Social Determinants of Modern Contraceptive Use among Migrant Female Head Porters (Kayayees) in Asokore - Mampong Municipality of Ashanti region, Ghana

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Abstract:
This study was conducted to find out the knowledge of Kayayee's (female migrant head porters) on modern contraceptives and socio-cultural factors that influence the use or non-use of contraceptives. Data was gathered mainly through in-depth interviews. In all, 25 female head porters between the ages of 18 and 35 years were interviewed. The study found that majority of the head porters knew at least three types of contraceptives including the pill, the injectable and the implants. However, this does not translate into use due to fear of side effects, myths about contraceptives, husband/partner disapproval, social stigma, traditional values and religious beliefs. The study therefore recommends that health workers need to intensify public education on contraceptive use to control population growth and prevent sexually transmitted disease infections among the female head porters and Ghanaians in general.

Keywords: Contraceptives, head porters, Kayayee, determinants, migrant, asokore-mampong

1. Background
While global population growth has slowed, the world population is currently 7.6 billion and is expected to reach 8.6 billion in 2030, 9.8 billion in 2050 and 11.2 billion in 2100, with roughly 83 million people being added to the world's population every year. Even though fertility levels continue to decline, the upward trend in population size is still expected to continue [1]. In 2015, 12 percent of married or in-union women worldwide were estimated to have an unmet need for family planning; that is, they wanted to stop or delay childbearing but were not using any method of contraception. The level was much higher in the least developed countries with 22 percent [2]. Similarly, Africa continues to experience high rates of population growth. Between 2017 and 2050, the populations of 26 African countries are projected to expand to at least double their current size [1]. However, in spite of the wide range of effective contraceptive options available to women and the enormous benefits of contraceptive use, the acceptor rate still remains low with unplanned pregnancies continuing to occur in large numbers even in advanced countries [3].

A study conducted by Hameed, [4] estimated that maternal deaths are 1.8 times higher in women without contraceptive use. In Sub-Saharan Africa (SSA), the use of modern contraceptives continues to remain low and this has contributed to the high rates of unwanted pregnancies, unsafe abortions and maternal mortalities and high transmission rates of sexually transmitted diseases of which Ghana is no exception [3]. Evidence continue to show that if couples can space out their pregnancies at least by two years apart through the use of various modern contraceptive methods in planning their families, about 35% of maternal deaths and 13% of child mortalities can be prevented whilst 25% of under-five mortalities could be prevented if birth intervals were at least three years [5].

In 2014, according to the Ghana Health Service Annual Report, contraception acceptor rate increased to 29.1% which was 24.7% as at 2013 which is still not encouraging. The Northern region reports the lowest level of contraceptive use (19 percent) as at 2014. This clearly shows that the use of modern contraceptives by women in the reproductive age including the 'Kayayees’ is still low in Ghana especially in the Northern part of Ghana where most of the ‘Kayayees’ do come from [6].

The ‘Kayayees’ as they are popularly known in most parts of Ghana, are migrant female head porters from the then three savanna regions of Ghana including Upper East, Upper West and Northern regions. Due to the high poverty and unemployment rates in three regions, the head porters who are mostly females have moved to southern part of Ghana to carry people’s loads in the markets and lorry parks for a fee. It is worth mentioning that the majority of the Kayayees are adolescents who have no homes in the big cities they ply their trade, and rather live on streets and in obscure corners, without parental care or family control.
It is in view of these migratory vulnerabilities of the Kayayees (who are mostly between the ages of 15-25 years) that this study sought to find out whether they use modern contraceptives to manage the risks of unwanted pregnancies which in many cases leads to unsafe abortion or they do not use modern contraceptives. Further, the study wanted to assess the factors which influence the use of the modern contraceptives if some of the Kayayees use contraceptives at all.

The theory that underpins this study is the Health Belief Model (HBM). The health belief model was first developed in 1950 by social psychologists [7] at the United States Public Health Service. The model helps to explain and predict different health behaviors including the use of modern contraceptives to prevent unwanted pregnancies. It does so by focusing on the attitudes and beliefs that a person might have about different health-related behaviors or actions.

