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SCHOOL OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA-LEGON

CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

BY

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DECLARATION

I hereby declare that this thesis is my original work and has not been presented in any other institution. I have duly acknowledged references made to other authors' work in the reference section.

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Signature…………………………….. Date……………………..

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DEDICATION

I dedicate this work to my family who were deprived of my presence several times in order to complete this work.

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ACKNOWLEDGEMENT

I would like to thank the Almighty God for making this work a reality. I also want to thank my supervisor, Dr. Agnes M. Kotoh, who tutored me in diverse ways to make this project a success.

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ABSTRACT

Introduction: The increase in contraceptive knowledge does not correlate with user uptake and fertility decline. Majority of women are knowledgeable about contraceptives and its benefits, however, few women are using it. Method discontinuation or switching after adoption has increased among women. Since the pattern of a women's contraceptive use has a direct impact on fertility and population growth, it is imperative that population control programs target them to ensure consistency in needed contraception.

Objectives: The objectives of the study were to assess factors that contribute to contraceptive method discontinuation and method switching among women in La Nkwantanang Madina Municipal Area.

Method In depth interviews were conducted among fifteen women in the reproductive age attending family planning clinics who had either discontinued use or switched methods. They were selected from two health facilities within the La Nkwantanang Madina municipality. Data was analysed using thematic content analysis.

Results: Study findings revealed that factors such as side effects of contraceptives and lack of access to contraceptives influence contraceptive discontinuation and switching of methods. This study identified that young women are more likely to stop use than their older counterparts. It was also observed that majority of the participants switched from long acting to short acting methods. The most commonly used method by the participants was the implant.

Conclusion: Most women switch between methods due to method related difficulties. Majority of them discontinue use due to side effects, when they no longer need the contraceptive and when access to the health facility proves difficult. It is recommended that public health education on effectiveness of the various contraceptives be strengthened in order to control switching or discontinuing use of adopted contraceptive methods. Routine follow ups on clients should also be ensured.

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LIST OF ABBREVIATIONS

DHS	Demographic and Health Survey
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GSS	Ghana Statistical Service
IDI	In Depth Interview
IUD	Intra Uterine Contraceptive Device
PHC	Population and Housing Census
SDG	Sustainable Development Goals

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CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Family planning allows individuals and couples to attain their desired number of children as well as the spacing and timing of their births. It is achieved mostly through the use of modern contraceptives. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as the outcome of each pregnancy (WHO, 2007). Family planning plays an important role in the health of individuals within a nation. Appropriate spacing and timing of pregnancies ensures better pregnancy outcomes for both mothers and their newborns.

Family planning programs aim at improving contraception as a means of population control. The population of the world is expanding at an alarming rate. According to the United States Bureau of Academic and Business Affairs, the population of the world is approximately 7.6 billion and is expected to reach an estimated 9.3 billion in 2050, a growth of about 25.5% if population control measures are not implemented. In Ghana, the current population is about 25million (GSS, 2012). The rapid increase in the population is not commensurate with infrastructure development and this will eventually lead to a decrease in the quality of life of individuals within the nation. Population policies have been developed by countries to deal with rapid growth. Ghana was the third African country to develop a population policy in 1969, after Mauritius and Kenya. The policy's aim was to reduce the high population growth rate through the implementation of family planning. Family planning is voluntary and there are a wide range of contraceptive methods available. These methods can be individualized for effective and efficient use.

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Contraceptive uptake is low in many developing countries with many users stopping its use. This remains a constant threat to the success of family planning programs. Apart from women who discontinue contraceptive use in order to achieve a pregnancy, there are many more who stop use for various reasons. Some of the reasons commonly cited include side effects, lack of access and husbands support and contraceptive failure (Cotten ,Stanback, Maidouka, Tailor-Thomas & Turk, 2018). Research from some countries show that the highest rates of discontinuation occurs among users of the hormonal methods especially the pill (Age ,Town , Yideta, Mekonen, Seifu & Shine, 2017). It has also been noted that higher rates of discontinuation is observed among women within the 20-24 age group with the major reason being to a achieve pregnancy (Age et al., 2017). Many women who stop using contraception also do so within a year usually when they begin to experience difficulties regarding the method being used. They do not channel their health concerns regarding family planning to health professionals and refuse to seek further counselling at health facilities. User discontinuation therefore is on the rise and is posing a major challenge to population control through ineffective contraceptive use.

Another threat to the success of family planning is the constant change of methods by women. Among women who change methods, they do so because of method related difficulties and effectiveness. According to Modey, Aryeetey, and Adanu, (2014) method switchers differed from non-switchers by level of education, parity and history of terminated pregnancies. They observed that unplanned pregnancies occur during the period of method switching. The switch is also not immediately done and there is usually a gap between the period when one method is stopped and a new method is adopted. The women switched to short term and less effective methods thereby undermining the benefits of contraceptives.

The contraceptive prevalence rate (CPR) of Ghana is 26.7 % (GSS, GHS, DHS, 2015). This figure is on the low side compared to developed countries where the CPR is about 70%. It

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has been observed that in some countries, high contraceptive prevalence rate is offset by high rates of discontinuation, inconsistent and incorrect use, and consequently contraceptive failure among method acceptors (Kaushalendra, Singh, Kumar, & Singh, 2010). For individuals and the state to benefit fully from family planning programs and policies, it is imperative that we adhere to population control measures. The challenges of discontinuation and effective method switching should be identified and addressed.

1.1 Problem Statement

Globally, studies have shown that there is adequate knowledge on importance of family planning and contraception (Mustafa, Afreen, & Hashmi, 2008). A similar trend is observed in Sub Sahara Africa including Ghana (Aryeetey, Kotoh, & Hindin, 2010). The challenge however, remains the persistent low level of use despite having adequate knowledge. It is known that contraception is an inexpensive and cost effective intervention at reducing fertility rates.

According to the 2010 Population and Housing Census, the population of Ghana was 24.7 million with an annual growth rate of 2.5%.The total fertility rate is 4.2 and the rural population have 1.7 children more than the urban population (GSS et al, 2015). It is known that 27% of currently married women use contraception, however 22% use a modern method. The most popular methods used by married women include the injectable, implant and the pill (GSS et al, 2015). The use of short acting methods are preferred to the long acting methods and these may be less effective at preventing pregnancies.

Despite the low usage of contraceptives, there are many more women who have either discontinued use or switched methods for various reasons. High rates of discontinuation undermine the effectiveness of family planning programs. There is the need therefore to

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explore factors influencing discontinuation among women within the reproductive age since they utilize family planning services.

Also, some female contraceptive users have switched from one method to another. The trend that was observed indicates that users switched from more effective to less effective methods. This leads to method failure and limits the protection of women from unwanted pregnancies.

Few studies have been done on contraceptive discontinuation and method switching. These studies often used data from the Demographic and Health Surveys of various countries or use quantitative methods which are unable to provide in depth evidence on method switching and discontinuation as experienced by women. This study employed the qualitative approach using in depth interviews to explore causes of contraceptive discontinuation and method switching for appropriate remedies to be put in place to improve contraceptive uptake.

1.2 Rationale for the Study

Family planning reinforces the rights of individuals to determine the number and spacing of their children which is essential for the health and development of communities. Preventing unplanned pregnancies improves birth outcomes and maternal health. Thus, using contraceptives to delay pregnancies reduces the rate of unintended pregnancies and decreases the risk of unsafe abortion and complications related to child bearing. According to Sedgh (2010) unsafe abortions accounts for 11% of maternal deaths in Ghana. Also,a woman’s source of livelihood and health are improved when births are well spaced.

Evidence from Family planning 2020 data on Ghana shows that contraceptive use in 2017 prevented several unintended pregnancies, unsafe abortions and maternal deaths that would

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have occurred if contraceptives were not being used (UKaid, Bill & Melinda gates foundation, UNFPA, USAID & United Nations Foundation, 2018). Factors that inhibit and prevent sustained use of contraception need to be addressed for success of family planning programs. There is therefore the need to identify factors that lead to user discontinuation and switching from short-acting to long-acting methods of contraception to increase consistent use and reduce unplanned pregnancies and its adverse effects.

1.3 General Objective

To assess factors that influence contraceptive discontinuation and switching among women in the La Nkwantanang Madina Municipal Area.

1.3.1 Specific Objectives

1. To explore patterns of contraceptive method switching and discontinuation among women in the reproductive age.
2. To examine factors that influence contraceptive switching among women in the reproductive age.
3. To explore factors that influence method discontinuation among women in the reproductive age.

1.4 Research Questions

1. What are the patterns of contraceptive method switching and discontinuation among women in the reproductive age?
2. What factors contribute to contraceptive discontinuation among women in the reproductive age?
3. What factors contribute to contraceptive method switching among women in the reproductive age?

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of literature on contraceptives, reasons and patterns of method switching and reasons for method discontinuation. Databases such as PubMed, Science Direct, Scopus and Google Scholar were used to identify published work relevant to the area of study. Literature was reviewed according to the objectives and focus of the study.

