

**GHANA INSTITUTE OF JOURNALISM**

**KNOWLEDGE, ATTITUDE AND PERCEPTION OF  
CONTRACEPTIVE USE AMONG THE KAYAYE (HEAD  
PORTERS). A STUDY OF KAYAYE IN MALLAM ATTA  
MARKET, ACCRA.**

**BY**

**ZAINAB ALHASSAN.**

**MADC19054**

**SUPERVISOR**

**DR. CHARLES ASARE BAMFO.**

**OCTOBER, 2020**

# DECLARATION

## STUDENTS DECLARATION

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. The work presented is entirely my own and due references have been provided on all supporting literatures and resources.

ZAINAB ALHASSAN (MADC19054).....

DATE.....

## SUPERVISORS DECLARATION

I hereby declare that the preparation of this thesis was supervised by me in accordance with the guidelines laid down by the Ghana Institute of Journalism.

DR. CHARLES ASARE

BAMFO.....

DATE.....

## **ACKNOWLEDGEMENT**

In the very beginning I would like to express my sincere thanks to the “Almighty Allah” whose grace and blessings, I have experienced throughout this study. I am deeply indebted to my supervisor, Dr. Charles Bamfo, whose help, stimulating, suggestions, knowledge, experience and encouragement helped me throughout this study. Under his intellectual guidance, I found the passion of doing academic research and the courage of facing ups and downs of the process. I have enjoyed every moment of the insightful discussion with him. Last, but not the least I extend my unending gratitude to my family who show pride in my accomplishments and lightened my burden through support and prayers, throughout this journey.

## **DEDICATION**

I dedicate this study to all the hard working young women, engaged in the kayaye trade in their quest to have a means of livelihood for themselves and their family. My parents Alhassan Zakari, and Zahara Issahaku and also to Jonathan Asare Yusuf and Sharifatu Alhassan, their love, prayers and support keep me going.

## **ABSTRACT**

Ghana, like the rest of West Africa, has very low contraceptive prevalence and is one of a few nations that reports declines in contraceptive use over time. Several studies have been done to understand this phenomena in Ghana like the “Contraceptive use and unintended pregnancy among young women and men in Accra, Ghana” published in the Plus one journal in 2018, ” Determinants of modern contraceptive use: A cross-sectional study among market women in the Ashiaman Municipality of Ghana among many others. The kayaye as a group form part of the poorest in the country and also made up of women with little to zero form of education. Documenting this information is greatly needed in order to improve family planning and reproductive health services for these young women. This study thus examines the knowledge attitude and perception of contraceptive use among the kayaye. This is necessary, in order, to help understand their perception of contraceptive use, their knowledge on contraceptives and also measure their attitude towards it, this will help in bringing to the fore the socio – cultural challenges they as a demography group face in terms of contraceptive use. The study was conducted in the greater Accra region of Ghana, specifically the Mallam Atta market, using the kayaye as the population and employing the qualitative research method. Questionnaires, interviews and focus group discussions was used in gathering data.

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## **1.0 CHAPTER ONE INTRODUCTION**

### **1.1 Background of the study**

Globally, modern contraceptive use is fast increasing (63%) but continues to be low in Sub-Saharan Africa. The latest 2014 Demographic and Housing Survey (DHS) in Ghana reports that the prevalence of modern contraceptive use among women of reproductive ages is 22%. Family planning has been identified as the key measure to help nations achieve the Sustainable Development Goal five (SDG-5) which aims at achieving gender equality and empowering all women and girls. A number of researches have been done in Ghana and other countries to identify factors associated with the low uptake of modern contraceptives. Their findings indicate that contraceptives use is the cause of the high fertility rates in Sub-Saharan African countries resulting in early childbearing, high infant mortality and many other negative effects on the socio-economic situation in a country.

Female head porters at the market, popularly called “Kayaye” are vulnerable persons who have a need for contraception, yet face challenges that limit its use. For over a decade now, southern Ghana has witnessed a growing influx of young women and teenage girls whose sole business is to engage in the head portage, Opare, (2003). Most of the woman porters hail from the savanna zones of northern Ghana and adjoining areas of Burkina Faso and Togo. They move down south to work and save money for various forms of investment (Beauchemin, 1999). The emergence and increase of women in the activity is based on different factors, Opare, (2003), opines that decreased agricultural output and retrenchment of

spouses in the public sector are partly responsible. For more than a decade, erratic rainfall and decreasing land fertility coupled with government's withdrawal of subsidies on fertilizers and insecticides affected most northern households, leading to low yields and poor harvest in their farming activities.

This was compounded by the impact of the structural adjustment program (SAP) particularly, the retrenchment policies that curtailed the livelihood sources of a number of households and rendered them vulnerable. For most households in northern Ghana, the only option left for them was to migrate to other parts of the country to seek livelihoods (Opare, 2003). Porters rely on strong social networks in their livelihood strategies and these facilitate and contribute to the increase in the number of women porters. The decision to migrate in some instance is partly the result of the goods, or capital return migrants are able to bring home, which motivate others from their communities to migrate Kwankye, (2009). Females from northern parts of Ghana for instance embark on migration in order to acquire the basic things that will enable them to get married (Opare 2003).

