

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

Abstract:

The overall contraceptive prevalence rate remains relatively low in Ghana at 20.7% for all women aged 15-49 in 2003. 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 and has increased in importance as a reason for non-use between 1998 and 2003, from 18% to 26%. This study uses data from focus group discussions to explore in greater depth the concept of fear of side effects and to determine on what information and from what sources is this fear constructed. The methodology allows study participants to define the problem in their own terms and within their own particular social contexts. 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.

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Introduction

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 et al, 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%.

There are multiple interpretations of the meaning and cause of fear of side effects as measured by surveys such as the DHS. Respondents may be referring to fear that a side effect of a contraceptive method will make a respondent unwell, fear that they will be unable to obtain medical care in the event of experiencing a side effect, fear of the possible social consequences of side effects such as menstrual disruption. This fear may be based past personal experience of using contraception, from the observed or relayed effects on others in the community or it may be a perceived fear 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.

Aims

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 exactly what the phrase fear of side effects is referring to in any particular social context so this

paper uses a qualitative approach to go beyond the limited range of information provided by survey data, and look at how the individuals concerned understand and articulate the issue. The study seeks to better define what is meant by the term fear of side effects and to determine on what information and from what sources this fear is constructed. The particular method employed in the data collection is focus group discussions which are used to gather substantive information while also providing insight into group dynamics and the nature of informal social interaction.

The key explanatory element in this study is the spread of information about family planning through the mass media and inter-personally through social networks. When studying mass media effects it can generally be assumed that mass media messages are promoting family planning and may reduce fear of side effects by providing trustworthy information. However this assumption does not hold for interpersonal discussion with relatives, friends and neighbours as negative as well as positive experiences may be shared and rumours and misinformation can also be spread through a social network. Discussing family planning with others may be an important influence on reproductive behaviour and diffusion of innovation theory states that while the mass media is effective at creating awareness and knowledge of innovations, interpersonal communication is necessary for actual behaviour change (Hornik & McAnany, 2001).

Research Questions

The research questions that this paper aims to answer are:

- How do women in the study locations understand the concept of side effects?
- How is information about contraceptive use passed from person to person?
- Do women think that information about contraceptive use received through social networks influences attitudes towards contraceptive use, specifically regarding side effects?
- If so, are particular people within the social network perceived to be more or less influential?
- Are certain types of information perceived to be more or less influential?
- Do women believe fear of side effects is a barrier to the use of modern or hormonal methods in their community?

Theoretical focus

The theoretical framework which this is situated within 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 to the study of side effects 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). As the innovation becomes more common so the social influence of peer groups accelerates the incidence of adoption (Cleland, 2001).

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). When women cite fear of side effects as a reason for not using contraception it 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 Methods

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). Another relevant aspect of focus groups to this study is the insight they provide into group dynamics and interaction. The interaction between group members produces insights that would be less assessable without the group and will typically capture more of a range of communicative processes than interviews (Wilkinson, 2004). 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. Participants were chosen through a screening process which all women within the required age range were invited to attend. Once the potential participants were gathered the purpose and topic of the study were explained and those who were interested in taking part completed a short screening interview. Participants were screened for eligibility and to establish their demographic characteristics. They were then placed in a suitable group and invited to return at a later date for the discussion.

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 et al, 2004). The groups were then also separated according to their history of contraceptive use into never users and ever users to provide some homogeneity in the personal experiences of family planning within the group. This was done with the dual aim of creating a permissive and comfortable environment for the participants and aiding the analysis of the data, which is focused at the group rather than the individual level (Bloor et al, 2001).

The discussions were moderated by a locally hired research team and were conducted in the local languages of Fante or Twi. This was necessary in order to enable all participants to contribute equally and not be restricted by language issues while avoiding the complication and time implications of simultaneous translation. Verbal informed consent was obtained from each participant prior to the discussion. 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. The transcripts were analyzed with the aid of Nvivo Version 2. Each transcript was initially coded in a deductive thematic framework based on the original focus group schedule. An inductive and analytical process was then carried out to develop a more detail coding schema for further coding and analysis. The unit of analysis in this study is the group, comparisons are made across groups and individuals within groups are not identified. The results of the study are presented with the use of verbatim quotes to illustrate the issues arising in the original words of the participants.

