Predictors of family planning usage among multiparous women in the Nkwanta-South Municipality of Ghana

Lucky Ekuwornu
University of Health and Allied Sciences

Johnpaul Amenu
University of Health and Allied Sciences

Livingstone Asem (lasem@st.ug.edu.gh)
University of Ghana

Research Article

Keywords: Family Planning, Multiparous women, Usage, Acceptance, Knowledge

Posted Date: January 25th, 2022

DOI: https://doi.org/10.21203/rs.3.rs-1254884/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License
Abstract

**Background:** Family planning use is one of the most cost-effective public health interventions; averting unplanned pregnancies, reducing maternal deaths, and helps individuals and couples to decide freely and responsibly when to have children. Despite these benefits, several research findings have reported low levels of family planning usage hence the need to determine factors influencing family planning usage among multiparous women in the Nkwanta South Municipality.

**Methods:** A descriptive cross-sectional study was done using a structured questionnaire to collect data from 328 selected multiparous women living in the Nkwanta south municipality. Data were analyzed using STATA 16. Descriptive statistics were performed to determine the levels of knowledge, acceptance, and family planning usage, while multivariate analysis was done to determine the factors influencing family planning usage.

**Results:** The findings of this study show that 318 (96.9%) of the multiparous women had already heard of family planning. Most of the respondents, 204 (62.6%) had good knowledge of family planning, however, a little above average 172 (52.4%) accepted family planning. The proportion currently using some form of family planning was 75 (22.9%), of which 31 (41.3%) were using Jadelle. Multiparous women with good knowledge of family planning were 4.5 (95% CI: 2.30-8.89) times more likely to use family planning compared to those with poor knowledge, while multiparous women with poor acceptance of family planning were 0.43 (95% CI: 0.25-0.75) times less likely to use family planning compared to those with good acceptance of family planning.

**Conclusions:** The result of the study shows low levels of knowledge, acceptance, and usage of family planning among multiparous women. Thus, there is a need to improve health promotion activities in the municipality to increase knowledge, acceptance, and usage of family planning among multiparous women.

**Background**

Increased birth rates have been identified by many people including community health workers and the staff at the Nkwanta South Municipal Health Directorate as one major health and social problem in the municipality, and most of these births are as a result of unintended pregnancies. High incidence of unintended pregnancies can be attributed to low usage of available family planning methods, resulting in unsafe abortions, pregnancy complications, and maternal deaths (1).

The districts’ total fertility rate is 4.0 whilst the general fertility rate is 121.4 births per 1000 women aged 15-49 years, and this is higher than the regional average. This means that on average, a woman in the Nkwanta South municipality would have four children in her lifetime. These women are referred to as being multiparous. The proportion of children below five years of age is 17%, and the population below 15 years (0-14) is 45%. This was higher than the proportion of children below 15 years for the then Volta region (36.3%) (2). These occurrences of the high number of births could be due to low usage of family
planning and could burden the country and obstruct the efforts of the Ghana Health Service and other
stakeholders in achieving the Sustainable Development Goal 3, which focuses on good health and
wellbeing.

Also, the inadequate availability of data on family planning in district health information management
system (DHIMS) from the municipality means that the prevalence and acceptor rates of family planning
usage could not be determined. There is also no information in DHIMS on the number of children family
planning users have. These situations cause a large number of multiparous women in the municipality
who are not using family planning and they keep giving birth more than they could cater for. The
inadequacy of data could limit the implementation of an intervention to increase family planning usage
(3), reported that the district still had very low use of modern family planning despite the efforts being
made to improve family planning usage in the country.

Additionally, a study conducted by (4) to determine the prevalence of contraceptive methods accessed by
person, place, and time in the Volta Region of Ghana, between 2009-2014 found that in 2016, Volta
Region was one of the two regions in Ghana that recorded a high prevalence of teenage pregnancy due to
the non-use of modern contraceptives, accounting for 15.5% of all adolescent pregnancies in the country.
They recommended research to ascertain factors influencing uptake of contraceptive use in all the
districts in the Volta region.