Also, one study on north-south migration in Ghana concludes that migration decisions were not ascribed to sudden onset of environmental stress and that environmental pull of more easily accessible arable land in the south appears to be at least as important as environmental push (Van der Geest 2011). Due to the abject poverty some of these young women go through, some end up relying on men for money. Thus, the need to have sex with these men so as to get money to take care of them. In most cases the men refuse to use condoms as some claim, they are unable to enjoy the sexual intercourse with a condom, this exposes the women to not just unwanted pregnancies but also other sexually transmitted infections.

On the part of the women, they mostly refuse to use any form of contraceptives because of the believed side effects they perceive. There are various superstitious beliefs with regards to the use of contraceptives such as the morning after pill, the IUD and other forms of birth control methods. As for female condoms, some of these women have never heard of or seen one. Which inadvertently leads to these young girls giving birth to as many children as they possibly can, with no man in the picture it is up to the mothers to cater for the needs of their children and because they earn little in the job as head porters the circle of poverty only continues. In this respect, the girl child grow up to also become a head porter and the boy child also become truck pushers, loading boys or worse fall into bad company and become drug addicts or armed robbers. The economic and social effects of the aforementioned scenario make the Kayaye phenomena worthy of investigation.

## **1.2 Problem statement**

A number of studies have been conducted on Kayaye in Ghana but a few studies have examined contraceptive need, access and use-as well as the obstacles to its use. Research on the reproductive health of the Kayaye has received little attention from the academic community in Ghana. Documenting this information is greatly needed in order to improve family planning and reproductive health services for these young women. UNICEF (2004) report a strong relationship between a mother's pattern of birth and the survival chances of her children. Infants and young children have a high risk of death if they are born to very young mothers or if they are born shortly after another birth or if their mothers already have many children. This is, thus, not taken into account among many African societies, where

people believe that if you are married then you are grown up and ready to bear children no matter how young you are Nengomasha (2004). Unintended pregnancy is a well-established public health concern with high proclivity among sexually active women.

Globally, an estimated 40% of women report with unintended pregnancies. Modern contraceptives remain an effective method of preventing unintended pregnancies. However, in spite of the wide range of effective modern contraceptive options available to women with its benefits, global statistics indicate low usage with increasing unintended pregnancies both in developed and developing countries.

The global importance of reproductive and sexual empowerment stems partly from the recognition across cultures that intimate relationships frequently occur between individuals who have vastly unequal power (Dixon-Mueller 1993; Amaro 1995; Pulerwitz, Gortmaker and DeJong 2000; Blanc 2001; Pearson 2006). In most cultures, normative expectations regarding gendered heterosexual sex roles and socially ingrained gender inequities negatively affect women's relative sexual power and limit women's ability to engage in sexual negotiation with male partners (Blanc 2001; Pearson 2006). As the family planning community moves forward with the 1994 ICPD paradigm and strives to achieve universal access to reproductive health services by 2015—a target added to Millennium Development Goal 5 at the 2005 United Nations World Summit—the role of women's empowerment in sexual and reproductive health warrants further investigation.

In Africa, particularly in sub-Saharan Africa (SSA), research evidence consistently reports low prevalence of use of modern contraception, which translates to high incidence of unintended pregnancies, unsafe abortions, and maternal deaths. Poor contraceptive use has mortality and clinical implications. Data from developing countries suggest that a woman dies

every eight minutes from unsafe abortion arising from unplanned pregnancies. Previous research in Ghana, similar to other SSA countries, reports prevalence rates lower than the national target. In a recent effort, researchers found a prevalence of use at 17% in public and private health facilities in a peri-urban community in Ghana, which is lower than the national target of 23.3%. The revised framework for global family planning that emerged from the 1994 International Conference on Population and Development (ICPD) in Cairo marked a shift in focus away from population control and toward emphasizing women's reproductive and sexual rights and empowerment (Blanc and Tsui 2005).

Per the records of the 2008 Ghana Demographic and Health Survey (GDHS) about 14% of all Ghanaian female adolescents have started child bearing, with only 8.0% of them using contraceptives. Adolescents in Ghana have also been confirmed to have a generally poor knowledge on contraceptives. In step with Kofi Awusabo-Asare, Albert M. Abane, Akwasi Kumi-Kyereme (2004) pre-marital pregnancies and HIV are the most health problems of adolescents in Ghana. In addition, most of the recent studies on contraceptive use specialize in specific regions, districts or communities within the country; they therefore fail to offer a transparent picture of adolescent sexual and reproductive health (ASRH) within the country.

The situation among the head porters is even gloomier as they are a marginalized group in the country and so little or nothing is known about their knowledge on the use of contraceptives. They are mostly neglected in contraceptive use campaigns in the country. Looking as they are mostly women in their prime who in one way or the other have the need for sex also due to their deplorable sleeping conditions they are susceptible to rape. Thus it is of high importance that a study specifically on their knowledge, perception and attitude

towards contraceptive use, is conducted so as to better understand their plight and be able to project lasting elucidations to it.

