use of contraceptives commonly known as family planning helps couples to appropriately space children and prevent unwanted pregnancies. Most importantly, contraceptive use could also prevent maternal and newborn deaths as well as still births in most LMICs (Bustreo, 2017).

In-depth knowledge about contraceptive may positively influence the prevention of unintended pregnancies and unsafe abortions which is directly associated with the consistency and compliance to use (Warriner & Shah, 2006)

On the other hand, ineffective use of contraceptives could play a crucial role in the failure of preventing pregnancies leading to teenage pregnancies and abortions (Nettey et al., 2015).

The usefulness of a contraceptive method is directly connected to the consistency of use which is likely related to the overall satisfaction of users. In relation to this, the knowledge, information, beliefs, and perceptions of a woman may influence her behavior towards contraception. This could determine how dedicated she is to use contraceptives, which also may perhaps influence the overall outcome and effectiveness of the method (Warriner & Shah, 2006). This is then again associated to her health and overall well-being and her ability to take decisions on if, when and how often to become pregnant (Bustreo, 2017).

According to the United Nations & Department of Economic and Social Affairs, Ghana is among the nations in West Africa with very low contraceptive uptake of about 27% in the general population.

Based on national surveys, contraceptive use has declined in Ghana and it is among a few nations that have reported deterioration over time (United Nations & Department of Economic and Social Affairs, 2014).

In Ghana, the interest of this topic is high among policy makers and as a result several studies have been conducted and some measures put in place. The outcome of most studies has stated that misconceptions and perceptions about contraception directly impacted users in a way and influenced the effectiveness of use (Warriner & Shah, 2006).

Despite the provision and the availability of safe and effective contraceptive methods in Ghana, misconceptions are still high and use is very low (United Nations, 2015).

Kintampo Municipality is located in sub-Saharan Africa, specifically in the Bono East Region of Ghana. Misconception and perceptions about contraception are on the rise in this region. In Kintampo, contraceptive use is about 25% among the general population and 23% among adolescents (Nettey et al., 2015).

According to the Ghana Statistical Service, contraceptives are recognized and known in most remote regions like Kintampo. Contraceptive methods are known in Kintampo to prevent unwanted pregnancies and are recognized also among married and unmarried women, adolescents, and adults but only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception in Kintampo (Ghana Statistical Service, 2015).

Although there has been an improvement in the dissemination of information regarding contraception and the various methods in these remote areas, there are still misconceptions mainly associated with the effectiveness and the side effects of the methods (Ghana Statistical Service, 2015).

1.2 Justification of the research

The subject area has become more significant internationally and nationally but there are still gaps regarding the causes of misconceptions about contraception which may influence acceptance and use among the population of Kintampo.

1.2.1 Study Rationale

The proposed sustainable development goals 3 and 5 emphasize on the promotion of healthy lives for all age groups, the achievement of gender equality and empowerment for women and girls (United Nations, 2019).

According to the World Health Organization (WHO), empowering women entails allowing women to choose the number, timing, and spacing of their pregnancies. This indicates that a woman's ability to take a decision regarding pregnancy is associated with her overall health and well-being (WHO, 2016).

The awareness about sexual and reproductive health in society is vital to the sustainable development of a nation especially LMICs (Starbird, 2015).

In Ghana and the remote regions, there have been efforts to provide easy access, availability, safe and effective methods of contraceptives but the uptake and use are still decreasing (Boamah et al., 2014).

Though various studies have suggested reasons for the deterioration of use until now there has not been enormous improvement recorded with regards to this matter in general (Ghana Statistical Service et al., 2015). It is stated that in Kintampo, both women and men are aware of how to prevent unwanted pregnancies regardless; the acceptance and use of contraceptives are minimal (Nettey et al., 2015). The use is yet not as much among the general population and adolescents due to misconceptions (Nettey et al., 2015).

The fact that adolescents are sexually active but do not have protective measures to avert pregnancy could lead to unwanted pregnancies and abortion-related complications that expose them to health-related risks (Boamah et al., 2014). Other factors like low socio-economic status,

poor health, lack of proper education, reduced workforce efficiency and poverty will inflict significant financial and social cost to the entire society (Ghana Statistical Service, 2015).

For those who come from low socio-economic backgrounds with unwanted pregnancies, challenges like maternal death, child deaths, reduced quality of life and discrimination may occur especially in remote parts of Ghana like Kintampo (Ghana Statistical Service, 2015).

Unintended pregnancies may lead to unprofessionally performed abortions. Sequentially, poorly performed abortions could also result in long term health effects; eg. pelvic inflammatory disease, urinary tract infection, ectopic pregnancy, infertility, placenta previa, placenta abruption and incompetent cervix with no subsequent conception (Lin et al., 2018).

On this note, once the fertility of the younger generation is not regulated and unwanted pregnancies prevented, the effects stated above could occur and affect the economic development of countries, which will be detrimental to the general public and the future of the nations (Yazdkhasti et al., 2015). Moreover, unintended pregnancy-related problems are considered as one of the most disturbing problems which impose a substantial socio-economic burden on the individual and the entire society (Goossens et al., 2016).

Studies have indicated that there will be larger economic and societal benefits if adolescent health is improved and invested in especially in LMICs. This will on the other hand accelerate economic growth and improve the standard of living in general (Yazdkhasti et al., 2015).

The problem here is that adolescents, who are the main population group in Kintampo who could improve the economic status by regulating their fertility are refusing to protect themselves against pregnancy due to misconceptions and unjustified reasons as confirmed by many studies (Boamah et al., 2014).

In Kintampo, some studies have also suggested that, rejection of contraceptives was directly associated to false impression surrounding specific methods and side effects (Schwandt et al., 2015). Whether these announced side effects are diagnosed or non-diagnosed by a professional, they still influence acceptance and use (Nettey et al., 2015).

In general, misconceptions related to contraceptive methods and its health-related issues are cited to be the second most important reason for non-acceptance and use in about 80% of all developing countries (Khan et al., 2007).

In Ghana, this reason ranks first (Ghana Statistical Service et al., 2015). Also, among people with unmet needs for contraceptives in Ghana, about 30% blamed it on method related side effects (Westoff, 2001).

It is crucial to increase the uptake of contraceptives which will enable women especially to meet their contraceptive needs and raise the family planning and fertility goals.

Previous studies summarized common barriers that interrupt the use and continuation of contraceptives to be, misconceptions, misinformation, perceptions of method and fear of side effects (Nettey et al., 2015).

For these reasons, further research for deeper and better understanding is needed regarding these barriers. These barriers may interrupt contraceptive use and uptake and this should be well investigated. It is important to understand these barriers in other to provide support to policy makers in their decision-making regarding family planning and effective contraceptive uptake programs.

This qualitative research design was used to better understand the misconceptions about contraception and the effects it has on women of reproductive age in the Kintampo North Municipality.

Nonetheless, this particular study seeks to explore the complex processes and concepts regarding misconceptions about contraception. The study will build on the evidence-based researches conducted in Kintampo where the unmet need for contraceptives is high and the prevalence is generally low by 25 % (Nettey et al., 2015).

Firstly, a growing number of studies about misconceptions and fear of family planning methods have been conducted in some remote regions of Ghana. But very limited studies have been conducted in Kintampo to understand the impact of misconceptions of contraceptive, to understand the level of acceptance, usage, and compliance to use contraceptives.

Secondly, several studies have also focused on the fears of method related side effects but justifications to these fears are not clearly stated.

This is why the research gap should be filled and studies carried out in this field in order to gain a comprehensive understanding and to be able to contribute to scientific evidence for effective contraceptive use programs and interventions.

The following research questions and objectives describe how these gaps will be addressed in this thesis.

1.2.2 Research Question and Objectives

a) Research Question

What are the impacts misconceptions about contraception have on women of reproductive age in Kintampo North Municipality using a qualitative study?

b) Primary Objectives

The primary objective is to gain an understanding of the causes of misconceptions concerning contraception and the impact on women of reproductive age between 15 and 49 years in Kintampo North Municipality, Ghana.

c) Secondary Objectives

1. To explore the concepts of misconceptions regarding contraception.
2. To discover the experiences of current and previous users of specific contraceptive methods.
3. To discover the impacts of reported side effects regarding contraceptive use.
4. To explore the opinions of healthcare providers and their experiences with clients about contraception.

1.3 Literature Search and Review

Accessing literature pertaining to this study topic was the main focus of the literature search but due to volumes of data published, the selection of relevant data to serve the research question was a challenge. Sometimes relevant articles were not displayed in the search results due to nonspecific keywords entered in the search. When the search was done using more comprehensive keywords or terms, relevant articles could not be found. As a result, the process adapted to obtain appropriate articles for this work has been to select specific keywords and terms in the search to obtain the relevant information for the study.

In this context, keywords and themes such as misconceptions, prejudices, perceptions, the responsibility of fertility regulation, myths and misinformation regarding contraceptive methods, knowledge about contraceptives, fear of side effects, acceptability and compliance to using contraception, et cetera (etc.) were employed.

The tool used to manage the enormous literature was Zotero reference management software. All the articles included in this study were stored in this software. The software made it easier to locate literature and activate references in this thesis.

In addition, the literature reviewed in this thesis featured research methods such as qualitative, quantitative, and mixed methods, most of which were English text.

The database formats employed were Pubmed, which provided free access to Medline, Wiley Online Library, Psychinfo, Google Scholar and Google Books. The literature database was primarily online-driven including relevant online books, journal articles, reports, doctoral and dissertation documents. It is important to point out that getting access to the local research database of the Kintampo Health Research Center (KHRC) enriched the literature source. The research center provided an opportunity to conduct the research for this thesis in their institution and gave access to some facts about the study area.

The results of the literature search helped to reveal gaps in this research topic. This aspect also brought to light very interesting research areas to be explored in the future. Subsequently, this section of the paper helped to formulate the thesis research question and plan the study.

In conclusion, several studies carried out in Ghana and its remote areas have not fully investigated the question raised in this thesis and deemed important to explore.

In the following, the research themes and already conducted studies are examined in more detail.

a) Sexual Reproductive Health

The trends in the prevalence of contraceptives in developing countries have increased significantly in recent years. It is estimated that, there were 500 million contraceptive users in developing countries in 2015, which was almost twice the prevalence in 2000 (Schivone & Blumenthal, 2016).

It was estimated that the three contraceptive methods with higher usage among women in developing countries remain contraceptive pill, injections and condoms. Among these three contraceptive methods, the three-monthly injections is recorded to be the most method contributing to the reduction of high fertility in developing nations (Tsui et al., 2017).

Ghana has slightly managed to reduce the country's population growth and total fertility rate (TFR) over the years from 6.4 in 1998 to 4.2 children per woman in 2014 (Appiah-Denkyirah, 2015) which should be considered as a great success in the African context (Cleland et al., 2006). Notwithstanding, in Ghana the TFR has not fallen drastically in recent years and it is about 4.0 children per woman as at 2016 though the fertility differentials indicate a hopeful direction (Askew et al., 2017).

A study recorded that, the TFR differs in urban and rural areas of Ghana. In 2014, the TFR in the urban areas was 3.4 and in rural areas 5.2 (Ghana Statistical Service et al., 2015).

The TFR is again different in the regions of Ghana. In 2014, regions with high TFR were Northern Region with (6.60), Upper West Region (5.2), Upper East Region (4.9) and Bono Region (4.8). The highest total fertility rate was recorded in the northern region, which is considered as a rural region of Ghana with a TFR of 6.8 in 2008 and 6.6 in 2014 (Appiah-Denkyirah, 2015).

Ghana is one of the sub-Saharan African countries facing challenges of fertility control. Though the urban areas of Ghana have slight improvement in fertility control, unfortunately, the advantages of fertility control are not much noticeable to the rural, uneducated and remote communities of Ghana (Askew et al., 2017). These categories of people are more affected by the fertility control issues in the regions of Ghana (Edgar et al., 2015).

Kintampo North and South Municipality is considered as a remote community in Ghana and studies have estimated the TFR in 2010 to be 3.9 children per woman, which is still on a higher side (Ghana Statistical Service, 2014).

There is strong evidence that, quality of education is more beneficial for economic growth and negatively correlated with high fertility (Robinson & Ross, 2007).

As stated above, evidence shows that higher education could reduce higher fertility but unfortunately, abortion remains one of the sexual and reproductive challenges in the Kintampo North Municipality. A study revealed that in Kintampo, the higher the level of education of the women, the more likely they were to have had abortion because the women consider abortion as a method of family planning (Adjei et al., 2015).

A further study conducted in remote area Kintampo investigated the effects of adolescent sexual and reproductive health intervention of young people. It indicated that sexual activities begin early among young people. Some students engage in sexual activities as early as 14 years (Boamah et al., 2014). The study further states that although a large number of adolescents knew at least one method of contraception, this knowledge did not influence them to consistently use contraceptives. Again, only a small percentage of the sexually active adolescents consistently used a contraceptive method (Boamah et al., 2014).

It is suggested that school programs and activities concerning sexual and reproductive health increased contraceptive uptake and usage among adolescents than community mobilization activities organized in these remote areas (Aninanya et al., 2015).

In Ghana, the number of children and adults living with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) was estimated as of 2016 to be about 290,000. Apart from the challenges associated with higher birth rates and also in the remote regions, HIV/ AIDS is seen as a threat to coping with reproductive health issues (UNAIDS, 2018).

Consequently, private educational, philanthropic and international organizations, and government agencies have joined in the fight against HIV/ AIDS. The provision of condoms in healthcare facilities to help reduce the transmission of HIV and other sexually transmitted infections and initiatives to empower youth and adolescents are part of the mitigation strategies to address sexual reproductive health problems. There are also other HIV/AIDS programs which include fertility regulation and family planning programs (UNICEF, 2014) Although well managed and funded national family planning programs are set in place to combat these challenges, the outcome and acceptance is minimal (UNICEF, 2014).

Ghana is considered to have one of the most successful contraceptive programs in West Africa and sub-Saharan Africa as a whole (Tsui et al., 2017). However, the annual population growth rate of about 2.2 percent (The World Bank Group, 2019) and 3,9 births per woman as of 2017 (The World Bank Group, 2019) is still high, and this remains a threat to Ghana's economic growth.

Systems are put in place in this regard to tackle sexual and reproductive health issues and fight high fertility rates and population growth in remote Ghana than ever before since economic growth has been the aims of the leaders now than any time in the past (Robinson & Ross, 2007).
As part of the national development agenda to combat the above challenges, concerned bodies, nationally and internationally, also have plans to reduce unsafe abortions, maternal and child mortality (Robinson & Ross, 2007).

b) Knowledge and the use of contraceptives

Studies have shown that most people in remote areas in sub-Saharan Africa lack in-depth understanding of contraception and contraceptive methods. Myriad research revealed that a portion of men and even women do not have deeper knowledge and understanding of the contraceptive types that already exist (USAID, 2012).
In the case of men regarding contraception, a study conducted in sub-Saharan Africa including Ghana, Malawi, Burkina Faso and Uganda stated that sex education was well recognized among men. It was observed that, the male participants tended to use condoms more after they have received education and illustration of how it's used with a positive outcome than their counterparts who have not received any sex education (Bankole et al., 2007).
The knowledge an individual has acquired about contraceptive methods may influence the uptake and use. But knowledge attained from unreliable and informal sources, like the media, peers, and friends may cause misconceptions and perceptions about the efficiency of methods, leading to limitations in its use, which can serve as a detrimental issue for risk of contracting sexually transmitted diseases or unwanted pregnancies (Ghana Statistical Service, 2014).
Another study revealed that females have higher knowledge and utilization than males in Kintampo. It was disclosed that the knowledge of contraceptive methods was high at 87.7% among females and 82% among males, but the utilization was very low among both genders; 17.9% for females and 6% for males in this municipal (Enuameh et al., 2015). Despite the low uptake, 59.6% of females and 58.6% of the male study participants of the above study viewed family planning as important to their health and wellbeing (Enuameh et al., 2015).
Misinformation about contraception among the adolescents is prominent in Kintampo Municipality. Studies conducted in this region revealed that misconceptions about contraceptives and inaccurate information regarding side effects could influence the acceptance and correct use of contraceptive methods among adolescents, which is an area of concern for many healthcare providers located in this area (Nettey et al., 2015).

Information such as the inability to meet fertility needs and family planning goals are concerns and the source of anxiety for most women living in the area. Misconceptions and misinformation may have triggered these concerns about the use of contraceptives (USAID, 2012).

A study confirmed that women aged 21–25 and 26–30 years in Kintampo have not used any available contraceptive method due to the fear of side effects, which accounts for the highest reason for no contraceptive use (Hindin et al., 2014).

c) Responsibility of fertility regulation

Predominantly in the rural areas of Ghana, family planning and fertility regulation are mostly considered the prime responsibility of the woman. When the responsibility of who should use contraceptive was asked in a study conducted in Kintampo Municipality, a significant proportion of teenagers; 41.1% females and 32.4% males were of the perception that contraceptive use was exclusively the responsibility of women. About 57.5% of females who were married and living together with their partners viewed family planning as the sole responsibility of the women alone (Enuameh et al., 2015).

The study results exemplify that about 78.3% of males that had never been in a relationship and were engaging in sexual activities and about 65.2% of widowed/separated/divorced females believed that family planning made women promiscuous. In total, 43.8% of females and 42.5% of males believed that using contraceptives could lead to promiscuity among women (Enuameh et al., 2015).

In order to shift this misconception, communication between a husband and wife on reproductive matters is recognized as a factor that may influence male participation in family planning decisions (Ogunjuyigbe et al., 2009).

d) Myths and misinformation about contraception

There are different opinions about contraceptives and this occurs at different levels. This was confirmed in a study to access beliefs in family planning myths in some part of Africa. Some participants believed that people who use contraceptives ended up with health complications (Gueye et al., 2015). Some say contraceptives are harmful to women's health and that it can harm the womb and prevent pregnancy. But most of these women who cited that as harmful on the other hand, had never used any type of contraceptives. Their fantasies about the methods and procedures are therefore entirely based on second-hand information (Gueye et al., 2015).

Most of this information available to the general public may come from unprofessional sources like religious or traditional organizations. These institutions actually have no professional authority, experience, and genuine information about contraception, but proceed to give information streaming from own ideas and beliefs (Jones et al., 2002).

In Ghana and mostly the remote areas, for instance, Kintampo, the prevalence of myths and misinformation about contraceptives is elevated across the areas (Boamah et al., 2014).

Subsequently, a study conducted in these regions to assess the myths and misinformation about contraceptive use exemplified that, participants had express concerns mainly about the side effects and associated complications of some contraceptive methods. Most concerns of the participants were menstrual irregularities, which were not based on a medical doctor's examination of these participants. Participants had associated the menstrual inconsistency with the use of contraceptives (Hindin et al., 2014).

Another myth was that, among all the health facilities, only hospitals were the best places to get contraceptives. Participants perceived that, in order to choose appropriate methods, one has to undergo an appropriate blood tests. The study concluded that myths and misinformation regarding contraceptive methods and their effects on reproduction in general was high amongst the participants (Hindin et al., 2014).

e) Misconception related fears

Looking outside the scope of Africa, though there have been various researches highlighting the fears of side effects of contraceptive methods, modern contraceptives are well accepted and much known to women of other countries than those located in Africa (United Nations, 2015).

In other parts of Africa, most women have cited their fear of the use of contraceptive methods (USAID, 2012). There have been several studies about contraceptive use and its effects; most studies have confirmed that nearly every woman has higher levels of fear in using any of the contraceptive methods (USAID, 2012).

The fear is particularly associated with the unknown and possible side effects of using contraceptives. However, amongst the methods, the pill and injection are the most used and preferred but these methods were mostly associated with infertility, cancerous growths, birth defects, birth control failure among others (USAID, 2012).

A study conducted in Nigeria has proven that, the root cause of uncertainties associated with contraceptive use among most women was false information about contraceptives which was cited to have triggered the misconceptions. Furthermore, it was stated that all-female or

coeducational secondary school students, who are sexually active most likely have fears about the birth control method as a result of high levels of falsification of information (Briggs, 1994).
Unfortunately, there have not been many studies that have looked at the key concepts that trigger anxiety in Kintampo. Also, not so many studies have suggested profound reasons for the low uptake among women of childbearing age, although there is a high pregnancy rate among adolescents and a low uptake in men and women of reproductive age in Kintampo (Nettey et al., 2015).
The study of the concepts is important for an effective contraception program that is organized by various institutions in Ghana and especially by the Kintampo community.

2 METHODS

2.1 Study Design

It was of importance to gain a comprehensive understanding and knowledge of this topic and to obtain information from participants from the study area. The choice of research method for this thesis was a qualitative method. In this exploratory study, IDIs and FGDs were deployed to collect data from women of reproductive age (15-49) and health care providers in the Kintampo North Municipality.
Qualitative methods have been used as they reveal new information, depict concepts such as beliefs, thoughts, opinions, motivations, and provide insights into complex theories such as understanding what prevents some women in this area of study from accessing and using contraceptive methods effectively.

2.2 Study Area

a) Country Profile – The Republic of Ghana

Kintampo North Municipality is one of the municipalities in Kintampo and is located in Ghana. Ghana is counted among the developing nations with a population of about 29.7 million in 2018 and the growth rate per annum is about 2.1%. As of 2018, the GDP of the nation was $65.556 billion compared to approximately $20.494 trillion in the United States (The World Bank Group, 2019).
The popular tribes and ethnic groups in Ghana are Akan, the Mole Dagbani, the Ewe, Ga Adangbe, Moshi-Dagobma and the Guan. The people in the various ethnic groups have basic religions. Christianity is the largest religion with about 69 percent Christians and the second

largest 16 percent are Muslims, with others being traditionalist or with no religion (Asante & Gyimah-Boadi, 2004).

The education system in Ghana is one of the most ambitious and best with successful education programs in West Africa (Drislane et al., 2014). The spending on education has risen from 1.5 percent to 3.5 percent of the country's GDP since the early 1980s (Drislane et al., 2014). English is the official language and it is taught in all schools, more than 50 languages and dialects are spoken by the people (Drislane et al., 2014).

The under-five mortality rate was 49.3 per 1000 births in 2017 (UNICEF, 2018) and life expectancy for men and women was estimated to be 64 years in 2011 (UNICEF, 2019). Malaria is the third leading cause of death in adults but the first in children under the age of five in 2014 (WHO&UN, 2015). The people who suffer most are those located in rural areas where medical resources and finances are limited (Ghana Statistical Service, 2014).

The hospitals and clinic wards are overcrowded and the time per patient is restricted. Regardless of the medical challenges, a successful national medical insurance system has been developed which in one way or the other has supported the medical practices till date. Most of the people are living in the rural communities but the medical centers are centered in the bigger cities. Greater Accra is the country's capital and Kumasi, the second biggest city (Drislane et al., 2014). The system has a great difficulty extending health services to the rural areas due to challenges such as lack of resources, lack of electricity and water supply. Doctors rather migrate to the bigger cities or even leave the country for better job opportunities (Drislane et al., 2014).

b) Recruitment Setting - Kintampo North Municipality

Kintampo North Municipality is largely rural and located in the central part of Ghana in the Bono East region (see Fig 1). The population and housing census revealed that in 2010, the population was 95,480 of which women aged 15-49 years account 27,996 (29.3%), roughly a quarter of the entire population. It has a TFR of 3.9, general fertility rate of 115.1 and crude birth rate of 27.8 (Ghana Statistical Service, 2014) and contraceptive use in this area is about 25% (Nettey et al., 2015).

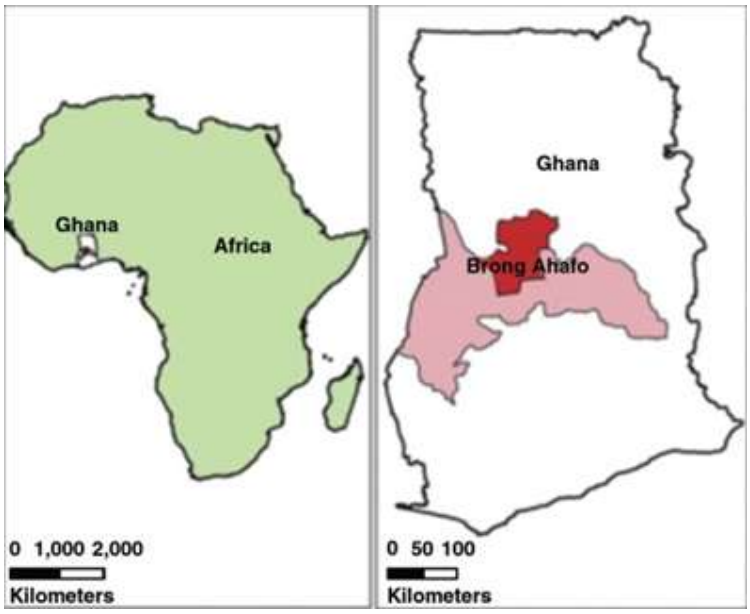
The Municipality has two public hospitals, three private clinics and three private maternity homes (Febir et al., 2013). The hospital has trained doctors and competent nurses to meet the needs of patients who patronize it. The reproductive health services offered in the hospital consist of family planning; sexually transmitted infections and HIV/ AIDS prevention are

managed, as well as post-abortion care. Moreover, antenatal and postnatal services are also provided to pregnant women (Boamah et al., 2014).

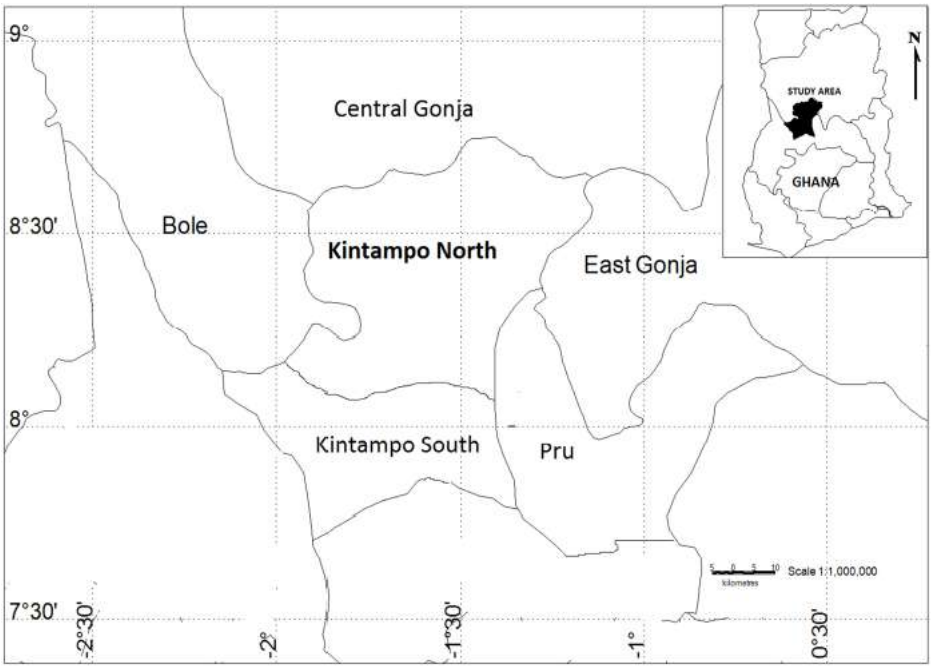
The public hospitals have set up Adolescent Health Corner to meet the needs of adolescents and offer services in areas like health discussions between exclusive groups such as students, apprentices, and religious groups.

Below is a map of Kintampo - North and South Municipality located in the Bono East region.

Figure 1 Map of Kintampo



Source: (Owusu-Agyei et al., 2012)



Source: (Anechana et.al., 2015)

2.3 Sampling Strategy

a) Recruitment and Sampling Procedure

Participants were recruited from two health facilities; Kintampo North Municipal Hospital and Glory Prince of Peace Maternity Home, both located in the study area. Participants were firstly recruited from Kintampo North Municipal Hospital, which is one of the two public hospitals in the municipality and provides in the mainstream, family planning; STI/HIV/AIDS services (Boamah et al., 2014).