Based on the findings of the studies above, it has become necessary to conduct a study on the factors
influencing family planning usage among multiparous women in the Nkwanta south municipality of
Ghana.

**Methods**

**Study design and settings**

A cross sectional study was conducted in the Nkwanta south municipality in the Oti region in Ghana,
between August 2021 to November 2021. Nkwanta municipality was purposely selected because it was
among districts and municipalities with low family planning acceptors in the region (5).

**Study Population**

The sample for the study comprised selected multiparous women living in the Nkwanta South
municipality during the period of data collection.

**Inclusion and exclusion criteria**
The study included selected multiparous women who were residing in the Nkwanta-South municipality during the period of data collection and consented to participate in the study. On the other hand, multiparous women who were seriously sick, in their menopausal stage and require medical attention were excluded from the study.

**Sampling and sample size determination**

Using systematic probability sampling techniques, participants for this study were selected from all the six (6) sub-districts that make up the Nkwanta south municipality. This was to ensure that different population characteristics were captured representatively in the study. The sample size for this study was determined using the single proportion formula by (6), with 95% confidence level, precision of 5%, based on a 27% prevalence of family planning in Ghana among married women according to the (7). Adding an anticipated non-response rate of 5%, the calculated overall sample size was 328 multiparous women.

The existing six sub-districts in the municipality were marked as clusters (i.e., six clusters), and the study community within each cluster (sub-district) was chosen using a simple random sampling technique. Community entry and sampling of participants were done with the help of community health volunteers within each selected community. Secondly, deploying the systematic sampling technique; the households within each selected community were numbered, the first household selected at random and subsequent ones selected at a suitable interval, (1, 2, 3, ...), that corresponded to the number of households in that community. Participants in each selected household were chosen using a simple random sampling method. In all, 53 participants were selected from each sub-district, to get the required minimum sample size of 318 participants. However, an additional 10 were added, making a total of 328 participants.

**Data collection and quality management**

A structured questionnaire deployed on the Kobo collect tool kit was used to collect data from the study participants. The questionnaire was adapted based on the review of literature from previous studies. Two data collectors were recruited and trained by the principal investigator for 2 days on the various sections of the questionnaires and also on some ethical issues bothering the research. A simulation exercise was conducted among the data collectors. The questionnaire was pretested among 10 multiparous women before the actual data collection.

**Data analysis**
The collected data were extracted in Microsoft Excel 2016 and exported into STATA version 16.0 for cleaning and analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the data. Inferential statistics (logistic regression) were used to find the associations between demographic variables, level of knowledge, acceptance, and family planning usage. A test of probability value less than 5% was considered statistically significant at a 95% confidence interval. The logistic regression model was used to test the significance of associations. Findings were presented in tables, graphs, and charts.

Ethical approval and consent to participate

Ethical approval was obtained from the University of Health and Allied Sciences Research Ethics Committee (UHAS-REC A.9 [32] 20-21). Permission was also obtained from the Municipal Director of Health Services of the Nkwanta South Municipality and also from the chiefs of the study communities. The content or subject matter of this study was disclosed and explained to participants in the language they best understood and their consent obtained before commencement of the study. Participants who agreed to partake in the study were required to sign the informed consent form, while with regards to participants less than 18 years of age, permission was sought from their parents or guardians and they were required to sign the parental consent form while the participants signed the child assent form. There were no expected risks associated with this study. The researcher ensured that participants put on their nose masks and also kept a social distance of two (2) meters before and during the entire period of administration of the questionnaire. However, participants without nose masks were provided with one (1) disposable surgical nose mask before the commencement of the administration of the questionnaire.

Limitations of the study

The interpretation of the results of this study must be done with caution since not all the multiparous women in the municipality were used in the study. Recruitment of participants was done with the help of community health volunteers, and data collection was conducted by individuals recruited by the researcher. However, data collectors were adequately trained and simulation exercises were organized to enable them to understand the need, and how to collect data appropriately.