### **1.3 Justification of study**

Female adolescents are unduly disadvantaged in terms of the risks of unintended pregnancies that are related to poor outcomes like miscarriages, stillbirths, unsafe abortion and other complications that may lead to infant or maternal deaths. In developing countries, contraceptive use among young women, married or unmarried involves plenty of experimentation. Female adolescents face many barriers within the use of contraceptive methods which include fear, embarrassment, cost and lack of information. Consequently, most pregnancies to female adolescents in geographical region are unplanned and therefore the use of contraceptive methods among this group remains low. Thus, understanding the knowledge, perception and attitude towards contraceptive use is sort of vital to the efforts of promoting contraceptive use amongst head porters (Kayaye) in addition to the implementation of effective planning programmes.

Planning contraceptive use is especially relevant to Family Planning 2020 (FP2020). This is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community to enable 120 million additional women and women and girls to have access to rights based family planning services and supplies by 2020, IPPF, (2016). Evidence from some studies suggests that effective birth control programmes end in

decreased maternal and infant morbidity. It's been estimated that about one-third of maternal deaths and close to one-tenth of kid mortality globally may well be prevented annually with the assistance of birth prevention programmes. Thus, by allowing women to postpone motherhood, space births and cease childbearing, contraceptive use reduces unwanted pregnancies and also the demand for abortion.

Previous studies have considered the determinants of contraceptive use in Ghana among women within the reproductive age bracket of 15 to 49 and trends in contraceptive use among female adolescents in Ghana. However, little is thought about the prevalence and correlation of contraceptive use among head porters in Ghana. As such, this paper sought to look at knowledge, perception and attitude towards contraceptive use by head porters,

#### **1.4 Research Objectives**

The main objective is to examine the knowledge attitude and perception of contraceptive use among the kayaye in Ghana.

##### **1.4.1 Specific objectives are:**

1. To assess the perception of the target population regarding contraceptive use
2. To analyze the practices of the target population regarding the use of contraceptives
3. To identify preferred contraceptives methods and reason for use.
4. To ascertain common barriers and concerns with contraceptive use among target group.

#### **1.5 Research Questions**

The following questions were used to guide the study variegate complex experiences of the respondents:

1. What is the prevalence of current use of contraceptive methods among the Kayaye?
2. What are the types of contraceptive methods used among the Kayaye?
3. What are socio-cultural factors (beliefs including religious, sexual partner's approval in relation to use of contraceptive methods among the Kayaye) that hinder the use of contraceptives.

### **1.6 Significance of study**

This study represents a unique approach to the broad topic of contraceptive use. It tackles the knowledge, attitude and perception of a specific demographic of Ghanaians, which is the head porters popularly known as the Kayaye. This group has been conspicuously missing in all studies on contraceptive use in the country, but it is obvious that these group of women are very large in number and also have a very high birth rate in the country, thus it is prudent that a study of this nature targets them. The reasons for high fertility in developing countries are complex but past experience makes it clear that improve contraceptive technology and improve delivery of family planning information and services can help lower fertility and make an important contribution to reproductive health in all countries.

In sum the significance to the study include help create awareness among Ghanaians on reproductive health, serve as a reference material and inform policy makers and contribute to knowledge as well as inform future studies

## **1.7 Operational Definitions**

Key words and concepts used in the study and how they are measured are explained below.

- 1) **KAYAYE:** is the name given to a girl or woman in Ghana who works in the market places of large cities as a head porter-carrying the loads of shoppers in buckets or baskets balanced on her head for a fee
- 2) **PERCEPTION:** - The way in which something is regarded, understood/ interpreted. In this study, perception means understanding or opinion about contraceptive methods.
- 3) **CONTRACEPTIVE METHODS:** - The deliberate use of methods or techniques to prevent pregnancy as a consequence of sexual Intercourse. In this study, major contraception involved are Condom, intrauterine device (IUD), emergency pills and injections.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

The purpose of this study is to examine the knowledge, attitude and perception of contraception among the kayaye. This study specifically sought to understand how these young women view contraceptives and their general attitude and knowledge on the topic. This section focused on current literature on contraceptive use and its related topics, using major themes and subthemes that highlight the study objectives. The literature review focused also on the theoretical aspects of contraceptive use and related studies.