The second facility for the recruitment was Glory Prince of Peace Maternity Home, which is one of the three private maternity homes also located in Kintampo North Municipality.

At the maternity home, there are trained midwives who assist women through pregnancy and provide antenatal and postnatal services to improve the health of pregnant women and their newborns. They also make available all the contraceptive services to women who patronize the center. At the recruitment locations, prospective participants were engaged one on one and were directly asked if they had the interest to participate in the study after the purpose was clearly explained.

The focus was to recruit women:

- Current users of at least one of the five contraceptive methods; the Pill, Injectable, Intrauterine device (IUD), Implant and Condom or Diaphragm
- Previous users of any of the five contraceptive methods
- Never/ non-users of these contraceptive methods.

Accordingly, participants were contacted directly and questions were asked about the themes above. Once the participants had agreed to participate in the study, consenting procedures were done and the interview followed. For those who were not ready on-site, appointments were made. For participants who had agreed to attend the FGDs, dates and location for the discussion were indicated for participation.

The five contraceptive forms listed above were chosen because they were the most prevalent in the health facilities and used by most women in this area. Women who participated in IDIs were purposefully sampled. Participants were selected based on the following pre-selection criteria below:

b) Inclusion and exclusion criteria

- The study was limited to women because only women were required to be able to address the research question.
- Men were excluded because the opinions of the women were most required and applicable for the thesis.
- The investigation was restricted to women of reproductive ages between 15-49 and living in the Kintampo North Municipality.
- A current user should be using at least one contraceptive method stated in the study.
- Previous users should have used at least one contraceptive method stated in the study.
- The study was limited to only participants selected from the two recruitment sites.
- Participants were eligible if they spoke Akan (local dialect) or English, the researcher understands these languages. Any other language would have required a translator.

c) Sample Size

A total number of twenty four-women (24) were recruited for the IDIs and FGDs. In order to acquire different opinions about the topic, seven (7) healthcare providers were also recruited making a total of thirty-one (31) participants for the study. The 7 healthcare providers included medical doctor, physician assistant, pharmacist, three midwives, one community health officer and were all selected from the two health facilities - Kintampo North Municipal Hospital and Glory Prince of Peace Maternity Home.

It is important to point out that interviews were transcribed parallel to recruitment, so all themes were discoverable and data saturation obtained with 24 women and 7 health care providers. Two sets of FDGs (for previous and non-users), IDIs with eleven contraceptive users and IDIs with seven healthcare providers were also sufficient to identify the most common information within the data set. The selected healthcare providers were conveniently sampled because they were the most accessible and ready to participate in the study at the time of recruitment.

The table below demonstrates the number of people who participated in the study.

Table 1 Study Participants

Sample	***N* of participants**
Healthcare providers	7
Women	24
Total	**31**

Source: Free invented data for illustration purposes

The table below shows the various study methods and the sample size of the participants.

Table 2 Study Methods

Participant	**Methods**	***N* of participants**
Healthcare providers	IDI	7
Current users	IDI	11
Previous users	FDG	7
Non-users	FDG	6
Total		**31**

Source: Free invented data for illustration purposes

2.4 Data Collection

Due to the complexity of the thesis topic, a qualitative design was chosen to enable an in-depth exploration of participants and experiences from their own viewpoints. The aim was to use a qualitative method to understand misconceptions and experiences based on multi-informant sources including healthcare providers, current users and past users of any of the five contraceptive methods (Pill, Injectable, IUD, Implant and Condon or Diaphragm) and non-users of contraceptives.

A supervisor on-site at KHRC with much experience in qualitative research directed the development of the written interview guides. The supervisor further guided in the IDI and FDG procedures. Face-to-face - semi-structured interviews and FGDs were considered the most appropriate data collection tools for the assessment. The supervisor also helped in the recruitment of discussants and organizing FGDs.

Seven previous users for FDGs discussed their experiences of previously used contraceptive methods. Six discussants for FDGs who have never used any contraceptive methods discussed ideas and general opinions about contraceptive methods and the reasons for not using them. Eleven interviewees for IDIs reported on their experience and knowledge of the current contraceptive method they were using. The seven healthcare providers who engaged in the IDIs also gave an account of their experiences with patients and clients regarding contraceptive methods. They described their service delivery protocols and clients' challenges with the use of contraceptive methods. They elaborated on how the complaints of clients could affect the successful use of contraceptives. The IDIs took place in a room in the first recruitment center - Kintampo North Municipal Hospital. Participant’s homes were considered as an option if

necessary. The hospital also provided chairs and open space that was moderately quiet for the FGDs. As an alternative, an available room at the KHRC was prepared as a second option in case the hospital space was not available.

The semi-structured interview guide for IDIs for current users and healthcare providers consisted of 16-item and 12-item respectively (see appendix 1 & 2).

The table below shows the interview guide that was used for the IDIs.

Table 3 IDIs – Interview Guide

Participants	**Interview Guide**
Current users	16 –item
Health care providers	12 –item
Total	**28 – item**

Source: Free invented data for illustration purposes

Women were to be interviewed for each of the following five birth controls; Pills, Injectable, IUD, Condom or Diaphragm and Implant.

The pill included:

- progestin-only pill or mini-pill
- combined pill
- emergency contraception which was known by the participants as a morning-after pill.

The injectable also included:

- combined injectable contraceptives (monthly)
- and progestogen-injectable contraceptives (3 monthly).

Contraceptive methods were to be replaced by another if a particular contraceptive method was missing during recruitment. Diaphragm, for example, was replaced by condom because this particular method was no more provided and accessible in the facilities

The table below demonstrates in IDIs the various contraceptive methods

Table 4 Study Participants and Contraceptive Types

IDIs	***N* of Women**	**Contraceptive Types**
Condom	2	Male condom
Pill	1 1	Combined oral contraceptive - Microgynon Emergency contraceptive
Injectables/ Injections	2 2	Combined injectable contraception (monthly) Progestogen –only contraceptive (3 monthly)
Implant	2	3 years implant
IUD	1	
Total	**11**	

Source: Free invented data for illustration purposes

For the FGDs, a guide was also developed for previous users and for non-users. A separate 8-item guide was used to collect demographic data such as age, gender, etc. of all participants and 10-items for questioning.

All participants gave their consent for the interactions to be audio recorded. Meanwhile, notes were taken alongside the recordings to support the analysis. The length of IDIs and FGDs varied for each individual. The longest FGDs lasted up to 45 minutes and the longest IDI 21 minutes.

The table below shows the interview guide used for the FDGs.

Table 5 FGDs – Interview Guide

FGDs	Interview Guide
Demographic Data	8 –item
Previous Users	10 –item
Non-Users	10 –item
Total	20 –item

Source: Free invented data for illustration purposes

2.5 Data Analysis

All the recorded IDIs and FDGs were transcribed verbatim in MS Word files. The interviews and discussions were conducted in the local dialect, Akan/Twi and were translated into English by the researcher. QSR Nvivo qualitative analysis software was used to support the analysis of transcripts for thematic content. The software helped facilitate coding, categorizing and theorizing (see appendix 7). At least two members of the research staff of KHRC independently reviewed the data, to check preliminary coding themes and to ensure inter code reliability and quality of data. Guided by the objectives of the study, established codes were applied to all the transcripts thoroughly until the final analysis. The findings were presented using quotes from interviews to illustrate the major themes.

In order to protect the integrity of participants, responses from interviewees and all data related to the persons were de-identified; codes were used for participants for recognition instead of their individual names. Recordings of IDIs and FGDs will be stored for five to ten years in a safe for future reference while protecting respondent's confidentiality. Electronic files containing the transcripts from the study will be stored in a password-protected computer. All data will be reported as anonymous without referring to specific individuals.

Themes for Analysis

Concepts such as affective, cognitive, and behavioral components of attitudes for instance satisfaction, safety, fear/anxiety, and inconvenience of contraceptive use were analyzed among previous users, current users and non-users of contraceptives. Also, demographic variables such as age, marital status, occupation and number of living children were noted. Sex education, reasons for not using contraceptives, source of contraceptives education, freedom of taking decision, family planning discussion with husband/ partner, types of contraception methods,

knowledge about contraception, visits to family planning centers and the level of education were explored.

Thematic keywords in the questionnaire were misconceptions and perceptions, knowledge, experiences, family planning discussion, contraceptive methods, acceptability, accessibility, influences, barriers for usage, service provision, challenges in service provision, perceived/ real side effects, modern contraceptive methods, other methods, common contraceptives, visits to family planning and other themes to address the situation. These keywords in the questionnaire were provided to address the research question and the objectives.

Emerging themes that appeared, as the research was ongoing were added during the analysis of data.

2.6 Ethics Approval

Before the sampling process could begin, scientific and ethical approval had to be obtained. The Scientific and Ethics Committee of KHRC was responsible for this process. As a result, the research approval was obtained from the Kintampo Health Research Center's Scientific Review and the Ethics Committee based at the Kintampo Health Research Center. Both research committees are very important bodies of the research center. Once the research approval had been obtained, the management teams of the two selected health facilities were contacted to reach final agreement on the recruitment of participants.

During the sampling process, it was very important that questions related to people's decisions about the use of contraceptives remained confidential, as this particular topic is considered sensitive in this area.

Moreover, privacy was highly valued and respected during the data collection process. The confidentiality of the participants was maintained at all times and respondents were free to refuse to participate, free to refuse to answer questions they did not like or to withdraw completely from the study.

A written consent form was created for the study participants. After the participants were recruited, the aim and purpose of the study were explained and then the consent of the respondents was obtained. Every participant had to sign the consent form before the interview could begin. Each participant had received a copy of the consent form with the signatures of the researcher and of the participant. A fingerprint column was available on the consent form as an option for those who could not sign.

In addition, the study participants consented for the audio recording of discussions and interviews, which included picture taking during the interviews.
Lastly, the participants were informed and explained in detail about the modalities for results dissemination at the end of the study.

3 RESULTS

3.1 Demographic characteristics of respondents

a) Age range of respondents: The ages of non-users ranged from 17 to 35 years whereas the ages of previous users ranged from 19 to 30 years. All discussants of the two FGD sets were females. The ages of the contraceptive users in IDIs ranged from 22 to 40 years and were all females. The ages of healthcare providers ranged from 31 to 63 years. However, the health providers were four females and three males**.** It is significant to note that, the ages of the respondents and discussants covered the reproductive age range and therefore responses reflect the view of women in the targeted age group.

b) Educational status: The level of education attained by participants ranged from Junior High School (JHS) to Tertiary Leaving Certificate. The majority had the JHS Leaving Certificate. The educational level of the healthcare providers captured ranged from diploma in midwifery to a university degree.

c) Ethnicity: Participants were mainly from the Bono and Mo tribe except one who was Moosi. These are tribes located in the Kintampo north and south districts in the middle belt of Ghana. The majority of previous users were from the northern tribe, except one who was from the Ashanti tribe. It is significant to note that; ethnicity may have effects on the belief systems and decision regarding the research topic which will enrich the responses reflected in the thesis.

d) Religion**:** The majority of study participants were Christians while the rest were Muslims**.** All healthcare providers were Christians.

e) Number of children: The number of children of participants ranged from zero to three. The sex of children was not specified. The number of children of healthcare providers was also not captured.

f) Occupation: Among healthcare providers were three midwives, one community nurse, one physician assistant, one pharmacist, and one senior medical officer. They have been working in their occupation for about four to forty-one years. Women who participated in the IDIs and FDGs were students, petty traders, apprentices, farmers and one was unemployed.

g) Marital Status: Five of the current users who participated in IDIs were in an informal union with their partners, four were married, one was single and one divorced. The marital status of those in FGDs and healthcare providers were not captured.

The table below shows a summary of the demographic characteristics of all participants.

Table 6 Summary of Demographic Characteristics

Sample	Previous Users	Never Users	Current Users	Health Care Providers
Age	19 - 30	17 -35	22 – 44	31 – 63
Educational status	High School – Tertiary			Tertiary, Diploma, University degree
Ethnicity	Bono, Mo, Moosi, Asante, Northerner			Bono, Asante, Northerner
Religion	Majority Christians			All Christians
Number of children	0 – 3			Not captured
Occupation	Students, petty traders, apprentices, farmer One unemployed			3 Midwifes, 1 Community nurse, 1 Physician assistant, 1 Pharmacist, 1 Senior medical officer
Marital Status	Not captured	Not captured	5 informal union 4 married 1 single 1divorced	Not captured

Source*:* Free invented data for illustration purposes

3.2 Knowledge about contraceptives

Generally, contraceptives were known among participants for the prevention of unwanted pregnancy and spacing of children as clearly captured in the response below:

It is something used to protect against pregnancy. This helps to space the children for 3, 4 or even 5 years before giving birth to the next baby. I have used it for like 25 years. That is what I have used to prevent pregnancy. I don't know about any other type of contraceptives aside the daily pills called Secure (IDI with a previous/current pill user: 223 - 224).

This is what another discussant had to say from a typical experience from the use of contraceptive in prevention and spacing children:

I started using contraceptives after my first child and have used it for 3 to 4 years till the time I wanted to get pregnant again to the second child. I was able to conceive shortly after stopping the contraceptive. The pill has helped me to space my children (FGD previous pill user: 67 - 69).

For teenagers and adolescents, it was revealed that contraceptive enables them to grow before getting pregnant as seen in the excerpt*: Family planning or contraceptives helps teenagers to grow before getting pregnant* (IDI implant user: 288).

It was noted that not all contraceptive types can work for everybody and that women should know what works best for them. Also it was believed that contraceptives can only be used to prevent pregnancy but not STI's. These findings are corroborated in the responses below:

I understand that every woman should go for what is good for them because what might be good for one might not be good for the other. I've been able to have 2 kids while using the Pill (IDI pill user: 225 - 226).

*It is something used to protect against pregnancy. It does not protect against STIs (*IDI pill user: 152).

However, others were uncertain whether contraceptives can really prevent pregnancies. This interesting revelation can be seen in the excerpt below:

Contraceptives prevent pregnancy but I am not sure if that is true or not (IDI implant user: 517).

3.3 Source of information about contraceptives

Most of the respondents and discussants stated to have received information about contraceptives from formal sources like health professionals at the Reproductive Child Health unit (RCH) at Kintampo North Municipal hospital. Information is provided during routine weighing sections and antenatal visits.

I get my information from the nurses and midwives at the RCH when I go to weigh my child (IDI with a 3 monthly injectable user: 730).

Other main sources of information mentioned were the media channels like social media, radio, internet and television.

I get my information from books, antenatal visits and the television and from the radio stations (IDI with a male condom user: 17).

I hear from my facility and mass media, workshops but they don't deter me from using contraceptives (IDI with IUD user: 429). *I hear a lot from doctors and also from radio stations* (IDI with male condom user: 136).

A health worker had revealed: *When it comes to the injectable, for Depo Provera, one side effect is amenorrhea (no menstrual period). Women who take the Depo do not menstruate; herbal healers going around radio stations selling the local herbs use the amenorrhea for their marketing and to their advantage. They say that if you don't menstruate the blood accumulates in the womb and causes fibroid. So women should purchase their local medicine to melt the fibroid and make them menstruate again* (IDI with a Midwife: 259 - 260).

Few of the respondents stated to have received information from informal sources like friends, neighbors: *From friends and neighbors but it did not prevent me from taking the pill* (IDI with a pill user: 271).

Healthcare providers revealed how they contribute to the provision of information on the media platforms: *We normally give them* (clients) *sex education about contraceptives at CWC, ok. We also go to the radio stations to talk about sex and contraceptives at free air time and then we talk about it, we also provide sex education during meetings at the adolescent health corner every Friday and also sex education provision during Post Natal Care we talk about such issues. When we go for home visits and school health visits, we talk about it* (IDI with a community health nurse, RCH: 16 - 19).

Healthcare providers said they meet adolescents health needs by providing them with special care and information evidently stated in the following response:

At the adolescent health corner, those in the adolescent ages are gathered every Friday at the meetings and sex education is provided. They have a community health nurse assigned to them. So, she talks to them about their reproductive health, their sexual life and contraception and anyone who is interested in contraceptives regardless of the age, if it's the person's desire to do it, he or she is counseled to make an informed choice about the family planning methods we have (IDI with a midwife, RCH: 200 - 202).

Some women were informed about contraceptives by books:

I've read about the pills from books and to my understanding if it's not used the way it's supposed to be, it can lead to pregnancy. And I believe I can't use the pill because I'm forgetful (IDI with a male condom user: 71).

3.4 General opinion about contraceptives

Generally, some participants were of the view that modern contraceptives are bad and do not believe in the effectiveness of use.

It's not good. It can cause barrenness (FGD with a previous user: 86).

It's scary and confusing to use the pill and can result in pregnancy. People who forget easily can't use the Pill (FGD with a none-user: 19).

*I think these contraceptives can prevent pregnancy but they fail sometimes (*IDI with a pill user: 173).

Some women on the other hand believed in the effectiveness of use. Below are the different opinions of study participants.

They are very good to prevent pregnancy. People complain about it but for me I think it's good especially to prevent pregnancy (IDI with previous pill user: 241).

Majority have agreed that even though modern contraceptives may be good, the appropriate type and compliance should be taken seriously so that the effectiveness is not disrupted.

This is what a respondent had to say: *Modern contraceptives are good but anything that has a good side also has a bad side, something like the pills, I've never used it because I think if you don't use it as you are supposed to, it can have an effect or even cause pregnancy* (IDI with a male condom user: 31).

3.5 Experiences with different methods

Some of the participants believed they have not had negative side effects of the contraceptive type used. They reported that the misconceptions revolving around contraceptives make it

difficult to use them. Some women have decided to use contraceptives anyway due to the benefits. The responses are captured in the following quotes: *The side effect can affect a person. Negative talks about it made it difficult to take contraceptives. They are helping women to prevent pregnancy and offer child spacing. It takes away burden of early child birth and giving birth to plenty children within a short period of time* (IDI with 3 months injection: 601 – 602).

I was slim before but I have gained a little weight but I think its fine (IDI with implant user: 299).
I chose the 5 year implant because that was available by some NGO`s but it was ok, I decided to remove it after 3 years though (IDI implant user: 480).
Some on the contrary, believe to have had negative non-diagnosed side effects regarding the contraceptive types they have used. Some of the side effects mentioned were: eye, ear and waist pain and headaches. Abdominal discomfort was also reported.
I had a negative experience, eye pain, ear pain, appetite to eat. I am confident that the pain is the side effect of the contraceptive I used (IDI with 1 monthly injection current user: 460).
I used a male condom to prevent pregnancy but the condom 'busted' so it resulted in pregnancy (IDI with a male condom: 37).

3.6 Influencers of decision making

Varied views surrounding participants' decision-making about contraceptive were revealed. These were captured in the extract below:
a) Partner: *I decided with my husband and he agreed that it will help us to space the child*ren (IDIs with 3 years implant user: 544).
It's both of us, my partner and me. We sit to think about which contraceptive type we should use. We discuss about it together (IDI with male condom user: *39-43*).
An implant user had revealed the view of her husband in the excerpt below: *Yes, I speak about it with my partner. He's concerned about the effects of the contraceptives. My partner escorts me always when I want to come to the family planning unit. He always comes with me to the unit and he's very much concerned that I don't get pregnant* (IDI with 3 years implant user).
A pill user had revealed that:
Nobody makes decision in my life. I decide to take to prevent pregnancy. My partner doesn't know about it. I have refused to inform him because the man wants me to get pregnant even though he's not married to me (IDIs with pill user; 184 -185).

I have tried to discuss it with my partner but he doesn't seem to be interested (IDI 3 month's injectable user: 753).

Yes, sometimes there are discussions surrounding which method to use. We can't agree on the same method to use (IDI with a male condom user: 49).

As stated above, most of the participants had disclosed to have talked to their partners about contraceptives. On the contrary, some respondents divulged that they don't discuss contraceptives with their partners.

Nobody makes decision in my life. I decide to take it to prevent pregnancy. My partner doesn't know about it. I have refused to inform him because the man wants me to get pregnant even though he's not married to me (IDI with pill user: 184 - 185).

b) In-laws: All respondents reported that, they had not been influenced in any way by their in-laws except their partners whom they have discussed the topic with. This is what a respondent had to say:

My in-laws don't influence me in anyway because I've never discussed contraceptive with them anyways (IDIs with male condom user: 47).

Interestingly, a respondent had revealed that her in-law had showed consent about her delayed childbirth. She had been motivated by the in-law to have children.

No, my in-law doesn't know anything about it. But she always tells me to give birth early (IDI with 1 month injectable user: 485).

c) Friends: There have been diverse reports concerning friends influence on contraceptives use.

In general, the respondents had agreed that, their friends had less influence on their decision and choices to accept contraceptives.

My friends have influence but I don't take their advice. I choose the one I think might be better for me (IDI with male condom user: 51).

Then again, some friends had tried to influence some of the respondents. A participant had shared:

Yes, my female friend talked to me about it before she decided to take contraceptives s and even asked me to join but I refused. (IDI with pill user: 195).

Some friends advised me to try injection and the pills but I refused. (IDI with male condom user: 121).

d) Neighbors: Significantly, most of the respondents had said their neighbors had not influenced them in any way. It is believed that in the neighborhood, the attitude toward contraceptive is not so positive and that the knowledge about contraceptive is low. Due to this, there had not been any discussions with neighbors concerning contraceptives. This is what a respondent had said:

I think my neighbors could have negatively influenced me. They have a different perception about contraceptives and they don't want to use contraceptives. They don't understand the use of contraception and might say negative things about me wanting to use it (IDI with IUD user: 411 - 413).

Other informal sources that had informed and deterred respondents and discussants from using contraceptives were also from: *the community, my sister and husband* (FGD with previous user: 83).

… the complaints influence the usage very much due to rumors in the community. Because, somebody using it develops perceptions surrounding particular contraceptives and causes fear among users (IDI with a Physician Assistant: 636).

e) Community Midwives (Traditional Birth Attendants (TBAs): It was suggested by a health worker that some community midwives popularly known as TBAs could contribute to the perceptions surrounding contraceptives. It was revealed that, the TBAs do not have proper education to attend to women who come to them for maternal services. Again it was reported that some women prefer to go to the TBAs for maternal services due to socio-cultural beliefs and that some women like to give birth at home or to be delivered by the TBAs rather than by health professionals. A health worker had revealed: *... some of the women who are not educated believe what some of the uneducated midwives in their villages tell them. So, education is also another factor that can influence the client from accepting or refusing a particular contraceptive* (IDI with a midwife: 372 - 375).

f) Religious Leaders: Respondents had clearly revealed some of the views of these religious leaders and themes concerning contraceptives. Actually, those who have heard discouraging information from religious leaders appeared not to have been influenced about choices or decisions to use contraceptives. This is what a user had to say: *I'm a Catholic and this denomination is against the use of contraceptive and any family planning method. I don't think the religion brings confusion since most of the members are educated. Most of the Catholics are*

practicing family planning anyways. Religion might influence few people but not everyone (IDI with IUD user: 415 - 417).

This is what another respondent had said regarding the influence of the church:

Some church leaders advice against contraceptives. My church for instance normally says it's not good to use contraceptives especially involving in family planning. They said it's very bad, so I'm not supposed to be using condom. They say: when your husband comes around to sleep with you, you are not supposed to drive him away. Sex is always permitted. They add that nothing should drive your partner away because of the fear of getting pregnant. The leaders have advised that interrupting to have sex drags the men away to cheat on their wives. …the church leaders of Catholic Church have not talked about the natural method, neither have they encouraged women to be using the natural method (IDI with male condom user: 55 - 59).

Furthermore, discussants agreed that there are some particular denominations that discourage women to use contraceptives as revealed in the following extracts: *Jehovah Witness does not allow the use of contraceptives* (FGD with a never user: 56).

Some of the churches such as 'Gyidie' speak strongly against it. They advise women to give birth quickly so they don't do family planning (FDG with a previous user: 126).

Not only was it mentioned that some Christian denominations had not yet accepted the use of contraceptives, a Muslim woman had shared the information heard from her religions leader:

The Imam's advice it's ok to give birth to the next child after 2 years. My leaders are against family planning and don't talk about how to prevent against pregnancy (IDI with 3 years implant user: 559 - 560).

g) Traditional and Tribal Ideas: Another source of influence mentioned was traditional and tribal leaders. It was mentioned that some traditionalist frown on contraceptives due to promiscuity after use of contraceptive. One of the respondents had this to say:

*I believe tradition influences the use of family planning or contraceptives. Most traditional men believed the woman can cheat on them if they use contraceptives and most of the traditionalists are against contraceptives (*IDI with IUD user: 418).

According to a health worker, some tribes are introduced to marriage at early stage of life and have to give birth early.

…some of the tribe such as the 'Konkoba' people and Muslims in their community marry early and want to have children so the acceptance by these people is low and a bit difficult to counsel for them to accept the contraceptives (IDI with a midwife: 851 - 854).

Another health worker revealed that some women want to enjoy the benefits of the health insurance and systems. They have perceptions that health services are for free so there isn't a need to hamper on getting pregnant or hesitate on bearing children.

I think the health insurance contributed to the low usage because so many women think giving birth is for free. They will receive much benefit while they have given birth and have children. Some say they want to deliver 3 or 6 children. And that has reduced the contraceptive use. Sometimes when we are giving health education here and we talk about contraceptives some do mtchew (chuckle). *You will ask them why and they say, but going to hospital is free and she wants to deliver 4 or 5… Some of the mother's advice their children to give birth and compare their children to their mates who have given birth. Some mothers also advice children to stop going to school to give birth. Some mothers who have stopped giving birth will advice and motivate their children to go in for pregnancy because they think going to hospital is for free. The youth obey their parents and so when they are influenced they go ahead and ignore the contraceptives* (IDI with a midwife: 859 – 867).

It was understood that, primitive ideas in the communities were encouraged by some tribes in favor of the men. It is believed that the manhood of a married man is based on the number of children he can produce. Because of this, the woman is supposed to give birth to as many children as the man can produce to prove that he is capable of producing and show the man's level of manhood: *Most of the northerners want many children, it's somehow a taboo for them to stop bearing children due to their primitive ideas such as men must have children till they are old, if not they are regarded as impotent* (IDI with a midwife: 369 - 371).

3.7 Perceived non-medical side effects

Majority were of the view that modern contraceptives could be harmful as stated in the excerpt: *Implant can vanish in the body. Long term use can be harmful* (FGD with previous pill user: 87 - 88).

However, others believed it may only be harmful to those who have not been pregnant before. It is further explained that it can slim the chances of getting pregnant as a result of distorted mechanism of which a woman cannot become pregnant. *Yes, I think contraceptives may be*

harmful for those who have not given birth before. I think about that at times. It can harm the body or cause bareness (IDI with a male condom user: 106).

I know a woman who used 3 months injection, she stopped the injection to give birth but has not been able to after one year (IDI with 1 month injection user: 495).

On the contrary, some believe it is not harmful due to the fact that it's necessary to choose the appropriate contraceptive method and what works best. This interesting revelation was captured in the quote below:

It's good, that's if you have what works best for you (IDIs with IUD user: 390).

They are good just that the person has to know what works best for them. Women should try out and know which type works best (IDIs with 1 month injection user: 468 - 469).

Respondents stated some methods they think could be more harmful than others.

Surgical procedures, implants, IUD and injectables were pointed out to be the most harmful. It appears that respondents are reluctant of invasive procedures. A health worker agreed by saying:

...whether it's a barrier or a protective method or whether it is the surgical permanent method they are not comfortable with it especially with the men and so it makes the uptake very low because of that…(IDI with a senior medical officer: 725 -727).

A respondent also reported that: *I don't use the methods and don't know much about it aside the 5 years implant and the 1 monthly injection. The IUD scares me and will never want to use that method because of the surgical procedures involved* (IDIs with 1 month injectable user: 473 - 474).