Similarly, for most women, the decision to use modern contraceptives to prevent unwanted pregnancy, delay pregnancy, child spacing or not to use contraceptives is influenced by certain beliefs they hold about contraceptives as would be seen later in the article.

2. Methods

2.1. Study Population and Sampling Procedure

The study area was the Asokore-Mampong Municipality in the Ashanti Region of Ghana. It has a population of 363,692 including the migrant female head porters [8]. Due to the mobility of these migrant female head porters and where they live, it is difficult to know their total number but it can be estimated that about 5,000 migrant female head porters live within the municipality.

Purposive sampling was employed for the selection of the respondents. Specifically, those who were selected for interviews were those who could speak Twi (the local language), were willing to talk the researchers and also had been in the ‘Kayayee’ business for at least six months. In addition, the respondents between the ages of 18 years and 35 years, either married or unmarried or had children or not were all part of the inclusion criteria. In all, twenty-five (25) female head porters participated in the study.

2.2. Data Collection Methods

Data was collected through the use of in-depth interviews. Unstructured interview guide was used to collect the data. Interviews allow for flexibility, better focus, and the possibility of rich, detail and in-depth information [9]. It can also be used to explore interesting areas for further investigation. This type of interview involves asking informants open-ended questions, and probing wherever necessary to obtain data deemed useful by the researcher [10].

2.3. Data Management and Analysis

The in-depth interviews were audio taped using a digital audio-recorder. The researchers crosschecked all the data received for completeness and accuracy on a daily basis. The data was transcribed verbatim and translated from Twi language into English by the researchers. These transcripts were used for detailed analysis. Using the thematic analysis approach, the researchers read and reread all of the transcripts several times to be familiar with the data and to identify predetermined and emerging themes from the data. Manual analysis technique was employed for the data analysis which was in line with the study objectives.

2.4. Ethical Considerations

The researchers respected the informants' rights to confidentiality, anonymity and privacy and to withdraw from the study at any time. Confidentiality and anonymity were assured by ensuring that the data obtained were used in such a way that no one other than the researchers knew the source. This means that the names of the informants were not used to identify the data. According to [11], a promise of confidentiality to informants is a guarantee that any information the informants provide were not publicly reported or made accessible to parties other than those involved in the research. To ensure confidentiality and anonymity, the informants were only identified numerically. Again, the research participants were given permission to withdraw from participating in the study if they so wished without being prejudiced.

3. Results

3.1. Knowledge on Modern Contraceptives

Knowledge on contraceptives is considered as one of the essential factors associated with effective use of the methods. In order to make choices about family planning, individuals need to have adequate information about the available methods of contraceptives.

From the study, most of the migrant female head porters knew about family planning especially modern contraceptives. Majority of the respondents could explain what family planning means and describe some of the types of modern contraceptives. The following are some of their views:

Family planning use is for protection that is to space out your children to have some strength.’ (Respondent 2)

When you realize having plenty children would be a problem in terms of caring for them, having sexual intercourse with your husband while you want to avoid pregnancy, you can resort to contraceptives.’ (Respondent 3)

Improving reproductive health by use of modern contraceptive methods has a positive impact on women’s overall health and quality of life. To have this beneficial effect, appropriate source of information on modern contraceptives is very important. This is because inappropriate source of information (for instance information from friends and relatives who
are not health professionals) can affect the kind of message users and non-users receive which can lead to non-use or unsatisfactory usage of contraceptives.

Most of the respondents who are already having children said they do get their information on family planning during antenatal care in hospitals. Others also said that they do get their information from friends and relatives who have once practiced one of the family planning methods. A few respondents also reported that their source of information is through the television and radio and sometimes announcement through public vans.

3.2. Types of Modern Contraceptive Known

Respondents were familiar with different family planning methods, especially modern contraceptives. The most commonly cited methods by the migrant female head porters were the pills, implants and the injectable.

