

Factors Influencing the Uptake of Family Planning Among Women Aged 15 to 49 Years Old in the Sawaba Community in the Northern Region of Ghana



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ABSTRACT:

Background: Family planning (FP) has been classified by the World Health Organization (WHO) as one of the essential sexual health measures necessary to encourage safe childbearing by reducing maternal and newborn death (United Nations, 2014).

Method: A cross-sectional study with a quantitative approach was used to carry out this research. This approach was used to measure both the outcome (uptake of family planning) and exposures (socio-demographic characteristics, knowledge, and attitude of women towards family planning) concurrently.

Result: The result of the study showed that 88(34.1%) of the respondents were between the age of 31 to 35 years. The mean age of the respondents was 30.67 years with a standard deviation of 6.162 years. The results also showed that the majority of the respondents (98.1%) were aware of family planning. Also, 76.4% and 77.1% of the study participants had good knowledge and a good attitude toward family planning respectively. The uptake of family planning among the respondents was 78.7%.

Conclusion: Study participants' age, marital status, ethnicity, number of children, and knowledge were associated with FP uptake among women of reproductive age.

Recommendation: Family planning education should be based on isolated factors such as side effects, preference, and spousal opposition that influence contraceptive use among women of childbearing age.

KEYWORDS: Family Planning, uptake, Sawaba, Northern Region, Ghana

INTRODUCTION

To promote safe motherhood by lowering maternal and infant mortality, the World Health Organization (WHO) has designated family planning (FP) as one of the crucial reproductive health treatments (United Nations, 2014). FP is described as a way of understanding and behaving that people and couples actively adopt based on their knowledge, attitude, and responsible choices (World Health Organization, 2012). FP describes a couple's deliberate use of contraceptive measures to reduce or space out the number of babies they have (Central Statistical Agency, 2016). Family planning focuses on enhancing the state of life for the mother, fetus, and entire household by avoiding sexually spread illnesses, preventing unwanted babies and abortions, and increasing the reproductive health of the mother (World Health Organization, 2018).

In comparison to other regions of the world, sub-Saharan Africa has a much higher rate of fertility and future projected population growth. Additionally, the rate of population growth is a major international concern because it may make it more difficult to achieve the sub-regions health and other development goals. FP strives to equip people and couples with the knowledge and tools necessary to anticipate and have the number of children they wish while also properly spacing and timing those deliveries. Social norms and a lack of FP supplies preclude correct and consistent FP usage in the majority of low- and middle-income nations, where maternal mortality can be reduced by 20% to 35%.

In Africa, Ghana has one of the greatest rates of unsatisfied contraceptive demand; in 2014, 30% of women in unions desired to prevent pregnancy but were not using contraception (Ghana Demographic and Health Survey, 2014). An extra 5% of women in the union were utilizing a traditional method, but the usage of traditional methods is probably underreported. The majority of these women (22% of the union's women) used hormonal methods (Staveteig, 2017). Although the use of modern contraceptives has

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increased over the past 30 years (Ghana Demographic and Health Survey, 2014), still, in 2018, more than half of conceptions remained unwanted (Keogh et al., 2020). The most reliable form of birth control, hormonal techniques offer a great chance to avoid unwanted pregnancy. To guarantee that women are utilizing the technique that best meets their needs, better contraception advice can be created by recognizing the enablers and inhibitors of hormonal method use, including women's choices and motivations.

In Ghana, factors like living in an urban area, having a college degree, having money, getting married, and being Christian are linked to modern contraception use (Crissman et al., 2012). The majority of research, however, has not broken-down contraceptive utilization by technique type. Subgroups that are less likely to adopt hormonal treatments in particular could be identified to assist potential obstacles that women who might otherwise use these procedures encounter.

According to recent polls of US contraceptive users, females prioritize effectiveness, safety, price, duration of action, and severity of adverse effects when choosing a method (Madden et al., 2015). However, favored characteristics may differ between nations. For instance, amenorrhea is more commonly accepted in Europe and the Americas than it is in many African nations, where it is frequently linked to several health-related issues (Polis et al., 2018). According to a survey of 317 married females in Kenyan slums, the main crucial factors in selecting a method were past usage satisfaction, favorable social system experience, spouse approval, the absence of menstruation interference, and projected long-term safety (Mumah et al., 2018). According to a different study, urbanized Ghanaian individuals seeking FP preferred permanent solutions (Rominski et al., 2017). Women in Asuogyaman and Kumasi said that injectables, one of the most popular treatments in Ghana, offer the potential for clandestine usage, simplicity, effectiveness, and a fair amount of time between administrations (Laryea et al., 2016). According to a 2017 nationwide comprehensive poll of women, implants may have overtaken injectables as the most common procedure in Ghana (PMA2020/Ghana, 2017). Emergency contraceptives are frequently used in Accra, according to qualitative research of women of childbearing age, frequently as a second strategy (Rokicki & Merten, 2018).

