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Utilisation of Family Planning Services in the Twifo Hemang Lower Denkyira District

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Abstract

The study was carried out to assess the utilisation of family planning services among people in their fertility age in Twifo Hemang Lower Denkyira District. A sample size of 288 was used for the study. The sample size was determined using Cochran (1963) formula for sample size determination. The descriptive survey design was employed for the study. Participants were selected using proportionate random sampling. The analytical procedures utilised included chi-square and descriptive statistics such as frequencies and percentages. The study established that most of the participants see family planning services as important and have fair knowledge on the importance of family planning and the methods of family planning, however utilisation of family planning services is low. Reasons behind the low utilisation were health concerns and fear of side effects, desired for more children, non affordability, lack of spousal consent, lack of information and lack of access. The study found out that most of the participants were not ready to use family planning in the near future. The study further established that age, marital status and occupation were less likely to influence utilisation of family planning services. Meanwhile, sex, level of education and religion were more likely to influence utilisation of family planning services. Attitudes of service providers, cost of family planning services, quality of the family planning services, access to family planning services and long waiting hours at family planning centers were the service delivery factors affecting utilisation of family planning services. Based on the findings, appropriate conclusions and recommendations were offered.

Keywords: Family Planning Services, Utilisation, Contraceptives, Twifo Hemang Lower Denkyira, Ghana Health Service

1. INTRODUCTION

Family planning helps people to plan and achieve the spacing and timing of their birth as well as their desired number of children. This is possible through the use of family planning methods and treatment of involuntary infertility. As posited by Shaw (2010), people's ability to plan and determine their number of pregnancies have a direct impact on their health, their well-being and on the outcome of their pregnancies. Asante (2013), also argued that family planning (FP) plays an important role in achieving the Sustainable Development Goals (SDGs) in Ghana. Family planning is an integral aspect of reproductive health, it serves as a major pillar to safe motherhood and as entry point for the other reproductive health services. Ghana Health Service (2009), reported that family planning services help in the prevention and management of sexually transmitted infections (STIs) and acquired immune deficiency syndrome (AIDS). Family planning is crucial for the management of infertility, gender based violence cases, screening for reproductive tract cancers as well as comprehensive abortion care (Ghana Health Service, 2009). Gizaw and Regassa (2011), suggest that countries where there are high birth rates, encouragement of high family planning acceptor rates has the tendency to prevent 32% of all maternal deaths and 10% of childhood deaths. Gizaw and Regassa (2011), further opined that high acceptor rates of family planning services have the potential to reduce poverty and hunger. To the views of Cleland, Ndugwa and Zulu (2011), family planning help in achieving the universal primary education, long term environmental sustainability and contributes to women's socio-economic empowerment. The World Health Organisation (2017), stated that some family planning services and policies such as the use of condoms help to prevent sexually transmitted infections and human immune virus (HIV). It is documented that utilisation of family planning services augment people's rights to decide the number of children they want to give birth to as well as the spacing of their children. The World Health Organisation (2017), again stated that family planning services help in preventing unplanned pregnancies and the deaths of mothers and children.

In the work of Akafuah and Sossou (2008), as cited in Apanga and Adam (2015), family planning has been considered over the years as a key to socio-economic development because of its potential to save

lives. According to Paul, Koskei, Robert and Amon (2014), in recent years in developing countries, there has been a decrease in the attention and resources directed towards the improvement of family planning programs and this affect the utilisation of family planning services. Godavari, Andhra & Gribble (2008), also added that the recent shifts in international development priorities and strategies have led to loss of focus on family planning. However, evidence suggest that there are 214 million people who need family planning but are not utilising family planning services in developing countries. Statistics available also indicate that nearly 137 million women are at risk of unintended pregnancies, yet they are not using any method of family planning. It is also documented that an additional 64 million of these women in developing countries rely mainly on less effective traditional methods (Godavari, Andhra & Gribble, 2008) and (WHO, 2017). The negative attitudes towards the use of modern family planning methods are the underlying reasons for the low utilisation of family planning services. Many related studies on family planning showed increasing knowledge of the methods can result to higher utilisation of family planning services (Adjei, Owusu, Asiedu and Acheampong, 2014). Chandrasekhar (2012), also argued that in the developing world, the utilisation of family planning services and policies prevent 2.7 million infant deaths annually. Chandrasekhar (2012), further posited that investing states resources in family planning create another avenue for faster economic growth and development, reducing fertility as well as changing the population's age structure and dependency ratio. According to Bamikale and Casterline (2010), many studies revealed that in Asia and Latin America respectively, there are 71 percent and 64 percent prevalence of utilisation of family planning policies and this shows that they have met much of the demand for family planning services.