One of the interviewees stated:

“There is a type you insert it on your hand like the injection. They have another one which is the same as injection and the type you will swallow. Each has got its’ own function’ (Respondent 3).

It is important to mention that indifferent approaches to family planning or birth spacing still strongly prevail among migrant female head porters in Asokore-Mampong Municipality. Most of them have their own way of spacing out their children which had no scientific basis. Therefore, they seemed resistant to accept the use of modern contraceptives and were not in favor of family planning.

One of the participants stated:

‘I do take a lot of Nescafe if I want to sleep with my husband and I do not want any pregnancy. It has really helped me for the past 2 years’” (Respondent 10)

Respondent 15 also added:

‘The moment the man ejaculates; I will quickly get up and use hot water to cleanse my vagina to neutralize all the sperms’

3.3. Current Contraceptive Use

Many of the migrant female head porters in the study area were not using any family planning method mainly because they wanted more children, had negative perceptions about family planning, or had concerns about side-effects of contraceptives.

One of the respondents stated:

‘I will not do family planning because I do not want to be barren’ (Respondent 19)

The fear and misconceptions among the head porters appear to be linked to undesirable outcomes in the use of contraceptives by previous users. One is related to the inability to fulfill the reproductive role, such as begetting a child or delays in return to fertility when contraceptives are stopped.

In contrast to this position, there were only few respondents who used modern methods of family planning as these ensured better health of the mother and child. For instance, a study participant opined:

‘I wanted to protect myself. The economy is bad and money is not in the system so if you do not reduce the number of children you only over burden yourself so I needed to protect myself’ (Respondent 1)

Besides these, majority of the female head porters have their own natural way of spacing out their children. Some of them reported that, their husbands or partners are in the northern part of Ghana and they are in the southern part to find greener pastures. Therefore, when they want to conceive, they go to their husbands or partners and do not come back to the southern Ghana until they give birth and the child grows to a certain age though they were not specific about the age.

3.4. Preferred Modern Contraceptive

In this study, women who were using modern contraceptives at the time of data collection were asked to state the methods that they were using and why they were using those methods. In response, some of the women explained that they were using more than one method at the same time. Most of the study participants preferred the injectable because they see it as ‘safer’ than the other methods. In an interview with one respondent, she stated:

‘I use the injection because my husband will not allow me to take the pill. I already have a lot of children so I think the injection is safer because my husband will not see that am practicing family planning’ (Respondent 3)

3.5. Perceptions on Safety/Effectiveness of Contraceptive Methods

Family planning helps to save women and children’s lives, preserves their health by preventing unwanted pregnancies. It helps in reducing women’s exposure to the health risks of childbirth and abortion. Also, family planning gives women, who are often the sole caregivers, more time to care for their children and themselves [11]. This was evident in the present study where most of the respondents explained that family planning is essential for the health of a mother, child and welfare of the family. In an interview, a respondent pointed out:

‘The nurses indicated that I will be strong, no adverse effect and lastly for people who are married like me for instance, my husband will always find me attractive’ (Respondent 6)

Conversely, few of the respondents also perceived that most of the contraceptive methods do not help especially if a woman has a special health problem like Asthma.
3.6. Socio-cultural Factors That Influence Modern Contraceptive Use

Human reproduction is viewed in most of rural Africa as a natural process that should not be interfered with artificially. Traditional values still play a major role in contraceptive uptake and adherence, specifically among the female head porters in Asokore-Mampong Municipality. The traditional belief that contraceptive use is synonymous to abortion emerged as a drawback to contraceptive acceptance. In an interview with the respondents, some of them said the following:

‘If you do family planning, it is like doing abortion’ (Respondent 22)
‘Why do you have to suppress the children God gave you, it is just like aborting a baby’ (Respondent 24)

Associating the use of contraceptives to a promiscuous lifestyle also emerged as a major theme among the female head porters. The general belief is that married women who want to engage in extramarital affairs employ contraceptives as a strategy to prevent unplanned pregnancies. In an interview with a respondent, she explained that:

’Some of us engage in promiscuous behaviour and that results in pregnancy which some of them abort whiles others also go for family planning to protect themselves’ (Respondent 5)

With this perception, most of the migrant female head porters resist using modern contraceptives especially the married ones since it is seen as paving way for them to engage in extra-marital affairs and not to become pregnant.