I wouldn't advice anybody to use the implant. Because I think it's the most harmful of them all (IDIs with 3 years Implant user: 540).

A health care provider also commented about the implant: *That is the misconception that they have. Normally when they come, we tell them the side effects and how it works but when they go to the community. There is one or two people who will tell them otherwise especially the implant most of them don't like it. There are some misconceptions in the community, especially about the implant. 2 out of 10 will come back for the implant removal. However if they come back and you tell them that is how it works they will go back without the removal* (IDI with a community health nurse, RCH: 45 - 47).

3.8 Method related complaints

Respondents and discussants have revealed complaints of contraceptive use. Health providers have disclosed about the method related complaints women usually report to their facilities. Some of the major complaints that came to light are listed below:

a) Complaints about excessive bleeding after using IUD.

   … they tell us they bleed excessively after using the IUD… (IDI with a midwife: 881 - 882).

b) Complaints about itchy private parts after using condom.

   It's because of these minor complications. Some people complain about the Ghana Health Service condom. They say they have itchy private parts after use. I don't know what causes this (IDI with a midwife: 888 - 889).

c) Complaints about menstrual problems, spotting and fertility delays.

   There have been complaints about irregular menses and inability to conceive after use (IDI with a senior medical officer: 738).

d) Complaints about heavy bleeding and amenorrhea especially women with Islamic background.

   Heavy bleeding which is the general side effect, amenorrhea, especially with the Muslim women, most at times they are very concerned about their menses, they like to see their menses, if the menses do not come, they become worried and it's a cause for alarm (IDI with a Midwife: 264).

3.9 Fears of contraceptives

The most feared methods mentioned by users were implants, injection and IUD. The invasive procedures of some of these methods and the outcome of the surgical procedures appear to be a problem for some respondents. A senior medical officer confirms*: Clients have fear of surgery, the fact that they will have to go through some form of pain and despite the best assurances, the fear persist.* (IDI with a senior medical officer: 765).

Another service provider said:

Yes, especially those who want to do the implant due to hearsay in the communities, they have fears (IDI with a community nurse: 100).

A midwife also said*: I think the fears have reduced nowadays. At first when family planning was introduced, people speculated a lot about the contraceptives and its side effects such as IUD travelling to the heart. Such extreme speculations have reduced due to increased education to our clients.* (IDI with a midwife: 947 - 949).

Health implications were many concerns of some women. Aside the health implications mentioned, some pointed out non-diagnosed side effects about particular methods.

A respondent said:

Fear of gaining excess weight, getting big stomach, it causes hypertension, dizziness, and I am scared to do an invasive procedure. Because I don't know the outcome of the surgical procedure and might even happen that the procedure doesn't go well and I might have to correct the procedure (IDI with 3months injection user: 627 - 628).

Another issue reported was the fear of failure of contraceptive methods. The report is captured in the excerpt below:

I have fears using the male condom because I believe the condom can 'burst'. I believe contraceptives can fail to prevent pregnancy and also prevent STI's and also I believe contraceptives are harmful to the body (IDI with a male condom user: 131 -132).

This is what a discussant had to say:

I've heard that contraceptives can cause infertility and many people advice not to use it... (FDG with previous user: 115).

Healthcare providers have reported various types of fears women come to their facilities with. This comprises of varieties of health implications as follows:

*Yes, clients report fears of not being able to give birth after contraceptives use, since they believe someone else used and it prevented her from getting pregnant. They have fears of infertility, fears of getting cancers, fears of weight gain, fears of amenorrhea and other unknown conditions (*IDI with a midwife: 443 - 446).

I have witnessed women who fear to take contraceptives. They fear becoming plumpy and some complain about lack of sleep. Most of them who do it anyways want to be free from pregnancy (IDI with a pharmacist: 535 - 536).

Health providers have described the following fears clients have reported to them in their facilities with. These are captured below:

- fear of irregular menstruations and or excessive bleeding
- fear of absence of menstration
- fear of their husbands finding out about them using contraceptives
- fear of inability to conceive
- fear of surgery - fear of inconvenience and discomfort
- fear to loss of implant in the body, fear of sterilization
- fear of contraceptive failure

- fear to gain weight
- fear of amenorrhea - fear of seizing of menstruation and unknown complications
- fear that contraceptive use may be sin against God.

A midwife clarifies her experience with women who fear to take contraceptives due to their husbands:

... most cases, husbands do not agree for women to purchase contraceptives. Some women hide their family planning cards from the men before they come. Sometimes, one of the women in the community will organize the women and bring them to the facility on Wednesdays and we will do the family planning for them, that organizer will keep the family planning cards of clients and send them back to their various communities afterwards... (IDI with a midwife: 362 - 368).

A physician assistant said: *So one of the challenges is the fear of people using it because of what they will go through even when you hide and the husband gets to know the man can decide to divorce them. They fear their husbands and fear to sin against God since it's seen to be against God* (IDI with a Physician Assistant: 593).

3.10 Accessibility of contraceptives

Generally, contraceptive users access methods from the RCH. A healthcare provider mentioned the pharmacy, chemical shops, and drugstore and confirms the RCH to be the places contraceptives have been accessed: *I got it from the RCH. I remember I paid for the injection and the implant but I can't remember how much I paid* (IDI with implant user: 302).

It was revealed by a service provider that clients prefer to access from elsewhere depending on the type of contraception preferred at time of use. According to him, types accessed outside their facilities are N tablet and emergency contraceptives.

A pharmacist responded: *In the stores, usually they buy a lot of Primolut N (Primolut N tablets 5mg are used to treat menstrual problems and endometriosis), which is intended actually to treat dysfunctional bleeding but women use that to prevent pregnancy ...they also buy Postinor-2 and Condoms* (IDI with a Pharmacist: 522).

I buy it from the drugstore, my partner buys it and I can't tell if they give him any advice when purchasing it and before us using it (IDI with male condom user: 27).

3.11 Accessibility of services

Women come from near and afar to access services from the RCH. From the view of the health providers, services are available for their clients during the week and that, clients can come at anytime to access services. Below was what a nurse had revealed:

I will say where the RCH is located is far from most of the communities but most of the women still come here and we are here from Mondays to Friday, only Saturday and Sunday that we don't come to work (IDI with a community health nurse: 27).

*Women can visit at anytime; there is no specific time to pass by the station. Counseling takes place when women come for contraceptive services (*IDI with a community health nurse: 34).

The common and preferable methods accessed often are the available ones in the facilities. Some methods are not in the system at all to be delivered to clients. This was revealed by a midwife in an IDI at a private clinic:

Availability is the problem from my observations in Kintampo municipal, clients don't like the condoms; the clients don't like the Implants as well. The most accessed one is the 3 months injectables. We usually have challenges getting the other contraceptive methods. They are mostly out of stock in the Pharmaceutical shops when we go to purchase them. Eg. Depo Provera. It was initially brought from the municipal health directorate but not any more due to current challenges (IDI with a midwife: 378 - 386).

A health worker explains why some methods are not obtainable in the system and related this to the policies provided by the country to monitor these issues:

I think, the other methods that are not found in the system might be the outcome of the policies when the logistic that should be available for a full clinic to be utilized is not available, people will get them from other sources and the cost will be passed on to the patients or health workers might gradually lose the skill and are uncomfortable administering the method just because the method is not in the system. When eventually these methods are available in the community, it's not going to be properly sensitized so will avoid it altogether (IDI with a senior medical officer: 783 - 785).

Another service provider however alluded to the fact that, most methods are available but clients do not come in to access them as captured below:

All the methods are accessible to the mothers but most at times there are issues with clients coming to us. If they make bold step in coming, all the methods that are accepted in Ghana are accessible to mothers any time they are interested but most at times the issue is for them to come to the facility (IDI with a midwife: 231 - 233).

There was an interesting suggestion that, since the facility which delivers these services is located at just one place which is the RCH, there should be another unit at the Kintampo Municipal Hospital also to offer same services. It was brought to light that, the women who are referred from the hospital to the RCH cannot be traced and so monitoring clients is not as effective as should be. The following is what a health worker had to say concerning accessibility of services.

...would have been good if a family planning unit is located in the hospital that can offer services to the people. Women find it difficult to go to the RCH for services so how sure are you that when you direct them, they will go there for the services so we are not certain of it... (IDI with physician assistant: 601 - 603).

3.12 Challenges of healthcare providers

Health workers are facing challenges to bring the knowledge of contraceptives to their clients. They believe that the major problem here is the lack of knowledge and the perceptions people have about contraceptives. The challenges reported are listed below:

Language barrier might deter clients to receive counseling due to bad translation or misunderstanding during counseling process. Women do not come back to complain. They go to the community to spread rumors that family planning wasn't good for them (IDI with a midwife: 227 - 228).

...another serious challenge is the literacy level; a lot of the women are not educated so they don't know anything concerning contraceptives... (IDI with a physician assistant: 582).

Yes there are a lot of challenges, one of them is, they find it difficult to go to the chemical shops, there have been 'liability' of contraceptives seeing a young lady to go and buy a condom, it's one of the biggest challenge. Some of the ladies feel shy to go to the chemist to purchase contraceptives (IDI with a physician assistant: 578 - 579).

So far, most of them that I know come to the sexual and reproductive health unit for services. It is not a complication per say. Some come back with complications and pregnancies seeking for an abortion after they have accessed contraceptive somewhere else. (IDI with a midwife: 283 - 284*).*

Sometimes, clients come back and want the removal of the contraceptive. Some people will still come back within a month despite the serious counseling before contraceptive acceptance to remove it… (IDI with a community health nurse: 59 -

4 DISCUSSION

The objective of this research was to gain an understanding of the concepts of contraception misconceptions, the causes and the impact it has on women of reproductive age, especially on uptake and use, in Kintampo North Municipality, Ghana. Throughout the study, respondents reported a series of reasons why they would use or avoid the use of contraceptives.

4.1 Important factors

4.1.1 Knowledge

Some of the reasons for use or non use were dependent on the knowledge and information they had been exposed to about contraception and various methods. Study participants presented some level of understanding of contraception in general, in contrast to some specific methods, use, and functions. All health care workers had a high level of knowledge about contraception, specific methods, and use. It was obvious that current users, previous users, and non-users had varied opinions and different levels of understanding of contraceptives. The level of knowledge among the study population was diverse. It was noticeable that current users had a clear and better understanding than non-users. It could be that current users have received sufficient and convincing information from their counselors, health care professionals or other sources before deciding to use contraceptives. The level of knowledge of non-users was comparatively lower than their counterparts. Possible reason could be that they have had no reasons to enquire more about contraceptives. It could also be that, they do not find themselves in a position to be availed to the use of contraceptives or maternal services, for example in a situation to protect against pregnancy or they had no sexual encounter. As a hint, healthcare providers need to create an enabling environment to attract non-users and also the adolescents that have a higher risk of teenage and unwanted pregnancies, to disseminate adequate information about contraceptives because, uptake is very low among the general population and adolescents, due to misconceptions (Nettey et al., 2015).

In order to increase knowledge among adolescents, policymakers should make sure that school pupils are introduced to sexual and reproductive health and contraception at an early age to give them basic understanding. Because pupils engage in sexual activities as early as fourteen years in the community (Boamah et al., 2014). Even if they are not introduced to it fully, parts of it should be introduced so that they can build on that knowledge when they grow up.

Contraceptives were popularly known among women as family planning. It appeared that all the participants had an idea of what contraceptives were. Though women had general knowledge

about contraceptives, in-depth understanding of methods and its functions was low. Some women referred to contraceptives as pills and some as condoms. Again, contraceptives were known to the majority of women as something that could prevent women from unwanted pregnancies and help to space children. However, some still doubted if contraceptives could give maximum protection against pregnancy. In general, the uncertainty surrounding contraceptives was high. Some women shared a reasonable amount of concerns about the effectiveness of contraceptives.

Interestingly, contraceptives were also known among women as a protective from to prevent adolescents against pregnancy at an early age. This suggests that parents within the study could allow their teens to use contraceptives as protection without hesitation. In contrast to people in this community, non-study participants outside the study, may not have easily suggested to teens to have sex and protect themselves against pregnancy due to social and traditional norms and beliefs, but due to the some level of awareness the study participants had, they wouldn't have had difficulty to suggest contraceptives to their children in their teens.

It was impressive that, the majority of study participants understood that contraceptives do not prevent sexually transmitted diseases (STIs). This could reflect the fact that women were well informed about STIs.

4.1.2 Sources of information

To explore the sources of misconceptions about contraceptives, it is important to evaluate the sources from which participants had received their information or knowledge about contraceptives.

***a) Healthcare providers*:** Some women have confirmed to have received information from the hospital, maternity homes and from the health care personnel's which is the most dependable source to receive information. The healthcare providers reported in the study that, they have youth services provided in the "Reproductive Health Corner" and maternal services in the "Child Welfare Clinic" which is to provide clients with education and information about sexual and reproductive health topics like family planning, antenatal, postnatal and neonatal services to all women who visit the Child Welfare Clinic. Healthcare providers give an antenatal type of preventive healthcare which includes regular checkups to be able to treat and prevent possible health problems that may occur during the pregnancy. Again, a healthy lifestyle is promoted and encouraged among pregnant women.

It was added that women who visit the center are provided with postnatal care to the mother and neonatal care for the newborns. During the study, visits were made to the postnatal meetings at the center. A licensed midwife had sat with about fifteen women in one of the meetings. Some of the topics discussed in that meeting were postpartum birth control and how to care for newborns. An important issue the midwives pointed out was about believes women have about postpartum care, contraception and reproductive health in general. It was said that the information women receive from the community were mostly based on cultural and tribal believes and the midwife advised the women to follow the teachings they received from the healthcare workers to be able to have a healthy lifestyle for themselves and their babies.
Studies have shown that although the internet is utilized by many individuals, the trusted and reliable source of information is healthcare professionals (Cutilli, 2010).

***b) Social Networks*:** Some study participants reported to have received information by socializing with informal sources like friends, peers, and neighbors. According to the participants, the information they have received from their friends and peers did not influence their decisions to accept or to use contraceptives. The level of information participants have received from their peers was not clearly presented. However, it was admitted that there are a lot of rumors circulating in the neighborhoods about contraceptives and the various methods. Though the information received from peers did not really discourage study participants from using contraceptives, nonetheless the rumors had actually caused fear and the contraceptive use was mostly accompanied by fear of unforeseen events or symptoms that may occur.
Some studies have proven that social networks serve as a source of information for many and this could affect decision making and cause misunderstanding. Above all, this could give rise to misconceptions and perceptions especially when it revolves around a very sensitive topic like contraception (Yee & Simon, 2010).

***c) Opinion leaders*:** Opinion leaders like traditional leaders and religious leaders were mentioned as information carriers for receiving information about contraceptives. Religion is an important socio-cultural feature of many African communities. It is estimated that 53.1% of the Kintampo North Municipality are Christians and 36.1% are Muslims. Only a few (6.4%) have no religion at all and the rest have other religions (Ghana Statistical Service, 2014). As a result, religious leaders have the influence and power to facilitate effective information to promote family planning (Adedini et al., 2018). Traditional or other opinion leaders could also serve as change

agents, informing behaviors and shaping norms about contraception. It was revealed in the study that, some traditionalists and religious leaders think that, the use of contraceptives will cause promiscuity among women. In order for proper information to be disseminated, opinion leaders should obtain recognition as agents and information carriers and be accepted by healthcare givers into training programs like workshops to be well informed about contraception processes.

***d) Traditional Birth Attendants*:** TBAs were tagged in the study by healthcare givers interviewed to be the wrong source of information for women in the community regarding birth, provision of maternal services and contraception. The reason cited was that the level of education of the TBAs is very low, so they do not deserve the right to give out information regarding contraception. On the contrary, some studies have proven that TBAs could actually serve as potential agents to provide information in maternal health services, especially in communities with minimal health resources (Orya et al., 2017). It is therefore important that policymakers and healthcare givers give full recognition to TBAs. They should be recognized as important agents in the delivery of maternal services to women which also includes contraception. When they are recognized, policymakers and healthcare givers should also help TBAs to increase their knowledge base through workshops, organizing seminars, training, and practical sections to be able to train them on evidence based practices which have very good results so that the scope of their practice and methods will improve like the others. Consequently, their knowledge will be expanded, their practices will improve and they will therefore, be in a better position to render these kinds of services to the clients that come to them.

e) Media: Conferring to the findings, a good deal of incorrect information and misconceptions about contraceptives were identified among study participants, which mainly stemmed from the sources they had obtained information from, such as media – radio, television, internet, etc.
As published by other studies, electronic media – social media, radio, internet, television, etc. serve as a source of information for many (Westerman et al., 2014). The credibility and accuracy of the information published cannot be easily determined and could have a negative or positive impact on people (Westerman et al., 2014). There are a lot of fabricated news, spam, fraud, conspiracy and inaccuracy in the content that circulate around the various media platforms with some yielding to financial profits (Pennycook & Rand, 2019). The fact that fake news spreads so quickly shows how vulnerable users of media can be manipulated. The propaganda to sell fake medicines on the media was, for instance, one of the examples cited by healthcare providers. It

was mentioned that some herbal healers who are based in the community, and also from other places, go to radio stations spreading rumors about contraceptives as a strategy to publicize and sell their drugs. Most information published in the media, some without any vivid evidence, could spike up doubts about contraceptives and its effectiveness.

4.1.3 Method related complications

Other factors contributing to misconception and low uptake were based on method related complications and side effects of contraceptives.

According to the health workers, some clients indeed come to their office with complaints about excessive bleeding, headaches, menstrual problems, abdominal discomfort, amenorrhea, itchy genitals with the use of condoms and even fertility complications. Some complications may be directly caused by specific contraceptive methods, but fatal abnormalities have not been recorded. Studies have reported that clinical complications of some contraceptives could occur due to estrogen-progestin combination. Therefore, healthcare providers are to assist and guide clients to make the right choices when it comes to contraceptives. In the course of method failure or complications with methods, clients should be counseled to try other methods.

Misconceptions and myths can lead to unfounded fear and distorted perception of reality and also to ill-informed decisions (Svalastog et al., 2014). This can serve as a barrier to understand the proper function and effectiveness of contraceptives. The results suggested that the majority of contraceptive users would have preferred to use other pregnancy prevention methods than to use contraceptives because of perceived side effects. Previous users and non-users were reluctant to use any type of contraceptives due to perceived side effects like infertility, delayed or interrupted pregnancy, fibroids or cancerous growth, sterilization, method failure, unexpected effects, discomfort with implant, etc. These fears were cited by study participants to be the major reason for low uptake and discontinuation of contraceptive use. The impression was that women were bothered about misconception which revolves around infertility, delayed pregnancy, amenorrhea and spotting due to social consequences. The results made clear that, women who marry are expected to give birth quickly or right after the marriage ceremony, so there is a fear of social stigma from society due to infertility or childlessness in marriage. It was perceived that contraception could cause interruptions in pregnancy and should, therefore, be avoided before marriage or after marriage.

Moreover, some of the side effects mentioned by study participants were undiagnosed but rather based on their experience and of others or hearsays. However, there were women who had used contraceptives successfully though they had fears of side effects.

In order to achieve a sustainable solution, public dialogues and societal engagements about contraceptives and its use should be established to pass on evidence-based information to the public.

4.2 Limitations

a) Limitation of Findings

The study findings are subjected to several limitations. It could be observed that some women were not so comfortable to talk about their reproductive health issues. This means that participants probably may have hidden their real attitudes and felt embarrassed to talk about contraception and their reproductive health issues. The study was a qualitative study to access the situation on the ground and to advise further investigations and actions with regards to contraceptives and sexual and reproductive health programs. The findings cannot be generalized to other populations outside the Kintampo North Municipality but for the use of scientific research in this area. To what extent socioeconomic status affects acceptance and use of contraception was not as well clearly captured in the findings.

b) Limitation of Analytical Tool

The trustworthiness of results requires many series of analyses of the data which a qualitative approach serves as a limitation in achieving that. The assurance to achieve a valid outcome requires mixed methods by including a quantitative approach in order to attain maximum reliability of findings (Elo & Kyngäs, 2008).

Findings were not comprehensive enough to a large extent further than the given data which limits its contribution to social assumptions since findings of this present study tend to ignore many characteristics and uniqueness (Sutton & Austin, 2015).

c) Limitation of Coding

There are factors that may influence the coding process, especially at the pre-coding stage. Factors influencing the data analysis process could be based on the skill and background of the researcher (Saldaña, 2009). The fact that the researcher may have an emotional attachment to respondents of the study may bias the coding and presentation of results to disprove authenticity.

Again, the beliefs of the researcher are among other factors that may influence the pre-coding stage (Saldaña, 2009). The interest and curiosity of the researcher may also cause bias of the findings by causing exaggerations and misinterpretations of results (Saldaña, 2009).

4.3 Conclusion

Participants had agreed that contraceptive methods are worthy options to prevent unintended pregnancy. While most participants were aware of contraceptive methods, some were also worried about side effects. However, there were several perceived side effects reported without any medical proof. These supposed side effects were generated from rumors from both formal and informal sources. The study observed that participants had some information about contraceptive methods but an in-depth understanding of it was still very low. The fear of side effects was high, that current users had wished to opt -out and had preferred other alternatives to prevent unintended pregnancy. It was revealed that particular methods like the pill and injection were more accepted and preferred than other methods. It comes to view that, the invasive and surgical methods were the most feared ones. Despite the side effects and fears, non-users had still recognized the benefits of methods and would be ready to use them to help prevent pregnancy if no alternatives were available. Service providers have challenges in service provision of which education was believed to be the main approach to create change in clients' opinion about contraceptives. In general, there were perceptions and misconceptions regarding side effects, methods and effectiveness that are believed to lower the acceptance, uptake, and use.

Some study participants attested to the role of emergency contraceptives in the event of unprotected intercourse to prevent pregnancy. However, it appeared that most women had not associated so much with these emergency contraceptives.

4.4 Recommendation

Through the evidence gathered from literature and observations by this study, the following recommendations can be formulated:

a) Ways to resolve user complaints

These recommendations are targeted to stakeholders involved in family planning and health care delivery and ways to resolve the client's complaints to increase acceptance. Education is seen to be one of the top priorities to address the misconception of clients.

- Education is needed to inform users and both non-users about the misconceptions surrounding contraceptives and to warn against the marketing strategies of some local herbal sellers. Care providers should follow up on clients to detect challenges and complaints at the early stages.
- It is suggested that school programs and activities concerning sexual and reproductive health increased contraceptive uptake and usage among adolescents than community mobilization activities organized in these remote areas (Aninanya et al., 2015).
- Clients should be informed about specific contraceptive methods and surgical procedures which most people are afraid of and educated about methods especially those available in the facilities and if possible all the other modern methods should be made available for clients to have broader options to choose from.
- In counseling sessions, caregivers should prepare clients' mind and tell them about the possible side effects, and should as well be advised not to relate any health problems directly to contraceptives but rather wait for some time to observe the symptoms before they relate to contraceptives methods.
- In case of complications, advice should be given to change a particular method and if use is needed, guidance should be given to make the right choice.

b) Ways to address misconceptions and solutions

- Since many study participants have used media to inform themselves about contraceptives, caregivers should dominate and intensify the air time on radio stations, television stations, and other media platforms by educating women about contraceptive benefits and correct them from their perceptions. There should be the inclusion of religious gatherings like churches or mosques to give reproductive health talks and about contraceptives.
- Provision of easy access, availability and to provide safe and effective methods of contraceptives to clients.
- The hospital needs to have its own public health unit to properly manage and follow up on clients who are using contraceptive methods.
- Conduct of prospective research that studies misconceptions and perceptions regarding contraceptives methods.
- Policymakers should not only make recommendations but rather design sustainable programs that effectively measure the unmet need and increase uptake of contraceptives to reduce unwanted pregnancies and its consequences.

- Policy makers should create effective assessment and response strategy for programs created.
- Interventions that will involve socio-cultural agents like clerics, traditional leaders and community leaders for shaping norms and informing behaviors about contraception and use to increase uptake.
- They should design sustainable educative health programs to ensure continuity of care.

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6 APPENDICES

6.1 Appendix 1 IDIs – Interview Guide for Current Users

Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. It is achieved through use of contraceptive methods.

In the following, there will be questions relating to modern contraceptives in general. You will be asked to tell us about your opinion and experience about contraceptives.

Demographic Data

Identification Nr:

Sex:

Age:

Occupation/ Profession:

Place of residence:

Education level:

Number of children:

Marital Status: widowed, informal/consensual union, divorced, separated, living together, never married, single

Interview Questions

1. What do you know about contraceptives?
2. How do you inform yourself about modern contraceptive methods?
3. Do you use modern contraceptives to prevent pregnancy?

   If yes which method do you use?
4. Have you had a positive or negative experience with the contraceptive; Pill (Progesterone Only Pill (POP) or Combine Oral Contraceptive Pill (COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 monthly), Diaphragm/ Condom.

If no, why don't you use contraceptives to prevent pregnancy?

5. Where do you get your contraceptives from?
6. How do you prevent unintended pregnancy?
7. What do you think about modern contraceptives?

8. Do you think contraceptives are harmful?

If yes which contraceptive methods do you think it's the most harmful?

9. Describe the experience you've had with (the specific method using or has used)

10. Who makes decisions concerning contraceptive use in your life?

11. Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?

12. How do the following people influence your decision on contraceptive use?

i in-laws,

ii partners

iii friends

iv Neighbors

v Religious leaders

13. Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?

14. What fears do you have with regards to modern contraceptive use?

15. What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives

What informal source was this?

16. What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives.

What formal source was this?

6.2 Appendix 2 IDIs – Interview Guide for Healthcare providers

Interview Questions

1. How do you provide information on sex and contraception to your clients?
   Are there challenges in doing that?
2. How accessible are provider services (contraceptive methods provision, counseling on methods etc to users?
3. How do clients / users accept modern contraceptives?
4. What experience have you had with clients regarding complaints about the side effects of modern contraceptive use? How do these complaints influence use?
5. How do you provide contraceptive education specifically for young people who are not married?
6. How comfortable are you with providing adolescents with information on contraceptives?
7. Do they access methods your facility? If yes which one do they access most?
8. Do adolescents ever come back with complaints on the methods provided for them? How often?
9. What complaints do they usually come back with?
10. Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?
11. What kind of fears do they complain about?
12. How do you generally resolve complaints brought in by clients?

6.3 Appendix 3 FDGs Interview Guide for Previous Users

Interview Questions

1. What do you know about contraceptives?
2. What opinions do you have concerning contraceptives in general or modern contraceptives?
3. Are contraceptives acceptable in your community? If no, why do you think it's not acceptable?
4. Which specific method did you use?
5. What motivated your contraceptive choice?
6. Can you share your experiences, both negative and positive experiences?
7. Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?
8. Do you have fears with regards to modern contraceptive use?

If yes, which do you think are most harmful?

9. What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives. What informal source was this?
10. What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives

What formal source was this?

6.4 Appendix 4 FDGs Interview Guide for Non- Users

Interview Questions

1. What do you know about contraceptives?
2. How do you inform yourself about modern contraceptive methods?
3. What opinion do you have generally concerning Contraceptives modern contraceptives?
4. Are contraceptives acceptable in the community?
5. Why haven't you used contraceptives of any kind before?
6. Which way do you prevent pregnancy if not with contraceptives.
7. Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?
8. What fears do you have with regards to modern contraceptive use?
9. What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptive. What informal source was this?
10. What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives. What formal source was this?

6.5 Appendix 5 Consent and Assent Forms

Child Assent Form – In-depth Interview

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (IDI with users, version 1. 10.25.16)

Information Sheet

Note: This form should be used only for children who are 15-17.

Introduction: We are Researchers, working with the Kintampo Health Research center. We are doing a research on misconception and perceptions of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If you are interested in joining this study, we will have an in-depth interview with you. The interview is about your experiences with modern contraceptives and the specific contraceptive

method ever used. It will take about 60 minutes, and will be audio recorded. If you do not want the interview to be audio recorded, alternatively you may consent with a written report. The interview will be held at a time and place that provides sufficient privacy, and is agreed upon by you and the researcher.