Meanwhile, according to Aryeetey, Kotoh and Hindin (2010), in Africa and Sub-Saharan Africa, utilisation of family planning policies are very low. The World Health Organisation in its 2010 report also indicated that in Africa, the prevalence of family planning services has grown more slowly. The World Health Organisation further stated that the utilisation of family planning methods in Africa is at 27 percent and most often couples do not use it to limit births but rather use it to space births. Sarah, Emmanuel and Jody (2016), opined that though there has been an increase in the

prevalence of contraceptives use over the last 40 years, yet in Ghana many people remain unprotected against unintended pregnancies. In the work of Asamoah, Agardh and Per-Olof (2013), it was indicated that in the developing countries, it is estimated that 29 percent of people in their child bearing age of 15 to 49 years have an unmet need for family planning. What this means is that these people are active sexually, can give birth but do not want to give birth in the next two years yet they are not using any method of family planning. Again, according to Moronkola, Ojediran, and Amosu (2006), as cited by Asante (2010), a study conducted in Ibadan, Nigeria indicated that in Africa and many developing countries, the problem of poor reproductive health services remain a major challenge to decision and policy makers because there is a higher rate of maternal mortality and morbidity as compared to the western countries. Apanga and Adam (2015), also added that in many African countries, there are diverse health consequences mainly due to poor knowledge on access to quality maternal health services and reproductive health. Adequate and appropriate counseling methods from service providers on the knowledge of various methods of family planning, belief, relatively inexpensive commodities, encouraging and providing quality access to family planning methods are very key to the improvement of reproductive health and peoples wellbeing.

Knowledge on the benefits of family planning is enormous, still frequent education of couples is needed on reproductive health issues to improve utilisation of family planning (Asante, 2010). Adoption of family planning services have been found to ward off unwanted pregnancies, reduce maternal and child mortality, yet, utilisation remains very grisly. According to Ghana Health Service (2016), there are several motivating factors that encourage people to accept one family planning method or the other in Ghana. Prominent amongst them include spacing of children, prevention of pregnancy, and prevention of sexually transmitted infections. Ghana Health Service (2016), further stated that other factors such as misconceptions about family planning and lack of male involvement contribute to non utilisation of family planning services among Ghanaian people. A study conducted in Telensi district in Ghana by Apanga and Adam (2015), shows that about 90% of people prefer to give birth at some intervals. The study further revealed that prevention of sexually transmitted infections and unwanted

pregnancies are the reasons why some people utilise family planning services. According to Sarah, Emmanuel & Jody (2016), a survey conducted by Ghana Demographic and Health Survey indicate that maternal deaths could be reduced by 25-30% if women had access to and used family planning services. In a study by Prettner and Strulik (2017), it was revealed that there are a lot of economic benefits of family planning to the individuals, households, the nation and the world at large. To Prettner and Strulik (2017), in addition to reducing unintended pregnancies, family planning services help to reduce injuries and deaths associated with child birth. Prettner and Strulik (2017), further opined that family planning services also help to prevent abortions as well as sexually transmitted infections (STIs) including HIV/AIDS. While it is well documented in the advanced nations on the benefits of family planning for good health and the well-being of families, utilisation of family planning programmes throughout Africa and sub-Saharan Africa are very low (WHO, 2010). Asamoah, Agardh and Per-Olof (2013), in their study also revealed that prevalence and utilisation of family planning services are very low while fertility is very high leading to rapid population growth as well as high maternal and child mortality.

One reason behind increased birth rates is the low utilisation of family planning services. Evidence suggest that in Western Europe, 70 percent of married couples use modern methods of family planning but in the case of Sub-Saharan Africa, only 15 percent of married couples make good use of modern methods of family planning (WHO, 2012). In Ghana, according to Ghana Health Service Survey (2012), the National Family Planning Protocols of 2007 give appropriate guidance for the provision of family planning services in both public and private hospitals, including non-governmental organisations (NGOs) and other stakeholders at all levels. It has been reported by Ghana Statistical Service (GSS) and Ghana Health Service (GHS, 2014), that government of Ghana has built a positive policy framework for family planning. It further stated that effort has been spearheaded by the National Population Council (NPC) to maintain a population policy that is in line with the development needs and aspirations of the country. The Family Health Division (FHD) of Ghana Health Service has given appropriate guidelines for family planning use and has made it a priority. Again, available data from the Ghana Health Service Survey (2012), showed a marginal increase

in knowledge on family planning use and availability of family planning services in Ghana. Ghana Health Service has expanded access to permanent vasectomy, IUD, implants, injectable, condoms and other family planning services in both public and private health facilities yet utilisation of family planning policies and services are very low in many part of the country (Ghana Health Service Survey, 2012). Unfortunately, only 25% of married couples in Ghana are currently using modern family planning methods (Ghana Health Service Survey, 2012).