### **2.2 Theoretical framework**

The Health Belief Model is a cognitive, interpersonal framework that views humans as rational beings who use a multidimensional approach to decision-making regarding whether to perform a health behavior. The model is appropriate for complex preventive and sick-role health behaviors such as contraceptive behavior. Its dimensions are derived from an established body of social psychology theory that relies heavily on cognitive factors oriented towards goal attainment (i.e. motivation to prevent pregnancy). Its constructs emphasize modifiable factors, rather than fixed variables, which enable feasible interventions to reduce public health problems. *J midwifery women's health* (2013)

Overall, the HBM's adaptability and holistic nature facilitate applications in diverse contexts like family planning and with complex behaviors like contraceptive behavior. Family planning is a dynamic and complex set of services, programs and behaviors towards regulating the number and spacing of children within a family. Contraceptive behavior, one

form of family planning, refers to activities involved in the process of identifying and using a contraceptive method to prevent pregnancy and can include specific actions such as contraceptive initiation (to begin using a contraceptive method), continuation or discontinuation (to maintain or stop use of a contraceptive method), misuse (interrupted, omitted or mistimed use of a contraceptive method), nonuse, and more broadly compliance and adherence (general terms often used to denote any or all of the former contraceptive behavior terms). Motivation to Prevent an Unwanted Pregnancy. Contraceptive behavior, viewed through the HBM, is motivated by an individual's: 1) desire to avoid pregnancy and value placed on not becoming pregnant; 2) nonspecific, stable differences in pregnancy motivations and childbearing desires; and 3) perceived ability to control fertility and reduce the threat of pregnancy by using contraception. Sufficient motivation must exist to make prevention of pregnancy salient and relevant and to support the contraceptive behavior decision-making process.

The Health Belief Model provides a framework for understanding the potential influence on an individual's decision to make use of available health services. Although the model provides a framework for understanding factors operating at the individual level to influence the decision to use reproductive health services, it does not examine factors operating beyond the individual level, nor does it include the role of community and health system characteristics in shaping this decision. Thus, previous studies on the use of sexual and reproductive health services focus largely on the barriers and facilitators involved in the decision to seek care, that is, the modifying factors taken into account in the Health Belief Model (Stephenson & Tsui, 2002)

Another key theoretical framework is the fertility decision-making model presented by Bulatao and Lee (1983). The Davis-Blake model starts from the premise that reproduction involves three necessary steps: intercourse, conception and completion of gestation. The fertility decision-making theory is based on the notion that as society modernizes, changes occur including rational decision making and changes on the structure of the family. The integration of the two approaches leads from the assumption that decisions have a direct input in altering the intermediate variables. While it might not be possible to include all the variables and pathways in any one model, it provides a useful starting point and guide in selecting the variables which have a direct influence on contraceptive use. In the framework, the proportion of current contraceptive users in a population is a product of new users (adoption), continuing users (continuation) and those who have resumed use (resumption). These can be used to distinguish pre-adoption - 21 - and post adoption stages of contraceptive use. These stages are themselves influenced by socio-economic, cultural and macro factors.

Decision-making consists of three elements: knowledge, motivation and assessment of fertility regulation. The initial step involves being aware of the alternatives of influencing ones' costs of reproductive behavior. However, knowledge alone would not be sufficient to influence fertility regulation although it is a precondition. Knowledge about contraceptives should be accompanied by perceptions about access and availability of methods in order for proper considerations to be given whether to use or not. In order for women to adopt contraception, they should have a perception of the availability and accessibility of the means of fertility regulation, so that they can translate these perceptions into action according to Davis & Blake model (1956). The second stage of the decision-making process involves motivation. Within a population, motivation is influenced by socio-economic,

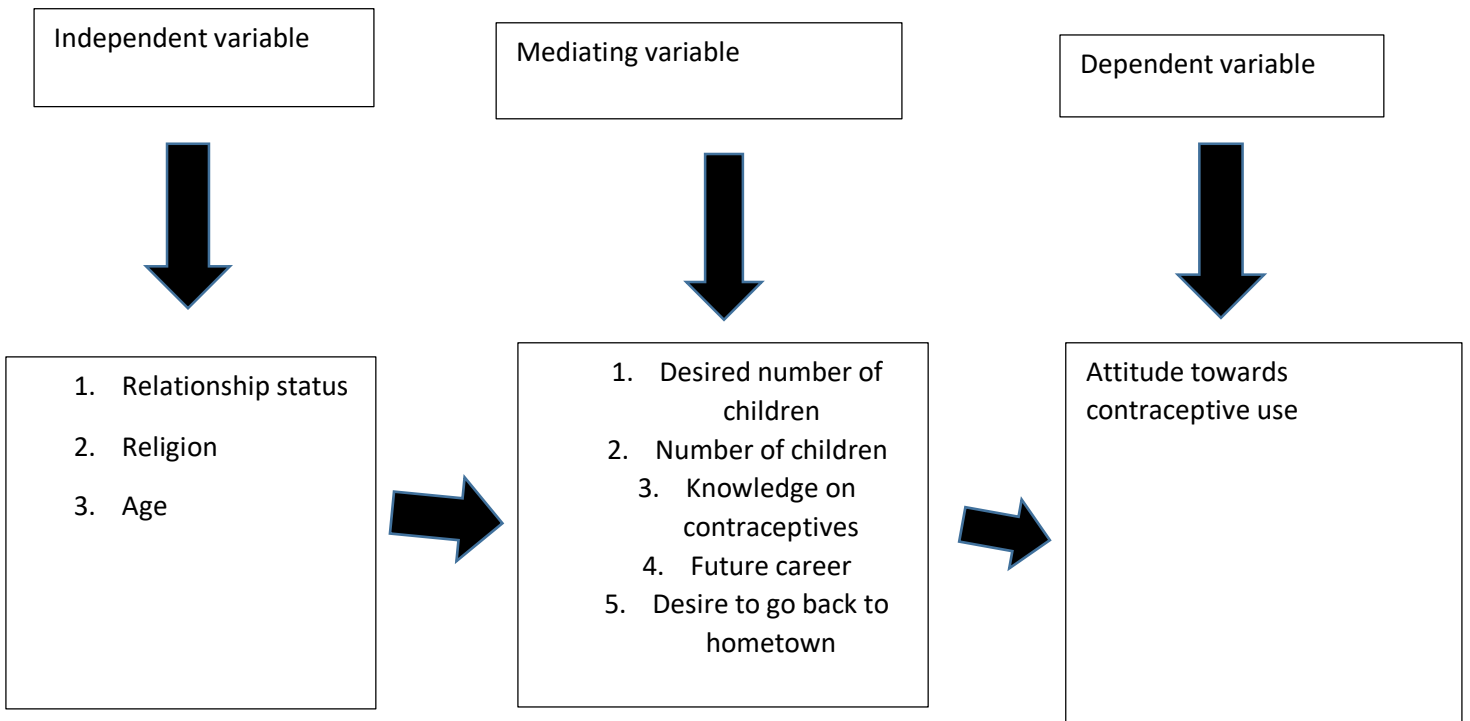
cultural and family life cycle patterns. The concept of motivation has been used widely in the economic models of fertility in which motivation is thus defined as the balance between supply and demand (Davis & Blake, 1956). The last stage in the decision-making process is assessment, which is the weighting of the positives and negatives of adopting contraception.