Results

Socio-demographic characteristics of multiparous women
Table 1 below depicts the socio-demographic characteristics of the respondents. Out of the 328 multiparous women surveyed, the mean age was 30.5. The majority, 155 (47.3%) were between the ages of 25 and 34; 268 (81.7%) were married; 256 (78.1%) were Christians and 298 (90.8%) were working. Almost half, 134 (40.9%) had no education; 133 (40.6%) were Guans and 139 (42.4%) of the multiparous women at the time of the survey had two children. More than half of the multiparous women, 180 (54.9%) had an average monthly income between GHC 100 and 499.

Table 1: Socio-demographic characteristics of multiparous women (n=328)
| Variable                        | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| **Mean age (S.D) [Years]**     |           |                |
| **Age**                        |           |                |
| 15-19                          | 18        | 5.5            |
| 20-24                          | 55        | 16.8           |
| 25-29                          | 75        | 22.9           |
| 30-34                          | 80        | 24.4           |
| 35-39                          | 56        | 17.1           |
| 40+                            | 44        | 13.4           |
| **Marital status**             |           |                |
| Never in union                 | 18        | 5.5            |
| Married                        | 268       | 81.7           |
| Divorced/Separated/Widow       | 19        | 5.8            |
| Cohabiting                     | 23        | 7.0            |
| **Religion**                   |           |                |
| Christianity                   | 256       | 78.1           |
| Islamic                        | 36        | 10.9           |
| African Traditional            | 18        | 5.5            |
| Others                         | 18        | 5.5            |
| **Occupation**                 |           |                |
| Not working                    | 30        | 9.2            |
| Working                        | 298       | 90.8           |
| **Education**                  |           |                |
| None                           | 134       | 40.9           |
| Primary                        | 59        | 17.9           |
| JHS                            | 105       | 32.0           |
| SHS and above                  | 30        | 9.2            |
| **Ethnicity**                  |           |                |
| Ewe                            | 36        | 10.9           |
| Guan                           | 133       | 40.6           |
Level of knowledge of multiparous women on family planning

Three hundred and eighteen (96.9%) had heard of family planning and out of this number 286 (89.9%) had heard of family planning for three or more years. Most of the multiparous women, 249 (78.3%) had ever heard of the Pill, 287 (90.2%) had heard of Depo-Provera or Norgynon, while 282 (88.7%) had heard of Jadelle. Of the 328 multiparous women surveyed, 204 (62.6%) had good knowledge of family planning. Most, 298 (93.7%) of the multiparous women had heard of family planning from a health worker as shown in the Table 2 below.

Table 2: Level of knowledge of Multiparous Women on Family Planning (n=328)