However, the Ghana Health Service Survey (GHSS) in 2014 also revealed that there are a lot of barriers to the utilisation of family planning. These according to the GHSS (2014), include limited number of methods, frequent periods of contraceptives being out of stock at the facility level, limited use of educational tools and limited provider skills. It is established that the low utilisation of family planning services are as a result of a number of barriers acting at policy, district, facility and the individual level (GHS, 2016). One major reason for high birth rates is the low utilisation of family planning services. Family planning service utilisation has dwindled over the past years (GHS, 2016). On 28th September, 2012, a report by the Ghana News Agency revealed that Ghana Health Service expressed poor patronage of family planning services in the country (GHS, 2012). The Ghana Health Service (2012), reported that the family health indicators revealed a low uptake of family planning services in many districts across the country. GHS (2012), further stated that, there was a decreased in family planning acceptor rate of 31% in 2009 to 24.9% in 2010 and this figure was relatively the same in 2011. According to Family Health Division of the Ghana Health Service, the Division performed well in several indicators under its watch in 2015 and 2016, but among other indicators which vitiated their success was decrease in family planning coverage (GHS, 2016). The problem of low of utilisation of family planning services implies large family size and high population growth in Ghana. Over the years, Central region has seen a swinging performance in family planning indicators. Non-Governmental Organizations such as Marie Stopes International and other NGOs are all partners collaborating with the region to improve maternal health services including family planning yet the region continually sees a marginal performance in utilisation of family planning services (Health Policy Project and

Marie Stopes International, 2015). According to Twifo Hemang Lower Denkyira District Health Directorate, "Annual Performance Review, (2018), the District recorded an upward increase from 22.4% in 2016 to 24.8% in 2017, unfortunately, the district directorate could not maintain this gain and has declined to 24.3% in 2018. (chimgh.org) (THLD, District Health Directorate Annual Report, 2018). Despite all effort by the District Health Directorate to improve maternal health and family planning services, Twifo Hemang Lower Denkyira District still not able to achieve the family planning coverage and acceptor rate of 40% target set by Ghana Health Service and the Regional Health Directorate over the past years.

Many family planning services provided by the district health directorate are under-utilised by people in the District. However, not much has been documented and no research has been done to examine the factors that account for the low utilisation of family planning services in Twifo Hemang Lower Denkyira. As such other studies conducted in some part of the country have either focused on women or men only. This study combines both women and men in order to properly assess the factors responsible for the low utilisation of family planning services within the district. Hence, necessitating the essence of this study. Results from this study will inform policy decisions regarding low utilisation of family planning services in Ghana. Furthermore, findings from this research will provide specific information needed to be able to organise a much more effective educational campaign towards full utilisation of family planning services in Ghana. The findings may guide policy makers, government, non-governmental agencies and public health educational programs and also assist in the development of public health interventions on family planning. Again, results from this study will be useful to the District Directorate of Health services and collaborating organisations in developing and evaluating interventions to increase the utilisation of family planning services in the District.

The rest of the paper was organised as follows: section two focused on materials and methods. Section three looked at results and discussions. Finally, section four dealt with conclusions and recommendations.

2.0 MATERIALS AND METHODS

2.1 Research Design

The study employed the descriptive-survey method. As posited by Cresswell (2009), descriptive survey research employs applications of scientific method by critically analyzing and examining the source of materials, by analyzing and interpreting data, and by arriving at generalization and prediction.

2.2 Participants

The population for this study included both men and women in their fertility age of 15-49 years.

A sample size of 288 was selected for the study. The sample size was determined using Cochran (1963) formula for sample size determination. The participants were selected using proportionate random sampling. This allowed equal representation of participants across all the three sub-districts. In the age category, most of the participants 36.46% fall within the age of 35-39yrs, 18.06% were within the age of 30-34yrs, 12.15% were between the age of 25-29yrs. 10.42%, 9.72%, 6.94% and 6.25% were within the age of 20-24yrs, 40-44yrs, 15-19yrs and 45-49yrs respectively. In reference to the marital status, majority 64.58% were married, 25% were single, 7.64% were divorced and 2.78% were windows. On the educational qualification, 45.83% of the participants were JHS graduates, 26.04% were SHS graduates, 11.46% were primary school leavers, 10.42% were tertiary graduates and 6.25% had no education. In the area of occupation, 61.11% of the participants were farmers, 21.53% were traders, 11.11% as well as 6.25% were teachers and health workers respectively.

2.3 Instruments

Structured questionnaire was used to solicit information from the participants. The questionnaires were designed and validated by the researcher.

2.4 Data Gathering Procedure

Permission was sort before the actual data collection. The data collection took three weeks. Before the questionnaires were administered, all ethical considerations involving the research and

the participants were ensured. This allowed the researcher to clarify any misunderstandings that came up during the data collection.