2.1 Contraceptive Use and Benefits

There are several benefits of family planning and programs should aim at encouraging the uptake of these methods by the population. Some of these benefits include improving the livelihood of women by achieving higher educational qualifications and attaining higher positions of influence in society (Moronkola, Ojediran, & Amosu, 2006). Contraceptive use is the consequence of contraceptive acceptance, method choice, continuation, switching and failure (Kaushalendra et al., 2010). According to Modey, Aryeetey, and Adanu (2014), contraceptive use is dependent on several factors; mainly to space births and limit pregnancies. Younger women mostly use contraceptives for birth spacing whereas the older ones use it for pregnancy limitation (Age et al., 2017). The most common methods used are injectables (32.3%), daily pill (28.5%), implants (12.8%) and condoms (8.0%) (Barden-O'Fallon, Speizer, Calhoun, & Corroon, 2018).

There is a decrease in maternal and child mortality and a healthy population is obtained when family planning programs are strengthened (Age et al., 2017). According to Blanc et al., (2018), twenty-five percent of young women had used contraception by age 18. Majority

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of women who assessed family planning services did so in public health facilities (Khan, Mishra, Arnold, & Abderrahim, 2007). This is not surprising because most of the family planning clinics in the public facilities are more active and functional compared to the private ones. The private facilities usually do not have dedicated personnel stationed at the family planning clinics at all times.

There is also the situation where clients use dual methods. They use the condom to protect them from sexually transmitted infections a different method to protect them from pregnancy. These other methods comprise the long acting ones which include the injectable, implanon and the intrauterine device. Studies show that these dual methods are adopted by younger women (Grady, et al., 2002).

2.2 Adolescent Contraceptive Use

Studies have shown that adolescents have limited access to contraceptives and an unpredictable sexual behavior (Blanc, Tsui, Croft, Trevitt, & Tsui, 2018). They should therefore be one of the main targets of family planning programs to ensure its success. In Africa, twelve percent of adolescent females use contraceptives (Blanc et al., 2018). This figure is very low compared to their age cohorts in the western countries. Reasons for this low figure could be due to inadequate adolescent clinics in Africa to provide adolescent friendly health services. There are also some misconceptions held about adolescents who visit these centres and thus the discouragement from patronizing contraceptive services. Contraception should therefore target both young adults and the older ones (Anaman & Okai, 2016). It has been noted that higher rates of discontinuation is observed among women within the younger age group with the major reason being to achieve pregnancy (Age et al., 2017). Women in this age group are known to be the most fecund and active in their reproductive years.

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2.3 Contraceptive Discontinuation

Contraceptive discontinuation is defined as the cessation of any contraceptive method. Careful analysis of the reasons for contraceptive discontinuation can help improve service delivery in various ways (Kaushalendra et al., 2010). According to the 2014 GDHS the current total fertility rate is high (4.2) whereas the contraceptive prevalence rate is low (22%) among married women, indicating an obvious challenge in effectiveness of family planning programs (GSS, GHS, DHS, 2015).

2.3.1 Reasons for Contraceptive Method Discontinuation

Discontinuation is known to occur for reasons of failure, method features such as side effects, convenience of use or change in need (Blanc, et al, 2018). Discontinuation rates are high in Africa. This leads to failure of family planning programs and resource wastage (Cotten et al., 2018). Actual discontinuation rates vary by country and by method (Barden-O'Fallon et al., 2018). According to Kaushalendra's (2010) study in Bangladesh, discontinuation rates are very high. For all reversible methods combined, half of Bangladeshi women who initiate the use of a contraceptive method, discontinue during the first year and two-thirds of them stop using by the end of the second year. According to Modey et al.'s (2014) study in Ghana more than half of the women studied discontinued use.

Discontinuation rates tend to be lower for long-acting methods such as the intrauterine device (IUD) and higher for short-acting methods including the pill, injectable and condoms (Barden-O'Fallon et al., 2018). There is a large variation in discontinuation rates for different contraceptive methods (Alem Gebremariam, Gebremariam, & Tura, 2015). A study showed that implants had the lowest one-year discontinuation rates followed by the IUD (Barden-O'Fallon et al., 2018). Kaushalendra et al., (2010) study report that condom had the highest 12-month discontinuation rate (72%), followed by withdrawal (60%), while

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IUD had the lowest discontinuation rate in Bangladesh. These authors also observed that discontinuation rates were higher in urban areas for the pill and injectable, and lower for the condom and traditional methods (periodic abstinence and withdrawal) (Kaushalendra et al., 2010).

2.3.2 Discontinuation by Religion and Socio Economic Status

A study done in Bangladesh showed that Muslim women are slightly more likely to discontinue using the pill and injection compared to their non-Muslim counterparts (Kaushalendra et al., 2010). However, for the condom and traditional methods (periodic abstinence and withdrawal), the discontinuation rate is higher among non-Muslim women. Regarding all reversible methods, the pill, injectable and withdrawal, discontinuation rates are higher among women of higher socio-economic status than women of lower socio-economic status (Kaushalendra et al., 2010). However, the discontinuation of periodic abstinence is highest among women of middle income economic groups (Kaushalendra et al., 2010).

2.3.3 Discontinuation and parity

Discontinuation rates are higher among low parity women compared to higher parity women (Kaushalendra et al., 2010). This may be due to the fact that women who have fewer children have the intention of having more children and therefore abandon usage more than their colleagues who have more children (Tadesse et al., 2017).

2.3.4 Discontinuation and Marital Status

A study by Age et al., (2017) noted that marital status had a role to play in user stoppage of contraceptive use. In that study, it was observed that married women were more likely to stop use. This is because many of such users are birth spacers. Therefore, when they feel they want to continue their families, they stop use. Another reason why married women

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discontinue contraceptive use in Africa is lack of spousal support. These men are the heads of the household and their word supersedes all others. Once they forbid the woman from using a method, she has to stop use. Some of these married women also experienced side effects such as bleeding irregularities which made their spouses suspicious (Castle, 2003).

2.4 Method Switching

Contraceptive method switching is another factor that affects the success of modern family planning programs. Unwanted pregnancies not only occur as a result of the failure to use contraceptives, they can also occur during periods when women engage in contraceptive switching (Kaushalendra et al., 2010). A method switcher is defined as anyone who reports having shifted from the use of one contraceptive method to another over a period of time (Kane, Gaminiratne, & Stephen, 1998). Individuals tend to move from more effective methods to less effective methods. This results in method failure and increase in unplanned pregnancies and sometimes abortions. According to Ali and Cleland (1995), the methods most commonly used by women in developing countries were the pill and intrauterine device.

Although many women prefer to use the pill ,it is a method where stoppage is high (Age et al., 2017). This usually occurs within the first year of usage. The pill is a preferred method because of ease of use and the absence of service provider involvement (Grady, Billy, & Klepinger, 2018). It is an easy method to start and stop at any time. Women who stopped the pill however went in for a different method after sometime (Grady et al., 2018).

The rate of switching is of particular importance because it represents the state of highest risk of unwanted pregnancy (Kaushalendra et al., 2010). Many of these pregnancies may end in abortion if such services are available and the procedure accepted. Abortion is widely

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available in developed countries and consequently fertility levels remain relatively unaffected.(Kaushalendra et al., 2010)

2.4.1 Socio Demographic Characteristics of Method Switchers

Some studies have shown that socio demographic factors have an influence on the switching and stoppage of modern contraceptives. According to Modey et al., (2014), method switchers differed from non-switchers by level of education and parity. The duration of contraceptive methods used was considerably longer among urban women than among rural women. This might reflect the smaller family sizes urban parents desire (Parr et al, 2003). They also noted that method stoppage was due to inadequate supply in the rural area, making contraceptives less readily accessible. Of the various ethnic groups in Ghana studied, the Ga Adangbe and the Mole-Dagbani had the longest durations of use (Parr et al, 2003). The long duration of use of the former is attributable to their higher levels of education, urbanization, and residence in the Greater Accra region (Parr et al., 2003). Religious differences also influence contraceptive uptake and discontinuation. Also, Parr et al., (2003) observed some geographical differences among users of contraceptives.

The median duration of use of contraceptive methods was shorter among women who had never married and among formerly married women, reflecting the greater instability of their sexual unions. The duration of use was longer among women with 4-6 children than among women of other parities (Parr, et al., 2003). Those who use condom are those in unstable, newly-formed, casual or in multiple unions and this may also explain relatively short duration of its use (Parr, et al., 2003). Majority of method switchers are young women. This is because they use these methods for shorter periods than the older women (Kane, et al., 1998). It has also been observed that the majority of women switched from modern methods to traditional methods whereas a few switch to permanent methods. Rates of switching to

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sterilization and long-term reversible methods are substantially lower than rates of switching to the remaining methods, including the pill (Grady, Billy & Klepinger, 2002).