However, most Ghanaian females believe modern contraceptives to be risky because of potential adverse effects that may or may not exist (Grindlay et al., 2018). These worries may stem from firsthand knowledge or trustworthy or questionable secondary information (Ochako et al., 2015). Since the middle of the 1980s, a growing number of people cite health concerns as a justification for not using (Machiyama & Cleland, 2014); it is the main justification provided by Ghanaian females for not utilizing contraceptives notwithstanding their desire to abort, and it is a reliable indicator of unfulfilled need (Sedgh & Hussain, 2014). Complaints concerning side reactions have been linked to both not starting a medication and stopping it, according to other research conducted in Ghana (Rominski et al., 2015). These worries are likely not being adequately expressed in surveys because, in a qualitative follow-up of Ghana Demographic and Health Survey (GDHS) respondents from 2014, 23 out of 30 women mentioned their worry about hormonal side effects, mostly menstrual side effects, while only 12 of these females had cited this reason in the quantitative GDHS (Staveteig, 2017).

Variations in menstrual flow brought on by contraception are a significant problem in Ghana. Females who visited a city family management center indicated poor endurance for amenorrhea and alterations in menstrual flow (Rominski et al., 2017). In a qualitative study, females thought that cancer and fibroids were brought on by contraceptive-induced amenorrhea (Adongo et al., 2014). Menstrual difficulties are a significant obstacle to using hormonal methods, according to a different qualitative research of women in Accra, which is aggravated by a lack of understanding of how hormonal methods function (Hindin et al., 2014). In some regions of Africa, variations in menstruation are a prominent factor in the cessation or non-use of contraception (Chebet et al., 2015). According to a survey done in Uganda, 98.1% of women between the ages of 15 and 49 were aware of FP techniques. The most reliable sources of knowledge on contraceptives were doctors (60.4%), friends (56.9%), and the media (51.3%). The main sources of contemporary FP techniques were public (27.6%) and private (21.1%) health facilities. The current usage of any FP method was reported by 62% of the female population. Injectables (50.4%), implants (22.8%), and pills (20.2%) were the most popular FP methods among non-users (Alege et al., 2016).

The goals of the nationwide demographic policy, which was implemented in Ghana in 1969 and 1994, have not been met by the country's FP uptake. Contraceptive use increased quickly, from 12.9% in 1988 to 25.2% in 2003, and has not changed considerably since then (Ghana Statistical Service, 2014). Much research has been conducted in this area since Ghanaian policymakers are quite interested in it. However, the majority of the research in this field has been conducted on women, specifically married women. Results from several of these research describe the usage of contraceptives, perceptions about FP, and obstacles to its use (Owusu-Agyei et al., 2012). The majority of this research has also been cross-sectional or carried out all at once. In addition to overcoming the gender gap by enrolling male mates of female participants, the current study has a larger demographic emphasis that includes adolescents. A significant obstacle to the creation of the next generation of FP interventions, which is crucial for developing nations like Ghana, is the lack of longitudinal data to help with the understanding of the social dynamics underlying FP intents and decisions.

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METHODS

A cross-sectional study with a quantitative approach was used to carry out this research. The use of cross-sectional helped to measure both the outcome (uptake of family planning) and exposures (socio-demographic characteristics, knowledge, and the attitude of women toward family planning) at the same time.

Study Area

Sawaba community is located in the Tamale metropolis of the Northern Region of Ghana. The Tamale Metropolis (TM) is one of the 14 districts in the Northern Region. It is positioned in the central part of the Region and matches restrictions with the Sagnarigu District to the west and the north, Mion. Sawaba shares a border with the Dungu community. Dungu community has a CHPS compound and a private clinic (Flagstaff Specialist). The residents of both Sawaba and Dungu mostly seek healthcare from the major hospitals in the TM namely, the Tamale Teaching Hospital (TTH), Tamale West Hospital (TWH), and Tamale Central Hospital (TCH).