3.0 RESULTS AND DISCUSSIONS

Importance of Family Planning Services to Participants

Participants were asked to indicate if family planning services are important to them. Out of 288 participants, 236 representing (81.94%) responded that family planning services and methods are of importance. 52 of the respondents representing (18.06%) responded that family planning services and methods are of no importance to them. Again, participants were asked to indicate how important family planning services and methods are to them. 122 participants representing (42.36%) stated that family planning helps to control birth and child spacing. 65 of the participants presenting (22.56%) stated family planning helps to prevent unwanted pregnancies. 44 of them representing (15.28%) indicated family planning helps to prevent STIs, 5 of them representing (1.74%) stated that family planning helps to save money whiles 52 of the participants representing (18.06%) indicated they have no idea about family planning. The result of the study is similar to the report of the World Health Organisation (2017), which opined that family planning allows child spacing, control birth, delay pregnancies and prevent unintended pregnancies as well as to prevent STIs. Participants were tasked to state whether they use any form of the family planning methods. Out of 288 participants, 194 representing (67.36%) responded that they do not use any form of the family planning methods. 94 of them representing (32.64%) responded that they do use some form of family planning methods. The finding of this study is consistent with the report of Twifo Hemang Lower Denkyira District Health Directorate which stated that many family planning services provided by the district health directorate are under-utilised by people in the District. The nonuse of family planning by the people may account for the reason why the district has seen a decline in the utilisation of family planning services. However, it may also be the underlying factor to why the district has not been able to achieve the family planning coverage and acceptor rate of 40% target set by Ghana Health Service and the Regional Health Directorate over the past years.

For those who use some form of family planning methods it was necessary to know the reasons for the use of family planning methods. Out of 94 participants who used some form of family planning methods, 42 of them representing (44.68%) responded they use family planning to space their children. 26 of them representing (27.66%) responded they use family planning to prevent unwanted pregnancies, 16 of them representing (17.02%) indicated that they use family planning in order to have few children whiles 10 of them representing (10.64%) also stated that they use family planning to prevent STIs. Again, this is also similar to the report of World Health Organisation (2017) and Ghana Health Service (2012). For those who do not use any form of family planning methods, it was prudent to know the reasons why they do not use any form of family planning method. Out of 194, 55 of them representing (28.35%) stated desired for more children as the reason for not using any form of family planning, 42 (21.65%) also stated health problems and fear of side effects as the reasons for not using any form of family planning, 32 (16.50%) indicated non affordability as the reason for nonuse of family planning, 30 (15.46%) indicated lack of access as their reason whiles 20 (10.31%) and 15 (7.73%) stated lack of information and lack of spousal consent respectively as the reasons for not using family planning. This result is indifferent to the findings of Gizaw and Regassa (2011), on family planning service utilisation, it was revealed that desired for more children, fear of side effects, non affordability, lack of access and lack of spousal consent were the many reasons why couples and individuals do not use any form of family planning services in Mojo town in Ethiopia.

However, this result differs slightly from the findings of Paul, Koskei, Robert and Amon (2014), on the determinants of use of modern family planning methods which revealed that in Baringo North District of Kenya, couples and individuals do not use any form of family planning methods to due to lack of information on the availability of family planning methods, religion prohibit family planning, expensive nature of family planning methods, knows no methods, partners oppose family planning services as the reasons for not using any form of family planning methods. Furthermore, it was necessary to know from the participants whether they would want to use any form of family planning services in the future. 186 of them representing (64.58%) stated they would not want to use any form of

family planning services in the near future whiles 102 (35.42%) stated they would like to use some form of family planning services in the near future. This result clearly gives enough evidence to state that most of the participants are not willing to use some form of family planning services in the near future. The implication here is that this may affect the full utilisation of family planning methods within the district. Moreover, it may also prevent the district from meeting the target of 40% family planning coverage and acceptor rate set by Ghana Health Service and the Regional Health Directorate. The researcher went further to asked the participants to indicate the reasons why they would want to use some form of family planning in the future. Out of 102 participants who indicated their readiness to use some form of family planning in the future, 34 (33.33%) says they will use it to space their children, 26 (25.49%) says they will use it to prevent unwanted pregnancies, 24 (23.53%) stated they will use it to in order to have few children whiles 18 (17.65%) responded that they will use it to prevent STIs. With regards to the participants who would not want to use family planning services in the future, the researchers tasked them to indicate their reasons for not willing to use any form of family planning in the future. Out of 186 who stated they were not ready to resort to family planning, 56 (30.11%) responded it is expensive, 46 (24.73%) stated health concerns and side effect, 34 (18.28%) indicated it is of no significant to them. 30 (16.13%) says it is difficult to access whiles 20 (10.75%) responded that their partners will not allow them to use family planning. These results are also confirming the findings of Chipeta, Chimwaza and Kalilani-Phiri (2010), in Malawi and Chandrasekhar (2012), in India which revealed non affordability, health concerns and side effects, difficulty in accessing family planning and partner's refusal to accept family planning were the main reasons for not utilising any form of family planning services and methods.