| Source/Income | Number | Percentage |
|---------------|--------|------------|
| Konkomba/Basare | 107 | 32.6 |
| Others        | 52    | 15.9 |
| None          | 46    | 14.0 |
| < 100         | 80    | 24.4 |
| 100 – 499     | 180   | 54.9 |
| 500+          | 22    | 6.7 |
| Number of children | | |
| Two           | 139   | 42.4 |
| Three         | 68    | 20.7 |
| Four          | 47    | 14.3 |
| Five or more  | 74    | 22.6 |
| Variable                                      | Frequency | Percentage (%) |
|----------------------------------------------|-----------|----------------|
| Heard of family planning before?             |           |                |
| Yes                                          | 318       | 96.9           |
| No                                           | 10        | 3.1            |
| Duration heard of family planning            |           |                |
| Less than 1 year                             | 7         | 2.2            |
| 1-2 years                                    | 25        | 7.9            |
| 3 or more years                              | 286       | 89.9           |
| If yes, which methods have you heard of before? |           |                |
| Withdrawal                                   |           |                |
| No                                           | 303       | 95.3           |
| Yes                                          | 15        | 4.7            |
| The pill                                     |           |                |
| No                                           | 69        | 21.7           |
| Yes                                          | 249       | 78.3           |
| Male condom                                  |           |                |
| No                                           | 200       | 62.9           |
| Yes                                          | 118       | 37.1           |
| Female condom                                |           |                |
| No                                           | 222       | 69.8           |
| Yes                                          | 96        | 30.2           |
| Emergency contraception                      |           |                |
| No                                           | 210       | 66.0           |
| Yes                                          | 108       | 34.0           |
| Tubal ligation                               |           |                |
| No                                           | 302       | 95.0           |
| Yes                                          | 16        | 5.0            |
| Vasectomy                                    |           |                |
| No                                           | 298       | 93.7           |
| Yes                                          | 20        | 6.3            |
| Method                          | No | Yes |
|--------------------------------|----|-----|
| **IUD**                        |    |     |
| No                             | 270| 84.9|
| Yes                            | 48 | 15.1|
| **Depo-Provera/Norigynon**     |    |     |
| No                             | 31 | 9.8 |
| Yes                            | 287| 90.2|
| **Jadelle**                    |    |     |
| No                             | 36 | 11.3|
| Yes                            | 282| 88.7|
| **Diaphragm**                  |    |     |
| No                             | 313| 98.4|
| Yes                            | 5  | 1.6 |
| **Form/jelly**                 |    |     |
| No                             | 308| 96.9|
| Yes                            | 10 | 3.1 |
| **Lactational amenorrhea method**|   |     |
| No                             | 307| 96.5|
| Yes                            | 11 | 3.5 |
| **Rhythm/calendar method**     |    |     |
| No                             | 290| 91.2|
| Yes                            | 28 | 8.8 |
| **Sources of information**     |    |     |
| Health worker                  | 298| 93.7|
| Media (TV, Radio & Newspaper)  | 78 | 24.5|
| Books and magazines            | 19 | 6   |
| Internet and social media      | 11 | 3.5 |
| Friends and relatives          | 100| 31.4|
| **Level of knowledge**         |    |     |
| Good knowledge                 | 204| 62.6|
| Poor knowledge                 | 124| 37.8|
Level of acceptance of family planning by multiparous women

The majority (99.4%) were not accepting family planning because family planning uses conflicts with their ethnic beliefs (56.4%) were not accepting family planning because of the fear of family planning side effects, while most (52.4%) were not accepting it because they want to have another child. The majority (52.4%) had poor acceptance of family planning, while almost half (47.6%) had good acceptance of family planning as shown in the table 3 below:

Table 3: Acceptance of family planning among multiparous women
| Variables                                           | Frequency | Percentage (%) |
|-----------------------------------------------------|-----------|----------------|
| **Bad attitude of health workers**                  |           |                |
| Disagree                                            | 315       | 96.0           |
| Agree                                               | 13        | 4.0            |
| **Health facilities providing FP are not friendly** |           |                |
| Disagree                                            | 321       | 97.9           |
| Agree                                               | 7         | 2.1            |
| **Stigmatization against FP contraceptive users**   |           |                |
| Disagree                                            | 312       | 95.1           |
| Agree                                               | 16        | 4.9            |
| **Disapproval or opposition from my husband**       |           |                |
| Disagree                                            | 261       | 79.6           |
| Agree                                               | 67        | 20.4           |
| **Fear of FP side effect**                          |           |                |
| Disagree                                            | 143       | 43.6           |
| Agree                                               | 185       | 56.4           |
| **The use of FP causes infertility**                |           |                |
| Disagree                                            | 267       | 81.4           |
| Agree                                               | 61        | 18.6           |
| **FP use conflicts with my religion**               |           |                |
| Disagree                                            | 310       | 94.5           |
| Agree                                               | 18        | 5.5            |
| **Inadequate knowledge on the effectiveness of FP** |           |                |
| Disagree                                            | 304       | 92.7           |
| Agree                                               | 24        | 7.3            |
| **Cost of FP service**                              |           |                |
| Disagree                                            | 311       | 94.8           |
| Agree                                               | 17        | 5.2            |
| **Non-availability of FP services**                 |           |                |
| Disagree                                            | 326       | 99.4           |
Factors associated with family planning usage among multiparous women