Invitation: We invite you to participate in this study because you have experienced /used (pill, injectable. IUD, Diaphragm, Implant). We believe that you can help us answer our research question by telling us what you know about the method. We will also like you to share with us your general perceptions about modern contraceptives.

Risks: We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question you do not feel comfortable with. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with you. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured faces will be painted black to prevent identification. Your information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for you, your participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. You will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: You are free to choose if you want to take part in this study. Also, you can withdraw consent at any time without further explanation, and without any adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.

Your involvement in this study is greatly appreciated. If you are happy that you take part in the study, please read and sign the attached consent form.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802. She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by Child

The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that my participation is voluntary, and can withdraw my consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with my name. My information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that pictures of the event will be taken and to be used only for research and reporting purposes.

I understand that only group results, and not individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for me from being in the study.

I understand how to raise concerns or make a complaint.

I can consent with audio recording *(tick what applies):* □ Yes □ No

I agree to be part of this study. □ Yes □ No

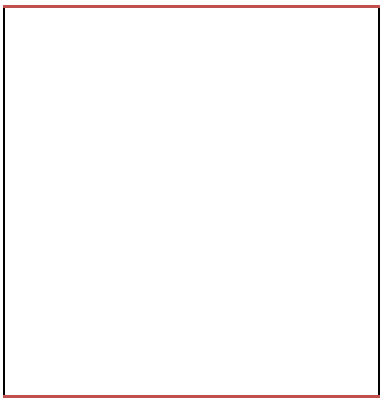
Name of Child

……

Date (dd/mm/yyyy):……/……/20……Signature:…….

OR

Thumb Print of Child



Witness statement

I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……

Date (dd/mm/yyyy):……/……/20……Signature of witness:……...

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and provided her consent to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: ……

Child Assent Form – Focus Group Discussion

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (FGD with users/non user's version 1. 10.25.16)

Note: This form should be used only for children who are 15-17.

Information Sheet

Introduction: We are researchers; working with the Kintampo Health Research center. We are doing a research on misconception and misinformation of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

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If you are interested in joining this study, we will have you participate in a focus group discussion with other women. The discussion is about your perceptions about modern contraceptives and its use. It will take about 60 minutes, and will be audio recorded.

Invitation: We invite you to participate in this study because you are a woman of reproductive age and likely make decision on contraceptive use now or for the future. We want to know about your general knowledge or perceptions regarding modern contraceptive use.

Risks: We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question you do not feel comfortable with. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with you or the other participants. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured faces will be painted black to prevent identification. Your information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

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The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that my participation is voluntary, and that I can withdraw my consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with me. My information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that only group results, and not my individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for me from being in the study.

I understand how to raise concerns or make a complaint.

I understand that pictures of event can be taken.

I consent with audio recording *(tick what applies):* □ Yes □ No

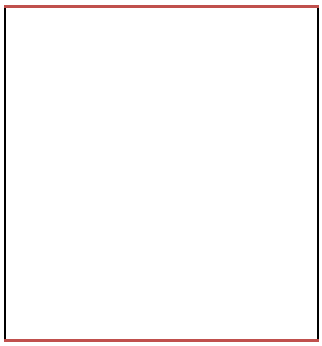
I agree to be part of this study. □ Yes □ No

Name of Child ……..

Date (dd/mm/yyyy):……/……/20……Signature:……...

OR

Thumb Print of Child



Witness statement

I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……..

Date (dd/mm/yyyy):……/……/20……Signature of witness:…….....

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and provided her consent to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: …….....

Participants Informed Consent Form – IDI

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (IDI with users, version 1. 10.25.16)

Note: This form should be used only for Participants

Information Sheet

Introduction: We are Researchers, working with the Kintampo Health Research center (KHRC). We are doing a research on misconception and perceptions of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If you are interested in joining this study, we will have an in-depth interview with you. The interview is about your experiences with modern contraceptives and the specific contraceptive method ever used. It will take about 60 minutes, and will be audio recorded. If you do not want the interview to be audio recorded, alternatively you may consent with a written report. The interview will be held at a time and place that provides sufficient privacy, and is agreed upon by you and the researcher.

Invitation: We invite you to participate in this study because you have experienced /used (pill, injectable. IUD, Diaphragm, Implant). We believe that you can help us answer our research question by telling us what you know about the method. We will also like you to share with us your general perceptions about modern contraceptives.

Risks: We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question you do not feel comfortable with. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with you. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured faces will be painted black to prevent identification. Your information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for you, your participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. You will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: You are free to choose if you want to take part in this study. Also, you can withdraw consent at any time without further explanation, and without any adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.

Your involvement in this study is greatly appreciated. If you are happy that you take part in the study, please read and sign the attached consent form.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802 She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by participant

The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that my participation is voluntary, and can withdraw my consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with my name. My information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that pictures of the event will be taken and to be used only for research and reporting purposes.

I understand that only group results, and not individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for me from being in the study.

I understand how to raise concerns or make a complaint.

I understand that pictures of event can be taken.

I can consent with audio recording *(tick what applies):* □ Yes □ No

I agree to be part of this study. □ Yes □ No

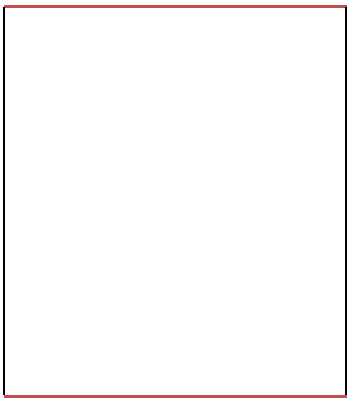
Name of Participant

……..

Date (dd/mm/yyyy):……/……/20……Signature:……

OR

Thumb Print of Participant



Witness statement: I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……...

Date (dd/mm/yyyy):……/……/20……Signature of witness:……..

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and provided her consent to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: ……...

Informed Consent Form for Parents/ Guardian - IDI

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (IDI with users, version 1. 10.25.16)

Note: This form should be used only for parents/ guardian assenting for children who are 15-17.

Information Sheet

Introduction: We are Researchers, working with the Kintampo Health Research center (KHRC). We are doing a research on misconception and perceptions of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If your daughter is interested in joining this study, we will have an in-depth interview with her. The interview is about her experiences with modern contraceptives and the specific contraceptive

method ever used. It will take about 60 minutes, and will be audio recorded. If you do not want the interview to be audio recorded, alternatively you may assent for your daughter with a written report. The interview will be held at a time and place that provides sufficient privacy, and is agreed upon by your daughter and the researcher.

Invitation: We invite your daughter to participate in this study because she has experienced /used (pill, injectable. IUD, Diaphragm or Condom, Implant). We believe that she can help us answer our research question by telling us what she knows about the method. We will also like her to share with us her general perceptions about modern contraceptives.

Risks: We are asking your daughter to share with us some very personal and confidential information, and she may feel uncomfortable talking about some of the topics. She does not have to answer any question she does not feel comfortable with. She does not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with your daughter. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured face will be painted black to prevent identification. Daughter's information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for your daughter, her participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. Child will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: Daughter is free to choose if she wants to take part in this study. Also, she can withdraw consent at any time without further explanation, and without any adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.

Her involvement in this study is greatly appreciated. If you are happy that she takes part in the study, please read and sign the attached assent form for your daughter.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802 She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by parents/Guardian

The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that child's participation is voluntary, and can withdraw her consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with my daughter. Her information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that pictures of the event will be taken and to be used only for research and reporting purposes.

I understand that only group results, and not individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for her from being in the study.

I understand how to raise concerns or make a complaint.

I understand that pictures of event can be taken.

My daughter can consent with audio recording *(tick what applies):* □ Yes □ No

I agree for my daughter to be part of this study. □ Yes □ No

Name of Child

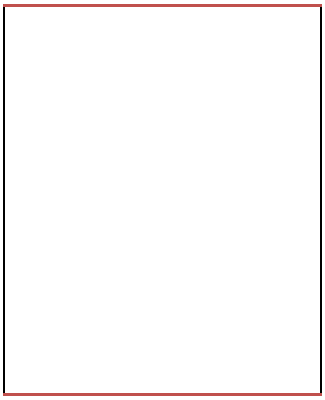
……

Date(dd/mm/yyyy):……/……/20……Parent/ Guardian……...

Signature:……

OR

Thumb Print of Parent/Guardian



Witness statement

I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……

Date (dd/mm/yyyy):……/……/20……Signature of witness:…….....

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and provided her assent for the daughter to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: …….

Informed Consent Form for Parents/ Guardian - FDG

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (FDG with users, version 1. 10.25.16)

Note: This form should be used only for parents/ guardian assenting for children who are 15-17.

Information Sheet

Introduction: We are Researchers, working with the Kintampo Health Research center (KHRC). We are doing a research on misconception and perceptions of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If your daughter is interested in joining this study, we will have an in-depth interview with her. The interview is about her experiences with modern contraceptives and the specific contraceptive method ever used. It will take about 60 minutes, and will be audio recorded. If you do not want the interview to be audio recorded, alternatively you may assent for your daughter with a written report. The interview will be held at a time and place that provides sufficient privacy, and is agreed upon by your daughter and the researcher.

Invitation: We invite your daughter to participate in this study because she has experienced /used (pill, injectable. IUD, Diaphragm, Implant). We believe that she can help us answer our research question by telling us what she knows about the method. We will also like her to share with us her general perceptions about modern contraceptives.

Risks: We are asking your daughter to share with us some very personal and confidential information, and she may feel uncomfortable talking about some of the topics. She does not have to answer any question she does not feel comfortable with. She does not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with your daughter. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured face will be painted black to prevent identification. Daughter's information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for your daughter, her participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. Child will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: Daughter is free to choose if she wants to take part in this study. Also, she can withdraw consent at any time without further explanation, and without any

adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.
Her involvement in this study is greatly appreciated. If you are happy that she takes part in the study, please read and sign the attached assent form for your daughter.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802 She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by Parent/ Guardian
The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.
I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.
I understand that child's participation is voluntary, and can withdraw her consent at any time without further explanation, and without any adverse consequences.
I understand that this study involves an interview about contraceptive use.
I understand that the interview will not be identified with my daughter. Her information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.
I understand that pictures of the event will be taken and to be used only for research and reporting purposes.
I understand that only group results, and not individual results, will be available for scientific and public health purposes.
I understand that there is no direct benefit for her from being in the study.
I understand how to raise concerns or make a complaint.
I understand that pictures of event can be taken.
My daughter can consent with audio recording *(tick what applies):* □ Yes □ No
I agree for my daughter to be part of this study. □ Yes □ No

Name of Child

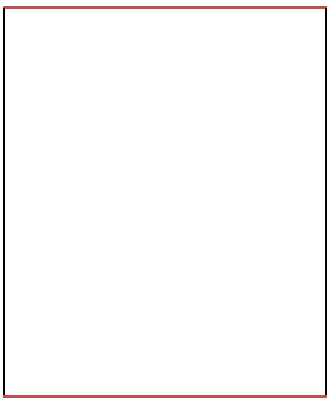
……..

Date (dd/mm/yyyy):……/……/20……Parent/Guardian…….

Signature:……

OR

Thumb Print of Parent/Guardian



Witness statement

I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……

Date (dd/mm/yyyy):……/……/20…….

Signature of witness:……...

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and has provided assent for the daughter to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: ……

Informed Consent Form for Service Provider – IDI

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (Service Provider, version 1. 10.25.16)

Information Sheet

Introduction: We are Researchers, working with the Kintampo Health Research center (KHRC). We are doing a research on misconception and misinformation of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If you are interested in joining this study, we will have an in-depth interview with you. The interview is about your experiences with modern contraceptives service provision. It will take about 60 minutes, and will be audio recorded. If you do not want the interview to be audio

recorded, alternatively you may consent for a written report. The interview will be held at a time and place that provides sufficient privacy, and is agreed upon by you and the researcher.

Invitation: We invite you to participate in this study because you are experienced with modern contraceptive services provision. We believe that you can help us answer our research question by telling us what your experiences with your clients have been, regarding their complaints about method they use and its effect on contraceptive uptake. We will also like you to share with us your general perceptions about modern contraceptives.

Risks: We are asking you to share with us some of your experiences with the services that you provide some of which may be confidential and you may feel uncomfortable talking about some of the topics. You do not have to answer any question you do not feel comfortable with. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with you. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured, faces will be painted black to prevent identification. Your information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for you, your participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. You will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: You are free to choose if you want to take part in this study. Also, you can withdraw your consent at any time without further explanation, and without any adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.

Your involvement in this study is greatly appreciated. If you are happy to take part in the study, please read and sign the attached consent form.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802 She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by participant

The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that my participation is voluntary, and that I can withdraw my consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with me. My information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that only group results, and not my individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for me from being in the study.

I understand how to raise concerns or make a complaint.

I understand that pictures of event can be taking.

I agree to take part in the study.

I consent with audio recording *(tick what applies):* □ Yes □ No

Name of participant…….....

Date (dd/mm/yyyy):……/……/20……Signature:……

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She/he has understood the explanation, and provided her/his consent to participate.

Name of researcher

…….

Date (dd/mm/yyyy):……/……/20……Signature: ……....

Participants Informed Consent form - FGD

Title: Misconceptions of Contraceptives and their effects on women of reproductive age in Kintampo Municipality, Ghana. (FGD with users/non user's version 1. 10.25.16)

Note: This form should be used only for Participants

Information Sheet

Introduction: We are Researchers, working with the Kintampo Health Research center (KHRC). We are doing a research on misconception and misinformation of contraceptives use which is very common in this country and in this region. We are going to give you information and invite you to be part of this research.

Background: A woman's ability to take a decision on if, when and how often to become pregnant is directly associated with her health and overall well-being. Despite the availability of safe and effective methods of modern contraception, contraceptive use is still very low in Ghana. Only 27% of married women and 18% of women aged 15 to 19 years use any form of contraception. In Kintampo, contraceptive use is 25% among the general population and 23% among adolescents. Although there has been progress with the safety and effectiveness of modern contraceptives, their use has been associated with fear of side effects. Whether these side effects are real or perceived, they influence the acceptance and use of contraceptive methods and this is worth exploring.

Study Purpose and procedure: An explorative study to understand the misconceptions and misinformation around the acceptability and use of modern contraceptives among women aged 15 to 49 years will be carried out in the Kintampo Municipality of Ghana.

Study Method: Two selected health facilities in the Kintampo Municipality will be involved in this research. In-depth interviews and focused group discussions will be held among women who have never used any method, current contraceptive users and previous users to explore their perceptions and experiences with five selected contraceptives. Health service provider's perception and experiences with contraceptive service provision will be explored.

If you are interested in joining this study, we will have you participate in a focus group discussion with other women. The discussion is about your perceptions about modern contraceptives and its use. It will take about 60 minutes, and will be audio recorded.

Invitation: We invite you to participate in this study because you are a woman of reproductive age and likely make decision on contraceptive use now or for the future. We want to know about your general knowledge or perceptions regarding modern contraceptive use.

Risks: We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question you do not feel comfortable with. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview. The audio recordings will be safely stored and will not be identified with you or the other participants. Pictures will be taken during the event for only the research and reporting purposes. Participant's faces are not going to be captured on camera or if captured faces will be painted black to prevent identification. Your information will be kept strictly confidential, and will not be shared with people outside the research group. The results of this study will only be available for scientific and public health purposes.

Benefits: Although there will not be any direct benefit for you, your participation is likely to contribute scientific evidence for effective contraceptive use programs and interventions in Ghana.

Cost: Participation in this study will not cost you any money. You will also not receive any money/incentives for participating in this research.

Willingness to participate or withdraw: You are free to choose if you want to take part in this study. Also, you can withdraw your consent at any time without further explanation, and without any adverse consequences. This project has been reviewed by, and received ethics clearance through, the Kintampo Health Research Center Ethics committee.
Your involvement in this study is greatly appreciated. If you are happy to take part in the study, please read and sign the attached consent form.

If you have a concern about any aspect of this research, please write to Mrs. Ellen Boamah-Kaali, at Kintampo Health Research Center; Box 200, Kintampo or speak to her on tel. no. 0248913802 She will do her best to answer your questions. If you remain unhappy or wish to make a formal complaint, please contact the chair of the Kintampo Health Research Center Institutional Ethics Committee; Dr. Damien Punguyire at the Municipal Health Directorate, Techiman or speak to him on 0244525538.

Statement of consent: To be completed by participant

The information letter has been read out loud to me or I have read the information letter. I have been given the opportunity to ask questions, and received satisfactory answers.

I understand that this research has been reviewed by, and received ethics clearance through, the Kintampo Health Research Centre Institutional Ethics Committee.

I understand that my participation is voluntary, and that I can withdraw my consent at any time without further explanation, and without any adverse consequences.

I understand that this study involves an interview about contraceptive use.

I understand that the interview will not be identified with me. My information will be held strictly confidential, will not be shared with people outside the research group, will be stored safely, and will be destroyed 5 years after the interview.

I understand that only group results, and not my individual results, will be available for scientific and public health purposes.

I understand that there is no direct benefit for me from being in the study.

I understand how to raise concerns or make a complaint.

I agree that pictures of event can be taken.

I consent with audio recording *(tick what applies):* □ Yes □ No

I agree to be part of this study. □ Yes □ No

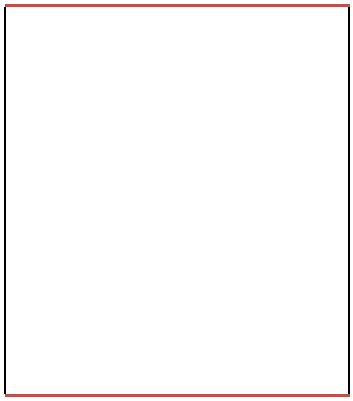
Name of participant

……

Date (dd/mm/yyyy):……/……/20……Signature:…….

OR

Thumb Print of participant



Witness statement

I declare that I have witnessed the informed consent process and the participant has been given the opportunity to ask questions and received satisfactory answers to her questions.

Name of witness:

……...

Date(dd/mm/yyyy):……/……/20…….

Signature of witness:……..

To be completed by researcher

I declare that I have explained the study and its implications to the participant. She has understood the explanation, and provided her consent to participate.

Name of researcher:

…….....

Date (dd/mm/yyyy):……/……/20……Signature: ……...

6.6 Appendix 6 Ethical Approval KHRC & HAW

Kintampo Health Research Centre (KHRC) Institutional Ethics Committee (IEC)
P.O Box 200
Kintampo, B/A
Ghana, West Africa
Tel: +233(3520)92037 (Ext 117)
E-mail: fred.kanyoke@kintampo-hrc.org

FULL ETHICAL APPROVAL CERTIFICATE

Francine Kyeremaa
Hamburg University of Applied Science
Berliner Tor 5, 20099
Hamburg, Deutschland

Date: 17th November, 2016

Study ID: 2016-19

Title of study: Misconceptions and Perceptions on contraceptives among women of reproductive age and their effect on contraceptive acceptability and use.

Principal Investigator: Francine Kyeremaa

Co-Investigator(s): Ellen Boamah-Kaali, Samuel Afari-Asiedu, Dr. Kwaku Poku Asante, Prof. Dr. Joachim Westenhofer

Type of Review: Full Board Review

Approval Date: 17th November, 2016

Expiration Date: 17th May, 2017

1. The Kintampo Health Research Centre Institutional Ethics Committee (IEC) is constituted and operates in conformance with requirements of 45 CFR 46, 21 CFR 50, 21 CFR 56 and section 3 of the International Council on Harmonization Guidelines. The OHRP Federal wide Assurance number for the committee is 00011103; the IRB registration number is 0004854.

2. The above study in title was reviewed by the IEC on 15th November, 2016 and given conditional approval.

3. The Committee subsequently granted full ethical approval for implementation of the study after conditions were satisfactorily addressed in a revised protocol.

4. The following documents were reviewed and approved;
   - 4.1 Misconceptions and Perceptions on contraceptives among women of reproductive age and their effect on contraceptive acceptability and use. Version 2, dated 11/16/16
   - 4.2 Informed Consent form; Service provider. Version 2, dated 11.16.16
   - 4.3 Informed Consent form; IDI with users and FGD with users/non users. Version 2, dated 11.16.16
   - 4.4 Informed Consent form; Parent/guardian (IDI with users and FGD with users/non users). Version 2, dated 11.16.16
   - 4.5 Child Assent form for IDI and FGD. Version 2, dated 11.16.16
   - 4.6 Data Collection tools

Study File number: 2016-19

THE CHAIRMAN, KINTAMPO HEALTH RESEARCH CENTRE INSTITUTIONAL ETHICS COMMITTEE

Kintampo Health Research Centre (KHRC) Institutional Ethics Committee (IEC)
P O Box 200
Kintampo, B/A
Ghana, West Africa
Tel: +233(3520)92037 (Ext 117)
E-mail: fred.kanyoke@kintampo-hrc.org

4.7 Study Budget
4.8 Curriculum Vitae of study Investigators

5. During study implementation, the IEC must be informed within 72 hours by the principal investigator (PI) of learning of any (a) unexpected, serious, study related adverse events; (b) disclosed adverse events, or (c) unanticipated problems with the study which may pose risk to study participants or others, if applicable.

6. All safety monitory reports, including DSMB summaries and reports, must be submitted to the IEC as soon as they become available to PI(s).

7. Changes or modifications to this research activity must be submitted and approved by the IEC before they are implemented.

8. PI(s) would be required to submit application for renewal of this approval certificate (if necessary) plus a progress report.

9. PI(s) is required to notify the IEC of study completion (end of data collection/last follow-up) or early termination of the research project.

10. Submit final report of the study one month after approval certificate expires (study closure)

11. Before conduct of the study, submit original/final copy of your informed consent and assent forms for an **authentication stamp** before making photocopies for your consent process.

12. Regulated study records, including IEC approvals and signed consent forms, must be securely maintained by PI(s) and available for audits for three years after the study is closed with the IEC.

Sincerely,

THE CHAIRMAN, KINTAMPO
HEALTH RESEARCH CENTRE
INSTITUTIONAL ETHICS
COMMITTEE

Nana Franklin Fei
(Second vice-Chair)
Institutional Ethics Committee
Kintampo Health Research Centre

Study File number: 2016-19

Hochschule für Angewandte Wissenschaften Hamburg
Hamburg University of Applied Sciences

HAW Hamburg • Alexanderstrasse 1 • 20099 Hamburg

Prof. Dr. Joachim Westenhöfer
Francine Kyeremaa

Fakultät Wirtschaft und Soziales
Department Pflege und Management
Departmentleitung
Prof. Dr. phil. Uta Gaidys

Reproductive Health of Ghanaian Women

Datum
19. Februar 2018

Sehr geehrter Antrágsteller,

die Ethikkommission hat keine Bedenken hinsichtlich der Durchführung des Projektes Reproductive Health of Ghanaian Women.

Für die Realisierung des Vorhabens wünschen wir gutes Gelingen.

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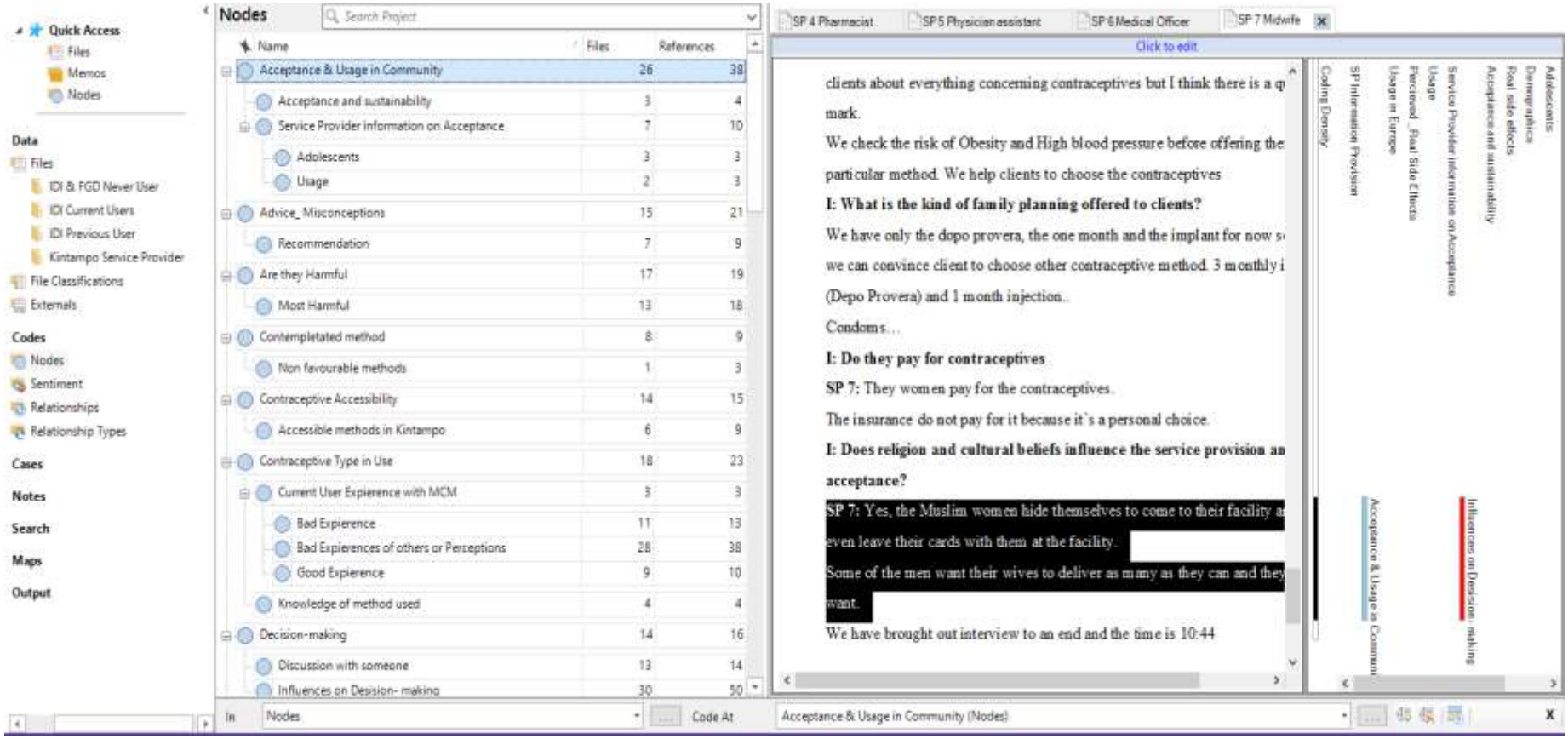
Fakultät Wirtschaft & Soziales

Mit freundlichen Grüßen

Uta Gaidys

Prof. Dr. Uta Gaidys
Mitglied der Ethikkommission des CCGs

6.7 Appendix 7 QSR Nvivo Analysis Tool



6.8 Appendix 8 Interview Transcripts

6.8.1 Transcript IDIs Current Users

In-depth Interviews with Current Users

1. **Male Condom User - Respondent (R)**
2. Venue: Kintampo Municipal Hospital
3. Time: 11:30
4. Sex: F
5. Religion: Christian (Catholic)
6. Age: 28
7. Number of Children:
8. Occupation/ Profession: Student
9. Education level: Tertiary
10. Number of children: 1
11. Marital Status: Married
12. Contraceptive Type: Male condom
13. Residence: Kintampo Town, Behind GN Bank
14. **What do you know about contraceptives?**
15. R: Contraceptives means anything that protects you from pregnancy.
16. **How do you inform yourself about modern contraceptive methods?**
17. R: I get my information from books, antenatal visits and the television and from the radio stations.
18. **Do you use modern contraceptives to prevent pregnancy?**
19. R: Yes
20. **If yes which method do you use?**
21. R: Male Condom, I think that was the safest way to prevent pregnancy. My partner also agreed to use condom to prevent pregnancy.
22. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months)., condom, ~~Diaphram~~**) that you are using or have used?
23. R: I got pregnant without even realizing due to condom use.

a. If no, why don't you use contraceptives to prevent pregnancy?