Study Population

The study population was made up of females aged 15 – 49 years. All females available during the study period and who were able to give oral consent were involved in the research.

Sample size estimation

The number of participants for this study was estimated by adopting Cochran's formula by using the following parameters: margin of error (d), confidence interval (CI) at 95%, and 15% estimated proportion of women's uptake of family planning. Using Cochran's formula:

$$n = \frac{z^2 pq}{d^2}, \text{ where:}$$

n =sample size

z =confidence interval at 95%=1.96

p =estimated percentage of woman uptake of family planning =15%=0.20

$q=1-p \Rightarrow q=1-0.15=0.80$

d =margin of error=0.05

Putting the values into the equation;

$$= \frac{(1.96)^2(0.50)(0.80)}{(0.05)^2} = \frac{3.8416(0.16)}{0.0025} = \frac{0.614656}{0.0025} = 245.86 \approx 246$$

Considering 5% of nonresponse (12), the total sample size will be 258.

Sampling Technique

Systematic sampling was employed to recruit members for this study. A sample interval was determined by dividing into the target population with the desired sample size (i.e., $1806/206 = 8.7$). This gave a sample interval of 9. The first home was chosen by automatically picking a number from a list of numbers ranging from 1 to 9. Then, a random pick was made from every ninth family. During the data collection, females aged 15 – 49 years who met the criteria for inclusion were interviewed. Where there was no woman aged 15 to 49 years in a household, an eligible participant from the next household was chosen and interviewed.

Data Collection Techniques and Tools

A structured questionnaire was used in collecting data from women aged 15-49 years. All instructions and explanations for the survey were in English, so individuals who could comprehend and write in English were made to complete it themselves. However, for respondents who could not read and write, responses were collected once the survey was transcribed into a language they could comprehend.

Most of the items on the questionnaire were closed-ended. The few open-ended questions allowed the participants to assess a module that was not asked for in the questionnaire, whereas the few closed-ended questions prompted them to choose an answer from the list of alternatives. Questions about the respondents' sociodemographic details were asked of them (age, religion, education, ethnicity, marital status, number of children). The knowledge, attitude, and adoption of FP among the interviewees were also evaluated.

Data analysis

Surveys received individual identity (ID) codes. The Statistical Package for the Social Sciences (SPSS) version 24 software was used to enter and evaluate pre-coded surveys after creating a data entry format.

Before performing the data analysis, some characteristics, such as age and education, were classified as necessary. Six age groups were used: "15 to 20 years," "21 to 25 years," "26 to 30 years," "31 to 35 years," "36 to 40 years," and "41 years and over. SHS and technical education were combined into one group for educational qualifications. Frequencies and percentages were used to describe each variable, both dependent and independent. A bar chart was used to show respondents' knowledge level, attitude level, and

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uptake of family planning. A cross-tabulation (chi-square) of sociodemographic factors with family planning uptake was done. A statistical difference of 0.05 or less was considered to be significant.

Ethical consideration

The ethical approval was obtained from the University for Development Studies (UDS), Tamale. Also, all procedures used were by the ethical standards of the Ghana Ministry of Health. Each respondent was given an in-depth description of the study before giving their informed consent. Since the subjects did not give their names, anonymity was guaranteed. All information provided was strictly confidential and records were securely stored in a locker.

RESULTS

This section describes the results of the study. It presents the factors that influenced the use of FP among females aged 15 – 49 years old in the Sawaba community. It also looked at the knowledge, attitude, and uptake of family planning among women aged 15 to 49 years in the Sawaba community in the Northern region of Ghana.

The study recruited 260 participants, however, 258 responded to the questionnaire. The result of the study showed 88(34.1%) of the respondents ranged in age from 31 to 35. The respondents' average age was 30.67 years, with a 6.162-year standard deviation. It was discovered that the mainstream of the respondents 134(51.9%), and 174(67.4%) had Primary education, and are married respectively.

Moreover, 171(66.3%) of the respondents were Muslims. The mainstream of the respondents 171(66.3%) were unemployed. It was indicated that Dagombas form the majority of the respondents 137(53.1%). Also, 88(34.1%) of the respondents have one child. Table 1 contains more information.

