Contraceptive Use Among ‘at-risk’ Women in Kumasi Metropolis, Ghana

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Introduction

- Engaging in risky sexual behaviour is known to result in
  - unintended pregnancies
  - increased acquisition of sexually transmitted infections (STIs).
- Several studies in Ghana, including national surveys (DHS) have looked at patterns of contraceptive use among the general population.
- None has considered women at increased risk of acquiring unintended pregnancies and sexually transmitted infections (STIs)
Risky sexual behaviour

- unprotected sex with a non-partner
- multiple sexual partners
- high-risk sexual partners
- exchanging sex for monies/favours
- use of alcohol and other social drugs
- unprotected mouth-to-genital sex
Purpose of study

- This study set out to find out the contraceptive use among women engaged in risky sexual behaviour in the Kumasi metropolis of Ghana.
- Kumasi is 2nd largest city in Ghana.
- Has a population of 1,430,241 which is one-third of the regional total.
- Study period: April-Nov 2006.
Brief on Ghana
Methodology

- Ethical clearance obtained from CHRPE of KNUST/KATH
- The city was zoned into 5 areas based on a previous work that identified high transmission areas (HTA)
- Women considered to be at high risk identified and recruited by trained field workers (15 in all)
- They included sex workers, apprentice hairdressers & seamstresses and young females in student hostels
- Counselling and administered a questionnaire after consenting to be part of study

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Inclusion criteria included

- age: 18 to 35 years (inclusive)
- vaginal sex of at least 3 times per week
- at least 2 sexual partners in the previous 3 months
- willingness to be part of study
Answers to the following questions were obtained.

- basic demographic data, including age, marital status, educational level and occupation
- number of sexual partners in the previous 3 months
- number of vaginal sex in the previous week
- type of contraceptive use, if any
- any previous diagnosed STI
1350 women were recruited
207 declined further questioning during interview
73 had incomplete data entry and were therefore excluded from the final analysis
Results as presented are for 1070 of the participants.
Results - Basic demography

- Mean age was 22.7 years (SD: 3.6)
- 89.9% of the participants were single whilst 9.5% co-habited with a partner.
- 0.6% said they were married.
- 71% had had education through the junior secondary (JSS), whilst 29% had at least a senior secondary education.
• 68.3% were either apprentices or into petty trading
• 257 participants (24%) had ever been diagnosed as having had an STI
• Almost 12.0% of them had had anal sex in the past, whilst 42.3% had had oral sex.
• Mean number of sex partners in previous 3 months was 3.72 (SD 2.99)
• Age group 21-25 had highest number of 3-5 new sex partners in previous 3 months
• Mean vaginal sex in past week was 11.1 (SD 7.44)
Contraceptive use

- Awareness was 96.4%
- Usage was 53.7%
- Both use and non-use highest among age 21-25 (26.0% use; 22.0% non-use)
- Male condom was major form of contraception--31.7%, followed by COC in 16.2%
- 4.0% using norethisterone as form of regular contraception
## Contraceptive use

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Pill</td>
<td>174</td>
<td>16.2</td>
</tr>
<tr>
<td>Condom</td>
<td>339</td>
<td>31.7</td>
</tr>
<tr>
<td>Injectables</td>
<td>20</td>
<td>1.9</td>
</tr>
<tr>
<td>IUD</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>‘N’ tablet</td>
<td>40</td>
<td>3.8</td>
</tr>
<tr>
<td>Nil</td>
<td>496</td>
<td>46.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1070</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Conclusions

- **Major problem**: Close to half of women studied were not on any form of contraception
- **Good news**: Major form of contraception was the male condom (a barrier method)
- Condom use in 31.7% is much higher than national average of 4.3% among all women and 18% among sexually active unmarried women found in the 2003 DHS
- Considering the higher risks, this prevalence is still low thus exposing them to STIs (and unintended pregnancies)
• Oral sex found in 42.3% and anal sex (11.5%) are worrisome as linkage to STI acquisition, oral cancer and HIV transmission are well-documented


• Use of norethisterone as regular contraception has to be addressed

• Social marketing groups need to step up activities among this category of women
THANK YOU