Women with formal education (primary, secondary or higher) were more than 50% more likely to switch methods than remain in need of contraception compared to women with no formal education or Koranic only education. The likelihood of switching was also significantly higher for married women and women who had discontinued traditional methods compared to those who discontinued the daily pill (Barden-O'Fallon et al., 2018).

2.4.3 Reasons and Patterns of Switching

Women who switched methods also did so because of side effects or want of a more effective method. Studies show that most women using the pill switch to other methods. In Ethiopia, the highest switch occurred for the pill and condom over a one year period and the lowest switch was for implant and intrauterine device (Age, et al., 2017). In Ghana, the majority of method switchers were those using the intrauterine device who switched to the pill. The pill users who switched also moved to the injectable.

2.4.4 Reasons for Method Switching

Factors related to one's sexual experience, as well as relationship status and sexual activity, were stated as reasons for contraceptive switching (Coombe, Harris, & Loxton, 2019).

There are a variety of reasons why women switch between contraception. The most common has to do with the occurrence of side effects (Cotten et al., 2018). These side effects included excessive bleeding, abdominal pain, nausea and headaches. Also according to Kaushalendra et al., (2010), it was observed that more than half of oral contraceptive users discontinued due to side effects. Other reasons given for discontinuation included being Muslim, first time oral contraceptive use, lacking husband's support, and the duration of use. Women also discontinued use due to pregnancy, separation from partners and travels. Lower user

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satisfaction on methods available and poor counselling were among reasons cited by women in Ghana for stopping (Modey et al., 2014). The reason most frequently given by women for not using contraception was that they were not in a regular sexual relationship (Parr et al., 2003). Lack of knowledge of contraception was not a significant reason for non-use (Parr et al., 2003).

For those who use the traditional methods, few switch to modern methods. They either maintain the use of the traditional methods or abandon its use. For older women who switched methods, majority switched to permanent methods. This was because they were less likely to have more children at that age. It was also observed that users of the intrauterine device switch to sterilization in the long time.

Another reason given for method switching by women is inadequate counselling on how to handle side effects. After a method is chosen and administered, there is follow up. Service providers should improve on their counselling services when women want to choose a method. They have to explain in detail, the benefits and the side effects of each method during counselling. Then together with the client, they choose a method that best suits the reproductive needs of the woman. After accepting to use a method, there should be periodic follow up. When this is done, it will reduce the number of women who stop using contraceptives and switch from one method to another often.

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CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the study design, study area, the population, data collection and analysis, quality control as well as ethical considerations.

3.1 Study Design

An exploratory qualitative study design was used. In depth interviews were conducted among fifteen women in the reproductive age. The design enabled the researcher to explore the forms of contraceptive discontinuation and switching among women in the reproductive age by giving the participants an opportunity to express themselves fully. The design was used because it yields in depth knowledge and explanations regarding the choice of contraceptives of women and the reasons for switching or stopping. This approach also had the advantage of using a small number of participants to solicit their views and gain a deeper understanding of the topic.

3.2 Study Area

Madina is a suburb of Accra and in the La Nkwantanang Madina Municipal Area in the Greater Accra Region of Southeastern Ghana. The population of La Nkwantanang-Madina Municipal according to the 2010 Population and Housing Census, is 111,926 representing 2.8 percent of the region's total population (GSS, 2014). Females constitute 51.5 percent and males represent 48.5 percent. The total fertility rate for the municipality is 2.5(Ghana Statistical Service, 2014).

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There are two polyclinics, a health centre, some community based health planning and services zones (CHPS) and a mission hospital in the La Nkwantanang Madina Municipal Area. The mission hospital and one of the polyclinics were used as the study sites.

3.3 Study Population

The study population included all females within reproductive age (15 to 49 years) who had either discontinued using any family planning method or switched from one method to another within the past year in the family planning clinics at the Madina polyclinic and Pentecost Hospital.

3.3.1 Inclusion Criteria

The study included all females within the reproductive age who had either discontinued or switched methods and are resident in Madina.

3.3.2 Exclusion Criteria

The study excluded women who had switched or stopped using methods more than a year.

3.4 Selection of Participants

Purposive sampling technique was employed to select participants. Switchers were selected when they came to the clinic to change methods. Those who came to discontinue contraception were also selected when they reported to the family planning clinics. For the contraceptive methods in which discontinuation was not provider dependent, the participants were not available at the health facility. Therefore, their contacts were obtained through snow balling from those who reported to the facility and they were contacted and followed up for the interview. Fifteen women were interviewed. Age, religion, marital status, educational status and parity were considered in the selection of participants to ensure they fairly represented the target population.

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3.5 Data Collection

An interview guide was used to collect the data. The interviews were conducted by the principal investigator in English or Twi, which is the most widely spoken Ghanaian language in the district. There were no research assistants involved in the study. The interview guide was back translated to ensure consistency of the information being derived. The interview guide was first in English and then translated into Twi. The interview guide consisted of two sections. The first section interrogated the participants about their socio demographic data and the second section sought to find out forms of contraceptive discontinuation and switching and the factors that contribute to them.

The interviews took place at a venue convenient to both the researcher and the participant such as their homes or workplaces. Participants were identified by unique identification numbers. The interview was face to face and was audio recorded. Hand written notes were also taken. Each interview lasted about twenty minutes and all interviews were completed in one month.

3.6 Data Analysis

The recorded interview was transcribed verbatim and analysed using thematic content analysis. Thematic analysis is a method used in identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). During analysis, transcription of the data was done and then data coding was done manually to identify emerging themes and sub themes.

Thematic analysis was done in six phases to establish meaningful patterns (Braune & Clarke, 2006). These phases included familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes and writing final themes.

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3.6.1 Familiarization with Data

The researcher read the transcriptions repeatedly and paid particular attention to meanings and patterns observed. The frequent reading allowed the researcher to identify data that addressed the objectives of the research.

3.6.2 Generating Initial Codes

After familiarization with the data, the codes were generated. This was done by the usage of key words that stood out in the data. This was categorized and arranged according to the data obtained.

3.6.3 Searching For Themes

The different codes were organized into themes based on the similarity of the data content and the research objectives. Some of the codes were used as themes and some as sub themes. However, some did not fit into any category. These were later scrutined and placed under appropriate themes. For example, the factors that influenced method continuation was placed under the attitude of health care staff since method continuation was not explored in this study.

3.6.4 Reviewing Themes

The themes were reviewed to ensure that they made meaning and were differentiated from each other. Overlapping themes were merged. For example the popular methods currently used was merged with the types of available contraceptives available. The themes were also reviewed to ensure there was adequate supporting data.

3.6.5 Defining and naming Themes

Through defining, the purpose of each theme was stated. The themes were then named for the final analysis. Each theme corresponded to the data it covered.

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3.6.6 Final Themes

The final themes were produced and the report used to produce the final report. The themes, their narratives and quotes from the interview were used in substantiating the identified themes.

3.6.7 Themes and Sub-Themes

Five themes and eleven sub-themes were generated from the IDI data. The themes and their sub themes are presented below:

(a) The first theme was forms of contraceptive use: The sub themes were the types of available contraceptives, the reason for choosing a preferred method and the main users of contraceptives

(b) The second theme was attitude of health care staff. The sub theme was method continuation.

(c) The third theme was reasons for using contraceptives. The sub themes were spacing childbirth and stopping childbirth.

(d) The fourth theme was reasons for contraceptive switching. The sub themes were bleeding irregularities and forgetfulness.

(e)The final theme was reasons for contraceptive discontinuation. The sub themes were bleeding irregularities, wanting to have a child, temporary abstinence and duration to the facility.

3.7 Quality Control

All the interviews were conducted by the principal investigator. The questions were back translated into the local languages for uniformity in performing the interview. The interview was conducted in English or Twi.

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There was a pretest of the interview guide at the Danfa health centre to ensure participants understood the questions as intended. The participants were selected from the family planning clinics when they came to either stop or change the methods currently in use. The pretest also helped check for flow of the questions and reaction of the participants to particular questions. The population of the health centre has similar characteristics to that of the study sites. The interview guide was updated based on observations made during the pre-test.

The participants were given unique identification numbers during the interview. The principal investigator had access to the recording after the interview and stored it in a locked cabinet in the supervisors' office.

3.8 Ethical Consideration

The protocol was submitted and approved by the Ghana Health Service Ethical Review Board (GHS-ERC 043/03/19). Permission to use the health facilities was sought from the Greater Accra Regional Health directorate and the La Nkwantanang Madina Municipal Health Directorate. Approval was also sought from the Medical Superintendent of the Madina Polyclinic and the Director of the Pentecost Hospital before commencement of study.

Confidentiality and privacy was assured throughout the study. To ensure confidentiality, the participants were given pseudo names and the data was coded. No names or identification data was obtained. To ensure privacy, the interviews were conducted in at a location chosen by the participant which was safe and devoid of interruptions. Participants were free to withdraw from the study at any point. The audiotapes and the original copies of the transcribed data were kept in a locked cabinet.

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There were no direct benefits to the enrolled participants. Even though the study did not identify any clear risk associated with participation in this study, participants were present with minimal risk since their privacy was invaded into.