Table 1: Socio-demographic Characteristics of respondents

Variable	Frequency (n)	Percentage (%)
Age (years)		
≤25	22	8.5
21 – 25	27	10.5
26 – 30	66	25.6
31 – 35	88	34.1
36 – 40	39	15.1
≥ 41	16	6.2
Educational Level		
No education	62	24.0
Primary	134	51.9
Junior High School	32	12.4
SHS/Vocational	27	10.5
Tertiary	3	1.2
Marital Status		
Single	77	29.8
Married	174	67.4
Divorced	3	1.2
Cohabitation	4	1.6
Religion		
Christianity	87	33.7
Islamic	171	66.3
Occupation		
Employed	43	16.7
Self-employed	44	17.1
Unemployed	171	66.3
Ethnicity		
Dagomba	137	53.1
Frafra	36	14.0
Mamprusi	18	7.0
*Others	67	26.0
Number of Children		

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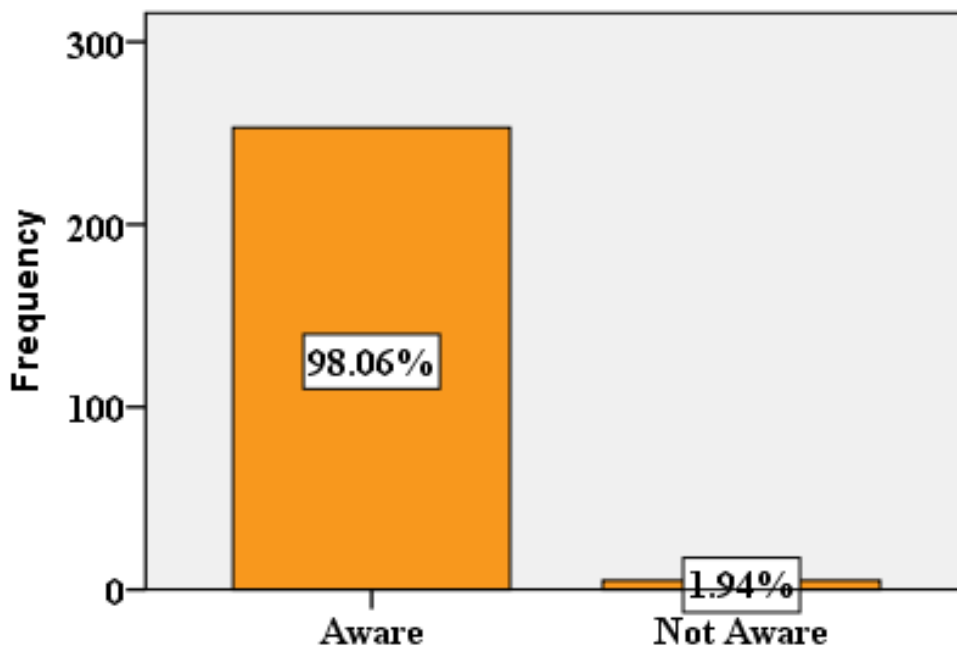
No child	59	22.9
One child	88	34.1
Two children	59	22.9
Three children	47	18.2
Six children	5	1.9

*Others: Akan, Akuapen, Bimoba, Builsa, Dagaati, Fanti, Ga, Hausah, Kasena, Waala, and Zugu

Knowledge of respondents on FP

The outcomes of the study showed that the mainstream of the respondents (98.1%) was aware of family planning (Figure 2). 238(94.1%) of the respondents indicated that family planning is helpful. The majority of the respondents 232(91.7%) indicated that they will recommend family planning to a friend or relative. The majority of the respondents 249(98.4%) stated that family planning is the measure to space childbirth.

Furthermore, television, books, radio, health worker, and social media were stated to be the basis of information on FP by 217(85.8%), 169(66.8%), 192(75.9%), 221(87.4%), and 158(62.5%) respectively. The majority of the respondents 244(98.4%) stated that preventing unwanted pregnancies is the reason for using family planning. The majority of the respondents 210(92.1%) indicated that the negative side effect of family planning is the reason that prevents them from using it. More information is provided in Table 2.