Most countries in the world, particularly developing nations, still have male-dominated cultures. For example, in Sub-Saharan Africa, ancestral customs give men rights over women's procreative power. In such situations, husband’s approval may often be a precondition for a woman to use family planning [12]. This was evident in the research where most of the migrant female head porters in the study area reported that they were not using modern contraceptive as a result of husband disapproval or sometimes in-law disapproval. In an interview with one of the respondents, she stated:

‘Your husband has paid the bride price to ask for your hand in marriage so if he gets to know that you have subscribed to family planning to delay conception, he can divorce you. He wants you to conceive as many children as he wants’ (Respondent 6)

The female head porters were mostly Muslims and they explained that Islamic teachings do not forbid a woman to use contraceptives because Allah has commanded Muslims to take good care of the children that they give birth to and as such their leaders encourage them to limit the number of children they give birth to. The following is a response of a respondent who thinks that the Quran does not forbid family planning:

‘The discretion is yours to decide which ever method you want to use to control your birth. Even the Quran preaches that if you have plenty children and you are unable to take proper care of them you will be punished by God. You should give the children good education and other care. Multiplying without taking good care of them is bad. You brought them to this world so you have to care for them.’ (Respondent 1)

On the other hand, few of the head porters also reported that Islam forbids a woman to use modern contraceptives.

Religion is considered as one of the socio-cultural dimensions that has important influence on attitudes towards the uptake of contraceptive methods. Though fundamentalist Muslims maintain that all forms of contraception violate God’s law and intentions [13], most of the migrant female head porters argued that Islam is not against family planning but rather abortion.

It is important to note that the majority of the 'Kayayees' in Asokore-Mampong Municipality do not practice family planning owing to various social stigmas. Social pressure to bear more children is identified as a barrier towards family planning as parents with more children are seen with more respect.

4. Discussion

It is expected that the more people know about modern contraceptives, it is more likely they will use them. Unfortunately, most of the migrant female head porters in Asokore-Mampong Municipality explained that they knew about family planning but were not willing to use these modern contraceptives. The findings support a study conducted by [14], in the Kwabre District of Ashanti Region-Ghana that most of the women had high level of knowledge about contraceptive but this did not translate into the use of modern contraceptives. That is, knowledge about a product such as contraceptives or family planning services does not necessarily translate into use. It follows that in as much as the Kayayees have knowledge about contraceptives yet majority do not use any contraceptive to prevent unwanted pregnancies, delay child birth or space up child birth.

The level of awareness on a range of contraceptive methods provides a rough measure of the availability of family planning information in the country. However, in the case of the respondents for this study, their source of information which leads to awareness about contraceptives and their possible use is not credible. For instance, in countries where people have more exposure to family planning messages on radio and television, people are aware of more methods [15]. This implies that when people have access to right information about family planning, it is likely to increase their motivation to use contraceptives.

Though there is no scientific evidence linking the use of contraceptive to infertility, yet this is a widely held perception that emerged. In most parts of Africa including Ghana, women generally believe that contraceptive use is inappropriate for people who had not given birth, and that their use could lead to permanent childlessness due to loss of fecundity [16] as also opined by some of the Kayayees in this study.

This is problematic given the high value that is placed on children in the community, and even more pronounced in northern Ghana where a man’s wealth is customarily measured by the number of biological children he has [17]. These, entwined with severe social consequences of emotional strain in a relationship, fear of abandonment, and general
community stigma, fuel misconceptions creating an uncertain environment for future users. This is in support of a study conducted by [18] which found out that attitude toward family planning depend on the safety and the feeling about specific contraception methods. Positive attitudes towards family planning encourage the use of it and vice versa.