The participants' information sheet was read and explained to them after which the consent form was signed. For those who could not sign, they were given ink pads to thumbprint their consent. This took place on the interview premises.

3.9 Data Storage

The recorder, the notes taken and all relevant data was stored in a locked cabinet in the office of the researcher. The keys were kept by the researcher and the supervisor. The data obtained was used for research purposes only.

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CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents findings from the analysis of the data collected in the study: contraceptive discontinuation and method switching among women in La Nkwantanang Madina Municipal Area. Fifteen participants were interviewed. Themes and subthemes that were generated, were based on the research objectives. In total, five themes and eleven sub-themes were identified. The five themes included: forms of contraceptive use, attitude of health care staff, reasons for using contraceptives, reasons for contraceptive switching and reasons for contraceptive discontinuation.

4.1 Socio- Demographic Characteristics of Participants

Fifteen participants were involved in the current study (Table 4.1). The participants were between the ages of 19-43 years. Regarding their educational level, one had no formal education, two had basic (primary) education, six had completed junior high school and two had completed senior high school and four had tertiary education. Also, ten of them were self-employed, one was a civil servant, two were students and one was unemployed. Nine out of the 15 participants were married and had between one to five biological children. Six had no children and were unmarried. There were twelve Christians and three were Muslims. All the participants indicated they wanted to have 2-6 children with most of them desiring 4 children.

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Table 4.1 Socio-Demographic Characteristics of Participants

Current method being used	Age (yrs)	Marital Status	Occupation	Educational Level	Religion	Parity	Expected children
Implant	19	Single	Trader	JHS	Christian	1	3
Implant	20	Single	Self-employed	JHS	Christian	0	5
Implant	21	Married	Hairdresser	Tertiary	Christian	2	4
Injectable	22	Single	Student	Primary	Christian	0	2
Injectable	23	Single	Student	Tertiary	Christian	0	4
Injectable	23	Single	Secretary	Tertiary	Christian	0	3
Injectable	25	Married	Unemployed	SHS	Christian	1	4
Implant	25	Married	Trader	SHS	Christian	2	4
Injectable	26	Married	Hairdresser	JHS	Muslim	2	4
Injectable	26	Married	Hairdresser	JHS	Muslim	2	4
Implant	27	Married	Self-employed	JHS	Christian	0	4
Implant	30	Single	Self-employed	Tertiary	Christian	0	4
Implant	32	Married	Self-employed	Primary	Christian	3	4
Implant	38	Married	Head porter	No formal education	Muslim	5	6
Implant	43	Married	Self-employed	SHS	Christian	2	2

4.2 Types of available contraceptives

The types of contraceptives available which participants knew about included pill, implant, injectable, condoms, intra uterine device, male sterilisation and female sterilisation.

Table 4.2 shows the ages of the participants and the contraceptive method discontinued or the method switched to. Also, eight of participants discontinued their choice of contraceptives (Table 4.2). Among these eight, six discontinued the use of implants and two discontinued the injectables. Seven of the participants switched from their previous contraceptives to new options. Four of them switched from implants to injectables whiles two switched from injectables to implants. Only one participant switched from pills to injectables (Table 4.2).

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Table 4.2 Contraceptive Methods Discontinued and Methods Switched to

Age		**Method Discontinued**
19		Implant
20		Implant
21		Implant
26		Injectable
26		Injectable
27		Implant
30		Implant
38		Implant
Age	**Previous Method**	**Current Method**
22	Implant	Injectable
23	Implant	Injectable
23	Implant	Injectable
25	Implant	Injectable
25	Pill	Injectable
32	Injectable	Implant
43	Injectable	Implant

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Table 4.3 Themes and sub-themes

Themes	Subthemes
Forms of contraceptive use	• Types of available contraceptives • Reasons for choosing a preferred contraceptive • Main users of contraceptive
Attitude of health care staff	• Method continuation
Reasons for using contraceptives	• Spacing childbirth • Stopping childbirth
Reasons for contraceptive switching	
• Side effects	• Bleeding irregularities
• Non adherence to timelines	• Forgetfulness
Reasons for contraceptive discontinuation	
• Side effects • No longer needed	• Bleeding irregularities • Wanting to have a child • Temporary abstinence
• Lack of access	• Duration to facility

4.3 Forms of Contraceptive Use

The patterns in contraceptive use was identified to answer one of the research questions. The data showed that types of available contraceptives, reasons for choosing a preferred contraceptive and main users of contraceptives influence usage of contraceptives. The subthemes are depicted with verbatim quotes from the participants. The results show that

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both participants with formal education and no formal education expressed similar patterns in contraceptive use.

4.3.1 Types of available contraceptives

The participants showed that they know the types of contraceptives available. Some cited pills, condoms, implants and injectable while others mentioned withdrawal and calendar methods. The following comments from the participants' show that they know at least one type of contraceptive. Majority of them mentioned the reversible methods and just a few women mentioned the permanent ones.

> *Jadel, three month needle, Implant and pills (secure), calendar and withdrawal. I have used the implant and three months needle but I prefer the implant* (Mother of two, 21 years).
>
> *Implant, vasectomy, and tubal ligation for women, three months/one month, ring, condom, IUD* (No child, wanting three, 23 years).
>
> *The one month injection, three months injection, the implant (three years and five years). And another one that they put in your womb but that I am afraid of it. The pills, postinor two and Lydia contraceptives* (Mother of one, 25 years).
>
> *The injection, implant (I think that one is for the umm, women who have finished giving birth, and then they* are *sure they don't want to give birth again), calendar, withdrawal, pills* (23 years, no child, wanting four).
>
> *All I know is the pills. After sex pills and the implant and the injection. That is all. Apart from that, I don't know anything* (No child wanting four, 30 years)
>
> *The ten year one, the implant, calendar, withdrawal, breastfeeding, pills* (Mother of three, 32 years).
>
> *I have heard of the implant, condom, pills, withdrawal, calendar but I have not used any of them before* (No child,wanting four,27 years).
>
> *The one they insert in the hand, the one they inject, the one they insert into the female organ, the calendar* (Mother of two, 26 years).

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I know of the injection and the one that you insert it (implant), the tablets, condom and calendar but I have used condoms before (No child, wanting two, 22 years).

One woman described the type of 'contraceptive' she knows. She said;

When I was with my man at the time I haven't done the family planning, mostly when we are having sex and he releases, I wake up and take two sachets of water. So after, I go and urinate and it washes all the sperms from my vagina. And it makes the vagina dry (No child, wanting five, 20years)

A section of the participants who breastfed exclusively and did not menstruate during that period did not know that locational amenorrhea is also a form of birth control. Some of the participants had only heard of locational amenorrhea but have not practised it.

No. I don't know of that one (No child, wanting four, 23 years)

No. I haven't heard that before (No child, wanting four, 27 years)

I don't know anything about that. I have no idea about that (No child ,wanting four, 30 years)

I have heard it before (No child, wanting five, 20 years)

Yes, but with the period everyone has her own unique one every child had her own unique way (Mother of three, 32 years).

Normally after giving birth it takes me almost three years or four years to have my period again so when my period came two months after I gave birth to this child, I saw that I may get pregnant again soon and I did it (Mother of five, 38 years).

Some of the women indicated they use some sort of natural seeds to prevent pregnancies. These women did not readily have access to the seeds. It was recommended by friends and they were afraid to try it out. None of them could provide a sample of the seed despite further probes .They described what they did in the following statement;

It is a seed. You will go and pluck it from the tree, it contains some seed, so you will peel it then you will see the white seed inside. They said you will take one for one

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month. They said at the end of the one month, one will burst. So for me, a friend of mine took it (No child wanting five, 20 years).

She said it contains four seeds. You take one for one month. Apart from the one month, when your menses come and you want to have sex with a man, then you take another one again for another month. So four months in total (Mother of three, 32 years).

4.3.2 Reasons for choosing a particular contraceptive

The preferred contraceptive among the participants included the implant, injectable and the pills. Some of the reasons for their choice of contraceptive include hiding it from public view and method convenience.

With the implant when you flex your arm it shows that's why I don't like to do that one and I don't like the rubber implant cause my friend missed the date of removal and till date they can't remove it simply because they can't find it (Mother of two, 25 years)

I have used the implant and 3 months injection but I prefer the implant because *I didn't want to have an unwanted pregnancy and abort it which lead to my death* (Mother of two, 21 years).

I recently heard there is a drug you put in your vagina before you have sex but I prefer the withdrawal method and after pill because my boyfriend liked to release his sperms into me so I decided to go for the implant to avoid pregnancy (No child, wanting three, 23 years).

I had to plan for my future. I had a child when I was in school. I went back to school after I gave birth and I can't say that I won't give myself to my husband so I decided to do the implant about a year ago to prevent unplanned pregnancies (Mother of one, 25years)

I have only used the implant for three years to protect me and also to allow me get much time to work and raise money to cater for their children. It also helps me decide on when to give birth (Mother of three, 32 years).