R: I don't use any type of contraceptive aside the condoms

Where do you get your contraceptives from?

R: I buy it from the drugstore; my partner buys it, I can't tell if they give him any advice when purchasing it and before us using it.

How do you prevent unintended pregnancy?

R: I was using the natural method to prevent pregnancy. I was checking the date of menstruation and before I met my partner.

What do you think about modern contraceptives?

R: Modern contraceptive are good but anything that has a good side also has a bad side, something like the pills, I've never used it because I think if you don't use it as you supposed to, it can have an effect or even cause pregnancy.

Do you think contraceptives are harmful?

R: I think they may have a bad side effect.

a. If yes which contraceptive methods do you think it's the more harmful?

R: I do not know much about contraceptives though so I cannot tell the particular type which is more harmful. It may depend on the individual way of use. It may be good for you but not good for the other person.

Describe the experience you've had with …(the specific method I is using or has used)

R: I used a male condom to prevent pregnancy but the condom busted so it resulted in pregnancy.

Who make decisions concerning contraceptive use in your life?

R: It's both of us, my partner and me.

Do you discuss contraceptives with your husband/ partner?

R: Yes

a. If yes what do you discuss?

R: We sit to think about which contraceptive type we should use. We discuss about it together.

b. If no, why not?

How do the following people influence your decision on contraceptive use?

i in-laws,

R: My in-law doesn't influence me, I have never discussed contraceptive with them anyways.

ii partners

49. R: Yes, sometimes there are discussions surrounding which method to use. Sometimes we can't agree on the same method to use.
50. **iii friends**
51. R: My friends have influence but I don't take their advice. I choose the one I think might be better for me.
52. **iv Neighbors**
53. R: I don't discuss that with my neighbors.
54. **v Religious leaders**
55. R: Some church leader's advice against contraceptives. My church normally says it's not good to use contraceptives especially doing family planning.
56. They said it's very bad, so I am not even supposed to be using condoms.
57. They say: when your husband comes around to sleep with you; you are not supposed to drive him away because of the fear of getting pregnant.
58. The leaders have advices interrupting to have sex drags the men away to cheat on their wives.
59. I am a catholic and we are against family planning. The church leaders of Catholic Church have not talked about the natural method neither have they encourage women to use natural method.
60. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
61. R: I know a woman who did the family planning and have problems with her menstruations.
62. I want to stop the family planning due to the effects. I feel objects moving through my stomach but the doctors say I am fine.
63. I don't know which contraceptive type I used.
64. **What fears do you have with regards to modern contraceptive use?**
65. R: I have heard most people complaining and that scares me away from using contraceptives.
66. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives**
67. R: From unknown people who speak bad about contraceptives
68. **a. What informal source was this?**
69. R: Rumors and what I have heard from that scares me because I think I can even get pregnant while using the contraceptive.
70. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

71. R: I have read about the pills in the books and to my understanding if it's not taking the way it supposed be, it can lead to pregnancy. And I believe I can't use the pill because I am forgetful.
72. **What formal source was this?**
73. R**:** Books

74. **<u>Male Condom User (R)</u>**
75. Venue: Kintampo Municipal Hospital
76. Time: 12:28
77. Sex: F
78. Religion : Christian
79. Age: 25
80. Number of Children: 0
81. Occupation/ Profession: Not mentioned
82. Education level: JSS
83. Marital Status: Partnership
84. Contraceptive Type: Male condom
85. Residence: Kintampo
86. **What do you know about contraceptives?**
87. R: Contraceptives means anything that protects you from pregnancy.
88. **How do you inform yourself about modern contraceptive methods?**
89. R: From doctors and friends.
90. **Do you use modern contraceptives to prevent pregnancy?**
91. R: Yes I use the barrier method.
92. **a. If yes which method do you use?**
93. R: Only male condom, I use condom to prevent not only pregnancy but also to prevent against STI'S
94. **3b. If no, why don't you use contraceptives to prevent pregnancy?**
95. R: I think condom is better than taking a pill or injection to prevent pregnancy. Because it protects against sexually transmitted diseases. So, I believe in condoms more than contraceptives.
96. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and**

progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?

97. R: No, I haven't had any negative experience with condom.
98. **Where do you get your contraceptives from?**
99. R:
100. **How do you prevent unintended pregnancy?**
101. R: I was using the natural method. I was counting my periods. It was working for me but I think it failed me several times.
102. **What do you think about modern contraceptives?**
103. R: I wouldn't advice anybody to take pills or injection.
104. I would not use other types of contraceptives to protect against pregnancy, I will rather use condoms.
105. **Do you think contraceptives are harmful?**
106. R: Yes, I think contraceptives may be harmful for those who have not giving birth before. I think about that at times. It can harm the body and cause bareness.
107. **If yes which contraceptive methods do you think it's the more harmful?**
108. R: I think the injectables and the IUD are the most harmful to the body.
109. **Describe the experience you've had with …(the specific method I is using or has used)**
110. R: If you use the condoms well it can't bust. The KISS brand is very good but it's all about the way it's worn to be able to use it to protect pregnancy.
111. **Who make decisions concerning contraceptive use in your life?**
112. R: I make decisions concerning contraceptives.
113. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
114. R: Yes, I talk a lot about contraceptives with my partner.
115. **How do the following people influence your decision on contraceptive use?**
116. i **in-laws**
117. R: No, I don't have in-law
118. ii **partners :**
119. R: No, my partner doesn't influence me.
120. iii **friends**
121. R: Some friend's advice me to try injection and the pills but I refused.
122. iv **Neighbors**

123. R: I don’t talk about contraceptives in my neighborhood.
124. v **Religious leaders**
125. R: No, my church leaders don’t say anything about contraceptives.
126. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
127. R: Yes, a friend was taken the 3 monthly injections but I got pregnant the next month of the injection.
128. I have also heard about complaints like headaches and dizziness.
129. **What fears do you have with regards to modern contraceptive use?**
130. **R:** Yes, I have fears using the male condom because I believe the condom can burst.
131. I believe contraceptives can fail to prevent pregnancy and also prevent STI’s.
132. I believe contraceptives are harmful to the body.
133. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**

i. **What informal source was this?**

ii. R: Friends

134. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**
135. What formal source was this?
136. R: I hear a lot from doctors and also from radio stations.
137. R: The makers of contraceptives should do it in a way that women wouldn’t get any side effects after usage.

138. **<u>Pill User (R) - Emergency Contraceptive</u>**
139. Venue: Kintampo Municipal Hospital
140. Time: 11:26
141. Name:
142. Sex: F
143. Religion : Christian
144. Age: 31
145. Number of Children: 2
146. Occupation/ Profession: Hairdresser
147. Education level: Primary

148. Marital Status: Divorced but not in partnership
149. Contraceptive Type: Pill
150. Residence: Kintampo
151. **What do you know about contraceptives?**
152. R: It is something used to protect against pregnancy. It does not prevent against STIs
153. **How do you inform yourself about modern contraceptive methods?**
154. R: I hear from my friends, colleagues and rumors that there are injections one monthly or 3 monthly. There are pills to take every day or the pills you take after sex. And a pill you take just once and it works for 3 days to prevent pregnancy. There is a pill you can take anytime you have sex.
155. **Do you use modern contraceptives to prevent pregnancy?**
156. R: I used daily pills before to prevent pregnancy but now use the morning-after Pills
157. **a. If yes which method do you use?**
158. R: I have used the daily Pills, Microgynon but now use the Morning-after Pills
159. **3b. If no, why don't you use contraceptives to prevent pregnancy?**
160. R: I have two kids and didn't use contraceptive during first marriage so the interval of the children were close.
161. I was not using it because I didn't know about it.
162. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?**
163. R: I use the Morning –after pill, and get waist pains after taken it. I have studied it carefully to know that it's the pill causing the waist pain.
164. I used the daily contraceptive and sometimes the emergency pills I bought from the drugstore.
165. I got very ill after using it. I had a disturbing menstruation. After going to see my doctor, I was told that I was pregnant but was still menstruating.
166. After the scan the doctor said I had an ectopic pregnancy and had a D&C because of the ectopic pregnancy.
167. I am not sure if that incidence was caused by the emergency contraceptive.
168. **Where do you get your contraceptives from?**
169. R: From the drugstore.
170. **How do you prevent unintended pregnancy?**

171. R: I use pills to prevent unintended pregnancy.
172. **What do you think about modern contraceptives?**
173. R: They can prevent pregnancy but they fail sometimes.
174. **Do you think contraceptives are harmful?**
175. R: Yes, I think the type of contraceptives used harmed me.
176. I was pregnant even after using the emergency contraceptives. So I think the emergency contraceptive might be harmful but I don't know if the other types can harm like the emergency contraceptives.
177. I have heard that, people complaining about the pill taken after sex, since I have not used it for long, I cannot really tell if it's harmful.
178. **If yes which contraceptive methods do you think it's the more harmful?**
179. R: The emergency contraceptives.
180. **Describe the experience you've had with …(the specific method I is using or has used)**
181. R: I got pregnant when I used the pill contraceptive and the pregnancy lead to D&C
182. I am now using the Morning-After Pill after and have not had any severe side effects aside the waist pains.
183. **Who make decisions concerning contraceptive use in your life?**
184. R: Nobody makes decision in my life. I decide to take it to prevent pregnancy.
185. My partner doesn't know about it. I have refused to inform him because the man wants me to get pregnant even though he's not married to me.
186. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
187. R: No, I don't talk about contraceptives to my partner.
188. I never used contraceptives during my first marriage.
189. **How do the following people influence your decision on contraceptive use?**
190. i. **in-laws**
191. R: My previous in-laws never talked to me about contraceptives or have any influence concerning child birth
192. ii. Partners: My partner does not have any influence on me.
193. R:
194. iii friends
195. R: Yes, my female friend talked to me about it before she decided to take contraceptives s and even asked me to join but I refused.

196. iv Neighbors.

197. R: Neighbors do not influence me.

198. v. Religious leaders.

199. R: No, not that I know of.

200. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**

201. R: A friend injected the 3 monthly contraceptives. She didn't get her menstruation. She went to tamale for medicine after that she had severe stomach pains.

202. My work colleague implanted for 5 years but fell very sick during her 4th month of using the implant. I was bleeding heavily and after that my doctor said I was pregnant and I had D&C before I got well.

203. **What fears do you have with regards to modern contraceptive use?**

204. **R:** Yes, very much. I have decided never to use the injectables due to my friends' experience.

205. I am wondering if the Morning-After pill after will be able to help me protect again pregnancy and also I'm scared the pill might harm me in the near future.

206. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**

iii. What informal source was this?

207. R: Friends, work colleagues and rumors

208. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

i. What formal source was this?

209. R: No formal source has informed me

210. **<u>Pill User - Combined Oral Contraceptives - Microgynon (R)</u>**

211. Veune: Kintampo Municipal Hospital

212. Time: 14:00

213. Sex: F

214. Religion : Christian

215. Age: 40

216. Number of Children: 2

217. Occupation/ Profession: Cleaner

Education level: Primary

Marital Status: Married

Contraceptive Type: Pill

Residence: Kintampo

What do you know about contraceptives?

R: It is something used to protect against pregnancy. This helps to space the children for 3, 4 or even 5 years before giving birth to the next baby.

I have used it for like 25 years. That is what I have used to prevent pregnancy. I don't know about any other type of contraceptives aside the daily pills called Secure.

I understand that every woman should go for what is good for them because what might be good for one might not be good for the other.

I have been able to have 2 kids while using the Pill.

How do you inform yourself about modern contraceptive methods?

R: Nurses, Television and radio stations.

Do you use modern contraceptives to prevent pregnancy?

R: Yes

a. If yes which method do you use?

R: Pills (secure)

b. If no, why don't you use contraceptives to prevent pregnancy?

R:.

Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?

R: No I have not had any bad side effect of the Pills

Where do you get your contraceptives from?

R: **How do you prevent unintended pregnancy?**

R: By using the contraceptive Pills.

What do you think about modern contraceptives?

R: They are very good to prevent pregnancy. People complain about it but for me I think it's good especially to prevent pregnancy.

Do you think contraceptives are harmful?

R: No, I did not think it's harmful.

If yes which contraceptive methods do you think it's the more harmful?

R: I have not used any other method so can't tell which one is harmful.

Describe the experience you've had with …(the specific method I is using or has used)

R: No, I didn't get any effects that I know of, I didn't get ill.

Who make decisions concerning contraceptive use in your life?

R: I make decision but my sister motivated me to take the pills.

Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?

R:

How do the following people influence your decision on contraceptive use?

i **in-laws**

R: No

ii **partners :**

R: **No**

iii **friends**

R: No

iv **Neighbors**

R: No

v **Religious leaders**

R: No

Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?

R: Yes, a roommate used the implant but her arm was swollen and was soared until she took it out.

I think many women have not accepted the contraceptives or do not know about contraceptives or family planning because I have seen many women getting pregnant shortly after birth.

Some women complain about excess bleeding after usage and distorted menstruation.

What fears do you have with regards to modern contraceptive use?

R: No, I am not scared of any type of contraceptives because I don't get any effects till the time I stopped**.**

What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.

What informal source was this?

271. R: From friends and neighbors but it did not prevent me from taking the pills.
272. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**
273. **What formal source was this?**
274. R: Radio station and television but it didn't deter me from taking the pills.

275. **<u>3 years Implant User (R)</u>**
276. Venue: Kintampo Municipal Hospital
277. Time: 13:00- 13:09
278. Sex: F
279. Religion: Christian
280. Age: 23
281. Number of Children: 1
282. Occupation/ Profession: Unemployed
283. Education level: Senior High
284. Marital Status: Partnership
285. Contraceptive Type: 3 years Implant
286. Residence: Kintampo
287. **What do you know about contraceptives?**
288. R: Family planning or contraceptives helps teenagers to grow before getting pregnant.
289. **How do you inform yourself about modern contraceptive methods?**
290. R: My partner informed me and also asked me to take contraceptive. He told me that the implant will help us to stay longer before getting pregnant.
291. My friend has also used it and I heard it from her as well.
292. **Do you use modern contraceptives to prevent pregnancy?**
293. R: Yes
294. **a. If yes which method do you use?**
295. R: 3 monthly injectables before and currently 3 years implant
296. **b. If no, why don't you use contraceptives to prevent pregnancy?**
297. R: Before the IUD, I didn't use contraceptives because I wasn't living with the father of my kids.
298. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and**

progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?

299. R: I was slim before but I have gained a little weight but I think its fine.
300. I have not yet had any problems with my menstruation now with the implant or the injectables I used.
301. **Where do you get your contraceptives from?**
302. R: I got it from the RCH I remember I paid for the injection and the implant but I can't remember how much I paid.
303. **How do you prevent unintended pregnancy?**
304. R: I wasn't using anything to prevent pregnancy. I wasn't engaging in sex.
305. **What do you think about modern contraceptives?**
306. R: It helps women to stay away from pregnancy
307. **Do you think contraceptives are harmful?**
308. R: No, I do not think that it's harmful for women and I would advice every woman to use contraceptives.
309. **If yes which contraceptive methods do you think it's the more harmful?**
310. R:
311. **Describe the experience you've had with …(the specific method I is using or has used)**
312. R: The insertion of the implant wasn't painful.
313. The only pain I had so far was when someone crabbed my arm at where the implant is located.
314. The day I had the 3 monthly injections, my arm pained me till the next day.
315. **Who make decisions concerning contraceptive use in your life?**
316. R: Myself and the partner.
317. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
318. R: Yes, I speak about it with my partner. He's concerned about the effects of the contraceptives.
319. My partner escorts me always when I want to come to the family planning Unit.
320. **How do the following people influence your decision on contraceptive use?**
321. i **in-laws**
322. R:No
323. ii **partners :**
324. R: He always comes with me to the Unit and he's very much concerned that I don't get pregnant.
325. My partner has been escorting me to the RCH since I started using contraceptives.

iii **friends**

R: No

iv **Neighbors**

R: No

v. **Religious leaders**

R: No, My leaders do not talk about it.

Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?

R: My sister used contraceptives and was disturbed by it so she stopped.

She slimmed down very much while she was taking the monthly injection.

Aside my sister's situation I have not seen any other who has have a severe effect.

What fears do you have with regards to modern contraceptive use?

R: I am not scared but I have heard that it's not good for someone who doesn't have kids.

I wouldn't have done the implant if I had no children. I would prefer the 1 monthly or the 3 monthly injections to prevent pregnancy.

What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.

What informal source was this?

R: My girl friends but I am not scared to take it. Because I believe everybody has her own body mechanism so it doesn't basically depend on the contraceptives.

Contraceptives cannot be the cause of every illness that befalls women who take contraceptives.

What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives

What formal source was this?

R: No.

<u>Intrauterine Device User (R)</u>

Venue: Kintampo Municipal Hospital

Time: 13:00

Sex: F

Religion : Christian

Age: 35

Number of Children: 2

353. Occupation/ Profession: Student
354. Education level: Tertiary
355. Marital Status: Single
356. Contraceptive Type:
357. Residence: Kintampo
372. **What do you know about contraceptives?**
373. R: It helps the individual in spacing the kids
374. **How do you inform yourself about modern contraceptive methods?**
375. R:
376. **Do you use modern contraceptives to prevent pregnancy?**
377. R: I have tried the IUD
378. **a. If yes which method do you use?**
379. R: IUD
380. **b. If no, why don't you use contraceptives to prevent pregnancy?**
381. R:.
382. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?**
383. R:
384. **Where do you get your contraceptives from?**
385. R: I got it from my facility. I worked at the Polyclinic
386. **How do you prevent unintended pregnancy?**
387. R: I have two kids and have 4 years between the children because I was not living together with their father
388. **What do you think about modern contraceptives?**
389. R: I think they are good in spacing children but I don't have any interest in modern contraceptive methods.
390. It's good that's if you have what works best for you.
391. **Do you think contraceptives are harmful?**
392. R: No, contraceptives are not harmful, just like ever drug has side effects; I believe contraceptives might also have their side effects.
393. **If yes which contraceptive methods do you think it's the more harmful?**

394. R:
395. **Describe the experience you've had with …(the specific method I is using or has used)**
396. R: Within the short period I used, it was normal for me.
397. **Who make decisions concerning contraceptive use in your life?**
398. R: Myself
399. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
400. R: No I don't.
401. **How do the following people influence your decision on contraceptive use?**
402. i **in-laws**
403. R: No; I am a health worker and so I think I wouldn't have any problems with using contraceptives.
404. ii **partners:**
405. R: No, my partner is also a health worker himself
406. iii **friends**
407. R: My friends wouldn't be in agreement.
408. I have a friend who used the depo Provera and she complains about bleeding after the use of the contraceptive.
409. I had to take if off due to the incident.
410. iv Neighbors
411. R: I think my neighbors could have negatively influenced on me.
412. They have a different perception about contraceptives and they don't want to use contraceptives.
413. They don't understand the use of contraception and might say negative things about me wanting to use it.
414. v. Religious leaders
415. R: I am a catholic and they are against the use of contraceptive and any family planning method.
416. I don't think the religion brings confusion since most of the members are educated. Most of the Catholics are practicing family planning.
417. Religious might influence few people but not anyone.
418. I believe tradition influence the use of family planning or contraceptives. Most traditional men believed the woman can cheat on them if they use contraceptive and most of the traditionalists are against contraceptives.

419. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**

420. R: Some say it makes them grow fat, some over bleed and some complain about dizziness.

421. **What fears do you have with regards to modern contraceptive use?**

422. R: The confusion of people not really knowing which type of contraceptive works for them.

423. The opportunity for people to try the types of contraceptives to know what works for them.

424. Health workers should educate women to understand that if one method does not work, they should keep on trying out the methods till they find what works best for them.

425. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**

426. **What informal source was this?**

427. R: No, friends, work colleagues, neighbors but they don't confuse me from it.

428. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

ii. What formal source was this?

429. R: I hear from my facility and mass media, workshops but they don't deter me from using contraceptives.

<u>1 monthly Injectables</u> User / Previous Implant User (R)

Venue: Kintampo Municipal Hospital

Time: 13:01- 13: 19

Sex: F

Religion : Christian

Age: 31

Number of Children: 3

Occupation/ Profession: Seamstress

Education level: Junior High

Marital Status: Married

Contraceptive Type:

Residence: Kintampo, New Town Kente

What do you know about contraceptives?

R: It is use to protect against unintended pregnancies.

How do you inform yourself about modern contraceptive methods?

R: I got the information 30 days after given birth and coming to weigh my child at the RCH.

The nurses explained and educated us to be able to space the children.

I went to them later on for further counseling because I didn't want to get pregnancy quick after my child.

Televisions

Midwifes

Work colleagues used the E -pill and I heard it from the nurses.

Do you use modern contraceptives to prevent pregnancy?

R: Yes

a. If yes which method do you use?

R: I intended to use the 5 years implant but after a year I have decided to change to 1 month injection.

I chose the 1 month injection because I think I have control over it than the implants

And in case there are harmful side effects I may know and fight it than the implant.

b. If no, why don't you use contraceptives to prevent pregnancy?

R:

459. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?**
460. R: I had a negative experience, eye pain, ears pain, appetite to eat. I am confident that the pain is the side effects of the contraceptive I used.
461. **Where do you get your contraceptives from?**
462. R:
463. **How do you prevent unintended pregnancy?**
464. R: I used the date to prevent pregnancy (Natural Method).
465. I explain how I did that I could have sex the whole week after my menstruation.
466. My husband is a policeman and he wasn't coming home frequently but I wouldn't advice any young person to use the natural method by counting the dates because if it's not done properly it can cause pregnancy.
467. **What do you think about modern contraceptives?**
468. R: They are good just that the person has to know what works best for them.
469. Women should try out and know which type works best.
470. **Do you think contraceptives are harmful?**
471. R: Yes, I believe it's harmful
472. **If yes which contraceptive methods do you think it's the more harmful?**
473. R: I don't use the methods and dont know much about it aside the 5 years implant and the 1 monthly injections.
474. The IUD scares me and will never want to use that method because of the surgical procedures.
475. **Describe the experience you've had with …(the specific method I is using or has used)**
476. R: It has helped me to prevent pregnancy but I believe that everybody has different mechanism and what might work for me might not work for the other.
477. I advice women to go to the midwives for counseling so that they don't get unintended pregnancy.
478. **Who make decisions concerning contraceptive use in your life?**
479. R: I decided to use the contraceptives.
480. I chose the 5 year implant because that was available by some NGO`s but it was ok, I decided to remove it after 3 years though.

481. **Do you discuss contraceptives with your husband/ partner? If yes what do you discuss? If no, why not?**

482. R: Yes, I informed him and my husband told me it can get lost in my body. He wasn't worried about the contraceptives.

483. **How do the following people influence your decision on contraceptive use?**

484. i **in-laws**

485. R: No, my in-law doesn't know anything about it. But she always tells me to give birth early.

486. ii **partners :** Yes, I discussed it with my partner. My partner is fine with it

487. R:

488. iii **friends**

489. R: Friends do not know about it.

490. iv **Neighbors**

491. R: No

492. v **Religious leaders**

493. R: No, my pastors do not talk about it.

494. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**

495. R: I know a woman who used 3 months injection, she stopped the injection to give birth but have not been able to after one year.

496. My elder sister used the IUD and got cancer at last.

497. **What fears do you have with regards to modern contraceptive use?**

498. **R:** They said the implant can vanish in the body, it causes weight gain, and it's not 100% reliable to prevent pregnancy. I am very scared to use the IUD.

499. I can't use the pills because I can get menstruations 2x a month. The 3 injections months' injection can cause increased bleeding.

500. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**

501. **What informal source was this?**

502. R: Friends and sister's incident.

503. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

iii. **What formal source was this?**

iv. R: No

3 years Implant User (R)

Venue: Kintampo Municipal Hospital

Time: 11:11

Sex: F

Religion : Muslim

Age: 22

Number of Children: 1

Occupation/ Profession: Farmer

Education level: JSS

Marital Status: Married

Contraceptive Type: 3 months Implant

Residence: Kintampo, Samrama

What do you know about contraceptives?

R: Contraceptives prevent pregnancy, I am not sure if that is true or not.

How do you inform yourself about modern contraceptive methods?

R: I heard it from weighing.

The midwifes educate the women who come to weigh their children at the RCH

Do you use modern contraceptives to prevent pregnancy?

R: Yes

a. if yes which method do you use?

R: Implant 3 years.

b. If no, why don't you use contraceptives to prevent pregnancy?

R:

Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?

R:

Where do you get your contraceptives from?

R: RCH

How do you prevent unintended pregnancy?

532. R: I did not use anything to prevent pregnancy because I wasn't engaging in sex.
533. **What do you think about modern contraceptives?**
534. R: I think the Pills might be better for me.
535. I get my menstruation for the whole month. But doctors say it's normal.
536. I want to remove it but I'm waiting for my husband to return home to give me money to remove it.
537. **Do you think contraceptives are harmful?**
538. R: They said it can cause infertility and that can cause marriage breakup.
539. **If yes which contraceptive methods do you think it's the more harmful?**
540. I would not advice anybody to use the implant. Because I think it's most harmful of them all.
541. **Describe the experience you've had with …(the specific method I is using or has used)**
542. R: I have lost a lot of weight and I lost appetite, I get my menstruation throughout the month.
543. **Who make decisions concerning contraceptive use in your life?**
544. R: I decided with my husband and he agreed that it will help us to space the child.
545. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
546. R: I discussed how they can space their first born because I wanted to work.
547. Yes, I discuss that I want to take it out due to the long menstruation.
548. **How do the following people influence your decision on contraceptive use?**
549. i **in-laws**
550. R: No
551. ii **partners:**
552. R: **Partner hasn't influence me particularly.**
553. iii **friends**
554. R: My friends who use the implant introduced me to the implant but I was using the 3 monthly injection.
555. My doctor advised me to take the implant to be on the save side such incase the 3 month injection has expired and I am not close by to take the next 3 months injection.
556. iv **Neighbors**
557. R: No
558. v **Religious leaders**
559. R: The Imam's advice it's ok to give birth to the next child after 2 years.
560. My leaders are against family planning and don't talk about how to prevent against pregnancy.

561. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
562. R: Some people using implant complain about abdominal pain.
563. **What fears do you have with regards to modern contraceptive use?**
564. **R:** Fears of causing Infertility.
565. **R:** The rumors that it can disturb fertility are my only worry so if you have not given birth you might want to remove the implant or stop using contraceptive.
566. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**
567. **What informal source was this?**
568. R: Rumors of infertility
569. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**
570. **What formal source was this?**
571. R: No

3 monthly Injection (R)

Venue: Kintampo Municipal Hospital

Time: 10:31

Sex: F

Religion : Christian

Age: 28

Number of Children: 3

Occupation/ Profession: Trader

Education level: J.SS

Marital Status: Informal Partnership

Contraceptive Type: 3 monthly Injection

What do you know about contraceptives?

R: Many people say it's not good to use contraceptives or family planning.

I was scared to use contraceptives. I was using it now after my 3rd child.

How do you inform yourself about modern contraceptive methods?

R: Nurses and churches,

Do you use modern contraceptives to prevent pregnancy?

R: Yes and no

a. If yes which method do you use?

R: 3 months injectables

b. If no, why don't you use contraceptives to prevent pregnancy?

R: I started using the 3 months injectables at my 3rd child birth.

Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?

R: No, it's normal

Where do you get your contraceptives from?

R: Municipal hospital

How do you prevent unintended pregnancy?

R: I wasn't using anything for my two children.

What do you think about modern contraceptives?

