

## Fear of Side Effects as a Barrier to Modern Contraceptive Use among Ghanaian Women

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### **Topic description**

Ghana was the first country in Sub-Saharan Africa to implement an official population policy in 1969 in response to the recognition by the government of high fertility and high population growth rate and their potentially detrimental consequences. This policy had only a modest impact due to lack of political commitment and was revised in 1994 to take account of emerging issues such as the HIV/AIDS epidemic (Ghana Statistical Service, 2004). The Vision 2020 Plan of Action was adopted of which the central aims are to eradicate poverty, accelerate economic development and enhance quality of life for all citizens. One goal of Vision 2020 is to have a contraceptive prevalence rate of modern methods of 50% by 2020. The strategy for achieving this aim includes a comprehensive, systematic, and culturally sensitive information, education and communication (IEC) programme to promote the use of family planning (The World Bank, 2003). Knowledge of contraceptive methods in Ghana is almost universal with 98% of all women aged 15-49 reporting knowledge of at least one method. However the overall contraceptive prevalence rate remains relatively low at 20.7% for all women aged 15-49 in 2003.

Many studies have used large scale survey data to determine the socio-economic and cultural characteristics which may act as determinants of individuals' contraceptive behaviour and in doing so have identified several barriers to contraceptive use. One of the issues that is consistently raised in such studies in Sub-Saharan Africa is the non-use of contraceptive methods due to fear of side effects or detrimental health effects. According to the 2003 Ghana Demographic and Health Survey (GDHS), fear of side effects was the most cited method-related reason for non-use among all women who are not currently using contraception and say they do not intend to do so in the future, and is particularly cited by women aged less than 30. Fear of side effects has increased in importance as a reason for non-use between 1998 and 2003, from 18% to 26%.

Quantitative studies have highlighted that fear of side effects acts as a barrier to the use of modern methods, hormonal methods in particular; however this remains an ill defined and poorly understood concept. It is unclear from quantitative measures if respondents are referring to fear that a side effect of a contraceptive method will make a respondent unwell, fear that they will be unable to get medical care for a potential side effect or a perceived fear of side effects stemming from misinformation and rumours. Each of these definitions would need very different policy or programmatic intervention if the fear of side effects were to be lessened as a barrier to contraceptive use; therefore a better understanding of this issue is required.

### **Theoretical focus**

The theoretical framework which this study draws on is diffusion of innovation theory which states that new ideas and behaviours can be spread through a network of people by individual channels of communication. Understanding the diffusion of reproductive behaviours is important as diffusion effects have the potential to accelerate social change and where contraceptive use is still relatively new, social learning may help establish the properties of the contraceptive methods themselves (Montgomery & Casterline, 1998).

Information about the specific content of messages received is not available in DHS survey data but it is often assumed in studies linking mass media messages and family planning that the content of the messages is positive and is promoting the use of contraceptives. This seems a reasonable assumption when considering mass media, IEC programme messages and messages from health workers but becomes less clear when considering information sources such as community meetings and interpersonal discussion. It is possible that in some instances pro-natalist or anti-family planning messages are being communicated in the context of discussions of family planning and rumours and misinformation can also be spread through a social network. This creates the possibility of negative diffusion effects, where 'rumours about health side effects ... can serve as barriers to contraceptive adoption by persons otherwise motivated to use' (Population Council, 2005). Many studies show that when women cite fear of side effects as a reason for not using contraception which is often attributed to misinformation and rumours regarding the possible effects of modern methods (Bongaarts & Bruce, 1995). There are clear practical and policy implications in understanding how the diffusion process influences reproductive behaviour. Family planning education can then best utilize networks to disseminate information or understand how networks may work as a deterrent to individual contraceptive adoption.

#### **Data and research methods**

This paper uses primary data collected using a qualitative methodology to explore in greater depth the way individuals perceive information about family planning and the way such information is received and passed on to others in the specific context of fear of side effects. The study seeks to better define what is meant by the term fear of side effect in this particular social context and to determine on what information and from what sources is this fear constructed. The study ultimately aims to explore how individuals feel that different types and sources of information influence attitude, opinion and behaviour in relation to contraceptive use. Focus group discussions are the primary method of data collection and are used to provide substantive information from the perspective, and in the words, of the participants, while also providing an insight into group dynamics and informal social interaction. One of the strengths of focus groups in relation to this topic is that they are a socially oriented event which can mimic real life social situations and help to contextualize the resulting data (Litosseliti, 2003). The focus group data is supplemented by interviews with service providers and other local stakeholders.

The data was collected in the Cape Coast area of Southern Ghana during a period of fieldwork from July to October of 2007. Two study locations were selected based on their previous inclusion in a longitudinal survey on social networks and contraceptive use. In total 8 focus groups were conducted with women aged 18 to 45 who had at least some prior knowledge of family planning. Each group contained between 4 and 9 participants and in each of the two study locations groups were composed according to two participant characteristics. Firstly participants were grouped according to age with groups comprising those aged 30 and under or those aged over thirty. This distinction was made based on the findings of the GDHS 2003 that women aged less than 30 are more likely to cited fear of side effects as a reason for non-use than women aged over 30 (Ghana Statistical Service, 2004). The groups were then also separated into never users and ever users to provide some homogeneity in the personal experiences of family planning within the group. The discussions were moderated by a locally hired research

assistant and were conducted in the local languages of Fante or Twi. The audio recordings were subsequently simultaneously translated into English and transcribed. Interviews with service providers and key informants were conducted by the researcher in English.

### **Expected findings**

The results show that fear of side effects is really a catch all term for a complex range of phenomena, both physiological and social, associated with the use of modern contraceptive methods. Women who have never practiced any form of contraception are unlikely to have ever actually discussed family planning with anyone but have received information from a variety of sources. The information women receive and pass on to others is a mixture of negative and positive experiences but the negative information is more often passed verbally while positive experiences of family planning are more often observed but less often spoken about. A wide range of physical complaints and 'diseases' are attributed to the use of contraception however the exact cause and nature of these complaints is unclear in the minds of the women.

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