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Though some of the participants had been using some contraceptives and as well know of the many types of contraceptives, they have not used many of them yet.

> *I have heard of the implant, condom, pills, withdrawal, calendar though I don't want to get pregnant I have not used any of them before* (No child, wanting four, 27 years).

> *The injection, implant (I think that one is for the umm, women who have finished giving birth, and then they are sure they don't want to give birth again), calendar, withdrawal, pills. It saves you from a lot of things like you getting pregnant and then having an abortion but I have not really used anything to avoid pregnancy* (No child, wanting four, 23 years).

4.3.3 Users of Contraceptives

Most of the participants opined that women are the preferred and target group for contraceptive use. The following comments show the participants' knowledge of users of contraceptives.

> *Oh, me what I know is that everyone can, I mean every young woman can use family planning. And the older women too, um, who don't want any more children. Yes, that's what I know. (*Mother of two, 21 years).

> *Grown-ups, young ladies, our mothers, everyone can use family planning. It is very good and should be encouraged. And the men too who think its for women only. They can use it and should be made to use it* (Mother of two, 26 years).

> *Oh for family planning,it is good for parents .If you are married and you feel you want enough space between your children so that they grow well, then you use it. If you have finished having your children, you can use it. Because you don't need to worry about having another child*. (Mother of three, 32 years).

Some participants believed contraceptives are for women only and not men at all whiles another felt the usage was dependent on an individual's physiology.

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*For me, I know that only women uses it but for men, no. yes, it is for women alone, not men (*No child, wanting five, 20 years)

Anybody can use family planning. It all depends on your system. How your system will function with the method given you (Mother of one, 25 years).

Some of the participants suggested that both men and women can use contraceptives.

Both men and women can use it. It is not women alone. The men can use it especially the one where they do them a small operation and the condom. But they are afraid (No child, wanting three, 23 years).

Anybody at all can use family planning, both men and women (No child, wanting four, 23 years).

4.4 Attitude of Health Care Staff

Participants' narratives show that they were supported by the health care staff either by providing friendly advice or also checking up on them from time to time. This support from the health care staff made the women feel at ease and also had confidence in their care. Almost all of the participants indicated that the support given by the health care staff was a great inspiration for them to carry on with their choice of contraceptive.

4.4.1 Method Continuation

A section of the participants indicated they got assistance from the health care staff to continue the method of contraception. Some of them explained thus;

She did it nice because it didn't get missing and removing it wasn't hard. She did call me time to time to check up on me (Mother of two, 21 years).

When I told her how the first one went, she sat down with me and explained vividly everything and nice (Mother of two, 26).

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They were cool, It was just one woman because she was old, when she was doing it and I turn she doesn't want me to look, they were friendly they didn't make me feel like a kid (No child, wanting three, 23 years).

Oh she spoke to me well. She even asked me if I'm truly ready to do it. She also asked me if am not schooling, and I said I finished JHS. And she asked if I won't further my education and I said am dating. And she said can't I stop dating (No child, wanting five, 20 years).

They treated me well. When they were about inserting it, they even told me not to watch or else I will be afraid. So they said I should face the wall and I did. Myself I didn't know the time they finished. Before I realized, they have finished (No child, wanting four, 27 yrs).

The nurse, mine like this when I told her, it made her worried a bit when I told her from the beginning how I was feeling.. And she said ooh, it won't harm me. So she sat with me and spoke with me nicely (Mother of two, 26yrs).

4.5 Reasons for Using Contraceptives

Analysis of the data revealed that women use contraceptives to avoid unplanned pregnancies, space their children and limit pregnancies.

4.5.1 Spacing and Stopping Childbirth

Delay pregnancy, spacing of children and preventing sexually transmitted infections were cited as some of the reasons for using contraceptives.

About family planning, what 'we' all know is if you don't want to give birth again which will protect you. Also if you are not ready to give birth yet then you engage in family planning (Mother of two, 26 years).

Preventing pregnancies with several methods in order to build your future (Mother of one, 25 years).

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Its prevent STI's and helps you plan your life safely so you don't have abortion (No child, wanting four, 23 years).

Someone who is not ready for pregnancy can use it. What I heard was that, it helps to control birth (No child, wanting four, 30 years).

It prevents us from getting problems during birth so that we can work and get money to take care of our children (Mother of three, 32 years).

If you don't want to give birth early. You know there are medicines they sell to prevent that. But if you don't have money to be buying those medicines, when you do the family planning, it helps (Mother of three, 27 years).

They said if you are a student and you want to do family planning, it helps you further your education. It prevents you from been a school dropout (No child,wanting two, 22yrs).

Like I said I wanted my children to grow so I will be able to train them well and check up on my children's health and myself as well (Mother of two, 43 years)

It's helped me a lot because when I delivered my first born, I really did suffer that was when I advised myself to engage in family planning and it didn't give me problems afterward (Mother of two, 21 years).

4.6 Reasons for Contraceptive Switching

The reasons that influence contraceptive switching as stated in the research questions was elicited by participants during the interview. Analysis of the data revealed that women will switch between contraceptives when it has side effects such as bleeding irregularities and when they forget to renew their chosen methods when the time is due.

4.6.1 Side Effects of Contraceptives

Some of the participants had problems with their menstrual flow. Others had pains in their arms where their contraceptives are implanted and some had unusually lengthy menstrual flow. Others complained of weight gain, dizziness and fast heart beats

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> *Because the blood wasn't coming ... It was coming small and it comes impromptu* (Mother of two, 26 years).

> *The woman told me that the 3 months the menses will come but it did not come* (Mother of one, 25 years).

> *And then she told me that, with the one month, I won't have my mmm, menses regularly and it's a bit abnormal. But with the depo, I will have my normal flow and then I can do whatever I want to do* (No child, wanting four, 23 years).

> *I have been bleeding for some now which I didn't want* (No child, wanting four, 30years).

> *My menstrual period wasn't flowing, she gave me her number and I called her and I told her that I have done it but since two weeks now, my menstrual period hasn't stopped* (Mother of three, 32 years).

> *And also when it will flow, it takes a longer period. When I first came to do it, nothing happened. But the time my menses wasn't flowing, I mostly fell dizzy and after eating I feel like vomiting. At night, my stomachs aches me. And those things never happened to me before (No child, wanting five, 20 years).*

A participant experienced multiple complications. She narrated thus;

> *My heart starts to beat very fast, dizziness. When I walk for a short while my heart beat very fast. With the 3 months I bloated. I nearly fainted at the market* (Mother of one, 25 years)

Another participant reported she switches between contraceptives to avoid the side effects

> *I know it's good to use family planning but has side effects so like me I have to try different ones. I have heard people say different things regarding using a family planning method. However, I won't wait to get the effect they say. After a short while, I will change it till I get married. Then I can use one method for a longer time and report my problems encountered at a clinic* (No child, wanting three, 23 years)

Another suspected her implant was not done well because of the unbearable pain she experienced.

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Let's say about two months now, it really hurts. Even if I try to raise something, I find it difficult. But it mainly because of the marriage that is why I came to remove it (No child, wanting four, 27 years).

4.6.2 Non adherence to Timelines

Some of the participants stated that they forgot to report to the health facility when the contraceptive method needed replacement of due for refill.

Me I was using the tablet. I had to go to the clinic every month or sometimes every three months for it. I am still in school and I usually forget to go. So the nurse advised me to change it to a method which I can use for a longer period so that I don't get an unplanned pregnancy. That was why I changed.(Mother of one,19 years)

I was using the three monthly injectable. I was given a small card to keep on which my date for the next injection was written. But I forgot the date, I didn't keep it in my mind. I also lost the card and then I became very worried. I was afraid I will get pregnant and my pregnancies are not easy. So I decided to change the method to one that will keep longer. I am not sure I will have any more children. (Mother of two, 43years)

4.7 Contraceptive Discontinuation

Different views and reasons for contraceptive discontinuation were reported by the participants. They indicated that they experienced side effects, some were ready to have children and temporary abstinence influenced method stoppage.

4.7.1 Side Effect of Contraceptives

Some of the participants complained of bleeding irregularities. Others complained of pain at the site of insertion and weight changes.

And also when it will flow, it takes a longer period. When I first came to do it, nothing happened. But the time my menses wasn't flowing, I mostly fell dizzy and

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after eating I feel like vomiting. At night, my stomachs aches me. And those things never happened to me before (No child, wanting five, 20 years).

Because the blood wasn't coming … It was coming small and it comes impromptu. And in the month I don't feel my usual self. (Mother of two, 26 years).

The woman told me that the 3 months the menses will come but it did not come . So I was waiting for it to come and it was not coming so I went to remove it.(Mother of one, 25 years).

And then she told me that, with the one month, I won't have my mmm, menses regularly and it's a bit abnormal. But with the depo, I will have my normal flow and then I can do whatever I want to do (No child, wanting four, 23 years).