601. R: The side effect can affect a person. Negative talks about it made it difficult to take contraceptive. They are helping women to prevent pregnancy and offer child spacing.
602. It takes away burden of early child birth and giving birth to plenty children within a short period of time.
603. **Do you think contraceptives are harmful?**
604. R: Yes, I think it's harmful
605. **If yes which contraceptive methods do you think it's the more harmful?**
606. R: I can't tell because someone might prefer to take pills or do a surgical procedure.
607. **Describe the experience you've had with …(the specific method I is using or has used)**
608. R: No I have not seen any side effects after the injection. I have appetite.
609. **Who make decisions concerning contraceptive use in your life?**
610. R: I didn't want to take contraceptives because of what people say about it but the nurses educate us when we visit the RCH to take contraceptives to space children
611. **Do you discuss contraceptives with your husband/ partner? If yes what do you discuss? If no, why not?**
612. R: Yes, I talked to my partner about it. My partner was for the contraceptives but I didn't want to do it.
613. **How do the following people influence your decision on contraceptive use?**
614. i **in-laws**
615. R: No
616. ii **partners :**
617. R: Yes my partner wanted me to take it
618. iii **friends**
619. R: No
620. iv **Neighbors**
621. R: No
622. v **Religious leaders**
623. R: No
624. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
625. R: No
626. **What fears do you have with regards to modern contraceptive use?**
627. R: Fear of gaining excess weight, getting big stomach, it causes hypertension and dizziness.

628. I am scared to do an invasive procedure of contraceptives. Because I doesn't know the outcome of the surgical procedure and might even happen that the procedure doesn't go well and I might have to correct the procedure.
629. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**
630. **What informal source was this?**
631. R: Rumors and the negative information scared me.
632. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**
633. **What formal source was this?**
634. R: No

635. **<u>1 Month Injectable (R)</u>**
636. Venue: Kintampo Municipal Hospital
637. Time: 12:06
638. Sex: F
639. Religion: Muslim
640. Age: 18
641. Number of Children: 0
642. Occupation/ Profession: Student
643. Education level: SHS
644. Marital Status: Living together
645. Contraceptive Type:
646. Residence: Kintampo, Japa
647. **What do you know about contraceptives?**
648. R: Any drug or method used to avoid pregnancy, it can prevent against STI's
649. **How do you inform yourself about modern contraceptive methods?**
650. R: School club, they meet and talk about how to avoid pregnancy.
651. They educate about contraceptives and my teacher introduced the 3 months and the 1 monthly contraceptives.
652. **Do you use modern contraceptives to prevent pregnancy?**
653. R: Yes

654. **a. If yes which method do you use?**

655. R: The 3 monthly injections and currently using the 1 month injection.

656. **b. If no, why don't you use contraceptives to prevent pregnancy?**

657. R:.

658. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?**

659. R: The side effects of the 3 months injection were headaches and spotting. Pain killers can't stop the headaches.

660. Change of mood a week or two to the expiring date.

661. I have decided to change it to take the one month injection just that it's very painful than the 3 months.

662. I haven't experienced any headaches and dizziness so far. I believe it works better for me.

663. The only negative is that it's painful

664. The positive is that I have gained a bit of weight. And I believe the injection causes weigh gain.

665. **Where do you get your contraceptives from?**

666. R: RCH

667. **How do you prevent unintended pregnancy?**

668. R: Before I was using the withdrawal method but my boyfriend was not satisfied with that.

669. Using contraceptives. I used the 3 monthly and currently 1 month injection

670. **What do you think about modern contraceptives?**

671. R: It helps to prevent pregnancy

672. **Do you think contraceptives are harmful?**

673. **R:** It could be harmful if overused as taking the pills everyday from the school days till the time you get married. I think the interval between the start dates till the day, it's stopped it's too long that it might cause harm to the body.

674. **R:** Social Effects: Some people are shy to go to the drugstore.

675. I know about the effects of it. I wouldn't prefer pills but the probability of taken that will be low. So many women forget to take the contraceptives and that can lead to pregnancy.

676. **If yes which contraceptive methods do you think it's the more harmful?**

677. R: The IUD, Virginal ring, any procedure that involves surgical procedure is harmful.

678. **Describe the experience you've had with …(the specific method I is using or has used)**

679. R: 1 month injection and slight weight gain.

680. **Who make decisions concerning contraceptive use in your life?**

681. R: My madam and her boyfriend influence me to use the injection.

682. I was shy that I was too young and I might not be permitted to use it but they motivated me.

683. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**

684. R: Yes, My boyfriend has been asking how I feel after the injections. And they discuss about my side effects and they discuss about me changing from 3 monthly to use the 1 monthly injection.

685. **How do the following people influence your decision on contraceptive use?**

686. i **in-laws**

687. R: No

688. ii **partners :**

689. R: Yes, through discussion, he advices me on the choice of contraceptives and tells me it's helpful.

690. iii **friends**

691. R: No

692. iv **Neighbors**

693. R: No

694. v **Religious leaders**

695. R: The Malam preach against contraceptives. Muslims practice what the prophet has done and say that the prophet did not use contraceptives so it's wrong to do it. They advice women to read their menstrual cycle to prevent pregnancy.

696. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**

697. R: My friend used the 3 years implant and has resulted in epilepsy. I collapse in school and I am sure the implant caused it.

698. I believe the implant content is stronger than my blood and that is why I collapsed because I was young.

699. Some people have increased bleeding and you have to always wear a pad and that is a bit disturbing.

700. My school mate had excess bleeding for 3 months after using 3 monthly contraceptives.

701. **What fears do you have with regards to modern contraceptive use?**

702. Social Stigma: As in I was scared I might not be permitted or given the contraceptives at the Family Planning Unit.

703. But the RCH has counseled me very well and I was educated.

704. The nurse whom I met on the occasion was very angry at me missing the time to take the next injection.

705. I introduced my friend who wanted to try the contraceptives but the nurse was very hostile to her friend and because of that I went home without taking the contraceptives.

706. R: I have heard that it can cause infertility to people who have not yet given birth.

707. I believe the real side effects are not revealed and not talked about. I's scared that the monthly injections might affect me in some way but I was planning to stop when I complete school and moves to a different town but was planning to use the counting of the menstrual cycle to prevent pregnancy when I stop using the Injections.

708. I have heard that condom prevent sexual excitement, fears of excessive bleeding or Epilepsy.

709. The one monthly injection can cause weight lost or weight gain and it's disturbing to me.

710. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**

711. **What informal source was this?**

712. R: Friends and rumors

713. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

v. What formal source was this?

714. R: Imam

715. **<u>3 Monthly Injectable (R)</u>**

716. Venue: Kintampo Municipal Hospital, RCH

717. Time: 09:42

718. Sex: F

719. Religion : Christian

720. Age:

721. Number of Children: 2

722. Occupation/ Profession: -

723. Education level: JSS

724. Marital Status: Informal Union

725. Contraceptive Type: 3 Monthly injection

726. Residence: Kintampo Sowmay

727. **What do you know about contraceptives?**

728. R: They are used to prevent pregnancy and for child spacing

729. **How do you inform yourself about modern contraceptive methods?**

730. R: I get my information from the nurses and midwifes at the RCH when I go to weigh my child

731. **Do you use modern contraceptives to prevent pregnancy?**

732. R: Yes

733. **a. If yes which method do you use?**

734. R: 3 months injection

735. **b. If no, why don't you use contraceptives to prevent pregnancy?**

736. R:

737. **Have you had a positive or negative experience with the contraceptive (Pill (POP or COCP), IUD, Implant, Injectable (combined injectable contraceptive (monthly) and progestogen-only injectable contraceptive (3 months), condom, ~~Diaphram~~) that you are using or have used?**

738. **Where do you get your contraceptives from?**

739. R: RCH

740. **How do you prevent unintended pregnancy?**

741. R: Using the 3months injection

742. **What do you think about modern contraceptives?**

743. R: They are good it helps to prevent pregnancy.

744. **Do you think contraceptives are harmful?**
745. R: No they are not harmful.
746. **If yes which contraceptive methods do you think it's the more harmful?**
747. R: I don't know because I have only used the 3 months injection.
748. **Describe the experience you've had with …(the specific method I is using or has used)**
749. R: I think it's very good because I haven't had a bad experience with it.
750. **Who make decisions concerning contraceptive use in your life?**
751. R: Herself after the education of the nurses.
752. **Do you discuss contraceptives with your husband / partner? If yes what do you discuss? If no, why not?**
753. R: I tried disusing with my partner but he doesn't say anything to that.
754. **How do the following people influence your decision on contraceptive use?**
755. i **in-laws**
756. R: No
757. ii **partners :**
758. R: **Yes**
759. iii **friends**
760. R: No
761. iv **Neighbors**
762. R: No
763. v **Religious leaders**
764. R: No
765. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
766. R: I haven't heard anything about it.
767. **What fears do you have with regards to modern contraceptive use?**
768. R: Nothing really
769. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives.**
770. **What informal source was this?**
771. R: No
772. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**

773. **What formal source was this?**

774. R: No

6.8.2 Transcript IDIs Service Providers

Service Provider (SP) 1 - Community Health Nurse

Misconceptions and Perceptions on Contraceptives among women of reproductive age and their effect on contraceptive acceptability and use

1. This is a focus group discussion with a community health nurse at the Sexual and reproductive health unit at the municipal hospital. HW says "We are not under the municipal hospital", municipal health directorate. Interviewer agrees "Municipal Health Directorate".
2. We are starting the interview 2:20 so to start with, I want to know how you provide information to your clients.
3. From: Kintampo
4. **Identification** SP 1
5. VENUE: Sexual and Reproductive Health Unit at the Municipal Health Directorate
6. TIME: Start:14:20
7. END: 14:39
8. Age: 31
9. Length of Service: 4 years
10. Occupation: Community Health Nurse
11. Education level: Tertiary
12. Sex: Female
13. Religion: Christian
14. Marital Status: Married
15. **I: How do you provide information on sex and contraception to your clients?**
16. **SP 1:** We normally give them sex education about contraceptives at CWC, ok,
17. **I**: let's continue
18. **SP 1:** We also go to the Radio stations to talk about sex and contraceptives at free air time and then we talk about it, we also provide sex education during meetings at the adolescence health corner every Friday and sex education provision during Post Natal Care (PNC) we talk about such issues.

19. We go for home visits and school health visits, we talk about it.
20. **I:** Ok so
21. 1a. **Are there challenges in doing that?**
22. **SP 1: No we have p**ersonals around so we don't have any challenges do their work well. No known challenges to her, personally she doesn't have any challenges**.**
23. **I: Financial or any**
24. R: That is what I will say, I don't have any challenge.
25. **How accessible are provider services (contraceptive methods provision,**
26. **counseling on methods etc to users?**
27. **SP 1:** I will say where the RCH is located is far from most of the communities but most of the women still come here and we are here from Mondays to Friday only. Saturday and Sunday that we do not come to work.
28. **I: So in terms of providing counseling to them how that is accessible?**
29. For the counseling we have show flip charts here to show is to the mothers.
30. **I: So do you have specific time for the counseling?**
31. **No**: Only when we meet a client we want to counsel-
32. **I: when the Client want to access the family planning method then you do the**
33. **counseling method?**
34. **SP 1:** Yes, Women can visit at anytime within the opening hours; there is no specific time to pass by the station. Counseling takes place when women come for contraceptive services.
35. **I: Do you counsel other people to bring them on board?**
36. **SP 1: Ja,**
37. Sometimes we have teenager mothers who come with e.g. Friends, mother-in-laws, sister in-laws, also come alone with those who are coming for the CWC and so we have to talk to them.
38. **I: Some times what influence you to talk to them?**
39. **SP 1:** It's not easy, sometimes we do our best contact them and talk to them about sex education and contraceptives to bring them on board but some of the reasons are, if we see that a mother has a child we are of the view that she should complete school before giving birth to the next baby so that is their motivation to talk to such people.
40. And most mothers have to space children because of work and we make it clear to them that if children are many, the situation can become a burden for the parent and child, the father so we explain the benefits that comes to mothers and even communities and the health workers.
41. Our work will become very tedious

42. **I: How do clients / users accept modern contraceptives?**
43. **SP 1:** Yes, They accept the commodities; the family planning report tells we are doing well. Some will come to them to verify about what they have heard from the community which they want to hear it from them
44. **I**: **If the users accept the contraceptives what is the sustainability?**
45. That is the misconception that they have. Normally when they come we tell them the side effects and how it works but when they go to the community.There is one or two people who will tell them otherwise especially the implant most of them don't like it.
46. There are some misconceptions in the community, especially the implant, 2 out of 10 will come back for the implant removal.
47. However if they come back and you tell them that is how it works they will go back without the removal.
48. They don't feel comfortable about having the implant that they will not be able to menstruate at the end of the month. They are scared that implants will prevent menstruation from occurring.
49. **Their perception may be Perceptions** Acquiring ectopic from contraceptives use, Implant can travel up to the heart**.**
50. Fibroid occurrence after usage of contraceptives.
51. We don't force women to take contraceptives but provide them counseling section and after that, women are free to choose themselves.
52. During counseling, side effects of contraceptives are made know to the women but when they get to the communities they turn to believe what the community tells them.
53. We don't force them to do it, we have to counsel them then we do it. Most of the
54. health talks we have we talk about family planning as a whole and take the commodity and tell and tell them that it works.
55. **I**: So it appears that we've talked about the Forms.
56. **I: What experience have you had with clients regarding complaints about the side effects of modern contraceptive use**
57. **SP 1:** For the experience, now I know how to handle the clients from experience,
58. some people are very difficult.
59. Sometimes clients come back and want the removal of the contraceptive. Some people will still come back within a month despite the serious counseling before
60. contraceptive acceptance to remove it. I know how to talk to them when the

comeback, you don't convince them but you convince them. Now I can say that with my counseling skills I have improved to get women on board and educate them about the side effects.

I: How do these complaints influence use?

SP 1: At times that month the attendance will be low due to complain and side effects.

Mostly after the complaints they don't come back because of side effects. Most of them fear that when they asked about the commodity we will not tell them.

And most f the Health Workers make it difficult for women also due to their bad

attitude toward contraceptives users. Some Health Workers who are close to clients will advise clients to stop.

SP 1: Some health Workers advice clients to stop using

contraceptives because they think it's not good for them.

Eg. A client reported that her sister who is a health worker advised her to stop using contraceptive because she thinks it's not good for her that when she takes the contraceptive (depo) she wouldn't be able to conceive within a year or two after stopping contraceptive use.

But the truth is that, it depends on the individual who's taking the contraceptives. Some conceive right away after stopping contraceptives, for some it will take longer.

Some of us are making the work difficult. For clients to accept contraceptives; they tell clients false information which is not true.

I: How do you provide contraceptive education specifically for young people who are not married?

SP 1: We tell them that devices do not protect against STI and HIV and tell them if they don't protect against these diseases they can acquire them take depo or Noriginor

will not protect them from STIs or HIV/AIDS. Its only condom that prevent against STI and pregnancy.

I: How comfortable are you with providing adolescents with information on

contraceptives?

I feel good counseling clients on contraceptives. There is nothing wrong with that. It's normal to me because I was single but now married so it's nothing new to me to talk

about it; there is nothing wrong with that. Clients discuss issues with me, it depends on the procedure used to approach and interact with them. They can really open up to

the extent of revealing about their sex life if we shows empathies and are

understandable.

I: Do they access methods your facility?

Yes, they access it from us.

I: (i) **If yes which one do they access most?**

The most preferable contraceptives is depo provera , injectable the 3 monthly.

When you tell them about it they tell you they have used the injectable before and accept that because they already know something about the 3 months injection and prefer to take it.

The one month injectable is painful so those who fear pain don't want to take that

one.Some people say, in case they do the 5years or 3 years it will take long. But if they want to stop while using the 3monthly injectable, it's doable so they prefer the Depo Povera.

I: How comfortable are you with providing adolescents with contraceptives?

SP 1: I feel good about it. She thinks it's the way you talk to them that will make the client worry or have fears. One she was single but now she's married so it's nothing new for her.

I: Do adolescents ever come back with complaints on the methods provided for them?

Yes most of them will come back because of amenorrhea. Most will come and

complain that they don't get their menses.

I: (i). How often?

Within 3 months during their next visits of injectable.

I: What complaints do they usually come back with?

Adolescence also comes back with side effects; they complain they don't get their

menses when they take the contraceptives within 3 months during their next visits,

clients asked about challenges concerning contraceptives.

I: Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?

Yes, especially those who want to do the implant due to hear say in the communities, they have fears.

I: Their perceptions is surrounding Implant: The doctors use a big syringe to

pierce during the procedure. Some don't know that anesthesia is given during the

insertion of the implants.

So some of them come with fear but the fear vanishes most times after counseling.

I: What kind of fears do they complain about?

I: How do you generally resolve complaints brought in by clients?

107.There are some situations we can't handle and have to refer them to the hospital. Some clients bleed throughout the month after using contraceptive or in cases of infections we have to refer them to go to the hospital.

108.**I: What is the kind of family planning offered to clients?**

109. The Injectables we have the (depo Provera- for 3 Months and Noriginor for 1month).

110. We have the Pills: (Microginor and microriods)

111. And we have the Implants (Jadelle- 5 years and Implanon 3 years)

112. Then the IUD for 10years.

113. Male condom that is what we have here.

114.I: Does religion and cultural beliefs influence the service provision and

115.acceptance?

116.I doesn't have problem with giving services to client because of religion or culture, but I get complains especially from the Catholics.

117. Some clients have to hide to come and do it. They say their religious leaders don't

118.allow them to do it so most of them hide.

119. They don't join clients who are coming for contraceptives unless you call them in to talk to them. And most of the Muslims too they don't want to be identified.

120.I: Base on what we've discussed do you have something that we did not touch?

121.**SP 1:** I didn't talk about the Emergency contraceptives.

122.Emergency Contraceptives: We don't have it so we use a substitute (Postmontu)**.**

123.**In case** the client comes for family planning usually the 3 months injectable, we ask them the last time they had sex and if they say just recently,

124.we give them the emergency contraception, we substitute the emergency contraceptive by giving them 2 tablets but right now we don't have so we use the microgynon, they will take 4 and after twelve hours they will take another 4 set.

125.Clients have to wait till they get menses before the injection is giving.

126.I: So do some people rush here and say I don't want to be pregnant?

127.**SP 1:** Some people rush to them after sex for help. The young people come to us when they are pregnant and want to get rid of it well.

128.Some client have identified me to be a good counselor so some take my personal contact and even tell their friends to get to my number in times of difficulties.

129.**I:** So are you the only person who is able to handle clients like this? We hear that

130.when they are coming here, they know that nurses might go and inform their

mothers?

SP 1: No, all community health nurses should work with confidentiality but some

clients complain that other nurses talk about them outside the hospital.

"One child came here that her mother's friend who is the in charge and later came to complain that the in-charge has informed her mother about her meeting with the service provider.

We ask her and the in charge says that it's not like that. She asked if the mother was doing well or not. In cases like this nurses have to follow up cases to clear misunderstandings between nurses and clients".

I: We want to thank you very much for your time.

SP 1: You are welcome

Service Provider (SP) 2 - Midwife

185. This is an in-depth interview with a midwife at the municipal health directorate and the sexual and reproductive health Unit under the municipal health directorate and we start at 9:53.

186. Identification: **SP 2**

187. From: Kintampo Municipal Directorate

188.VENUE: Sexual and Reproductive Health Unit at the Municipal Health Directorate

189.TIME: Time: 9:53am- 10:10am

190.Residence: Kintampo

191.Sex: Female

192.Religion : Christian

193.Age: 28

194.Length of Service: 6 years

195.Occupation: Midwife

196.Education level: Tertiary

197.Interviewer (I)

198.**I: How do you provide information on sex and contraception to your clients?**

199.**SP 2:** Most of the times we do provide information at meetings with client on daily basis.

200. At the adolescent health corner, those in their adolescent ages are gathered every Friday at the meetings, sex education is provided.

201.They have a community health nurse assigned to them.

202.So she talks to them about their reproductive health, their sexual life and contraception and anyone who is interested in contraceptives regardless of the age, if it's the persons desire to do it, he or she is counseled to make an informed choice about the family planning methods we have.

203.Besides the adolescent health corner we provide services to women who come to

204.antenatal health clinics during their pregnancies. We also give education about

205.contraception and sex so that after giving birth if they desire to come in for the

206.contraception

207.Also after delivery they come to the reproductive and child health unit, where they are counseled about the benefit of contraception's its importance to the mother, the child, the father and the nation s whole.

208.1:50

209. And at the post natal Education is giving in masses about the benefit for the mother the child the father and the nation as a whole.
210. But as meeting people one on one to talk to them is sometimes difficult due to the work schedule so we seek the opportunity to talk to them on one on one when we get them to talk to them about family planning.
211. Sometimes too we go to the radio stations to speak about the family planning and
212. educate them.
213. Privacy is provided when they come to the unit as an individual we establish Rapport and time is given to them, question concerning their sexual life and reproductive health is done. After proper counseling is done.
214. If mothers make an informed choice,
215. contraception is then delivered but as meeting people to talk to one on one sometimes it's difficult so we seek the time we meet them here to talk to about family planning.
216. **I: Are there challenges in doing that?**
217. **SP 2:** Yes most at times there are challenges because we don't talk about the family planning alone, as I said these people are not just coming for family planning alone but we seize that period to talk to them about contraceptives.
218. So it's not all the time we get to talk to them about family planning. Due to time constraints and schedules, women can't be talked to on one on one about contraception.
219. **Privacy issues**; women do not have confidence in midwifes in the beginning.
220. **SP 2:** Women normally come to the unit for something else. We seek the opportunity to talk to mothers.
221. Sometimes if the information get too much mothers lack concentration when
222. counseling is going on so they hope that they go and come back again for proper
223. counseling.
224. So we only hope that the little information giving out might be useful for the mothers.
225. So sometimes when the information we are giving out is too much, mothers lack
226. concentration and it wouldn't go down well with them as it's expected to be.
227. Language barrier might deter clients to receive counseling due to bad translation or misunderstanding during counseling process.
228. Women normally do not come back to complain they go to the community to spread rumors that family planning wasn't good for them.
229. **I:How accessible are provider services (contraceptive methods provision,**

counseling on methods etc to users?

SP 2: All the methods are accessible to the mothers but most at times the issues with them coming.

If they make bold step in coming, all the methods that are accepted in Ghana are accessible to mothers any time they are interested but most at times the

issues is for them to come to the facility.

One thing that we have done in our unit is that we don't have particular day for contraceptives unlike day.

Unlike where we have day for post natal and special days for the adolescent health. For the family planning unit is always open, 24 hours, you can always walk in to access our service from Monday to Friday, services can always be accessed.

And besides our services I know I few places around which deliver the family

planning services if the person is not able to access if from the sexual and reproductive unit, they can access it somewhere else.

I: How do clients / users accept modern contraceptives?

SP 2: Acceptance in Kintampo town I should say we are making progress, but taking the Kintampo Municipality as a whole acceptance is a problem.

Because the coverage of the Municipality, most of them are in the rural areas. Some of the communities are not accessible to the nurses. Nurses are not able to get there due to terrain of our roads networks.

Nurses are doing their best but acceptance rate is low.

Rumors and misconceptions, most of the women have issues with the contraceptives they give.

SP 2: And another issue is that we have Individual difference among the health

workers and counseling skills.

Some approaches during the counseling of the health worker don't go down well with the client and might influence the acceptance rate.

Especially when it comes to Language barrier, Kintampo is a very big place, we have different categories of tribes in this town and sometimes you get people you don't even understand their language and a third party will have to come in to do

interpretation which can interrupt counseling process and generate misunderstanding.

Most of the women do not speak or understand the Twi language really well and

interpretation might be needed, counselor wouldn't know if the women understood well or not and this might cause misunderstanding.

250.So at the end of the day if you provide the services for them and they go and have some side effects instead of them coming back to the facility to complain for something to be done they just conclude that family planning is not good for them so the spread the rumors to the others and it's a very big challenge in this part of our country.

251.**SP 2:**Perceptions/ Rumors:

252.Implants (Implanon & Jadell) For the rumors they are many but the few I

253.remember is " When you do it and it takes long in the body, it begins moving and when it's time to take it out, it gets lost in the body and travels to the heart because it's not stable.

254.One thing we have realized is that the implant causes some people to

255.grow fat, so at 5 years, when the person is coming to remove it tissues have built

256. around it especially when the person has gained excess weight. If there is difficulty in removing the implant patient might think its missing in the body.

257.**SP 2:**IUD: When it comes to the IUD there is another rumor that with the IUD one can still get pregnant even while the IUD is fixed.

258. The baby will come out holding the IUD in the hands. So many stories

259. SP 2: Injectables (depo Provera): When it comes to the injectable one side effect is amenorrhea (no menstrual period). Women who take the depo do not menstruate; herbal healers going around radio stations selling the local herbs use the amenorrhea for their marketing and to their advantage.

260.They say that if you don't menstruate the blood accumulates in the womb and causes fibroid. So women should purchase their local medicine to melt the fibroid and make them menstruate again.

261.And it's true most of them take the injectables and they don't menstruate which is the side effect of this type of injectable.

262.Others think you become sterile when you take contraception/ family planning o many stories beside the few I can remember.

263.**I:What experience have you had with clients regarding complaints about the side effects of modern contraceptive use**

264.**SP 2:** Heavy bleeding which is the general side effect, amenorrhea, especially with the Muslim women, most at times they are very concerned about their menses, they like to see their menses menses if the menses do not come, they become worried and it's a cause for alarm.

265.And another is Spotting (bleeding in between periods) this is also a side effect we try to explain to them that it's normal and with time it will stop.

Another complain most of them come with is return to fertility. Most of them are anxious. **SP 2:** They expect to be pregnant the next month after stopping the contraception. So we try to calm them down and explain to them that it doesn't happen like that especially the hormonal contraceptive sometimes it takes a period of time and sometimes anxiety also can affect women to get pregnant for a period of time.

I: How do these complaints influence use?

SP 2: Yes some of the complaint influences them to accept the contraceptives.

The few who come back to complain, we are able to take them through the counseling again for them to understand the side effects.

But most of them wouldn't come back again and that is where the rumors will start if the person does one and it doesn't go down well with her she wouldn't come back to the facility to enquire.

She will base on whatever has happen to her and tell the rest of the masses that this is what happened to me so family planning is not good.

I: How do you provide contraceptive education specifically for young people who are not married?

SP 2: Well as a midwife they try to inculcate into the youth that there should be no shyness about their reproductive life.

If they don't talk about it they cause more harm than good.

I: How comfortable are you with providing adolescents with information on contraceptives?

SP 2: Well as a midwife, I am very very comfortable talking about sex education to them.

Because in school we were made to understand that since you are a midwife you will always see the male and female genitalia where ever you go so they shouldn't feel shy about it.

Besides that we are now trying to inculcate that you shouldn't feel shy talking about your reproductive because whether you talk about it or not, at the end of the day you will be causing more harm than good to the others so I find it easy talking to them.

I: Do they access methods your facility?

SP 2: So far most of them that I know come to the sexual and reproductive health unit for services. It is not a complication per say.

Some come back with complications and pregnancies seeking for an abortion after they have accessed contraceptive somewhere else.

During counseling, they reveal that they have bought contraceptives from a chemical shop or a pharmacy which is usually the N tablet, I don't even know how the table looks like and the

Emergency Contraceptive and sometimes they access the combined oral contraceptives but the way they are suppose to take it is not well explained to them because its bought over the counter.

286. They just get it and begin to use it so the protocol in taking it is left out and that can lead to so many complications.

287. **SP 2:if yes which one do they access most?**

288. **SP 2:** Most at times they want the depo provera, which is the three months injection because they complain of forgetting the pill.

289. Some complain of feeling shy to walk into the unit to purchase it because they think one might see them so they prefer to take the one which might take them a number of months before they appear at the Unit gain.

290. **I: How comfortable are you with providing adolescents with contraceptives?**

291. **SP 2:** They feel very comfortable because it's their work and they see the importance

292. of offering the services.