Awareness of family planning among respondents

Table 2: Knowledge of respondents on FP (n = 253)

Variable	Frequency (n)	Percentage (%)
Is family planning helpful?		
Yes	238	94.1
No	15	5.9
Will you recommend FP to a friend or relative?		
Yes	232	91.7
No	21	8.3
Meaning of family planning		
Measures to reduce childbirth	210	83.0
Measures to prevent unwanted pregnancy	240	94.9
Measures to space childbirth	249	98.4
Measures to reduce the number of children and unwanted pregnancy	231	91.3
Measures to reduce unwanted pregnancy, space, and reduce children	242	95.7

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Source of information on family planning

Television	217	85.8
Books	169	66.8
Radio	192	75.9
Health worker	221	87.4
Friend	154	60.9
Family member	94	37.2
Social media	158	62.5

Reasons for using family planning

Help prevent unwanted pregnancies	244	98.4
Family planning promotes small family size	196	79.0
Family planning helps in planning and catering for children	231	93.1
Prevents STIs	77	31.0
Family planning reduces family expenses	177	71.4
Reduce overpopulation	207	83.5
Reduce school dropouts	186	75.0

Reasons for not using family planning

Negative side effect	210	92.1
Family planning is for only married people	41	18.0
Family planning causes conditions such as fibroid	40	17.5
Family planning causes premature menopause	42	18.4
Family planning is against my belief	47	20.6
Family planning causes barrenness	51	22.4
Family planning is not reliable, it can fail	144	63.2

Source: Field survey, 2022

Knowledge level of females on FP

The study adopted 21 questions to assess females' knowledge of FP. A respondent who got a question right received one (1) point. However, a respondent who got a question wrong received zero (0) points. The result of the study displayed that mainstream of the respondents 197(76.4%) have high knowledge of family planning. Nevertheless, 61(23.6%) of the respondents had low knowledge of family planning. Table 3 contains more information.

Table 3: Knowledge level of respondents on family planning

Scores (points)	Rating	Frequency (n)	Percentage (%)
0 – 14	Low knowledge	61	23.6
15 – 21	High Knowledge	197	76.4
Total		258	100.0

Source: Field survey, 2022

The attitude of respondents toward family planning

The result showed that 65(25.2%) of the females strongly agreed that they will not use contraceptives because they are told they had side effects. 119(47.0%) of the respondents agreed that they and their partners could change methods if there are any adverse effects. A portion of the respondents 131(51.8%) disagreed that contraceptives encourage promiscuity. About 108(42.7%) of the respondents disagreed that they will have sex without using a contraceptive. About half of the respondents 129(51.0%) strongly agreed that using contraceptives is better than having an abortion. Almost half of the respondents 117(46.2%) strongly disagreed that it will be wrong to use contraceptives. 86(34.0%) of the respondents agreed that contraceptives are worth using even if they are expensive.

About (41.5%) of the respondents agreed that they will use contraceptives even if their partners disagree with their usage. Also, 102(40.3%) of the women strongly disagreed that contraception is solely their partner's responsibility. About 108(42.7%) of the respondents disagreed that contraceptives reduce sex drive. It was revealed by 114(45.1%) of the respondents that they disagree that they feel embarrassed discussing contraceptives with their friends. 112(44.3%) of the respondents disagreed with the belief that contraceptives do not prevent pregnancy. Table 4 contains more information.

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Table 4: Attitude of respondents toward family planning

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
I will not use contraceptives because I'm told it has side effects.	26(10.1)	135(52.3)	15(5.8)	17(6.6)	65(25.2)
My partner and I can change methods if we experience any side effects	11(4.3)	37(14.6)	13(5.1)	119(47.0)	73(28.9)
Contraceptives encourage promiscuity	31(12.3)	131(51.8)	44(17.4)	21(8.3)	26(10.3)
I will have sex without using a contraceptive.	58(22.9)	108(42.7)	26(10.3)	49(19.4)	12(4.7)
Contraceptive makes sex less romantic	96(37.9)	111(43.9)	22(8.7)	15(5.9)	9(3.6)
Using contraceptives is better than having an abortion.	26(10.3)	19(7.5)	22(8.7)	57(22.5)	129(51.0)
I believe that it will be wrong to use contraceptives.	117(46.2)	100(39.5)	27(10.7)	9(3.6)	0(0.0)
Contraceptives are worth using even if expensive.	17(6.7)	80(31.6)	31(12.3)	86(34.0)	39(15.4)
Even if my partner objects, I will use contraceptives.	40(15.8)	53(20.9)	30(11.9)	105(41.5)	25(9.9)
I feel contraceptive is solely my partner's responsibility.	102(40.3)	94(37.2)	35(13.8)	18(7.1)	4(1.6)
Contraceptives reduce sex drive.	77(30.4)	108(42.7)	37(14.6)	27(10.7)	4(1.6)
I will feel embarrassed discussing contraceptives with my friends	94(37.2)	114(45.1)	31(12.3)	11(4.3)	3(1.2)
I don't believe that contraceptives prevent pregnancy.	90(35.6)	112(44.3)	27(10.7)	16(6.3)	8(3.2)