Participants Knowledge level on Family Planning Services

The study established that 236 (81.94%) of the participants have heard about family planning meanwhile 52 (18.06%) of them have not heard of from planning. The participants were further asked to state what they know about family planning services. Out of 288 participants, 84 (29.17%) stated family planning is about child spacing, 80 (27.78%) stated family planning is about birth control, 45

(15.62%) indicated family planning is about prevention of unwanted pregnancies. 27 (9.37%) admitted that family planning deals with the prevention of sexually transmitted diseases whiles 52 (18.06%) also responded that they not know what family planning is about. This result clearly suggests that most people in their fertility age in Twifo Hemang Lower Denkyira District have fair knowledge about family planning services. Participants were tasked to indicate where they can receive family planning services. From the results, it was established that 102 (36.46%) of the participants stated health centers, 78 (27.08%) stated hospitals, 66 (22.92%) indicated CHPS compound whilst 25 (8.68%) and 14 (4.86%) of them indicated maternity homes and private clinics respectively. This result suggest that the participants have fair idea about where they can receive family planning services. In order to determine participant's knowledge on who provides family services, they were again tasked to indicate who provides family planning services.

The results show that 102 (35.42%) stated midwives provide family planning services, 92 (31.94%) of the participants indicated community health workers, 82 (28.47%) indicated nurses whilst 8 (2.78%), 4 (1.39%) stated medical assistant and pharmacist respectively. This result also suggests that most of the participants have firm knowledge about health professionals who provides family planning services. Participants were asked to indicate their sources of information on family planning services. From the results it was established that 118 (40.97%) of the participants stated get their information from hospitals and health facilities, 62 (21.53%) stated television as their source of information. 46 (15.97%) indicated radio whilst 34 (11.81%), 28 (9.72%) gave information centers, family and friends as their main sources of information about family planning services. This result confirmed with the views of Ngom and Binka (2002), which stated that countries where people are more exposed to family planning information and education from heath facilities, on radio and television, people become aware of many methods of family planning and therefore turn to practice family planning. This result is similar to a survey conducted in Uganda which revealed that, people have knowledge about family planning because of information from health professionals and the mass media such as radio and television. Again, to determine participant's knowledge on family planning methods, the participants were tasked to identify the methods of

family planning they know. From the results, 92 (31.94%) of the participants stated they know condoms as a method of family planning, 60 (20.83%) of them responded they know of withdrawal method, 48 (16.67%) stated the pills method, 30 (10.42%) indicated they know the injectables method, 25 (8.68%) stated IUD method whilst 18 (6.25%), 15 (5.21%) stated implants and sterilization as the methods they know. Furthermore, the results clearly suggest that most of the participants have good knowledge on the methods of family planning.

To identify the methods used by participants, they were made to state the methods of family planning they use. Most of the participants 154 (53.47%) indicated they do not use any of the methods. 42 (14.58%) said they use condom method, 30 (10.42%) indicated they use withdrawal method, 18 (6.25%) stated injectables, 16 (5.56%) said they use pills, 14 (4.86%) indicated they use implants whilst 12 (4.17%), 2 (0.69%) said they use IUD and sterilisation respectively. The findings of this study show that most of the participants know the various methods of family planning, yet most of them do not use any of the available methods. This result could explain why there is low coverage and acceptor rate of family planning services in Twifo Hemang Lower Denkyira District. Similarly, a study conducted in Enugu in Nigeria also revealed that clients had good knowledge about family planning services yet, it was observed that utilisation of family planning services were very low. Again, this result is consistent with a study by Chipeta, Chimwaza and Kalilani-Phiri (2010), in Malawi which revealed that participants who had good knowledge on family planning services were not utilising it. Contrary, according to Caldwell and Caldwell (2007), other research findings have shown that having good knowledge on modem family planning methods is a key determinant of contraceptive use. Again, Longwe, Huisman and Smits (2013) are of the view that people who are well educated and informed on the benefits of family planning services tend to use it. Consequently, those who use some method of family planning were asked to indicate their reason for choosing a particular method. Out of the participants who use a particular family planning method, 44 (32.84%) said they use it because it is affordable, 36 (26.86%) stated they use because of the minimal health and side effects, 30 (22.39%) stated it easy to use whilst 24 (17.91%) said it convenient to use. However, it was

established that most of the participants 170 (59.03%) said they were not ready to encourage friends and relatives to utilise family planning services. however, the reasons for such decision was not revealed. Though most of the participants admitted they were not ready to encourage friends and relatives to utilise family planning services, a quiet number of the participants 118 (40.97%) admitted they were ever ready to recommend the use of family planning services to other people.

Socio-economic and cultural factors that affect the acceptance and utilisation of family planning services

Participants were tasked to indicate how their partners feel about the utilisation of family planning services. Out of 288 respondents, 96 (33.33%) said their partners disagree with the use of family planning services, 92 (31.94%) indicated their partners strongly disagree with the use of family planning services, 54 (18.98%) of them stated their partners agree with the use of family planning services whilst 46 (15.98%) said their partners strongly agree to the use the use of family planning services. The result indicates that most people do not use family planning services because their partners disapprove it. This finding is similar to the study by Pokharel, Bhattarai and Shrestha (2018), which revealed that one-tenth of married couples have reported that the main reason behind non utilisation of family planning services was because their partners disapprove it. Again, the result of this study is consistent with the study by Okech, Wawire and Mburu (2011), in Kenya which revealed that partner's approval was one of the key determinant of respondents use of family planning services. Okech, Wawire and Mburu (2011), further opined that, the probability that respondents will use family planning services was as high as 83% when consent was sort from partners as compared to when consent was not sort from partners. In comparison to this study, the lack of support and approval from partner's side might be the major factor behind the non utilisation of family planning services by indigenes of Twifo Hemang Lower Denkyira District. The researcher further asked the respondents to indicate the number of children they have given birth to. 76 (26.39%) of them said they have three children, 74 (25.70%) indicated they have four children, 68 (23.61%) said they have five and above children, 38 (13.19%) stated they have two children whilst 32 (11.11%) said they have one child. This result