### **2.3 Islamic religion view**

The Muslim religion, plays a large part in the everyday lives of most of these kayaye. Majority of these young women identify with the Islamic religion. Thus, Islam helps these women to maintain traditional roles by providing the structure for family life. Muslims believe that it is up to God how many children a woman will bear and nothing must interfere in this process. Contraceptive use for spacing births is rising only minimally in some sub-Saharan African countries (Greene, 1999). Islam does not permit birth control, and encourages human reproduction, as the Prophet exhorted Muslims to multiply (Unicef, 2002). According to the Koran ‘mothers shall give suck to their offspring for two whole year’s (Qur'an 2:233). This practice which is highly recommended by western health professionals due to the health benefits to the child is in itself a method by which child spacing is enhanced. (Connor, 2011) Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities.’ WHO 1995. Family planning reduces mortality and morbidity from pregnancy and childbirth. Spacing childbirth with intervals of three to five years significantly reduces maternal, prenatal and infant mortality rates. Use of FP prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and birth. Pregnancy and childbirth poses special risk for some groups of

women –adolescents, women older than 35 years of age, women with more than four previous births and women with underlying medical diseases. It is estimated that if all these high risk pregnancies are avoided through the use of family planning 25% of maternal deaths can be prevented (Royston 1989). Moreover, unwanted pregnancy leads to unsafe abortion with its resultant short term and long term complications that include death. These suffering and deaths from complications of unsafe abortion can be prevented with use of family planning (Health, 2011)

## 2.4 Conceptual Framework



## 2.5 Related studies

According to the GDHS 2014, the use of modern contraceptive is low among women aged 15–19 (19%) and women age 45–49 (18%). In a study done in Vietnam the researcher describes the relationship between women's age and modern contraceptive methods as an inverted 'U-shape'. While the likelihood of contraceptive use was low among women aged 15–24, it was lower among those aged 35 and above and highest among women aged 25–35. The educational level of a woman can also influence her acceptance and use of modern contraceptive methods.

A study conducted in Bangladesh on prevalence and determinants of contraceptive use among employed and unemployed women revealed that employed women with higher educational levels had a marked increased probability of contraceptive use compared to illiterates. A study done in Nigeria by Igbockwe (2014), reveals that women with higher (tertiary) education were four times more likely to use modern contraceptives compared to those with lower educational level attainment. In the same vein, women whose husbands have attained higher educational statuses were more likely to accept and approve the use of modern contraceptives methods. Wealth index and type of earnings of a woman determines her income status as well as her affordability and accessibility status in connection with modern contraceptives. Marital status of a woman can influence her acceptance and use of a modern contraceptive. Cultural factors, religion and source of information have all links to the beliefs of the women and have been identified to have an influence on choice and use of modern contraceptive methods.

A survey of 332 women, ages 15-49 years, was carried out in the Ga East district of Ghana to identify community knowledge, perceptions, and factors associated with ever

using modern family planning (FP) by R. Ayitey et al. Knowledge of modern FP was almost universal (97 percent) although knowledge of more than three methods was 56 percent. About 60 percent of all and 65 percent of married respondents reported ever use of a modern method. Among ever users, 82 percent thought contraceptives were effective for birth control. However, one-third did not consider modern FP safe. About 20 percent indicated their male partner as a barrier, and 65 percent of users reported at least one side effect. In a multivariate model that controlled for age, education, religion, and occupation, being married remained significantly associated (OR=2.14; p=0.01) with ever use of a modern contraceptive method. Interventions are needed to address service- and knowledge related barriers to use.