Source: Field survey, 2022

Attitude level of respondents toward family planning

The study used 13 questions to assess respondents' attitudes toward family planning. A respondent who got a question correct was awarded one (1) point. While a respondent who got a question wrong received zero (0) points. The result from the study disclosed that the mainstream of the respondents 199(77.1%) have a good attitude toward family planning. However, 59(22.9%) of the respondents have a poor attitude toward family planning. Detailed information is provided in Table 5 below.

Table 5: Attitude level of respondents toward family planning

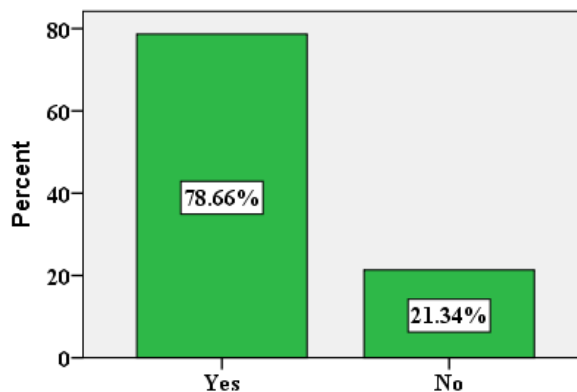
Scores (points)	Rating	Frequency (n)	Percentage (%)
0 – 6	Poor Attitude	59	22.9
7 – 13	Good Attitude	199	77.1
Total		258	100.0

Source: Field survey, 2022

Utilization of FP among respondents

The result of the survey indicated that 78.7% of the respondents have used family planning before (Figure 3). Also, 179(70.8%) of the females had access to FP in their area. The majority of the women (92.1%) stated that they know where to get FP services when required.

Also, greater than half of the women 137(54.2%) showed that they had experienced side effects from family planning methods before. Some of the respondents 152(60.1%) revealed that they are not currently using any form of family planning. Again, some of the respondents 227(89.7%) intend to use FP methods in the long term. Table 6 contains more information.



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Table 6: Uptake of Family Planning among Respondents (n = 253)

Statement	Yes n (%)	No n (%)
Do you always have access to family planning in your area?	179(70.8)	74(29.2)
Do you know where to go when you need FP services on your own?	233(92.1)	20(7.9)
Have any adverse effects from an FP strategy ever occurred to you?	137(54.2)	116(45.8)
Do you still use family planning services?	101(39.9)	152(60.1)
Do you intend to use family planning methods in the future?	227(89.7)	26(10.3)

Source: Field survey, 2022

FP choices and motives for the selections among respondents

The discoveries of the study showed that mainstream of the respondents indicated condoms 237(93.7%), injectable 195(77.1%), oral contraceptives 245(96.8%), implants 169(66.8%), calendar 199(66.8%), and emergency contraceptives 235(92.9%) are easy to get. It was indicated by the majority of the respondents that condoms 232(91.7%), oral contraceptives 230(90.9%), and emergency contraceptives 234(92.5%) are easy to use.

Moreover, the mainstream of the women stated that condoms 209(82.6%), abstinence 180(71.1%), injectable 221(87.4%), oral contraceptives 207(81.8%), implant 223(88.1%), and emergency contraceptives 180(71.1%) are effective to use. It was exposed by the mainstream of the females that condoms 176(69.6%), abstinence 180(71.1%), and calendar 148(58.5%) did not have any side effects. Table 7 contains more information.