clearly shows that most of the respondents have two and more children. In order to know if they are planning to have more children, most of the respondents 206 (71.53%) stated they are planning to have more children whilst 82 (28.47%) said they are not planning to have more children. This finding also clearly shows that most of the respondents want to have children again. The implication of this result is that the dire need of respondents to have more children might lead to nonuse of family planning services in Twifo Hemang Lower Denkyira District and this may affect the coverage and acceptor rate of family planning in the district.

The researcher finds out from the respondents if their religion supports the use of family planning. 232 (80.56%) stated their religion support family planning services whilst 56 (19.44%) said their religion is not in support of family planning services. This clearly shows that respondents religion support family planning services. This is also similar to the findings of Kashagam and Ngocho (2015), in DR Congo where respondent's religion was in support of the use of family planning services. What this result means is that by implication if religious organizations are made to take key role in advocating for the utilisation of family planning services, the coverage and acceptor rate will increase in Twifo Hemang Lower Denkyira District. The researcher wanted to know whether there are sides effects that affect the full utilisation of family planning services. 204 (70.83%) of the respondents responded there are sides effects associated with the utilisation of family planning whilst 84 (29.17%) said they have not seen any side effects associated with the utilisation of family planning services. Among the sides effects associated with the utilisation of family planning services, 72 (25%) reported loss of sexual desire, 62 (21.53%) stated weight gain/loss, 60 (20.83%) indicated bleeding, 48 (16.67%) stated pains and headaches whilst 28 (9.72%), 18 (6.25%) stated irregular menstrual circle, infections and inflammatory respectively. This finding is an ample evidence to state that fear of side effects are major factors in influencing nonuse of family planning services in Twifo Hemang Lower Denkyira District. This result also is in direct agreement with the findings of Weldegerima and Denekew (2008), which revealed that fear of side effects as one major key factor to non-utilisation of family planning services among people in Ethiopia.

Again, the result confirms the study conducted in Zarqa Governorate in Jordan on utilisation of family planning services, the findings showed that one of the factors influencing utilisation of family planning services was the fear of side effects. However, a study carried out by Gillespie, Duff and Beth (2013), to examine the factors influencing non patronage of family planning services of couples in less developed countries, also revealed fear of side effects and misconceptions as the main reasons behind low utilisation of family planning services. Furthermore, the respondents were tasked to state whether their work influence them in the use of family planning services, 264 (91.67%) stated their work do not influence them in anyway in the use of family planning services whilst 24 (8.33%) stated their work do influence them in the use of family planning services.

Service delivery factors that affect utilisation of family planning services

Participants were asked to identify service delivery factors that the affect utilisation of family planning services. out of 288 participants, 72 (25%) stated attitudes of service providers, 70 (24.31%) identified cost of family planning services, 65 (22.57%) indicated quality of family planning services whilst 56 (19.44%), 25 (8.68%) stated access to family planning services and integration of family planning services with other services respectively. This result clearly shows that there are services delivery factors that affect the full utilisation of family planning services. The findings of this study is similar to the findings of Kashagam and Ngocho (2015), in rural EI Salvador which revealed that service delivery factors such quality of services provided, cost associated with family planning services, access to family planning service and attitudes of service providers were the factors affecting utilisation of family planning services. The researcher asked the participants to identify the means by which they get to the family planning center. 182 (63.19%) stated the get there by public transport, 65 (22.5. 7%) stated they get there by foot whilst 33 (11.46%), 8 (2.78%) stated the get there by motor bike and personal car respectively. This result shows that majority of the participants get to the family planning centers through public transport. Participants were further to indicate whether distance to the family planning center affect their utilisation of family planning services. 158 (54.86%) said distance really affect their use of family planning

services whilst 130 (45.14%) said distance does not affect their use of family planning services. Again, 185 (64.24%) of the participants stated that they wait for long time before service providers attend to them whilst 103 (35.76%) said they do not wait for long time.