293. **I: Do adolescents ever come back with complaints on the methods provided for them?**

294. **SP 2:** Yes, they come back with complaints, some even come with complaints of

295. contraceptives received from other facility or service provider other their own.

296. **I: How often?**

297. **SP 2:** They can come very often with complaints and seek counseling concerning.

298. **I: What complaints do they usually come back with?**

299. **SP 2:** Bleeding, spotting, headaches, weight gain, pains in the arm and legs, dizziness.

300. **I:** Apart from complaints regarding their experiences do clients report on their

301. fears regarding contraceptive use?

302. **SP 2:**Yes they do, especially those who have heard about the rumors and

303. misconception.

304. Some of them after they have realized that they can't stop themselves from getting

305. pregnant they try to access the services.

306. On one on one counseling with them some of them open up about their fears and tell you but we try to calm them down and pressure that everything will be fine.

307. Sometimes we do a follow up on them, so personally I sometime take their numbers so that I can always contact them to see how far it's going and those that I cannot contact too I tell them that no matter what

308. happens even if they want to walk in to greet me and go you come back so that what every they are going through we will solve it.

I: What kind of fears do they complain about?

SP 2: Fears of side effects, fears that implants might lost in the body, fears of infertility and sterilization.

I:How do you generally resolve complaints brought in by clients?

SP 2: We have to educate them well expectably about the misconceptions and the marketing strategies of some local herbs sellers.

A follow up is down on that client who open up about fears surround contraceptives during counseling.

SP 2: Sometimes we do a follow up on them, so personally I sometime take their numbers so that I can always contact them to see how far it's going and those that.

I cannot contact too I tell them that no matter what happens even if they want to walk in to greet me and go you come back so that what every they are going through we will solve it.

I:What is the kind of family planning offered to clients?

Injectable (Depo Provera) Tablets, Microginor, Implants(Zinor), IUD, condoms.

I: Does religion and cultural beliefs influence the service provision and acceptance?

SP 2: Yes, I think Religion cultural beliefs influence the service provision and acceptance; traditional beliefs also have influence on the acceptability of contraceptive use- but now ad days due to the mass media it's reducing for us.

Religious issues especially when they come for postnatal some of them will tell you that they wouldn't do it because of their religious beliefs, I don't want to mention any denomination but the cultural believes is not as much as the religious belief but we are still trying to get the information to them.

Thank you very much. So the IDI has ended at 10:10

Service Provider (SP) 3 - Midwife

This is a focus group discussion with a midwife at the Glory prince of peace maternity home and we are starting the interview at 2:20.

Identification Number: SP 3

From: Glory Prince of Peace Maternity Home

VENUE: Glory Prince of Peace Maternity Home

TIME: 14:20

Sex: Female

Religion :

Age:

Length of Service:

Occupation: Midwife

Education level: Tertiary

Interviewer (I)

I:How do you provide information on sex and contraception to your clients?

SP 3: We start education from antenatal consultation periods. We look at the interval between the children; if it is too short we offer consultation services and introduce contraceptives.

Women are also carefully looked at, if it's noticed that she is from a poor background with higher number of children, we seized the opportunity to talk to such kind of person.

We prepare her mind from antenatal period, we ask if client have heard about family planning, so we try to convinced and counsel them about the information they have heard about contraceptives.

Women are asked to make a choice after counseling and then the benefits of family planning are made know to them.

Some of the women do not have a lot of knowledge concerning contraceptives. So we try to prepare them even before antenatal before they deliver else it becomes very difficult to pull through.

I:Are there challenges in doing that?

SP 3: The misconceptions surrounding contraceptives influence the acceptance rate. Some women think one can become infertile after taken contraceptives.

Some of the women do not have a lot of knowledge concerning contraceptives, and might miss the proper procedure of the contraceptives and that might lead to pregnancy.

In cases like that when women gets pregnant again shortly after delivery they might think they were pregnant with twins.

The major challenge they face is with client's husbands. Most cases, husbands do not agree for women to purchase contraceptives. Some women hide their family planning cards from the men before they come.

SP 3: Sometimes one women in the community will organize the women and bring them to the facility on Wednesdays and we will do family planning for them, that organizer will keep the family planning cards of clients and send them back to their various communities afterwards.

SP 3: Most of the northerners want many children, it's somehow a taboo for them to stop bearing children due to their primitive ideas such as men must have children till they are old, if not they are regarded as impotent.

They have their own understanding and perceptions about family planning. Some of the women who are not educated believe what some of the uneducated midwives in their villages tell them. So, education is also another factor that can influence the client from accepting or refusing a particular contraceptive.

I: How accessible are provider services (contraceptive methods provision, counseling on methods etc to users?

SP 3: Availability is the problem from my observations in Kintampo municipal, clients do like the condoms; the clients don't like the Implants as well. The most accessed one is the 3 months injectables. The reason client don't like condom is that they say they don't feel the sex with condoms, Eg, you can't take eat toffee with the cover on it". We usually have challenges getting the other methods. They are mostly out of stock in the Pharmaceutical shops when we go to purchase them. Eg. Depo Provera I was initially brought from the municipal health directorate but not anymore. It was initially brought from the municipal health directorate but not any more due to current challenges.

I: How do clients / users accept modern contraceptives?

SP 3: Clients accept contraceptives after counseling. Some community midwives who are not well informed pollute women in the communities mind and worsen their misconceptions. So they advice clients not to believe what some of the community nurses are saying concerning contraception. Eg: "The implant can travel to the heart".

I:What experience have you had with clients regarding complaints about the side effects of modern contraceptive use

SP 3: We prepare their minds and tell them about the side effects, clients are Advised not to relate any health problems directly to contraceptive use but rather wait for some time to observe the symptoms before they relate to contraceptives

methods. We try and demonstrate with a contraceptive user, who also shares her experience with client. I have been using it for about 10years and also set myself as an example and that also helps them a lot.

I:How do these complaints influence use?

SP 3: The complaints influence acceptance a lot.

How do you provide contraceptive education specifically for young people who are not married?

SP 3: Normally it should be one on one counseling. Some clients especially the adolescent feels shy to talk about contraception and their sexual life. We counsel those who are married about contraceptives. Also about the side effects, especially if the person is married. We try to demonstrate by giving a practical scenario for clients to understand. We assure them that after usage, it possible to have a child.

I:How comfortable are you with providing adolescents with information on contraceptives?

SP 3:I believe it's better to do the family planning than to have unprotected sex and get pregnant and cause abortions. I think about the implications of abortions which i think it's safer to do contraceptives practices than to cause abortion. I advice client to abstain but the adolescent are sexually active so they need to be helped by providing family planning, sex education and contraceptives to them.

I:Do they access methods your facility? Yes

if yes which one do they access most? The Depo proverawhich is the injectable 3 months.

SP 3: Client fear injections so they inject for the 3 months and have longer waiting period in-between to wait for the next injections. Client think implant is invasive while implanting it and during removal processes. Some are afraid to forget to take the pill and are afraid to get pregnant. For the one month, clients are scared of the injection so they prefer to do it 3 monthly. With the injection, it's possible to inject on the due day. The fertility returning is very slow with the 3 months injecatble.

SP 3: With the Norigynon the fertility returning is very quick to get pregnant. If

this takes 6 months to get pregnant, the 3 months injectable will take 1 year.

I: Do adolescents ever come back with complaints on the methods provided for them?

SP 3: They complain about their menses. But above 35 years they complain about headache, heart palpitation, putting on weight or reducing weight. Clients above 35 years have more complaints than the adolescents.

I:How often?

What complaints do they usually come back with?

SP 3: Misconceptions can be avoided if only clients will open up and talk to us about their worries doubts and complaints even before they decide to use contraceptives.

Clients are disturbed by the hearsays surrounding contraceptive and do not come back most times to present complains.

I: Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?

SP 3: Yes, client report fears of not being able to give birth after contraceptives use, since they believe someone else used and it prevented her from getting pregnant. They have fears of infertility, fears of getting cancers, fears of weight gain, fears of amenorrhea and other unknown conditions.

I:What kind of fears do they complain about?

SP 3: The side effect of contraception is menstruation seizing to come. Women believe that blood accumulates in the womb and that causes cancer. They hear about someone who used some type of contraceptives and did not get pregnant so they think when they use it too that incident might happen to them.

I:How do you generally resolve complaints brought in by clients?

SP 3: Using myself as an example helps a lot, eg. the permanent contraception like the tubal litigation, women do not like it at all but I have done that so I use myself as an example.

I:What is the kind of family planning offered to clients?

SP 3: The Zinor Implants, the 3 months injectable (depo provera), male and female condoms.

I:Does religion and cultural beliefs influence the service provision and acceptance?

SP 3: There are churches which do not allow members to do family planning.

460.They are allowed to use the natural methods.

461.I think religious factors play a role in the contraceptive acceptance and use. I think the family planning is good to help women to space children.

462.Through education women will come to accept it one

463.day.

464.**Misconceptions and Perceptions on Contraceptives among women of reproductive age and their effect on contraceptive acceptability and use.**

465.This is a focus group discussion with a Pharmacist at the Kintampo municipal hospital and we are starting the interview at 2:00 so to start with.

Service Provider (SP) 4 - Pharmacist

Identification: SP 4

From: KIntampo Municipal Hospital

VENUE: KIntampo Municipal Hospital

TIME: 14:00

Sex: Male

Religion : Christian

Age: 50

Length of Service: 22 years

Occupation: Pharmacist

I: Education level: MPH

How do you provide information on sex and contraception to your clients?

SP 4: The Pharmacist concentrates on the counseling focusing on the side effects of contraceptives and information about the new or different types of contraceptives during purchase and outreach.

When we are providing the personnel at the drug stores talk about it at the time of

purchase and when drugs are giving but the main counseling takes place at the sexual and reproductive health Unit in Kintampo (RCH). Some of the contraceptives are for free.

W don't give the drugs but we deal in advising them, they don't usually come here they go to the RCH.

I: Do you only work here or sometimes extends the services outside.

SP 4: Yes sometimes we do some radio talk

We also collaborate with the RCH to give talks to educate women. We try and make them aware before women are referred to them go in for it.

SP 4: The RCH workers are public health nurses and some midwifes but they are

specialized in counseling the women about contraceptives. The municipal hospital

work together but there is no feedback or report on the counseling. Health workers at the RCH give information to the municipal pharmacist on the programmed drugs.

SP 4: That's what we get returns on, but as a municipal pharmacist I know what is

going on at the RCH. We try to counseling women from the reproductive age.

They are educated also about abstinence: we advice that if you can abstain but ten go for it but if you can't, go in for contraceptives or barrier methods.

I: Are there challenges in doing that?

SP 4: Most of the time most of them do not like contraception due to side effects.

Because they can't bear the side effects and decline in using them.

I: How accessible are provider services (contraceptive methods provision,

counseling on methods etc to users)?

SP 4: The provision is very accessible.

SP 4: The process of access is done at the RCH. The Hospitals dispensary do not

issues contraceptives so they get them from the RCH

I: How do clients / users accept modern contraceptives?

SP 4: The acceptance is 50|50 some do it for their own interest but some wouldn't want to accept due to their religious beliefs or contraceptive use is associated to stigma, the moment you do it you belong to a certain class of people so most women.

do not want to join that group.

I: What experience have you had with clients regarding complaints about the side effects of modern contraceptive use.

SP 4: Sometimes they complain about bleeding, that is unusual on the side of the

implants and weight gain. Those who use the hormonal contraceptive complain about side effects the most.

I: How do these complaints influence use?

SP 4: Women who listen to the negative complaints might be influenced that will

have a negative influences leading to the non acceptance. Complaints influence them but the mean cause of low usage may be education. Women are not well educated about the contraceptives they use.

Contraception methods should be looked at very carefully before choice and use.

Depending on the persons condition, a lot of factors should be taken into

consideration before use, if not it might cause a lot of complication to the women, the choice and the kinds is also very necessary.

I: How do you provide contraceptive education specifically for young people who are not married?

SP 4: We have a section for the adolescent. They are school girls who come for

advice.

Adolescences are normally educated about abstinences but it's also advised that if you can't stay it's better to use a barrier method to prevent pregnancy.

I: How comfortable are you with providing adolescents with information on contraceptives?

SP 4: There are the negative and the positive feeling. The knowledge of the bad effects are real but at the same time, it will actually keep them from unwanted situations they are not ready so the adolescent need help so that they can finish their education before getting pregnant.

I: Do they access methods in your facility?

SP 4: Yes they access methods from the facility.

I: If yes which one do they access most?

SP 4: In the stores, usually they buy a lot of Primolut N (Primolut N tablets 5mg are used to treat menstrual problems and endometriosis), which is intended actually to treat dysfunctional bleeding but women use that the prevent pregnancy. They also buy Postinor-2 and Condoms. Some convenient methods are still in the system but they are not common and well known to the users. So they rely on the common methods they know and sometimes it's not the best method to use. The well known methods have been replaced by the unknown methods.

I: Do adolescents ever come back with complaints on the methods provided for them?

SP 4: Yes, adolescence come back with complains of failure of the drug treatment failure. Sometimes the drug fails them. They complain about Bleeding(dysfunctional bleeding) and weight gain.

I: How often?

SP 4: They come not so often.

I: What complaints do they usually come back with?

SP 4: Bleeding, implants or hormonal contraceptives upset the menstrual circle and leads to unusual bleeding. Some complain about becoming fat, slight dizziness, lack of sleep Contraceptives are not convenient to the women.

I: Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?

SP 4: I have witnessed women who fear to take contraceptives. They fear becoming plumpy and some complain about lack of sleep. Most of them who do that want to be free from pregnancy.

What kind of fears do they complain about?

SP 4: The fear of irregular menstruation/ bleeding and the fear of inconvenience and discomfort

I: How do you generally resolve complaints brought in by clients?

SP 4: During counseling periods we help women to resolve problems and ask questions about contraceptives**.**

I: What is the kind of family planning offered to clients?

SP 4: We offer Injectables, condoms and implants.

I: Does religion and cultural beliefs influence the service provision and acceptance?

Yes, especially the Catholics don't allow contraception. Their believe is that bearing a baby should be at free will; there is no need in blocking the natural process of giving birth.

I: Ways to promote education on contraceptives.

SP 4: Intensify the air time and educating women about the benefits and side effects and correct them.

SP 4: The education should be increased and find other means of educating them.

Other means like including churches, giving talks about contraceptives during church gatherings.

We should tell women that every drug has side effects including contraceptives.

We are supposed to know the side effects before you take them.

We have varieties of them, some peoples conditions might not be the same as another, so women end up using the wrong contraceptives. The appropriate contraceptive needed to be taken from the appropriate person.

Misconceptions and Perceptions on Contraceptives among women of reproductive age and their effect on contraceptive acceptability and use

Servide Provider (SP) 5 - Physician assistant

Identification: SP 5

From: Kintampo Municipal Hospital

VENUE: Kintampo Municipal Hospital

Time: Start 9:05

End: 9:30

Sex: M

Religion : Christian

Age: 38

Length of Service: 11 years

564.Occupation: Physician assistant

565.Education level: 1 degree

566.Interview (I**)**

567.**I: How do you provide information on sex and contraception to your clients?**

568.**SP 5:** Ya, ok, with the clients here we deal with the majority of the clients who are the unmarried people in the Municipal hospital few clients are unmarried and young.

569.Education is giving not only about contraceptives but also about STIs and personal hygiene (how to keep the vagina clean, the effects of using chemicals to clean the vagina).

570.So we talk to them all about this then also those who come for incomplete abortion are talked to about the practice of contraceptives. The types of contraceptives.

571.or barrier methods such as condoms are introduced and talked about.

572.**SP 5:** We insist on abstinence that if you are not married and you are a student focus should be on education rather than engaging in sex or unintended pregnancy.

573.Some are 14, 15 and gets pregnant and these people do not have any information about contraceptives. Advice is giving to these clients to stick onto family planning or abstinence.

574.Some of them can't accept family planning because they say, their mother cannot

575.afford to take care of them so the men are paying their school fees so when the men ask for sex they cannot say no and so go ahead and have sex them.

576.And the person is actually helping you to get a better future but the only thing is that why don't they result to use contraceptives if you know you can't refuse the man because the person takes care of your needs then you need to go into contraceptives, get condoms and emergency contraceptives to be able to protect you from this unintended pregnancy and your future can be bright so most this is what we are doing.

577.**I: Are there challenges in doing that?**

578.**SP 5:** Yes there are a lot of challenges, one of them is they find it difficult to go to the chemical shops, there have been liability of contraceptives seeing a young lady to go and by a condom, it's one of the biggest challenge.

579.Some of the ladies feel shy to go to the chemist to purchase contraceptives.

580.**SP 5:** Some of them do not have any information or what so ever at all about

581.contraceptives so they don't have the knowledge at all and then another serious

582.challenge is the literacy level, a lot of the women are not educated so they don't know anything concerning contraceptives.

583. **SP 5:** So these are some of the challenges and the married people and the religious people normally Muslim related women, for them their husband will never agree they have seen it to be a sin when done.

584. So the women will never go in for it because their religion doesn't no permit them to use contraceptives. So that is some of them.

585. **I:** So can we say that these people don't purchase contraception at all or some still

586. hide it use it?

587. **SP 5:** No because of the religious beliefs, you know when we talk of religious beliefs.

588. Some will be very committed religious believers will be very strict about these things but those who are enlightened, ok, and had been to school somehow might be able to rule that out.

589. **SP 5:** I can give you a typical example a lady came to me with about 9 months old

590. child with a new born baby pulling alone and I ask her why, you are so nice and

591. beautiful why do you want to get all this and then all that she can tell me was that the husband is a Malam and the husband doesn't want anybody to come and stay with them to help her, alright and then I advice her to do family planning and she said the husband will not allow it.

592. She was asked to come to the RCH, we can put the 5 years contraception but she refused, if you don't do it you will suffer because she was scared when the husband gets to know about it the husband will never forgive her.

593. **SP 5:** So one of the challenges is the fear of people using it because of what they will go through even when you hide and the husband gets to know the man can decide to divorce them. They fear their husbands and fear to sin against God since it's seen to be against God.

594. **I: How accessible are provider services (contraceptive methods provision,**

595. **counseling on methods etc to users?**

596. **SP 5:** That is another challenge, it is with the contraceptives and family planning

597. counseling is limited in one area, ok, like if it's in one area, if you come to kintampo north or the Kintampo Township the service is located in once side that is the RCH.

598. Ok, and most women who goes there are those who have delivered and go for

599. postnatal care. So it is not something that is all over like you can choose to go to the RCH or come to the hospital, the structure is…

600. **SP 5:** The service is limited only located at one side and the structure is such that you can only access one area.

601.Those that come for counseling to the hospital are directed to go to the RCH for further counseling and then look at the type that can suit them but to my knowledge it would have been good if a family planning unit is located in the

602.hospital that can offer services to the people.

603.Women find it difficult to go to the RCH for services so how sure are you that when you direct them they will go there for the services so we are not certain of it.

604.**SP5:Perception**: During consultations hours, women open up about contraceptives eg..” When you start using the contraceptives you don’t get your menses.

605.Some get prolong bleeding more than a month. So because of that some women do not want to use it at all. Others have the mind that they become fat during use

606.**I: How do clients / users accept modern contraceptives?**

607.**SP 5:** Normally you give them errrrhhh, ok, then let me answer this question before I get to the other question, those who are already in it and they are using it.

608.Ok, there is this perception out there that when you start using contraceptives you don’t get your menses, some too they get this prolong bleeding.

609.When they get their menses they can bleed for more than a month and that thing has sit in their mind such that some even don’t want to go there, so it’s even one of the challenges that some women don’t want to use it all.

610.And some say when they use it they become fat. Like they increase in weight, they become so fat so all this one’s scare some people or it’s because that information is out there people don’t want to even talk about it.

611.So you will be sitting in the consulting room and a woman talk to you that I want to use family planning but which one will be helpful and then.

612. They will tell you that some people say when you use this one you will be bleeding and not get your menses, and somebody will tell you that you will be growing fatter and fatter and I say no,

613.everybody has its own individual make up, the one that will make you bleed profusely there is some that can make you, you won’t even notice it or know there is something,

614.like it’s not any hormone it’s just there that the pregnancy will not take place and that is the implant, you will just insect it and then you will be find, so we talk to them and advice them if you think that those one for 5 years are long and other this thing then do the monthly, we have 3 months,

615.we have pill one, and the one use for the time you want to have sex or every day you take it to prevent pregnancy, normally that is what they always

prefer, the one that they will take every day and also the emergency contraceptives, the one they will take just at the 30 minutes time and then they will have sex, that's the foaming tablet

just insect it for some seconds and then when it dissolves they involve in sex and it weaken the sperms and prevent pregnancy unless those who don't want to give birth again, so they don't want to conceive again so they will go in and tell them I

don't want to give birth again, and they go in for the 5 years.

Clients accept contraceptives depending on their perceptions, counseling and the

education received. (But the common accepted one is the injectables, the emergency pills, and the foaming tablet).

I: What experience have you had with *clients regarding complaints* about the side effects of modern contraceptive use?

I: After using it? You have advice them, they've gone they have used it and they've come back with complains.

SP 5: I was thinking you will not ask that question but it has come again.

After using it for the first month if they are not getting their menses they become

worried, some will be bleeding profusely and some using it, ok, then for the first 3

months if they are not getting pregnant they become worried, they will say, they want to get pregnant but the pregnancy is not coming.

SP 5: So those are the common complains: menstruation problems, want to

conceive or get pregnant after use. It's very common.

Absences of menses

Problems of conceiving

Profuse Bleeding

Obesity

Absents of pregnancy after the first 3months of contraceptives has stopped, they get worried if pregnancy is not coming.

And when somebody has become obese after using contraceptives when you see them growing bigger, and those are the coming things they come here with.

I: How do these complaints influence use?

SP 5: Yes, 100 percent. The complaints influence the usage very much due to rumors in the community. Because somebody using it develops perceptions surround particular contraceptives and causes fear among users.

637. Then it affects the usage. There are a lot of people who wants to use it but due to fears they have heard from pears they turn to avoid.

638. I don't get my menses as I usually get, it has change so they put fear into the other person so it has a very great effect, some people would have love to use it but because of the perception and fear their colleagues has put into them.

639. **I: How do you provide contraceptive education specifically for young people who are not married?**

640. **SP 5:** They can receive counseling at the RCH

641. When they come to the hospital for incomplete abortions, they take that opportunity to talk to younger women about contraceptives and provided them with necessary ways to prevent pregnancy.

642. Counseling is done during hospital consultation hours; the clients are then directed to go to the RCH for further counseling.

643. **I: How comfortable are you with providing adolescents with information on**

644. **contraceptives?**

645. **SP 5:** In fact I will say that I'm glad to provide such services to a younger person

646. even though some clients are under age and are not married it's important to help them prevent unintended pregnancy

647. Because if you look at the complications that they come here with and allows for them to go and get pregnant, they will go and abort it, they wouldn't come to a qualified doctor to abort it they will buy drugs or ground bottles to abort the pregnancy.

648. You look at the criminal that the post abortion comes with. I know a lady, 17 years she came here and we have to remove everything just to let her live at this age, so if the person knows about contraceptive, is it not better than not even telling them at all.

649. So me I am even happy if such people come here and want to use contraceptives, because it prevents premature death and complications and a whole lot of things, criminal pregnancy will be reduced if they go in for it. I am very glad to give out such information.

650. *(The post abortions complications are riskier than using contraceptives. It will help to prevent premature death and prevent complications. Unintended pregnancy causes criminal abortions so when women use contraceptives,*

651. *these things could be reduced).*

652. **I: Do they access methods your facility?**

653. **SP 5:** At the RCH

654.**I: If yes which one do they access most?**

655.**SP 5:** To his notice they take the one they can take in everyday.

656.The emergency contraceptives,

657.**SP 5:** The foaming tablet the one they take 30mins time before sex, it's just inserted and for some seconds after dissolving sex could be done, it weakens the sperms and it prevents pregnancy.

658.For those who don't want to conceive again, they go in for implant for 5 years

659.**I: Do adolescents ever come back with complaints on the methods provided for them?**

660.**SP 5:** Age difference also matters with the complaints. They have observed that those who are below age 35, the complaints are not higher in those who are above 35, so the younger age group do you think their complains are really much?

661.I think now I should be able to categories the complaints they come here with; those who don't get their regular menses majority of them are the younger age group.

662.Those who are above age 35 are those who bleed profusely, the older age when they use the contraceptive they bleed a lot. Ok so the younger age for them their menses is not regular when they start using it.

663.**I: How often?**

664.**SP 5:** They come very often, they come and remove folder because of the complaints when they have the worry.

665.They will come and say oh, I have started using this contraceptives and have been bleeding saa, and some questions and how they use it then they will give you all this history,

666.how their menses are going after usage, they get worried and then you discuss and if you can't handle at your level you refer them to the family planning Unit to continue the counseling there.

667.**I: What complaints do they usually come back with?**

668.**SP 5:** Irregular menstruation and bleeding.

669.**I: Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?**

670.Yes client report their fears and bring their complaints to them.

671.**I: What kind of fears do they complain about?**

672.**SP 5:** Fear of irregular menstruations and bleeding.

673.Fear of their husbands finding out about them using contraceptives.

674.Fears of infertility.

675.**I: How do you generally resolve complaints brought in by clients?**

By counseling and education.

Further referred to go for counseling at the RCH

If client comes with uncompleted abortions they complete it for them.

I: What is the kind of family planning offered to clients?

SP 5: Implants, Injectables, Pills (Emergency Pills and POP & COMP), then the use of Condoms, the loop (IUD). And are all provided at the RCH.

I: Does religion and cultural beliefs influence the service provision and

acceptance?

SP 5: I talked about Illiteracy; a lot of the people do not have any information about the methods.

And Stigmatization people feel shy to go to the Chemist or drugstore to get condom especially the young ladies. They think that they will say, " you small girl why do you want to buy that".

So those are the things. Religious cultural, illiteracy, stigmatization then ok, the illiteracy is the same thing as lack of knowledge.

I: Is there anything I couldn't touch that you think it's interesting for you to share?

SP 5: Your question has covered almost everything regarding contraceptives.

We are looking at the usage, the complaints, accessibility, you have covered accessibility then you also talked of collaboration, there should be institutional collaboration because that is the key, if there is a collaboration, we have a good results.

I: Ways to solve the problems

SP 5: The hospital needs to have its own public health unit. Because we get a lot of clients come there with complications and complaints; it's not needed to refer them to go to the CH for further treatment or counseling.

The Hospital also needs its own unit to treat case of this kind. Issues concerning the contraceptives can be well studied and the best method can be prescribed for client.

The person might not go to the RCH when she's refereed.

The institutional collaborations are not that effective. It will be easier you referring a client to the RCH and being able to follow up.

I: How do you interact with the RCH?

SP 5: I think that is the problem so normally when they come and you know we just refer them but we don't get any feedback whether the person has gone there or not.

You never get any feedback so I can say that there is a problem with the collaboration.

697.I: One question just on my mind, is I know there are a lot of other methods out there, which I don't know either it's not available in the country for women to purchase which I think will be more feasible, like the patches, and the side effects are not the same as the injectable.

698.**SP 5:** The system are been controlled by the Ghana health Service and provided by the Ghana Health Service. They provide the common ones like the pills, condoms, implants, the loop, foaming tables, but the pips is not there, there is another one, what do we call it.

699.**I:** The diaphragm

700.**SP 5:** Those ones are not common.

701.**I:** I just think they have done a study to know which method the people here lie most or do you have another view?

702.**SP 5:** That's what the government has provided, some of them are been provided so the government look at what they can afford, and it can also be that its donated and they make sure they send it down like the condoms,

703.there is some of the condoms even some types which are very expensive so but those that they are donating they make it available.

704.The non common ones are the Diaphragm and Patch. Some of the condoms are

705.expensive but for those that are donated is cheaper but uncomfortable.