Table 7: FP choices and motives for the selections among respondents (n = 253)

Statement	Easy to get		Easy to use		Effective to use		No side effect	
	Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)
Condoms	237(93.7)	16(6.3)	232(91.7)	21(8.3)	209(82.6)	44(17.4)	176(69.6)	77(30.4)
Abstinence	189(74.7)	64(25.3)	153(60.5)	100(39.5)	180(71.1)	73(28.9)	180(71.1)	73(28.9)
Injectable	195(77.1)	58(22.9)	125(49.4)	128(50.6)	221(87.4)	32(12.6)	41(16.2)	212(83.8)
Oral contraceptives	245(96.8)	8(3.2)	230(90.9)	23(9.1)	207(81.8)	46(18.2)	57(22.5)	196(77.5)
Implant	169(66.8)	84(33.2)	106(41.9)	147(58.1)	223(88.1)	30(11.9)	47(18.6)	206(81.4)
Calendar	199(78.7)	54(21.3)	166(65.6)	87(34.4)	103(40.7)	150(59.3)	148(58.5)	105(41.5)
Emergency contraceptives	235(92.9)	18(7.1)	234(92.5)	19(7.5)	180(71.1)	73(28.9)	63(24.9)	190(75.1)

Source: Field survey, 2022

Distribution of FP use among respondents' characteristics

The result of the study found that respondents aged 41 years and above have a higher proportion of use of FP than the rest of the age groups. However, respondents aged 26 to 30 years (47.0%) have a higher proportion of no use of family planning. The findings demonstrated a significant correlation between individuals' age and their use of FP.

It was indicated that respondents who are divorced have a higher proportion of use of FP. Nonetheless, respondents who are cohabiting have a higher percentage of no use of FP. There was a statistically significant connotation between the marital status of women and the utilization of FP.

Furthermore, the result revealed that the respondents who are Mamprusi have a higher proportion of utilization of FP. However, the respondents from the other ethnic group like Akan, Akuapem, Fanti, Ga, and Kasena (28.4%) have a higher proportion of no use of FP. The result of the study found a statistically significant relationship between the ethnicity of women and the utilization of FP.

The result of the survey displayed that the respondents with children three and six both have a higher proportion of utilization of FP. Nevertheless, respondents with one child (39.0%) have a higher proportion of no use of FP. There was a statistically significant association between the number of children of women and the utilization of FP.

The result of the study also revealed that the respondents with high knowledge of family planning (83.8%) have a higher proportion of utilization of FP. However, the respondents with a low level of knowledge of family planning (44.3%) have a higher proportion of no utilization of FP. The result found a statistically significant link between the knowledge level of respondents and the utilization of family planning. Table 8 contains more information.

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Table 8: Distribution of family planning utilization among respondents' characteristics

Variable	Utilization of family planning		Chi-square (P – Value)
	Yes n (%)	No n (%)	
Age (years)			
≤25	16(72.7)	6(27.3)	35.105
21 – 25	22(81.5)	5(18.5)	(<0.001)
26 – 30	35(53.0)	31(47.0)	
31 – 35	79(89.8)	9(10.2)	
36 – 40	31(79.5)	8(20.5)	
≥ 41	16(100.0)	0(0.0)	
Educational Level			
No education	44(71.0)	18(29.0)	3.414
Primary	105(78.4)	29(21.6)	(0.491)
Junior High School	24(75.0)	8(25.0)	
SHS/Vocational	23(85.2)	4(14.8)	
Tertiary	3(100.0)	0(0.0)	
Marital Status			
Single	53(68.8)	24(31.2)	19.907
Married	143(82.2)	31(17.8)	(<0.001)
Divorced	3(100.0)	0(0.0)	
Cohabitation	0(0.0)	4(100.0)	
Religion			
Christianity	69(79.3)	18(20.7)	0.353
Islamic	130(76.0)	41(24.0)	(0.552)
Occupation			
Employed	32(74.4)	11(25.6)	1.850
Self-employed	31(70.5)	13(29.5)	(0.396)
Unemployed	136(79.5)	35(20.5)	
Ethnicity			
Dagomba	102(74.5)	35(25.5)	8.685
Frafra	31(86.1)	5(13.9)	(0.034)
Mamprusi	18(100.0)	0(0.0)	
Others	48(71.6)	19(28.4)	
Number of Children			
No child	36(61.0)	23(39.0)	29.089
One child	61(69.3)	27(30.7)	(<0.001)
Two children	50(84.7)	9(15.3)	
Three children	47(100.0)	0(0.0)	
Six children	5(100.0)	0(0.0)	
Knowledge level			
Low	34(55.7)	27(44.3)	20.730
High	165(83.8)	32(16.2)	(<0.001)
Attitude			
Poor	44(74.6)	15(25.4)	0.283
Good	155(77.9)	44(22.1)	(0.595)

Source: Field survey, 2022

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DISCUSSION

Knowledge level of women aged 15 to 49 years on family planning.