These results show that distance and waiting for longer time at the family planning centers do not encourage them to utilise family planning services. In order to determine the how long respondents wait at the family planning centers, they were asked to identify the numbers of hours they wait for before service providers will attend to them. Out of 288 participants, 122 (42.36%) said they wait for three to four hours, 86 (29.86%) stated they wait for one to two hours whilst 80 (27.78%) stated spend more than four hours at the family planning center. Participants were tasked to describe their service providers. 160 (55.56%) describe their service providers as unfriendly whilst 128 (44.44%) describe their service providers as friendly. Again, participants were asked to state their level of satisfaction with the family planning services provided to them, 146 (50.70%) said their not satisfied with the services provided to them, whilst 78 (27.08%), 64 (22.22%) of them stated very satisfied and satisfied respectively. This result also indicate that participants are not satisfied with the kind of family planning services provided to them. Furthermore, participants were asked to indicate their impression about the family planning services provided to them. 106 (36.80%) of the participants stated they family planning services are bad, 84 (29.17%) stated it is good, 58 (20.14%) stated it is excellent whilst 40 (13.89%) stated family planning services are very bad. This finding clearly shows that participants do not have good impression about family planning services.

Test for association between socio-demographic characteristics and utilisation of family planning services

In order to determine whether Age, Sex, Marital status, Education, Occupation and Religious affiliation) of participant's can actually influence the utilisation of family planning services in Twifo Hemang Lower Denkyira District, it was subject to chi-square analysis at a significant value of 5%.

Table 1: Age and utilisation of family planning services.

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Age	**Willing to utilise**	**Not utilize**	**Total**
15-29	60 70.59%	25 29.41%	85 100%
30-44	125 67.57%	60 32.43%	185 100%
45 and above	11 61.11%	8 38.89%	18 100%

Table 2: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.214[a]	2	.274
Likelihood Ratio	2.208	2	.226
Linear-by-Linear association	1.230	1	.138
N of Valid Cases	288		

From table 1, it is noted that generally across all age groups, participants who are willing to utilise family planning services are more than those who are not willing to utilise. Therefore, there was the need for the researcher to test whether there is any association between age and utilisation of family planning services.

As reported in table above, at a p value of ($p = 0.274$) and confidence level of 95%, it was revealed that there is no association between age and the utilisation of family planning services. What this means is that utilisation of family planning services do not depend on age, irrespective of whether the person is young or old.

Table 3: Sex and utilisation family planning services

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Sex	**Willing to utilise**	**Not utilise**	**Total**
Male	38 36.34%	44 53.66%	82 100%
Female	128 62.14%	78 37.86%	206 100%

Table 4: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.074[a]	2	.041
Likelihood Ratio	2.034	2	.038
Linear-by-Linear association	1.132	1	.029
N of Valid Cases	288		

Results in table 3 indicate that majority of males are not willing to utilise family planning services as compared to those who are willing to utilise it. Again, it is also clear from the table that majority of females are willing to utilise family planning services than those who are not willing to utilise it. It was thoughtful to test if there is any association between respondent's sex and the utilisation of family planning services. It was revealed that at a p value of (0.041) and confidence level of 95%, there is a significant association between sex of respondents and the utilisation of family planning services. This shows that females are more likely to utilise family planning services than their male counterpart. This is an indication that sex actually can influence the utilisation of family planning services.

Table 5: Marital status and utilisation of family planning services

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Marital Status	**Willing to utilise**	**Not utilise**	**Total**
Single	45 62.5%	27 37.5%	72 100%
Married	80 43.01%	106 56.99%	186 100%
Divorced/Window	16 53.33%	14 46.67%	30 100%

Table 6: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.484[a]	2	.167
Likelihood Ratio	2.268	2	.145
Linear-by-Linear association	1.864	1	.114
N of Valid Cases	288		

The results from table 5 indicate that majority of the participants who fall in the category of single, divorced and windows are willing to utilise family planning services than those who are not willing to utilise family planning services. However, with regards to participants who are married, majority are not willing to utilise family planning services more than those who are willing to utilise family planning services. To determine whether there is any association between marital status and utilisation of family planning services. It was made known that, at a p value (0.167) and a confidence level of 95%, there is no association between marital status and utilisation of family planning services. What this means is that

utilisation of family planning services do not depend on marital status.

Table 7: Educational level and utilisation of family planning services

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Educational level	**Willing to utilise**	**Not utilise**	**Total**
No Education	6 33.33%	12 66.67%	18 100%
Primary and JHS	68 41.21%	97 58.79%	165 100%
SHS	36 48%	39 52%	75 100%
Tertiary	16 53.33%	14 46.67%	30 100%

Table 8: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.784[a]	2	.028
Likelihood Ratio	6.650	2	.021
Linear-by-Linear association	5.642	1	.016
N of Valid Cases	288		

Majority of the participants who had no education indicated they are not willing to utilise family planning services. Again, majority of the participants who had education up to primary and JHS level are also not willing to utilise family planning services as compared to those who are willing to utilise family planning services. It is also clear that those who had education up to SHS level and not willing to utilise family planning services are more than those who are willing to utilise family planning services. However, it is also evident that the more the participants move higher on the educational level, the more they are likely to utilise family planning services. With regards to those who have had education up to the tertiary level, majority of them are willing to utilise family planning services.