A cross-sectional study on contraceptive methods use was conducted among 314 women and 20 service providers in ten wards from ten health facilities in Kahama District, Shinyanga Region, Tanzania by Esabella Jobu Michae. Data were collected using structured and in-depth interview questionnaires. Information gathered included socio-demographic, socio – cultural characteristics, accessibility of contraceptive methods, current use and access to information. Thirty five percent of women in stable marital relations reported to be using contraceptive methods. Highest (58%) use of contraceptives was reported among women in formal employment. Factors found to be significantly associated with contraceptive use were: education level, occupation, traditional cultural beliefs, and support from husband/partners and access to information while religion, decision maker on desired number of children in the family were not found to be significantly associated with the use of contraceptive methods. Prevalence of contraceptive use among women in stable marital relations is 34.5% than that in the general population

of women with the age of 15 -49 years in Kahama district. Socio-demographic factors like education level and occupation were found to influence the use of contraceptive methods among women in stable marital relations.

Moreover, socio-cultural factors like religious beliefs and husband/partner support were also crucial in influencing the use of contraceptive methods. The study examined the awareness and utilization of family planning among married women in the traditional core areas of Ibadan, Oyo State. Data was collected through the administration of 136 copies of structure questionnaire to married women in five selected traditional core areas. Result showed that the utilization of family planning methods was low among married women in Opo Yiosa (9%) and Ayeye (11.2%), but high in Mapo, Oja Oba and Inalende with utilization rates of 31.5%, 29.2% and 19.1% respectively. Oral contraceptive pills, injectable contraceptives and IUCD were mostly used, while implant was not widely used. Fear of infertility, associated side effects and husband's influence were major barriers to women use of family planning measures. Logistic regression result showed that the socioeconomic characteristics of married women were responsible for 12.6 per cent of the use of family planning. The Wald criterion showed that monthly income of N10,000 – N20,000 ( $X^2 = 5.317, p0.05$ ). EXP (B) value further indicated that the monthly income (N10,000 – N20,000) of married women in the traditional core areas of Ibadan was 3 more times likely to predict the use of family planning. The study recommends the need to increase the campaign on the use of family planning methods in the traditional core areas of Ibadan mostly in Opo Yiosa and Ayeye where the level of utilization is still low.

A study was conducted to determine pattern of contraceptives use among female undergraduates in the University of Ibadan, Nigeria by Eniola. O. Cadmus. A descriptive

cross-sectional study was conducted among female undergraduates resident on campus using self-administered questionnaires. Overall, 425 female undergraduates between the ages of 15 and 30 years were interviewed. Only 28.7% of the respondents were sexually active and mean age at sexual debut was 19 years  $\pm$ 2.31 years. About 63.9% of the sexually active respondents had ever used some form of contraceptives mainly the condom and pills. Only (26.7%) of the sexually active respondents used a contraceptive at their last sexual encounter and contraceptive use was significantly higher.

A study conducted by John Elvis Hagan, to assess contraceptive knowledge, perceptions and use among adolescents in selected Senior High Schools in the Central Region of Ghana. A cross-sectional study was carried out in the Cosmopolitan city of Cape Coast of the Central Region of Ghana. Three mixed, one female and one male senior high school were conveniently identified for the study. A self-administered questionnaire was given to 350 students in the schools out of which 300 were retrieved and used, representing a response rate of 85.7%. The Statistical Package for the Social Sciences (SPSS) programed software (version 15.0) was used for data entry, and descriptive statistics tests were conducted for the items which were summarized by frequencies and percentages. Results 27 showed that almost 21% of 244 students with knowledge of contraception are users, 82% of sexually active respondents were non-users while condom is the most common contraceptive method used. Also, 60% and 30% of respondents obtained knowledge about contraception from the media (TV/Radio) and peers (friends) respectively. However, almost 32% of the study participants thought contraceptives are for only adult married persons. They believe that there is a need for aggressive advocacy and dissemination of information on Adolescent Reproductive Health (ARH) and family planning methods before initiation of sexual activity

among the adolescent population in Ghana. Moreover, the need for contraceptive use is generally high in societies where poverty, illiteracy, and gender inequality are high. In such societies, unintended and repeated pregnancies make it difficult for women to participate in economic development and self-development.

The study in Kenya revealed that, the use of the contraceptive methods varied in terms of demographic and socioeconomic factors of the woman and also the woman's perception in terms of the facility/provider factors such as quality, friendliness of staff and promotion. Various factors accounted for the low use of family planning services including use of contraceptive methods. This included partner's approval, quality of the services, friendliness of the staff administering the services and the woman's knowledge<sup>9</sup> about contraceptive methods. Other factors included the woman's income level, proximity to the provider and the religious background of the woman. In the empirical examination of the factors affecting modern contraceptive use, female education emerges as an important determinant of prevalence at the individual, regional, and national levels.