706.**I:** One question is about the cost of

707.**SP 5:** I think relatively for the cost of Ghana health Service is moderate. I think it cost 5 cedis. I think the 5 cedis is just for registration. Contraceptives are supposed to be free in Ghana Health Service provision. They are not suppose to pay but I suspect they are collecting 5 cedis there, I m not sure. So AD thank you very much.

Service Provider (SP) 6 - Senior Medical Officer

708.**Identification: SP 6**

709.From: Kintampo Municipal Hospital

710.VENUE: Kintampo Municipal Hospital

711.Time: Start: 12:20

712.End: 12:40

713.Sex: M

714.Religion: Christian(Catholic)

715.Age: 33

716.Length of Service: 4 years

717.Occupation: Senior Medical Officer

718.Education level: University Degree

719.Residence: Kintampo

720.Interviewer (I)

721.**I: How do you provide information on sex and contraception to your clients?**

722.**SP**: Usually in the consulting room or when I do my rounds in the hospital.

723.**I: 1a. Are there challenges in doing that?**

724.**SP 6:** Well, Women generally have many reasons why they don't want to use

725.contraceptives. Whether it's a barrier or protective method or whether it is the surgical

726. permanent method they are not comfortable with it especially with the men and so it makes

727. The uptake very low because of that.

728.This are the major things they've heard about it and will discuss it and look for help so once they laminable to another contraceptive types they are referred to the appropriate quarters for help.

729.**I: How accessible are provider services (contraceptive methods provision,**

730.**counseling on methods etc to users?**

731.**SP 6:** The services are provided at the RCH under the municipal health system. All of the methods are available.

732.Once they've talked to the community health nurses the appropriate method is guided to be chosen.

733.**I: How do clients / users accept modern contraceptives?**

734.**SP 6:** As I have mentioned, I am unable to put a percentage to it but for the men the use of the surgical or sterilizing method is not something they want to do.

735.But some are however open to the barrier methods like the condoms. But generally they are not. That is my experience and for the women,

736. I will usually offer the tubal ligation is for mothers who have had for about 5 or 6 children. But not all of them are ready to have it

737.**I: What experience have you had with clients regarding complaints about the side effects of modern contraceptive use.**

738.**SP 6:** There have been complaints about irregular menses and inability to conceive after use.

739.Then there have been complaints about them gaining weight. Some feel like they have to get their menses if it's not coming then they think something might be wrong with them.

740. It seems there should be some blood that should be coming out and it's not so I think that are the major

741. **I:. How do these complaints influence use?**

742. **SP 6:** Yes, it's just possible that people have heard not so good things about or doing contraception but it's not always the case sometimes it's just the fear.

743. The information doesn't only come from the health workers. Clients get information from family members or even from the community that can influence.

744. People have not heard so many good things about contraception but it's not always the case to reject methods, sometimes it's just the fear.

745. **I: How do you provide contraceptive education specifically for young people who are not married?**

746. **SP 6:** We have had situations where teenage pregnant clients come to the facility or they have a baby and want to go to school an come in for an ectopic pregnancy or incomplete abortion and a procedure is done for them, once the medical emergency is been taken care of they are discharged through the RCH so that further counseling and consultation from the community health nurse to decide what to do.

747. We usually advocate abstinence for this younger group but it's not happening they are still getting pregnant so the approaches for this group need to be more practical.

748. **I: How comfortable are you with providing adolescents with information on**

749. **contraceptives?**

750. **SP 6:** Very comfortable, it comes with the job and doing procedures, I have absolutely no problem of doing it. Of course I am catholic but I don't impose my catholic views on them I give them the opportunity to make decision that will be best for them.

751. **I: Do they access methods your facility?**

752. **SP 6:** Yes, normal contraceptive methods can be access at the RCH while surgical

753. methods at the Municipal hospital.

754. **I: if yes which one do they access most?**

755. **SP 6:** No, I wouldn't have that that information except that is it is a surgical procedure I will have to do it. Tubal Ligation I will do it

756. **I: Do adolescents ever come back with complaints on the methods provided for them?**

757. **SP 6:** I wouldn't be the primary person to come to because I only do the surgical

758. procedures with clients.

759. **I: How often?**

I: What complaints do they usually come back with?

SP 6: Those who come to him are those who need surgical procedures.

I: Apart from complaints regarding their experiences do clients report on their fears regarding contraceptive use?

I: What kind of fears do they complain about?

SP 6: Clients have fear of surgery, the fact that they will have to go through some form of pain and despite the best assurances, the fear persist.

I: How do you generally resolve complaints brought in by clients?

SP 6: If it's a surgical condition I would treats it, otherwise I will reassures them to go to the Unit that started the contraceptive method with them

I: How about the cost? IS counseling and procedures for free?

SP 6: Well, they may pay a token if it's a surgical procedure. But otherwise, it can be from free to 100 cedis for the procedure because some walk in to demand for that the insurance wouldn't cover that.

I: What is the kind of family planning offered to clients?

Well abstinence, condom use, and then for the women tubal ligations

I: Does religion and cultural beliefs influence the service provision and

acceptance?

SP 6: Definitely, Catholics will generally not walk in and ask for contraceptive

methods but if I were in the OR and I found see a woman who has 10 kids already I will definitely offer it to them to consider it

I: Ways to improve uptake

SP 6: There are various methods, and the more people know about them the better. It's not that they don't even know about them but

SP 6: There is a fear of the unknown I guess using some of these hormones or

minimal invasive contraceptive methods.

If we are able to make them understand that is not everybody might have the side

effects they are having and that the side effects are diverse according to individual and that the right one can be made for you and the up take will go up.

Education should be done that the right method can be made and that might lift the uptake of contraceptives use.

I: We have other types of contraceptives that are not available in the facilities. Is it that they are not in the system or people don't talk about that except the injectables , the implants and the IUD even the diaphragm from what I'm hearing it's not in the system.?

SP 6: I think, the other methods that are not found in the system might be the outcome of the policies when the logistic that should be available for a full clinic to be utilized is available people will get them from other sources and the cost will be passed on to the patients or health workers might gradually lose the skill and are uncomfortable administering the method just because the method is not in the system or.

SP 6: When eventually these methods are available in the community it's not going to be properly sensitized so will avoid it altogether.

It's got to do with where we place our priorities and whether these methods are

available through the health system. That means that we are procuring them through the central medical store or through the regional medical store down to the end user in the facility.

But if a method comes, and they learn about them and when it's time to practice it

wouldn't be available, skills will gradually vanish.

The ones that are not available are the ones that cannot be easily picked on the streets.

E.g. Condoms (male and the female condoms)

SP 6: It's not easy to get the unknown methods in the shops; it's in the facility because it's been paid for.

Since not all the methods are in available at the facilities, it's difficult to profile side effect that may come off.

Medical officers wish that even in small clinics' all the methods will be available then when clients come choices are much broader and can choose what is comfortable. Because somebody is paying for it.

I: So far all the women I have spoken with have problems with the contraceptives and

I hope that as research is ongoing there will be a time to resolve the issues surrounding contraceptives even in Europe there are contraceptives perceptions and misunderstanding surrounding the methods?

SP 6: But all the methods are available

I: Yes all the methods are available.

SP 6: so it's possible to profile the side effects for every method, here is the case we have gotten to the art where we know about it but we have not deploy it to the

facilities so we wouldn't be able to profile whatever side effects may come up. So I agree with you. I am hoping that in the future a small clinic will be able to provide everything then when you come your choices are much wider.

I: Well I don't know what is going on in Accra but do you think it's better there than here (Kintampo)?

SP 6: It may be better but not necessarily the case because like I said we need to get the logistics down to the health facility level then it must come from our annual procurement, ok through the sexual medical stores and if that is not happening then we can't except to get them on the floor.

I: Dr Apio I like to thank you for your time.

SP 6: You are welcome.

I: I have taken 20 minutes and 4 seconds of your time.

Misconceptions and Perceptions on Contraceptives among women of reproductive age and their effect on contraceptive acceptability and use

This is a focus group discussion at Glory prince of peace maternity home and we are starting at 10:07 am. So we are beginning with the interview.

Service Provider (SP) 7 - Midwife

Identification SP 7

I: Please which language are you comfortable speaking?

R: Let's speak English.

VENUE: Glory Prince of Peace Maternity Home

TIME: Start: 10:07

End: 10: 42am

Residence: Kintampo Glory Prince of Peace Maternity Home

Sex: Female

Religion: Christian Methodist

Age: 63

Length of Service: 41

Occupation: Midwife

Profession: Midwife/ Health Worker

Education level: Tertiary

Time: 10:07- 10:44

822. Interviewer (I)

823. **I: How do you provide information on sex and contraception to your clients?**

824. **SP 7:** We seek to counsel the women who visit us.

825. We take the personal information of the clients such as, Name, Number of

826. Children and the contraceptives method preferred and base on the personal

827. information gathered to counsel their clients. Base on the contraceptive choice

828. counseling is giving to the women focusing mainly on the side effects.

829. The pills can cause mild dizziness and headaches so we inform their client's

830. forehand about it. The Depo Provera if they choose it some can't menstruate even

831. up to a year or two. Some will menstruate but the blood will be scanty and after

832. two weeks the women will experience other blood episodes so that one the woman will not want to continue to use it. Some of them choose method because they don't want to deliver despite the side effects.

833. Some of the women those if they practice injectables and without menstruations they will become fat the body will change and all the hormones will change and they get fat gradually.

834. You will see the woman become very fine. Some of the women like it because some buy blood tonic to drink to get fat.

835. **I: Do you also counsel them about the side effects?**

836. **SP 7:** Yes we counsel them. We counsel them Last week we had a client who

837.weighs 75-80, we check their weight anytime they come here and also the PB so if

838. we see that there are changes in the Bp and the weight is increasing we have to

839. stop otherwise they will complain of mild dizziness after contraceptives use

840. because the obesity and the Bp can cause harm.

841.**I: Do you also counsel them about obesity and how to manage that.**

842.**SP 7:** Yes we counsel them even last week I had woman who weigh 105, so I told

843. her that I will wont inject and she said oh Aunty when "I go home i will get

844. pregnant", so I explain everything to her and she went home.

845. **I:** She did not accept any other contraceptive method?

846. **SP 7:** No, I introduce the non plant and she was bleeding so I introduce condom so that the man can use it but she said the man doesn't like condom.

847. She said the man said the condom makes noise. Even I introduce the KISS, that one is better than the government one so for the KISS if one wears it doesn't make noise. But she said her husband doesn't like it.

I: Are there challenges in doing that?

SP 7: Some are shy during group counseling but they open up during the individual counseling. Some of the tribe such as the 'Konkoba' people and Muslims in their community marry early and want to have children so the acceptance by these people is low and a bit difficult to counsel for them to accept the contraceptives.

Some don't receive it because they have not been married before. The women are reluctant after they are educated about the side effects. Some of the women go home and come back later to decide again and some get confused due to the side effects of the depo Provera and decide to use a different method after the counseling.

I think the health insurance contributed to the low usage because so many women think giving birth is for free.

They will receive much benefit while they have given birth and have children. Some say they want to deliver 3 or 6 children.

And that has reduced the contraceptive use. Sometimes when we are giving health education here and we talk about contraceptives some do mtchew.

You will ask them why and they say, but going to hospital is free and she wants to deliver 4 or 5. Some of the mother's advice children to give birth and compare their children to their mates who have giving birth. Some advice children to stop schooling to give birth.

Some mothers who have stopped giving birth will advice and motivate their children to go in for pregnancy because they think going to hospital is for free.

The youths obey their parents and so when they are influenced they go ahead and ignore the contraceptives. Mothers advice children to stop going to school for a long time, they say children can't give birth if they go to school for a long time.

(Challenges).

I: Can someone walk in here and ask to talk to Mama Comfort or Grace

SP 7: Yes

I: How accessible are provider services (contraceptive methods provision, counseling on methods etc to users? Can someone just walk in here and say S he wants to talk to mum?

SP 7: We are doing our best but I think the insurance policy has influence the women to give birth to 6 or 10 children.

That has reduced the contraceptive use because the women think giving birth is for free so they have to deliver early and many. Services are accessible to the users**.**

We offer them proper counseling before method is chosen by clients

I: How do clients / users accept modern contraceptives?

SP 7: The IUD is the old one, they don't practice but I don't know the reason. The women will come at any time. But I can't tell, they tell us they bleed excessively after using the IUD. The men will not allow them. The implant too they come to remove after usage even after counseling but they will not accept advice and still go ahead to remove it. The acceptance is high but the usage is low. Some decline because of the side effects such as increased bleeding or disturbing bleeding.

I: What will you say in general about the causes of the low usage of contraceptives? Some says it makes noise

SP 7: It's because of these minor complications. Some people complain about the Ghana Health Service. They say they have itchy private parts after use.

I don't know what cause it.

I: What experience have you had with clients regarding complaints about the side effects of modern contraceptive use

SP 7: They complain about Dizziness and Headaches after using the pills.

Spotting and increase or disturbing bleeding throughout the month.

I: How do you provide contraceptive education specifically for young people who are not married?

R: We educate especially the students to use contraceptives to prevent pregnancy so that they can complete their schooling or the one month injectable that is the norigynon.

We also advice the young ones to abstain from sex but in case they are going to have sex they should protect themselves. So we educate them to prevent unintended pregnancy so that when someone wants to marry them it wouldn't be a barrier for them.

I: So aside the students do you also go outside?

SP 7: Yes, outside, we normally do that.

I: Do they come here and seize the opportunity to talk to them?

Every Sunday mama has a program on the radio station to give health education. She starts with the health educating and later family planning and advices the

adolescents. The adolescence asks questions concerning the contraceptives.
I : How comfortable are you with providing adolescents with information on contraceptives? Maybe the person is 14 or 18 not purposely that you want to just provide but your aim is to prevent pregnancy despite the tradition we have and the background we are coming from?
We talk and talk and talk but they don't accept it. Some accept the condoms, because some of the Konkoma people don't. This people marry early and the Muslims also marry early at 16, 17 years, the parents give the child out for marriage so the man too will try and sleep with that girl so those who are in this category doesn't want to accept contraceptive. Those in school practice it the majority even the three months, it's not allowed to give to those who have not delivered before but some still want that.
I'm comfortable providing the services but some of the clients are shy sometimes.
I: Do they access methods your facility? Yes
SP 7: Yes
Some people access in a different facility and come to them after complications. Most come there believing that they will be able to help them choose the right method.
Some people come o their facility due to what they have heard about their service provision.
I: (i) if yes which one do they access most?
SP 7: We provide Depo Provera and the Norigynon(1 monthly) and the Implant. Only that we have now, they come and after we've convince them, they choose other methods. ed them some want IUD They come and ask of a method and
I: Do adolescents ever come back with complaints on the methods provided for them?
SP 7: Yes, they normally come.
I: What complaints do they usually come back with?
SP 7: After two weeks the clients come back complaining of bleeding and spotting.
Some complain about Scanty blood in between the weeks.
Some complain about Itching after the condom use.
SP 7: The condom makes noise. We advice them to use the brand KISS but client

use the one from Ghana health service and complain of itching after use.

SP 7: It causes Weight gain, some complain about severe Headaches when you

check the HB will be normal and the Pill causes mild dizziness, its written on it so

we have to educate the client about the situation that the heacheadce will occur

Mild dizziness (the pill causes mild dizziness and headaches).

I: Apart from complaints regarding their experiences do clients report on

their fears regarding contraceptive use?

SP 7: I think the fears have reduced nowadays.

At first when family planning was introduced, people speculated a lot about the contraceptives and its side effects such as IUD traveling to the heart.

Such extreme speculations have reduced due to increased education to our clients.

I: What kind of fears do they complain about?

They complain about becoming fat, no being able to get their menstruation

I: How do you generally resolve complaints brought in by clients?

SP 7: We resolve it we check the clients weight and BP, if the BP is increasing or

weight has increases, they are counseled and sometimes the refuse to inject the

clients in such situations.

We help them to choose if they like it they will accept

but if they don't want they will reject. We try to advice them to change the

contraceptive type due to the risk of high pressure or obesity and we educate the

clients about everything concerning contraceptives but I think there is a question

mark.

We check the risk of Obesity and High blood pressure before offering them the

particular method. We help clients to choose the contraceptives

I: What is the kind of family planning offered to clients?

We have only the dopo provera, the one month and the implant for now sometimes we can convince client to choose other contraceptive method. 3 monthly injectable

(Depo Provera) and 1 month injection..

Condoms…

I: Do they pay for contraceptives

SP 7: They women pay for the contraceptives.

The insurance do not pay for it because it's a personal choice.

I: Does religion and cultural beliefs influence the service provision and

971. **acceptance?**
972. **SP 7:** Yes, the Muslim women hide themselves to come to their facility and some
973. even leave their cards with them at the facility.
974. Some of the men want their wives to deliver as many as they can and they do not
975. want. We have brought out interview to an end and the time is 10:44

6.8.3 Transcript FGDs Previous Users and Never User

Focus Group Discussion with Non-users and Previous Users

Non- User

1. Participants: **Non- User (R)**
2. Time: 12:00- 12:19
3. Venue: RCH, Municipal health Directorate

Nr.	Name of Participants	Age	Religion	Tribe
1	R1	30	Christian	Brong
2	R2	21	Christian	Mo
3	R3	35	Muslim	Moosi
4	R4	27	Christian	Brong
5	R5	18	Christian	Mo
6	R6	17	Christian	Brong

4. **What do you know about contraceptives?**
5. **R5**: It protects women against giving birth to many children and helps in baby spacing
6. **R4**: It causes diseases; I has heard that the implant causes many diseases and arm pains.
7. Some people complain of stomach and abdominal pains.
8. **R2:** It causes heart diseases.
9. **R1**: It prevents menstruation.
10. **R3**: It causes hypertension and increase in bleeding.
11. **How do you inform yourself about modern contraceptive methods?**
12. **R1**: I hear the information from those who have done it before.
13. **R2**: I also hear it from those who have done it before that they fall ill so I decided not to do it to also fall ill.
14. **R1**: I heard it from those who have done it complaining about abdominal pain and menstrual problems.
15. **R5**: I heard it from the RCH that it helps women who work and do not want to give birth frequently.
16. **What opinion do you have generally concerning Contraceptives?**
17. R4: It can still cause pregnancy to occur while using it.
18. **What opinion do you have concerning the modern contraceptives?**

19. R5: It's scary and confusing to use the pill and can result in pregnancy. People who forget easily can't use the Pill
20. **Are contraceptives acceptable in the community?**
21. **Why haven't you used contraceptives of any kind before?**
22. **R5**: I am scared because of the complaints of their fellow women. I wish to do it but I am scared even though I have encountered two women who have not complained about it.
23. **R4**: I haven't used it yet because of the complaints of the implant user. I had painful arm and abdomen.
24. I have decided to stay away from sex so because of that I don't need contraceptives r family planning. I am not living together with my partner so I don't need contraceptives.
25. **R1**: I have a sister who had the 5 years implant but she could not wait until end of the 5 years because she was feeling sick always till I removed it.
26. **R2**: I am scared because my sister also complains about waist pain until she stopped using the contraceptive.
27. **R6**: I don't use contraceptives because I have not heard anything about it. – Some people say their husbands do not agree for them to use contraceptives so some women hide to do it. My brother's wife has used contraceptives secretly without his intension.
28. **Which way do you prevent pregnancy if not with contraceptives.**
29. **R 2**: I don't use anything. I naturally have problems in giving birth so I don't venture using medications to interrupt pregnancy.
30. **R4**: I wasn't using anything, my first child got 1 and a half years before impregnating again. - I don't get my menstruations after a year of giving birth.
31. **R5**: I haven't used contraceptives before.
32. **Do you know anyone who has ever had a bad experience with the use of any contraceptive method? Can you describe what happened?**
33. **R4**: I know someone who had the implant on the upper arm who complained bitterly about arm, abdominal and stomach pains. The pains stopped after I have removed it.
34. Some people use contraceptives but still get pregnant. It doesn't work for them someone had the injections, she complained of menstrual problems and she even got pregnant while having the injection.
35. Some complain about fatigue and illness.
36. A work colleague complained of excess bleeding during the time of contraceptive usage. – Some also lose weight because it's not a best fit for her.

37. **R3**: I know someone who can't eat and reducing weight gradually.
38. **R2**: My sister used contraceptive and complained about waist pain so I was scared I might encounter the same problems.
39. **R5**: I know a friend who has taken the implant and was gaining weight excessively even though everything was fine with her.
40. **What fears do you have with regards to modern contraceptive use?**
41. **R2**: Fears of losing weight and having eating disorders- Fear of waist pains
42. R4: Arm and abdominal pains after implant usage. The fear of getting pregnant even after usage.
43. **R5**: The fear of gaining weight- The fear of not being able to take the pill as it's suppose it be taken which can result in pregnancy.
44. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives**
45. **R5:** Weight gain
46. **R2**: Contraceptive causes waist pain
47. **R4:** Illness and fatigue - Because some people have done it and got pregnant they are scared to use it again**.** I know someone who had the 3 monthly injections who was pregnant during her second month.
48. Some people develop big stomach because of loss of menstruation. The blood gathers in the abdomen and makes the stomach big.
49. **R3**: Eating problems and weight loss
50. What informal source was this?
51. **R5:** Friend
52. **R2**: Sister
53. **R3**: Someone I knows
54. **R4**: Rumors
55. **What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives**
56. **R4:** Jehovah's Witness does not allow the use of contraceptives.
57. **R5:** People talk about it on the television and they say there is no problem with using contraceptives but I can't trust them.
58. **What formal source was this?**
59. **R4**. Jehovah's Witness
60. **R5:** Television

Observation

Before	**During**	**After**
The participants were enlighten but their rights Increased interest to know why we want have recruited them and where the results of their participation They were much interested about the consenting process	Bond between the participants was installed. Participants appeared very exciting during the discussion They were generally open in answering questions. Some raised personal questions during the discussions Participants appeared worried about contraceptives. Participations rules were adhered to and confusion was avoided.	Satisfaction of participants Waiting to get their consent forms and asked for further clarifications

Previous Users

61. Participants: **Previous Users (R)**
62. Time: 10:57- 11:20
63. Venue: RCH, Municipal health Directorate

Nr.	**Name of Participants**	**Age**	**Religion**	**Tribe**
1	R1	30	Christian	Gruma
2	R2	Participant doesn't know age	Christian	Wala
3	R3	27	Muslim	Samerama
4	R4	19	Christian	Basare
5	R5	22	Muslim	Sisira
6	R6	28	Christian	Asante
7	R7	26	Christian	Kasnanakana

64. **What do you know about contraceptives?**
65. **R5**: I used the injection to prevent pregnancy but have so many side effects. I used it and couldn't give birth again until 7 years.
66. **R4**: I have heard that the 5 years contraceptive type can prevent menstruation.
67. **R1:** I started using contraceptives after my first born and have used it for 3 to 4 years till the time I wanted to get pregnant again to the second child.
68. I was able to conceive shortly after stopping the contraceptive.
69. The pill has helped me to space my children.
70. **R2:** It helps to reduce weight
71. **R6**: They said it brings a lot of problems but I have been using the 3 months injection after the birth of my first child for two years.
72. I conceived after stopping the injection
73. They said longer usage can be harmful. I don't get my menstruations after using the 3 months injections.
74. They said it can delay pregnancy after using the injections. But I am not sure if it's related to the contraceptives
75. **Types**:
76. **R6**: 3 monthly injections

77. **R2**: 3 monthly injections
78. **R4**: 3 monthly injections
79. **All agree that taking the pills is difficult**
80. Because you will have to remember to take it or
81. Taking medicine everyday is difficult.
82. **How do you inform yourself about modern contraceptive methods?**
83. R7: My sister and husband from the community.
84. R1: From the RCH/ Family planning unit
85. **What opinion do you have generally concerning Contraceptives?**
86. R5: It's not good. It can cause barrenness.
87. W**hat opinion do you have concerning the modern contraceptives?**
88. **R5**: Implant can vanish in the body.
89. **R6**: Long term use can be harmful.
90. **Are contraceptives acceptable in the community?**
91. **R2**: They don't accept contraceptives to my notice because they think it can cause infertility.
92. **R3**: Some of them think it's a sin to use contraceptives because it can prevent fertility and pregnancy.
93. **R5**:
94. **Why did you choose the contraceptive type?**
95. **R2**: I am scared to take medicine that is why I chose the injection.
96. **R4**: I am scared to take the pills because I think I might not be consistent.
97. You can make mistake taking the pills. I wasn't consistent with the pill and that resulted in pregnancy of my second child.
98. **R5**: I chose injection because I's scared to take medicine
99. **R3**: I can't use the implant because I will have to think about it always that I have a foreign object at my arm.
100. And I don't like taking medicine that is why I chose the injection.
101. **R6**: is scared to take the 5 years implant.
102. **R5**: They said it's impossible to take out the implant after insertion.
103. **R1**: I was scared to use the implant and the injection. I decided to take the pills because I was sure that I can take the pills consistently.
104. And the nurses told me that even if you forget you can take two together that wouldn't affect you.

105. **R5**: I chose the injections because I am scared to make mistakes with the pills and it's scared to take medicine.

106. All agreed that inconsistence use of the pills can result in pregnancy

107. Which way do you prevent pregnancy if not with contraceptives.

108. **Do you know anyone who has ever had a bad experience with the use of any**

109. **Contraceptive method? Can you describe what happened?**

110. **R5**: My sister took the injection before and later changed to take the 5 years implant. – She stopped menstruating and was gaining weight.

111. She decided to go and remove it but she was obese and it got lost in her body and she hasn't been able to give birth till now.

112. **R4**: I was very dizzy shortly after using the 3 monthly injections but after 6 months of use I is fine just that I has excess bleeding. - I has reported the issue to the nurses and decided to inject the 2 monthly contraceptive and with that one I has excessive abdominal pain.

113. **R7**: My sister had the implant after her first born and was gaining weight but she has not been able to give birth again even after the removal.

114. **What fears do you have with regards to modern contraceptive use?**

115. **R6**: I have heard that contraceptives can cause infertility and many advice not to use it. But I have had a positive experience with contraceptives so far. When I wanted to give birth I was able to so I thinks it depends on the individual.

116. **R7**. The experience of others makes them hesitant to use contraceptives. - I didn't get my menstruation while using the 3 monthly injections.

117. **R6**: The harm it might cause when used for a long time.

118. **What information regarding contraceptive use have you heard from any informal source that deters you from accessing/using specific contraceptives?**

119. **R4**: Some of the men are against contraceptives but Islam allows it.

120. **R7**: Excessive weight gain - implant missing in the body

121. R5: My sister was obese and the implant got lost in her body.

122. **What informal source was this?**

123. **R7**: Community, my sister,

124. **R5**: Sister

125. **R4**: Husbands

126. What information regarding contraceptive use have you heard from any formal source that deters you from accessing/using specific contraceptives

127. R1: Some of the churches such as Gyide speak strongly against it. They advice women to give birth quickly so they don't do family planning.

128. **What formal source was this?**

129. **R1**: Churches (Gyidie)

130. Why some men don't allow women to use contraceptives/ family planning

131. **R4**. Some of the men are scared that the women wouldn't be able to give birth after using contraceptives

132. **R5**: My brother doesn't want his wife to use it so he helps her with the natural method by checking her menstrual cycle.

133. **R3**: Some of the men think the women will infect them with diseases if they are allowed t use it.

Observation

Before	During	After
Participants were relaxed and excited at the same time	Participants looked shy embarrassed and hesitant. It took them a while for them to open up The opened up gradually after one person has spoken about her experience. For those who came there with their children were more focused on their children and divided minded. Some of the women were complaining about their time	Women were very open and were still talking about their experiences and about the discussion with one another.

© own source KHRC Entrance

© *own source* KHRC Clinical Laboratory

© own source IDI with a Community Health Nurse & Midwife

© own source IDI with a community Health Nurse

6.9 Statutory Declaration

"I hereby declare that I am the author of the Master Thesis presented. I have written the Master Thesis as applied for previously unassisted by others, using only the sources and references stated in the text".

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Date Signature, Francine Kyeremaa