The researcher found out if there is any association between educational attainment and the utilisation of family planning services. At a p value of (0.028) and a confidence level of 95%, there is association between participant's educational level and utilisation of family planning services. This indicate that the more people get educated, the more they are likely to utilise family planning services. This result agrees to the work of Guttmacher (2010), which stated that research has shown that well educated individuals, who are

exposed to family planning information and education are more likely to utilise family planning services than others who are less educated. Again, this result is similar to a study conducted by Bongaarts (2014), which also revealed that increase in educational level was associated with greater use of family planning methods. The study further reported that well educated men and women were more likely to practice contraception and use modern methods of family planning than the less educated ones.

Table 9: Occupation and utilisation of family planning services

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Occupation	**Willing to utilise**	**Not utilize**	**Total**
Farmer	78 44.32%	98 55.68%	176 100%
Trader	28 45.16%	34 54.84%	62 100%
Teacher	20 62.5%	12 37.5%	32 100%
Health worker	16 88.89%	2 11.11%	18 100%

Table 10: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square Likelihood Ratio Linear-by-Linear association N of Valid Cases	6.448[a] 4.560 6.426 288	2 2 1	.261 .231 .176

Majority of the participants who are farmers and traders are not willing to utilise family planning services than those who are willing to utilise family planning services. However, with regards to those who are health workers and teachers, majority are willing to utilise family planning services than those who are not willing to utilise family planning. Again, to identify whether there is any association between participant's occupation and family planning services, it was subject to chi-square analysis. At p value of (0.261) and a confidence level of 95%, there is no association between participant's occupation and utilisation of family planning services. This means that utilisation of family planning services do not depend on the occupation

of participants. This result is also similar to a study conducted in Indonesia which focused only on the woman's occupational status and the utilisation of family planning. It was established that women who were working had a slightly higher level of practicing family planning methods than the other women who were not working. However, there was no significant difference, although participants did perceive the benefits of the utilisation family planning services.

Table 11: Religion and utilisation of family planning services

Variable	**Number of participants willing to utilise family planning services (N=288)**		
Religion	**Willing to utilise**	**Not utilise**	**Total**
Christian	140 60.34%	92 39.66%	232 100%
Muslim	26 56.52%	20 43.48%	46 100%
Traditionalist	6 60%	4 40%	10 100%

Table 12: Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.236[a]	2	.032
Likelihood Ratio	2.634	2	.028
Linear-by-Linear association	3.246	1	.021
N of Valid Cases	288		

Majority of the participants who belong to the three religions are willing to utilise family planning services than those who are not willing to utilise and practice family planning services. To identify whether there is any association between religion and utilisation of family planning services, it was subject to chi-square analysis. At p value of (0.032) and a confidence level of 95%, there is association between participant's religion and utilisation of family planning services. This means that religion can influence family planning services. This is also similar to a study by Kashagam and Ngocho (2015), which revealed a relationship between religion and family planning methods use in Kinshasa of Democratic Republic of Congo. Again, a study by Barman (2013), also revealed that religion plays a major role in family planning method choice and usage.

4.0 CONCLUSIONS AND RECOMMENDATIONS FOR PRACTICE

Based on the findings, the following conclusions are made. The study concludes that people in their fertility age in Twifo Hemang Lower Denkyira District see family planning services as important and have fair knowledge on the importance of family planning methods, however utilisation of family planning services still remains low. The study concludes that health concerns and fear of side effects, desired for more children, non affordability, lack of spousal consent, lack of information and lack of access were the reasons for the low utilisation of family planning services in Twifo Hemang Lower Denkyira District. The study found out that most of the participants were not ready to use family planning services in the near future. By implication, it may affect the full utilisation of family planning services in the district and may prevent the district from meeting the target of 40% family planning coverage and acceptor rate set by Ghana Health Service and the Regional Health Directorate. The study established that participants age, marital status and occupation were less likely to influence utilisation of family planning services. Meanwhile, participants sex, educational attainment and religion were more likely to influence utilisation of family planning services. The study further concludes that attitudes of service providers, cost of family planning services, quality of the family planning services, access to family planning services, integration of family planning services with other services and long waiting hours at family planning centers were the service delivery factors that affect utilisation of family planning services in Twifo Hemang Lower Denkyira District. Lastly, it was discovered that majority of people in their fertility age in Twifo Hemang Lower Denkyira District were not satisfied with the family planning services offered to them.

The following recommendations were offered based on the findings. Firstly, family planning services should be affordable and accessible to all people in their fertility age. The District Health Directorate should increase educational campaign on the need to utilise family planning services. Health workers and service providers should be ready to give adequate information on the benefits and side effects associated with the use of family planning services during counseling. Nurses must be trained on client's relations on how to

provide friendly services to help encourage people to patronise the family planning services. Religious leaders should be involved in the planning and implementation of family planning programmes. This will help increase their participation and eventually increase the utilisation of family planning services. Family planning services should be provided for free. This will encourage more people to utilise family planning services. Lastly, Government should consider in cooperating family planning services into the National Health Insurance Scheme (NHIS). This will also help to increase utilisation of family planning services.

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