From table 4 below, socio-demographic characteristics were not associated with family planning usage. However, levels of knowledge and acceptance were associated with family planning usage. Adjusted logistic regression was conducted to determine the strength of association between factors influencing family planning usage (knowledge and acceptance) and their use. Multiparous women who had good knowledge of family planning were 4.5 times more likely to use family planning (AOR=4.5(95% CI: 2.30-8.89); p=<0.001) compared to those with poor knowledge, while multiparous women with poor acceptance of family planning were 0.43 times less likely to use family planning (AOR=0.43(95% CI: 0.25-0.75); p=0.003) compared to those with good acceptance of family planning.

Table 4: Factors influencing family planning usage among multiparous women
| Variable                 | Family Planning Practice | Chi-square | P-value | COR (95% ci), p-value | AOR (95% ci), p-value |
|-------------------------|--------------------------|------------|---------|-----------------------|-----------------------|
| **Sociodemographic information** |                          |            |         |                       |                       |
| **Age**                 |                          |            |         |                       |                       |
| 15-19                   | 17 (6.7)                 | 9.84       | 0.080   |                       |                       |
| 20-24                   | 42 (16.6)                |            |         |                       |                       |
| 25-29                   | 50 (19.8)                |            |         |                       |                       |
| 30-34                   | 61 (24.1)                |            |         |                       |                       |
| 35-39                   | 45 (17.8)                |            |         |                       |                       |
| 40+                     | 38 (15.0)                |            |         |                       |                       |
| **Marital status**      |                          | 8.89       | 0.064   |                       |                       |
| Never in union          | 18 (7.1)                 |            |         |                       |                       |
| Married                 | 202 (79.8)               |            |         |                       |                       |
| Divorced/Separate/widow | 17 (6.7)                 |            |         |                       |                       |
| Cohabiting              | 16 (6.3)                 |            |         |                       |                       |
| **Religion**            |                          | 6.12       | 0.106   |                       |                       |
| Christianity            | 196 (77.5)               |            |         |                       |                       |
| Islamic                 | 26 (10.3)                |            |         |                       |                       |
| African Traditional     | 13 (5.1)                 |            |         |                       |                       |
| Others                  | 18 (7.1)                 |            |         |                       |                       |
| Occupation     |       |       |
|----------------|-------|-------|
| Not working    | 22 (8.7) | 8 (10.7) |
| Working        | 231 (91.3) | 67 (89.3) |

| Education      |       |       |
|----------------|-------|-------|
| None           | 109 (43.1) | 25 (33.3) |
| Primary        | 44 (17.4) | 15 (20.0) |
| JHS            | 79 (31.2) | 26 (34.7) |
| SHS and above  | 21 (8.3) | 9 (12.0) |

| Ethnicity      |       |       |
|----------------|-------|-------|
| Ewe            | 26 (10.3) | 10 (13.3) |
| Guan           | 99 (39.1) | 34 (45.3) |
| Konkomba/ Basare | 90 (35.6) | 17 (22.7) |
| Others         | 38 (15.0) | 14 (18.7) |

| Income         |       |       |
|----------------|-------|-------|
| None           | 37 (14.6) | 9 (12.0) |
| < 100          | 65 (25.7) | 15 (20.0) |
| 100 – 499      | 136 (53.8) | 44 (58.7) |
| 500+           | 15 (3.9) | 7 (9.3) |

| Number of children |       |       |
|--------------------|-------|-------|
| Two                | 104 (41.1) | 35 (46.7) |
| Three              | 52 (20.6) | 16 (21.3) |
| Four               | 34 (13.4) | 13 (17.3) |
| Five or more       | 63 (24.9) |       |
Discussion