Urbanization and the proportion of Muslim are shown to affect schooling levels and thus contraceptive use. Polygyny, a proxy for aspects of the high fertility rationale, negatively affects contraceptive use at the regional level, providing support for the view that African socio organization continues to influence the demand for children. Contraceptive use has increased worldwide over the last decade. Yet, Africa—like many other regions of the developing world—continues to have a high unmet need for family planning approximately 25% of women and couples in sub-Saharan Africa who want to space or limit their births are not using any form of contraception more than half of the people in Africa are younger than 25 years old, so unmet need is only expected to increase as these individuals

enter their reproductive years. Overall, rate of contraceptive use is associated with wealth, education, ethnicity, place of residence, and strength of national family planning programs within countries.

## **2.6 Relevance of Literature Review to Current Study**

How previous literature will influence current work is analyzed here.

The above- mentioned studies are empirical researches conducted in different places around the world. There are some gaps between these studies and the current study of knowledge, attitude, and perception of contraceptive use. All the above mentioned studies were not conducted on the kayaye in Ghana. So there is Contextual gap that need to be fulfilled. Most of those related studies used secondary data in their researches. They have analyzed already existing data, and so there is a need for a study that relies largely on primary data.

The existing literature on this topic goes to prove just how important it is to the world, thus the need to keep researching on it so as to understand it better and find lasting solutions to all problems that may arise. In all this review of literature and related studies, a few things that run through all of them is that women who are poor and women with little to no level of education are the ones that are at the bottom of contraceptive users. Ironically the kayaye in Ghana are generally very poor and with little education but there have not been any research done on their knowledge, attitude and perception towards contraceptive use, this further cements the importance of continuing with this study as it will not only fill the gap left by other researchers but will also highlight the plight of the kayaye in Ghana

and possibly contribute in ending the cycle of poverty among that demographic in Ghana. The various literature have helped shaped me towards the best approach, methods and direction to go for best results. Looking at the research methods that previous scholars and academicians have used will influence my work greatly, it will help me avoid the mistakes they made in their work and also by following their recommendations a very suitable and progressive work will be achieved. This will go a long way to understand and help the kayaye who make up my target population.

### **3.0 CHAPTER THREE: METHODOLOGY**

#### **3.1 Introduction**

Few studies have been conducted among Kayayes in Ghana to examine contraceptive need, access and use and the obstacles to its use. Research on the reproductive health of the kayaye has received little attention from the academic community in Ghana. Documenting this information is greatly needed in order to improve family planning and reproductive health services for these young women. It is for this reason that we conducted this research to examine their knowledge, attitude and perception towards the use of contraceptives.

#### **3.2 The study area**

This study will be conducted in Accra the capital city of Ghana, West Africa. The Greater Accra Region is both the smallest and the most populated of Ghana's 16 administrative regions, with an estimated population of 4,010,054, which accounts for 16.3% of Ghana's total population as at 2010. This study was conducted at Mallam Atta market. Mallam Atta market is one of the major markets in the Accra Metropolis situated within Ayawaso Central Sub-Metro. It is owned and managed by the Accra Metropolitan Assembly. It serves a population of more than 1,800 people presently and it is expected to accommodate about 4,000 traders (beneficiaries). The market covers an area of about 11.88 acres. The facilities that can be found in the Market are: toilet, Clinic and a day care center but it has no lighting system and is also confronted with poor road network. As one of the biggest

markets in the country it also boasts of the largest number of kayayees, these young women and their children live and work in the market, they sleep in front of shops when the owners close for the day and use the makeshift facilities in the market for bathing and attending to nature's call.

### **3.3 Research design**

This was a descriptive cross-sectional study using qualitative research method. Qualitative Research is a form of interpretive inquiry in which researchers make an interpretation of what they see, hear, and understand. Their interpretations cannot be separated from their own backgrounds, history, contexts, and prior understandings.” (Creswell, 2009:176). “The ‘pull’ of quantitative research for researchers is that it tends to define its research problems in a way that makes immediate sense to practitioners and administrators.” (Silverman, 2007:86)

Due to the nature of targeted population in that they are mostly people with little to no form of education and the nature of the topic, a qualitative research is the right method to use so as to understand the respondents better and to further answer the research questions.

Interviews and focus group discussions will be used to gather data.

Some benefits of focus group discussions is that they offer an in-depth understanding of the participants. This enables researchers to uncover personal attitudes and beliefs that other market research methods can't replicate - which, in turn, means more insightful results. Additionally, because of the constant

interaction and rapport between respondents, focus groups also encourage better group discussions and increased interaction. Not only does this keep the participants interested and engaged, but it also enables them to really talk and debate, unlocking new insights that would otherwise remain undiscovered. This will be very beneficial looking at the fact that most of the kayaye girls are not very forthcoming when it comes to talking about personal issues.