My menstrual period wasn't flowing, she gave me her number and I called her and I told her that I have done it but since two weeks now, my menstrual period hasn't stopped (Mother of three, 32 years).

And it can be that, a month will come and I will not get my menses. A young woman like me, if I don't get my menses, it can affect me in future. So I had to advise myself. (No child, wanting two, 22 years).

A participant experienced multiple side effects. She narrated thus;

My heart starts to beat very fast, dizziness. When I walk for a short while my heart beat very fast. With the 3 months I bloated. I nearly fainted at the market (Mother of one, 25 years)

Another suspected her implant was not done well because of the unbearable pain she said;

Let's say about two months now, it really hurts. Even if I try to raise something, I find it difficult. But it mainly because of the marriage that is why I came to remove it (No child, wanting four, 27 years)

4.7.2 Wanting to have a Child

Some participants were no longer in need of the contraception. They were ready for another pregnancy. They revealed that,

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The time has expired and also ready to give birth again (Mother of two, 21 years)
Yes next year….. But I am going to marry that is why I came to remove it. (No child, wanting four, 27 years)
That's why I have come to remove it. Okay so now I am ready for a pregnancy. I had an ectopic pregnancy so after the surgery, the nurses advised me to go and do family planning because I have only one tube left. They also told me that when I am ready to have a child, they will remove it. They also said that if I miss my period, I should report to the hospital quick. (No child, wanting four, 30 years)

4.7.3 Temporary abstinence

Some participants opined that they were currently not sexually active and therefore stopping using their current method.

I did it when I was staying with my partner. My partner has travelled abroad and he will return in about two years' time so I don't have need of it. (Mother of one, 19yrs)

4.7.3 Lack of access

Some of the participants reported they live far from a health facility and spend longer time in reaching the facility. They therefore default in continuing the method used

I did it at Koforidua hospital and took me 30 minutes to get there by foot. Now I don't have the time to go because I have moved to a different place and its too far (No child, wanting four, 27 years)

I did it at the hospital and it is less than 30mins if I take a car, I am from a far place so I cannot walk so I have not gone for another injection although the old one is due. (Mother of one, 25years)

It takes 45 minutes to reach the hospital, because I live very far (Oyibi), I cannot be going to the clinic. (No child, wanting four, 23 years)

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CHAPTER FIVE

DISCUSSION

5.0 Introduction

The chapter discusses the findings of the study. The discussion is categorized according to contraceptive usage, importance of using contraceptives, reasons for contraceptive method switching and discontinuation.

5.1 Contraceptive Usage

The results show that contraceptive use depends on methods available, choice of a preferred method and the main users of contraceptives.

The common methods used by the participants included implants and injectables. This finding is consistent with the other studies which identified injectables, pill, implants and condoms as the common methods used (GSS, GHS & DHS, 2015; Barden-O'Fallon, Speizer, Calhoun, & Corroon, 2018). The 2014 Ghana Demographic and Health Survey found that the most popular methods used by married women include the injectable, implant and the pill (GSS, GHS & DHS, 2015).

The reason why implants and injectables are the most commonly used is because of their effectiveness and convenience. Previous studies show that these methods are easy to start and stop. (Bekele, Gebremariam, & Tura, 2015).

Also the choice of the women had to do with the available contraceptives at the facility they visited. This was consistent with the findings from a study which showed that their choice of contraceptives were selected from the available options at the facility. (Anaman & Okai, 2016) Despite the fact that majority of the women stated that they had a method in mind, their final options was based on availability of what contraceptive the hospital had.

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Beyond the obvious reason of using contraceptives to prevent unplanned pregnancies, the feelings of safety and who is expected to use contraceptive methods is important. The narratives show that both men and women, could use contraceptives. Many of the participants opined that contraceptives are used by women only. This is consistent with studies which show that contraceptive use is perceived to be a woman's responsibility (Blanc et al., 2018).

The inclusion criteria of participants in this study consisted of women who had discontinued usage or had switched methods in the past year. The study by Bekele et al., (2015) showed that many women stop using contraceptives within a year usually when they begin to experience difficulties regarding the method being used. However, they do not channel their concerns regarding family planning to health professionals and refuse to seek further counselling at health facilities (Castle et al., 2015). The few who confide in the health workers have their concerns dismissed without further probing. However, this was not the case among the women who were interviewed.

It was evident from the results gathered that method continuation is influenced by the service providers. Despite the fact that some women reported to the facility to discontinue use, they were convinced by the health workers to adopt a new method rather than stopping use. This played a role in the numbers of women who switched methods. This trend is consistent with findings from Modey et al., (2014).

The reason most frequently given by women for stopping contraception was that they were not in a regular sexual relationship (Parr et al., 2003). This was evident in this study when the participants stated that they were either separated or currently not living with their partners and therefore did not need to continue using the contraception. Thus , they stopped its use since they were currently not with their partners.

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5.3 Benefits of using contraceptives

The benefits of using contraceptives was highlighted by majority of the participants. They used contraceptives to space and plan their next pregnancies as well as limit their births. This finding is consistent with what is present in the literature (Anaman et al,2016; Kane, Gaminiratne, & Stephen, 1988). The finding also agrees with Modey, Aryeetey, and Adanu (2014) who concluded that contraceptive use is mainly to space births and limit pregnancies. The finding is consistent with Barden O'Fallon et al (2011) that women mostly use contraceptives for birth spacing and pregnancy limitation. Few women however stated that contraceptives could be used to prevent sexually transmitted infections.

5.4 Reasons for Contraceptive Switching

The factors that influence contraceptive switching include the side effects and non-adherence to instruction.

The benefits of contraceptives use such as good spacing between children, planning pregnancies and enjoying safe sex are some reasons that influence them to switch between methods. This corroborates findings that unwanted pregnancies not only occur as a result of the failure to use contraceptives, they can also occur during periods when women engage in contraceptive switching (Kaushalendra et al., 2010; Coombe et al., 2019).

The participants interviewed accessed family planning services in public hospitals and clinics and spent less time in being attended to. The finding agrees with Khan, et al., (2007) that majority of women who assessed family planning services do so in public health facilities. This is not surprising because most of the family planning clinics in the public facilities are more active and functional compared to the private ones.

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5.5 Reasons for Contraceptive Discontinuation

The reasons that influence contraceptive discontinuation included side effects with chosen contraceptives, method no longer needed and lack of access to contraceptives.

It was revealed that side effects such as dizziness, headaches, weight changes, irregular menstrual bleeding, heavy and prolonged bleeding exacerbate the rate of contraceptive discontinuation. The finding agrees with that of Blanc, et al., (2018) that discontinuation is known to occur for reasons of failure, method features such as side effects, convenience of use or change in need. The finding agrees with Cotten et al., (2018) and Castle et al., (2015) who found out that women stop using contraceptives because of the occurrence of side effects such as excessive bleeding, abdominal pain, nausea and headaches. Also according to Kaushalendra et al., (2010), it was observed that more than half of oral contraceptive users discontinued due to side effects.

Individuals tend to move from longer acting methods to shorter acting methods resulting in method failure and an increase in unplanned pregnancies and sometimes abortions. This was reported by some of the participants as reasons for their discontinuation of contraceptive use. Although many women prefer to use the pill, it is a method where stoppage is high (Age et al., 2017).This usually occurs within the first year of usage. Women who stopped the pill however went in for a different method after sometime.

The study results showed that higher rates of discontinuation occurred in the younger age groups. It has been noted that higher rates of discontinuation is observed among women within the 20-24 age group with the major reason being to achieve pregnancy (Barden-O'Fallon, Speizer, Cálix, & Rodriguez, 2011; Tadesse et al., 2017). Women in this age group are known to be the most fecund and active in their reproductive years. They are more

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likely to discontinue usage with the aim of getting pregnant especially for unmarried and younger women.

From this study, the number of children a woman seemed to have had no influence on the discontinuation of contraceptive use. Almost all the women had the intention of having additional children. However, according to some studies, discontinuation rates are higher among low parity women compared to higher parity women (Kaushalendra et al., 2010). This may be due to the fact that women who have fewer children have the intention of having more children and therefore abandon usage more than their colleagues who have more children.

The marital status of the participants had an influence on the discontinuation of contraceptive use. From the study, majority of the women who stopped using contraception were married. This finding corroborates that marital status had a role to play in user stoppage, thus, married women are more likely to stop use (Tadesse et al., 2017). This is because many of such users are birth spacers. Therefore when they feel they want to continue their families, they stop use. Another reason why married women discontinue is spousal pressure. In Africa including Ghana, most men do not support contraception. These men are the heads of the household and their word supersedes all others. Once they forbid the woman from using a method, she has to stop use. However, this study did not identify spousal support as a factor for discontinuation.

5.6 Study Limitations

A qualitative method was used primarily to solicit the views and experiences from a small number of participants in a large community and this comes with some limitation.

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Another limitation of the study is that only two communities in the La Nkwantanag Madina Municipal Area were involved. The views of the few participants selected from these communities though delved into via in-depth interviews, might not reflect the perspectives of the target population. Therefore, the results might not be generalizable to the target population of those who stop contraceptive use and switch contraceptives in the Ghana.