Level of Knowledge of family planning

In this current study, 96.9% of multiparous women had ever heard of family planning. This is similar to what was reported in LEKMA in Ghana where 98% of multiparous have heard of family planning (1). Reasons for the high number of multiparous women who had ever heard about family planning could be due to the education and sensitization campaigns on family planning across various platforms in the Nkwanta South municipality and the country. This recent finding is also similar to those of other countries, 96% in Mbouda District, Cameroon (8), and 88.9% in Tripura, India (9). The similarity could also be due to the availability of community health workers in the various communities, as most of the multiparous women surveyed heard about family planning from a health worker and also because of information from the media, friends, and relatives.

Also, from the current study, the average knowledge level among multiparous women was 62.6%. This is higher as compared with other studies from, 44% in Nigeria (10) and 40% to 45% in Lahore, Pakistan (11). This could be due to the difference in socio-demographic characteristics.

Level of acceptance of family planning
In this current study, the level of acceptance of family planning among multiparous women was 47.6%. This finding is lower compared to those of other countries reported by (12) (82.2%) in Ethiopia and (13) (62%) in Kenya. The difference in the level of acceptance of family planning between this study and that of the findings from other countries could be linked to several reasons for which women use family planning or factors that influence their acceptance of family planning, which includes, fear of family planning side effects, wanting to have another child, family planning use conflicts with their ethnicity, disapproval or opposition from husbands on family planning practice and the perception that the use of family planning causes infertility (Table 4.3). The difference could also be because the majority of the multiparous women (52.4%) surveyed in this study who had poor acceptance of family planning may be influenced by other confounding factors. The poor acceptance of family planning among multiparous women in this study because of the disapproval or opposition from their husbands was 20.4%. This is lower than what was reported in Ho West, Ghana (64.2%) by (14). The difference could be due to differences in healthcare services and socio-demographic characteristics of the locations of these two studies.

Factors influencing family planning usage

There was no association between socio-demographic characteristics of participants and family planning usage in this study. This is contrary to the finding of (3) in which some socio-demographic characteristics such as level of education and ethnicity were associated with family planning usage.

Knowledge and acceptance were factors influencing family planning usage in this current study. Multiparous women who had good knowledge of family planning were 4.5 times more likely to use family planning compared to those with poor knowledge. This is similar to the findings of other countries; (8) found lack of knowledge to be a reason precluding women from using family planning in Cameroon, while (13) similarly found knowledge to be a significant predictor to use family planning methods. The reason why knowledge is influencing the usage of family planning could be because, when women know about the various methods available, they may be more likely to use the methods which they prefer. Also, multiparous women with poor acceptance of family planning were 0.43 times less likely to use family planning compared to those with good acceptance of family planning. This could be due to several factors such as spousal approval, which influence family planning usage.

Conclusions

Variables capable of measuring the levels of knowledge, acceptance, and family planning usage were selected. The average of knowledge and acceptance was computed giving a score of 62.2% for good knowledge and 47.6% for a good acceptance. This shows an above-average level of knowledge and a below-average level of acceptance. The level of current family planning usage was 22.9%, which was
determined using the number of multiparous women who cited that they were currently using some form of family planning. The findings of this current study revealed that the current usage of family planning among multiparous women was low.

A Chi-square test was done to determine the factors associated with family planning usage. However, the results show that only the enabling and need factors (knowledge and acceptance) were associated with family planning usage. The logistic regression model was then used to determine the strength of associations. The model shows that multiparous women who had good knowledge of family planning were 4.5 times more likely to use some form of family planning. Also, multiparous women with poor acceptance of family planning were 0.43 times less likely to use family planning.

The findings of this study necessitate the implementation of health promotion interventions to increase family planning usage among multiparous women in the Nkwanta South Municipality of Ghana. Concentrating on increasing knowledge of multiparous women on family planning and addressing the factors that influence acceptance such as the fear of side effects of family planning, and confliction between ethnicity and family planning usage.