Another benefit of focus groups is that they allow moderators to go with the flow and probe respondents for more in-depth answers when needed. This means moderators can ensure the discussion takes the necessary routes and delivers the best possible results by enabling them to probe deeper into specific topics to uncover hidden issues. Along the same lines, focus groups also allow moderators to keep an eye out for shy or disengaged respondents and nip any problems in the bud by encouraging all participants to come out of their shell, remain excited and engaged and get involved.

The qualitative interview can be seen as a conversation with a purpose, where the interviewer's aim is to obtain knowledge about the respondent's world." (Thorpe and Holt, 2008:118) The goal of any qualitative research interview is to see the research topic from the perspective of the interviewee and to understand how and why they came to have this particular perspective. (Cassell and Symon, 2004) Interviewing is the most popular method of conducting organisational research. The method has three important advantages. Firstly, interviewers allow the researcher to discover new relationships or situations not previously conceived. Secondly, interview based research may be optimal when there is a small

population of possible respondents as interviewers offer an opportunity to acquire a richness of information from each respondent. Finally, interviews may allow researchers to develop a deeper rapport with informants which is necessary to gain honest and accurate responses and to add insights that lay the groundwork for larger or follow-up studies. (Marschan-Piekkari and Welch, 2004) But the interviewing method also suffers from three disadvantages.

### **3.4 Limitations of the Chosen Method**

First of all, developing an interview guide, carrying out interviews and analyzing their transcripts, are all highly time-consuming activities for the researchers. Secondly, qualitative interviews are also tiring to carry out as they involve considerable concentration from the interviewer. With regards to focus groups, they aren't always the best option for qualitative market research. One of the main weaknesses of focus groups is that, as a qualitative methodology, they use a statistically small sample size population – which means the opinions expressed may not be representative of a population as a whole.

### **3.5 Population**

According to Polit & Hungler, “A population is the aggregate of cases that meet a designated set of criteria’s that the researcher introduces in the study.” In this study population consist of young women who engage in head portorage popularly known as kayaye in the Mallam Atta market, located in the greater Accra region of Ghana

### **3.6 Sample & Sample Size**

A subgroup of population is called sample. The sample is chosen to a population and is used to make generalization about the population. In this study, sample size is 20 kayaye women in the Mallam Atta market.

### **3.7 Sampling and sample methods**

Sampling technique. A multistage random sampling technique was used to select the study sample. So as to ensure that each respondent had a fair chance of being selected.

### **3.8 Data Collection Process**

The data were collected using structured questionnaire and in depth interview guide. The questionnaire was used to collect information on personal and socio- demographic factors. In-depth interview guide was used to collect information on the knowledge, attitude and perception towards the use of contraceptives. The questionnaire and research guide was originally in English but was translated into Twi, Hausa, Waala and Dagbani. These are the most common languages spoken by the kayaye and fortunately the researcher speaks all four local languages. Prior to data collection it was pretested to five kayaye women but in a different market also in the greater Accra region to assess appropriateness, content

clarity and comprehensiveness of the questions and time taken to answer the questionnaire. Pretest was conducted in the Nima market. The questionnaire and the in-depth interview guide were found to be suitable for the study. Its reliability was justified through the pilot study.

Respondents were given necessary instructions & consent was taken. All 20 respondents were taken through the questionnaire one after the other which was in a form of an interview, a structured one at that. And they were later divided into groups of five, four women in each group for the focus group discussion. Each group had 30minutes and in all we spent 2hours 30 minutes for the focus group discussion.

### **3.9 Data Analysis**

Interview questionnaires were analyzed manually. The issues that they spoke on were transcribed and documented Transcriptions. The responses from the kayaye was grouped into the themes and sub themes to allow for easy analysis. The frequent statements and narratives where then summarized and analyzed.

## CONCLUSION

There are several reasons why most young women do not use contraceptives in Ghana. Although the use of contraceptives has been identified as the key measure to help nations achieve the Sustainable Development Goal five (SDG-5) which aims at achieving gender equality and empowering all women and girls. The use of contraceptives also prevent unsafe abortions. The literature available on this topic suggests that, poverty, level of education and the fear of side effects account for the limited use of contraceptives. In the case of the Ghanaian kayaye it is not just one factor that account for them not using contraceptives but rather several factors combined. This can only be eliminated if their reasons are factored in researches, with the sole aim of understanding and identifying these factors.

The issue of the kayaye is one that needs the attention of the academic community and the government of this nation, new policies should be put in place to tackle the issue of the high mortality rate of the kayaye, and these policies cannot be formulated if there is no understanding of the area. That is what makes this study one of a kind as it is the first of its kind to target this marginalized group in the country. The findings of the study will go a long way in adding to the knowledge base of contraception use and family planning in the country.

Although there are several literature to be found on contraceptive use in Ghana, there is none that specifically targets the kayaye to examine their knowledge, attitude and perception towards the use of contraceptives, thus there

was the need for such a study in that it is greatly needed in order to improve family planning and reproductive health services for these young women.

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