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CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The results of this research which focused on contraceptive use, switching and discontinuation among women in their reproductive age, show that methods frequently used include implant and injectable and method stopping and switching was mostly due to side effects.

The common contraceptive methods participants know were pills, implants, condoms and the intrauterine device. Also, users of contraceptives tend to switch from longer acting methods to shorter acting methods.

Majority of the participants were of the view that family planning methods were for women only. However, only a few of them knew that men could also use it. They participants preferred the shorter acting methods because of its features and the duration of its effect.

Method continuation was influenced by the kind services of the service providers and this also played a role in the number of women who switched between methods.

The main reasons for using contraception was for birth spacing and limiting pregnancies.

Some of the factors that influence contraceptive discontinuation include side effects, non-adherence to instruction among others. Given the public health benefit of contraceptives, the study concludes that understanding the full range of the contraceptive methods, its usage and side effect is key to preventing contraceptives discontinuation by clients.

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6.2 Implications for Policy, Public Health and Research

The findings of the current study have implications for policy, public health and research. Regarding policy, the government of Ghana through the Ghana Health Service, Ministry of Health (MOH), NGOs such as Marie Stopes International and other stakeholders should ensure that adequate counselling and guidance are provided to women seeking to use contraceptives to enable o0vc55them make the right choice to minimize the frequency at which women switch between methods. Even when they need to switch, they are supported to do so effectively.

Women are more likely to get pregnant or contract any sexually transmitted infections (STIs) by switching between contraceptives if health care professionals do not intervene appropriately.

6.3 Recommendations

Based on the conclusions, the following measures are recommended to ensure effective contraception and reduce switching and discontinuation of contraceptives about women of reproductive age.

First, public education for women on factors that necessitate contraceptive switching or discontinuation should be provided by the Ghana Health Service (GHS) through television and radio programs.

Second, family planning counselling should stress on expected side effects of all contraceptives and effective switching rather than discontinuation. Education on the risk of unwanted pregnancy due to discontinuation should also be stressed.

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APPENDICES

APPENDIX 1

Participants Information Sheet for women in the reproductive age (18-49years) who are assessing the family planning clinics in Madina

TITLE OF STUDY: CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

Introduction: My name is Edwina Tettehkuor Appiah, a student of the University of Ghana, School of Public Health pursuing a Masters in Public Health. I am conducting a research on Contraceptive Discontinuation and Method Switching among women in La Nkwantanang Madina Municipal Area for my Masters degree.

I would like to invite you to take part in a research study because you fall within the reproductive age. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to take part. You can contact me on

+233246559719

Background and Purpose of Research: Research has shown that majority of the population has adequate information on family planning and its benefits. However few people are patronizing family planning services. Out of this number client stoppage and method changing is still limiting benefits of family planning. Contraceptive uptake is low in many developing countries with many users stopping its use. This remains a constant threat to the success of family planning programs. Apart from women who discontinue use in order to achieve a pregnancy, there are many more who stop use for various reasons. Some of the reasons commonly cited include side effects, lack of access and husbands support and contraceptive failure (Cotten et al., 2018). The purpose of this research is to delve deep into the reasons why women are stopping use and switching between methods. This will enable measures to be put in place to improve user uptake

Nature of the Research: This is a qualitative study that seeks to conduct interviews among women assessing the family planning clinics who have stopped use or switched methods that seeks to find your opinion about why you stop use of contraceptives. Fifteen women will be interviewed. I will ask you some questions and I will need your permission to record the interview to enable me analyse the information better. No names will be used, you will be given a unique identification number for identification. The recordings will be stored in a locked cabinet in my office and the keys will be kept by my supervisor and I.

Duration: I will need about twenty minutes of your time for the interview.

Potential Risks: There is minimal risk involved in participating in the study because some of the questions may invade into your privacy. You can decide not to answer any question that you feel uncomfortable with.

Benefits: There will be no direct benefit to you but your participation will help in knowledge acquisition to tackle contraceptive discontinuation and method changing**.**

Privacy : The interview will be conducted at a place convenient to you**.**

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Confidentiality: All the information obtained from the research will be confidential. I will own the data, it will not be shared with any other organization. After the study, the recording will be kept for a year under lock and key and the tape destroyed after by incineration (burning). A copy of the information sheet will be given to you after it has been signed or thumb printed to take home.

Voluntary Participation and Withdrawal : Your participation in this study is voluntary and you can withdraw at any time without any penalty. This will not affect the care and services that you assess in the facility in any way.

Cost: There will be no monetary cost for participating in the study.

Compensation: You will not be given any incentives to take part in the study. However, your time will be appreciated.

Outcome and Feedback: Outcome of the research will be available at the University Of Ghana website which will be accessible to the general public. . There will be feedback given at the family planning clinics on the outcome of the study. The results for the study will be shared with the Ethics Committee.

Funding: I am the one funding this study and I will bear the cost of transportation to and from the venue. There will be no remuneration for participating in this study but you would have contribute immensely to knowledge acquisition.

Conflict of Interest: I declare that I have no conflict of interest in the study.

Sharing of participants Information/Data : The information gained from the research will be owned by the principal investigator and the Department Of Population, Family and Reproductive Health, School of Public Health, University of Ghana.

For further clarifications or questions on the study

In case you have further questions on the research later, please contact Edwina Tettehkuor Appiah, Department of Population, Family and Reproductive Health, School of Public Health, University of Ghana. (Tel 0246559719). Email: andweeen@yahoo.com.

Also if you need further clarification on ethical issues and your right as a participant, please contact Ms Hannah Frimpong ,the Administrator for the Ghana Health Service Ethics Review Committee- Reseach and Development Division, Ghana Health Service, Accra. (0507041223)

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APPENDIX 2

Participants Information Sheet for Parents of women in the reproductive age (15-17years) who are assessing the family planning clinics in Madina

TITLE OF STUDY: CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

Introduction: My name is Edwina Tettehkuor Appiah, a student of the University of Ghana, School of Public Health pursuing a Masters in Public Health. I am conducting a research on Contraceptive Discontinuation and Method Switching among women in La Nkwantanang Madina Municipal Area for my Masters degree.

I would like to invite your child to take part in a research study because she falls within the reproductive age. Before you child decides she needs to understand why the research is being done and what it would involve for her. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not you want your child to take part. You can contact me on

+233246559719

Background and Purpose of Research: Research has shown that majority of the population has adequate information on family planning and its benefits. However few people are patronizing family planning services. Out of this number client stoppage and method changing is still limiting benefits of family planning. Contraceptive uptake is low in many developing countries with many users stopping its use. This remains a constant threat to the success of family planning programs. Apart from women who discontinue use in order to achieve a pregnancy, there are many more who stop use for various reasons. Some of the reasons commonly cited include side effects, lack of access and husbands support and contraceptive failure (Cotten et al., 2018). The purpose of this research is to delve deep into the reasons why women are stopping use and switching between methods. This will enable measures to be put in place to improve user uptake

Nature of the Research: This is a qualitative study that seeks to conduct interviews among women assessing the family planning clinics who have stopped use or switched methods that seeks to find your opinion about why you stop use of contraceptives. Fifteen women will be interviewed. I will ask your child some questions and I will need your permission to record the interview to enable me analyse the information better. No names will be used, your child will be given a unique identification number for identification. The recordings will be stored in a locked cabinet in my office and the keys will be kept by my supervisor and I.

Duration: I will need about twenty minutes of your time for the interview.

Potential Risks: There is minimal risk involved in participating in the study because some of the questions may invade into your child's privacy. Your child can decide not to answer any question that she feels uncomfortable with.

Benefits: There will be no direct benefit to your child but her participation will help in knowledge acquisition to tackle contraceptive discontinuation and method changing**.**

Privacy : The interview will be conducted at a place convenient to your child**.**

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Confidentiality: All the information obtained from the research will be confidential. I will own the data, it will not be shared with any other organization. After the study, the recording will be kept for a year under lock and key and the tape destroyed after by incineration (burning). A copy of the information sheet will be given to you after it has been signed or thumb printed to take home.

Voluntary Participation and Withdrawal : Your child's participation in this study is voluntary and she can withdraw at any time without any penalty. This will not affect the care and services that your child will assess in the facility in any way.

Cost: There will be no monetary cost for participating in the study.

Compensation: Your child will not be given any incentives to take part in the study. However, her time will be appreciated.

Outcome and Feedback: Outcome of the research will be available at the University Of Ghana website which will be accessible to the general public. . There will be feedback given at the family planning clinics on the outcome of the study. The results for the study will be shared with the Ethics Committee.

Funding: I am the one funding this study and I will bear the cost of transportation to and from the venue. There will be no remuneration for participating in this study but your child would have contributed immensely to knowledge acquisition.

Conflict of Interest: I declare that I have no conflict of interest in the study.