**Declarations**

**Ethics approval and consent to participate**

Ethical clearance for the study was obtained from the University of Health and Allied Science Ethical Review Committee (UHAS-ERC) with number ([UHAS-REC A.9](#) 20-21). Permission was sought from the MHD through an introductory letter.

**Consent for publication**

Not applicable

**Availability of data and material**

Available upon request

**Competing interests**

The authors declare that they have no competing interests
Funding

None

Authors’ contributions

LE and LA both conceived the study. LE collected and analyzed the data. Both LE and LA wrote and approved the final manuscript.

Acknowledgement

We give gratitude to the people of Nkwanta South and all the health facilities involved for assisting us conduct the study successfully.

Abbreviations

FP: Family Planning, MW: Multiparous women

References

1. Beson P, Appiah R, Adomah-Afari A. Modern contraceptive use among reproductive-aged women in Ghana: Prevalence, predictors, and policy implications. BMC Womens Health [Internet]. 2018;18(1):1–8. Available from: https://doi.org/10.1186/s12905-018-0649-2

2. Ghana Statistical Service. 2010 population and housing census. Ghana Statistical Service; 2010.

3. Eliason S, Awoonor-Williams JK, Eliason C, Novignon J, Nonvignon J, Aikins M. Determinants of modern family planning use among women of reproductive age in the Nkwanta district of Ghana: A case-control study. Reprod Health [Internet]. 2014;11(1):1–10. Available from: https://doi.org/10.1186/1742-4755-11-65

4. Wilson HW, Ameme DK, Ilesanmi OS. Contraceptive Methods Accessed in Volta Region. Ghana. 2017;2017:2009–14.

5. Nkwanta South Municipal Health Directorate. Nkwanta South Municipality Profile. 2020.

6. Cochran WG. Sampling techniques. 3rd ed. New York: John Wiley & Sons; 1977.

7. Ghana Statistical Service (GSS), Ghana Health Service (GHS) II. Ghana demographic and health survey 2014. Rockville, Maryland: GSS, GHS, and ICF International; 2015.
8. Nansseu JRN, Nchinda EC, Katte JC, Nchagnouot FM, Nguetsa GD. Assessing the knowledge, attitude and practice of family planning among women living in the Mbouda health district, Cameroon. Reprod Health. 2015;12(1):1–7.

9. Bhattacharjya H, Reang T. Family planning: its practice and determinants among eligible couples in an urban slum of Tripura. Int J Res Med Sci. 2014;2(1):75.

10. Omishakin MYJ. Women’s Health & Gynecology Knowledge, Attitude and Practice of Family Planning among Healthcare Providers in Two Selected Health Centres in Osogbo Local Government, Osun State. Womens Heal Gynecol. 2015;1(2):2–5.

11. Sajid A, Malik S. Knowledge, Attitude and Practice of Contraception Among Multiparous Women at Lady Aitchison Hospital, Lahore. Annals. 2010;16(4):2008–11.

12. Gizaw A, Regassa N. Family planning service utilization in Mojo town, Ethiopia: A population based study. J Geogr Reg Plan. 2011;4(6):355–63.

13. Malalu PK. Determinants of Use of Modern Family Planning Methods: A Case of Baringo North District, Kenya. Sci J Public Heal. 2014;2(5):424.

14. Afriyie P, Tarkang EE. Factors influencing use of modern contraception among married women in ho west district, Ghana: descriptive cross-sectional study. Pan Afr Med J [Internet]. 2019;(33):1–11. Available from: https://doi.org/10.11604/pamj.2019.33.15.17500

15. Nazri Shafei M, Shaharudin Shah M. Knowledge and Attitude towards Family Planning Practice and Prevalence of Short Birth Spacing Among Residents of Suburban Area in Terengganu, Malaysia. J Community Med Health Educ. 2012;02(09).

Figures
Figure 1

Level of acceptance of family planning among multiparous women