The study's findings indicated that the vast mainstream of females (98.1%) was familiar with FP. This is consistent with Ghanaian national reports on FP awareness and marks a notable shift from much earlier research, which tended to concentrate on education alone or translate recognition into the knowledge of contraceptives (Ghana Demographic and Health Survey, 2014).

It was indicated by 238(94.1%) of the respondents that family planning is helpful. The mainstream of the women 232(91.7%) showed that they will recommend family planning to a friend or relative. The majority of the respondents 249(98.4%) stated that family planning is the measure to space childbirth.

Furthermore, television, books, radio, health worker, and social media were stated to be the source of awareness on FP by 217(85.8%), 169(66.8%), 192(75.9%), 221(87.4%), and 158(62.5%) respectively. This is similar to previous studies that identified radio, social media, and health workers as the most popular FP dissemination means (Burkhart et al., 2011).

According to the study's findings, 76.4% of individuals had thorough knowledge on FP. This result was less than that of a study carried out in the Jimma zone, Southwest Ethiopia (Tilahun et al., 2013), Sudan (Handady et al., 2015), Tanzania (Lwelamira et al., 2012) and another study carried out in Rohtak district, India (Gupta et al., 2016). The discrepancy could be explained by the fact that only married or partnered women are included in research conducted in the Rohtak district, Sudan, and Jimma zone. Women who are married could be knowledgeable about FP. However, the current study looked at all women in the reproductive age range, independent of their marital status, which may have lowered their knowledge and attitude.

The attitude of females aged 15 – 49 years old toward FP

The result from the study showed that the mainstream of the women 199(77.1%) have a good attitude toward family planning. This is higher than a study that found that 58.8% of their respondents had a good attitude toward FP (Kasa et al., 2018). The results of this study are consistent with those of studies carried out in Jimma Zone, Southwest Ethiopia, Sudan, Tanzania, and Rohtak District, India (Gupta et al., 2016).

The Use of FP among women aged 15 – 49 years

The present study displayed that, 78.7% of the respondents use family planning. This is higher than a study conducted in Northwest Ethiopia that found that 50.4% of women of childbearing age were using FP (Kasa et al., 2018). It is also greater than a survey carried out in the rural part of Jordan and India (Gupta et al., 2016). However, it was comparable to studies carried out in Sikkim, Jimma Zone, Rohtak District, and urban slum communities in Mumbai, where 64%, 62%, 65.6%, and 62% of participants, respectively, used FP (Quereishi et al., 2017). The study participants in Jordan, India, and Northern West Ethiopia all lived in relatively rural areas, which may have prevented them from having better access to FP than those in the study conducted in Sawaba in the northern region of Ghana. This may cause a disparity in results.

Factors that influence women aged 15 to 49 years' uptake of family planning

The result of the research also discovered that the women with high knowledge of family planning (83.8%) have a higher proportion of use of FP. However, the respondents with a low level of knowledge on FP (44.3%) have a higher proportion of no utilization of family planning. The result found a statistically significant connection between the knowledge level of respondents and the utilization of family planning. In a similar study, women who had higher levels of knowledge than those who had lower levels were more likely to practice FP ($2=117.995$, $d.f.=1$, $P 0.001$) (Kasa et al., 2018). This could be because women who can read and write would consider FP activities thus making them more economically independent, self-sufficient, and more likely to develop greater confidence and personal control in marital relationships, such as the discussion of household size and form of contraception use.

CONCLUSION

According to the study's findings, 88 (34.1%) of the respondents were between the ages of 31 and 35. The respondents' average age was 30.67 years, with a 6.162-year standard deviation. Concerning many investigations, there was a high degree of FP utilization as well as a relatively high level of understanding and attitude toward it.

Age, marital status, ethnicity, and the number of children a participant had, and her level of education were all linked to her tendency to use FP.

RECOMMENDATIONS

The study recommends that:

- The Regional Health Directorate's office must step up its efforts to educate people about the advantages of FP.
- To increase accessibility, the Ghanaian government should expand FP services in the Sawaba community and its environs.

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- Health professionals in the district should educate the public on family planning holistically to raise awareness and improve FP uptake. This instruction ought to be focused on discrete criteria that affect how many women of childbearing age utilize contraception, such as side effects, preferences, and marital opposition.
- Furthermore, further research is required to fully explore the various factors influencing the non-use of FP and how these factors might be handled.

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