Therefore, from the present study where few of the migrant female head porters who were using any form of modern contraceptive acknowledged that family planning has helped them in terms of child spacing and has also given them more time to work as porters which increase their daily income. Again, they recognized that, the utilization of contraceptive has delayed their child bearing which has helped them to provide the basic needs for their living children.

The common natural family planning method known are the Lactational Amenorrhea Method (LAM), the Rhythm method and periodic abstinence (the use of calendar) but from the study it was found out that one of the natural ways the study participants used in spacing out their children is their distant marriage where most women stayed faithful when their husbands are not around. This is very common among couples who work in different locations (for example different regions) where a prolonged absence of the wife or husband from the marital home helps the couples to either delay or space up child birth.

Another issue that the migrant female head porters raised about their preference for the injectable has to do with its secrecy. According to them, their husband and even their in-laws will not allow them to practice family planning so the injectable best suit their situation because it can be used in secret without the knowledge of their husbands and in laws being knowledgeable about it. The findings of this study support a research conducted by [19] which found out that in Sub-Saharan Africa, injectable are the most popular contraceptive method chosen by more than one out of every three women using modern contraception.

The World Health Organization has acknowledged the priority need for family planning that enables couples to implement preferences to space or limit childbearing. Yet research in many settings has demonstrated that couples often eschew family planning out of concern for its detrimental effects. For instance, [12] in a study in Rwanda observed that women tend to stop using family planning methods when they experience side effects.

One of the barriers to contraceptive use is myths and misconceptions about modern methods, such as exaggerated or incorrect reports about side effects, misunderstandings about short- or long-term health problems and negative stereotypes about persons who practice family planning. Young people seem to worry about the impact of side effects and fear that the side effects are permanent. The fear comes from their own and their peers' experiences, and misinformation given to them by parents/elders to discourage them from using contraceptives.

Husband disapproval is one of the factors that lead to the non-use of modern contraceptives especially among the people from northern Ghana where most of the migrant female head porters do come from. The cultural importance of having adequate numbers of surviving children, sons and daughters, and, above all, of avoiding being childless still prevail among men especially those from the northern region [12]. Again, manliness is mainly judged by the number of children fathered by a man who was mostly reported by the migrant female head porters in this study and therefore their husbands will not allow them to use modern contraceptives.

Regarding religion and contraceptive use, though many studies have argued on Islamic religion against the use of modern contraceptive by women, there is a mixed picture from the present study due to societal changes and as such whether a Muslim girl will use contraception or not is still subjective. The results of this research is in support of a study conducted in Ghana by [20] and [21] which shown that religious affiliations do not affect family planning and that the differentials that occur across religious groups are as a result of the differences in the socio-economic and demographic characteristics within the groups. In this regard, whether Islam forbids family planning or not, the decision to use or not to use is the decision of the woman concerned.

Social stigma, fear and embarrassment were identified as some of the influencing factor for the migrant female head porters not to use contraceptives. In Ghanaian societies, sexual life is seen as something that is secret and as such if someone should find out that one is using these modern contraceptive to space out children or to avoid unintended pregnancy, it is seen as embarrassing and society has a way of looking at the person especially if she is married. Community members and opinion leaders do not accept the use of contraceptive and this has been one of the reasons why most of the migrant female head porters in Asokore-Mampong Municipality do not engage in any of the family planning methods.

5. Conclusion

From the study findings, migrant female head porters popularly known as Kayayee in Ghana in the study area showed that they knew about modern contraceptives. They also acknowledge the fact that contraceptive use is essential for the health of a mother, child and welfare of the family. Despite their knowledge and the benefits of family planning which they testify, most of the head porters were not ready to use contraceptives for various reasons as explained above. It is critical that providers and women have access to accurate information on side effects of contraception so that they are not rejected for invalid reasons.

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