Preliminary Results

Most of the respondents agreed that family planning is a frequent topic of conversation and nearly all had a sometime discussed family planning with someone. The most often mentioned discussion partners were either other women, chiefly female relatives, friends and neighbors, or husbands. The existence of a generational gap was also expressed by many of the participants who said they felt unable to talk to older females, especially their mothers, about family planning.

'There are parents who wants plenty grandchildren. So they wouldn't even agree to it and therefore discourage you. All they want is plenty grandchildren but I wouldn't want that because I would be the one suffering at the end. So I wouldn't discuss it with her.'
(30 or under, never user, location B)

Some respondents expressed that they would not discuss family planning with anyone even if they were currently using a method. The reasons given for this secret use were the disapproval of the husband:

'The reason being that, if your husband does not grant his permission you cannot do it and if it happens that you do it, you as the woman have to make sure it becomes a secret. You cannot even tell your friend about it. It becomes your secret because may be your husband wants to have "fun" and you also want to put it on hold for a while...you know probably you discussed it with him initially and he did not agree to it.' (30 or under, never user, location B)

Another reason given for keep current use secret is that when a person is known to be using they are strongly discouraged by others to stop. They may be subjected to many stories about the potential consequences of using family planning which are a source of fear and unease for the current user who is put in a highly defensive position. Respondents see secret use as a way of avoiding such interactions.

'If you are to listen to what people say you will never tell anyone you are involved in family planning because you may get heart attack from just listening to what people say.' (Over 30, ever user, location A)

The reported content of conversations about family planning varies and as expected comprises both positive and negative information. Overall respondents felt that the majority of discussion about family planning centers on negative aspects.

People normally talk about its side effect rather than its positive parts. Like at times it helps but rather it's, for family planning I remember the last time someone went to do it and had difficulties... the moment you mention it, the problems are addressed first. (30 or under, never user, location B)

'Some talk about the positive effect that it helps you space the birth of your child and help the mothers to be 'free' but they usually emphasize on the negative effect.' (30 or under, ever user, location B)

The sort of side effects mentioned most often are expected side effects such as menstrual disruption, dizziness, headaches, nausea and weight change. Unexpected side effects were not often mentioned although many participants expressed concerns about the effect of family planning on future fertility and the fear of complications associated with future deliveries.

One participant also raised the issue of the possible consequences of expected side effects such as menstrual disruption on the day to day life of the women and the potential conflict this may bring to the relationship with others particularly the husband.

'There are instances where instead of the normal five days menstruation period it takes about two months and this creates problems between spouses because the man might think you are just pretending in order to keep him away from your bed.' (Over 30, ever user, location A)

In all of the groups participants said that they believed in many cases incidences of sickness and disease were being blamed on family planning methods when in fact they were not caused by the method. Other potential reasons for negative experience were given such as people not following the instructions they are given, lying to the health personnel at the clinic about their medical background or starting a method without the advice of health personnel.

Although much of the information participant are hearing comes from second hand sources people known to have first hand experience of using a method are considered the most reliable source of information. These women are also considered to be the most likely to relate a positive experience with family planning. The most influential people are the health care providers.

'We have to believe the doctor or nurse because they have the knowledge about it. They know what is good for you or otherwise, than someone who do not know anything about it. Those people you can't trust them. So if I should believe anything, it should come from the nurse.' (Over 30, ever user, location B)

Discussion

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 through a social network. Despite being able to rationalize this negative information and explain various reason why it may be untrue the focus group participants believe that many people in the community are frightened of using a modern method. Although many of the participants are sufficiently motivated to space their births they have overcome their fear the negative information they hear is still a source of stress and worry for them. A wide range of physical complaints and 'diseases' are attributed to the use of contraception however the exact cause and nature of these complaints sometimes remains unclear. It is clear that the main source of fear in these communities stems from the expected side effects of contraception rather than rumours of more serious but not clinically evidenced side effects. Health personnel are perceived to be very influential and fear of side effects may be reduced by effective and wide spread communication.

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