Sharing of participants Information/Data : The information gained from the research will be owned by the principal investigator and the Department Of Population, Family and Reproductive Health, School of Public Health, University of Ghana.

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APPENDIX 3

Participants Information Sheet for women in the reproductive age (15-17years) who are assessing the family planning clinics in Madina

TITLE OF STUDY: CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

Introduction: My name is Edwina Tettehkuor Appiah, a student of the University of Ghana, School of Public Health pursuing a Masters in Public Health. I am conducting a research on Contraceptive Discontinuation and Method Switching among women in La Nkwantanang Madina Municipal Area for my Masters degree.

I would like to invite you to take part in a research study because you fall within the reproductive age. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not you want to take part. You can contact me on

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Background and Purpose of Research: Research has shown that majority of the population has adequate information on family planning and its benefits. However few people are patronizing family planning services. Out of this number client stoppage and method changing is still limiting benefits of family planning. Contraceptive uptake is low in many developing countries with many users stopping its use. This remains a constant threat to the success of family planning programs. Apart from women who discontinue use in order to achieve a pregnancy, there are many more who stop use for various reasons. Some of the reasons commonly cited include side effects, lack of access and husbands support and contraceptive failure (Cotten et al., 2018). The purpose of this research is to delve deep into the reasons why women are stopping use and switching between methods. This will enable measures to be put in place to improve user uptake

Nature of the Research: This is a qualitative study that seeks to conduct interviews among women assessing the family planning clinics who have stopped use or switched methods that seeks to find your opinion about why you stop use of contraceptives. Fifteen women will be interviewed. I will ask you some questions and I will need your permission to record the interview to enable me analyse the information better. No names will be used, you will be given a unique identification number for identification. The recordings will be stored in a locked cabinet in my office and the keys will be kept by my supervisor and I.

Duration: I will need about twenty minutes of your time for the interview.

Potential Risks: There is minimal risk involved in participating in the study because some of the questions may invade into your privacy. You can decide not to answer any question that she feels uncomfortable with.

Benefits: There will be no direct benefit to you but your participation will help in knowledge acquisition to tackle contraceptive discontinuation and method changing**.**

Privacy : The interview will be conducted at a place convenient to you**.**

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Confidentiality: All the information obtained from the research will be confidential. I will own the data, it will not be shared with any other organization. After the study, the recording will be kept for a year under lock and key and the tape destroyed after by incineration (burning). A copy of the information sheet will be given to you after it has been signed or thumb printed to take home.

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Outcome and Feedback: Outcome of the research will be available at the University Of Ghana website which will be accessible to the general public. . There will be feedback given at the family planning clinics on the outcome of the study. The results for the study will be shared with the Ethics Committee.

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APPENDIX 4

CONSENT FORM FOR WOMEN IN THE REPRODUCTIVE AGE(18-49) ASSESSING THE FAMILY PLANNING CLINICS

STUDY TITLE**:** CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

PARTICIPANTS STATEMENT

I acknowledge that I have read the purpose and contents of the Participants Information Sheet and all questions have been satisfactorily explained to me in a language I understand (English/Twi). I fully understand the contents and any potential implications as well as my right to change my mind (ie withdraw from the research) even after I have signed this form. I voluntarily agree to be part of this research.

Name or initials of Participant……………………Participants signature……………………

Date……………………………………

INTERPRETERS STATEMENT

I interpreted the purpose and contents of the Participants Information Sheet to the afore named participant to the best of my ability in the (Twi) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to her satisfaction.

Name of Interpreter………………Signature of interpreter……………………………
Date……………………………. Contact Details……………………………………..

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participants Information sheet was read and explained to the participant in a language she understood. English/ Twi. I con firm that she was given the opportunity to ask questions or seek clarifications and same was duly answered to her satisfaction before voluntarily agreeing to be part of the research.

Name of participant……………………………………….…………..

Signature………………. Thumb print………………………….

Date…………………….

INVESTIGATORS STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name……………………………………Signature…………………………………

Date………………………………………

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APPENDIX 5

PARENTAL CONSENT FORM FOR WOMEN IN THE REPRODUCTIVE AGE(15-17) ASSESSING THE FAMILY PLANNING CLINICS

STUDY TITLE: CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

PARTICIPANTS STATEMENT

I acknowledge that I have read the purpose and contents of the Participants Information Sheet and all questions have been satisfactorily explained to me in a language I understand (English/Twi). I fully understand the contents and any potential implications as well as the right of my child to change her mind (ie withdraw from the research) even after she has signed this form. I voluntarily agree for my child to be part of this research.

Name or initials of Parent/Guardian……………………Parent/Guardians signature……………………

Date……………………………………

INTERPRETERS STATEMENT

I interpreted the purpose and contents of the Participants Information Sheet to the afore named participant to the best of my ability in the (Twi) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to her satisfaction.

Name of Interpreter………………Signature of interpreter……………………………
Date……………………………. Contact Details……………………………………..

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participants Information sheet was read and explained to the participant in a language she understood. English/ Twi. I con firm that she was given the opportunity to ask questions or seek clarifications and same was duly answered to her satisfaction before voluntarily agreeing to be part of the research.

Name of participant…………………………………………….……….

Signature………………. Thumb print………………………….

Date…………………….

INVESTIGATORS STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name……………………………………Signature…………………………………

Date………………………………………

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APPENDIX 6

ASSENT FORM FOR WOMEN IN THE REPRODUCTIVE AGE (15-17YEARS) ASSESSING THE FAMILY PLANNING CLINICS

STUDY TITLE: CONTRACEPTIVE DISCONTINUATION AND METHOD SWITCHING AMONG WOMEN IN LA NKWANTANANG MADINA MUNICIPAL AREA

PARTICIPANTS STATEMENT

I acknowledge that I have read the purpose and contents of the Participants Information Sheet and all questions have been satisfactorily explained to me in a language I understand (English/Twi). I fully understand the contents and any potential implications as well as my right to change my mind (ie withdraw from the research) even after I have signed this form. I voluntarily agree to be part of this research.

Name or initials of Participant……………………Participants signature……………………

Date……………………………………

INTERPRETERS STATEMENT

I interpreted the purpose and contents of the Participants Information Sheet to the afore named participant to the best of my ability in the (Twi) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to her satisfaction.

Name of Interpreter………………Signature of interpreter……………………………
Date……………………………. Contact Details……………………………………..

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participants Information sheet was read and explained to the participant in a language she understood. English/ Twi. I con firm that she was given the opportunity to ask questions or seek clarifications and same was duly answered to her satisfaction before voluntarily agreeing to be part of the research.

Name…………Signature………………. Thumb print………………………….

Or mark (please specify)………………. Date…………………….

INVESTIGATORS STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name………………………Signature…………………………………

Date………………………………………

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APPENDIX 7

Interview Guide

DATA COLLECTION INSTRUMENT

Section A: Demographic data

1. Name
2. Age
3. Parity
4. Age of last child
5. How many living children do you have
6. What is your desired number of children

7. Employment Status
8. Nationality
9. Educational status
10. Marital status
11. Religion

Section B

1. Have you heard of family planning? What can you tell me about it
    - Who can use it
    - Do you think its usage should be encouraged
    - Have you ever used anything to delay or avoid getting pregnant
2. Why did you use family planning;
    - Birth spacing or limiting
3. What types of family planning methods do you know
4. What is your view about using contraceptives
5. Do you know of a placee where you can get access to family planning
6. Where is it located? How long does it take you to get there? How do you get there?
7. Can you tell me your experience with the health care provider who offered you the service

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8. How long did you spend in the health facility
9. Did you feel you had enough privacy
10. Were the available methods explained to you?
11. Which method did you choose? Did you make the choice on your own?
12. Have you used any other method before?
13. Are you currently using a method? Which one
14. Is it different from what you used in the past ? If yes kindly explain why
15. How long have you been using this method
16. Why did you choose this method
17. Is your partner aware that you are using this method and why
18. Can you tell me about why you stopped using the previous method
19. Would you consider using contraceptives again in future ? Please explain why
20. Have you ever switched between methods? Can you tell me about it? Why did you switch to your current method
21. Were you informed about what to do in the event of any complications? What kinds of things were you told to look out for?
22. Were you satisfied with the services received at the family planning clinic? Tell me about it
23. What contraceptive side effects do you know about and how do you manage them?
24. Do you know what causes this side effects among women? Tell me about it

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ETHICAL CLEARENCE

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
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GPS Address: GA-050-3303
Tel: +233-302-681109
Fax + 233-302-685424
Email: ghserc@gmail.com
20th June, 2019

MyRef. GHS/RDD/ERC/Admin/App /19/224
Your Ref. No.

Edwina Tettehkuor Appiah
University of Ghana
School of Public Health
Legon

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC 043/03/19**
Project Title	Contraceptive Discontinuation and Method switching among women in La Nkwantanang Madina Municipal Area
Approval Date	20th June, 2019
Expiry Date	19th June, 2020
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.
- Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED..
Dr. Cynthia Bannerman
(GHS-ERC CHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra