

**COURSE CODE: *SOCI 448***

**COURSE TITLE: CULTURE AND REPRODUCTIVE  
HEALTH**

**SESSION#: FIVE – TITLE: FAMILY PLANNING ISSUES**

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**UNIVERSITY OF GHANA**

College of Education

**School of Continuing and Distance Education**

2017/2018 – 2018/2019 ACADEMIC YEAR

# Course Information

*Provide the following information:*

**Course Code:**

**SOCI 448**

**Course Title:**

**CULTURE AND REPRODUCTIVE HEALTH**

**Course Credit**

**3 Credits**

**Session Number &  
Session Title:**

**Session Five: Family Planning Issues**

**Semester/Year:**

**Second Semester, 2018/2019**

# Course Information (contd.)

*Provide the following information:*

**Lecture Period(s)**

**Insert Lecture Period(s):** *(Online how many online interactions per week)*

**Prerequisites**

**Insert Course Prerequisites:** *(if applicable)*

**Teaching Assistant**

**Insert Teaching Assistant's Information:** *(where applicable, provide name and contact information)*



# Course Instructor's Contact

*Provide the following information:*

**Course Instructor(s)  
Name**

**Dr Fidelia Ohemeng**

**Office Location**

**Insert Office Number:**

**Office Hours**

**Insert Office Hours: (Tuesday: 1.00 pm to 3.00 pm)**

**Phone**

**Phone Number:**

**E-mail**

**Your Email: [fohemeng@ug.edu.gh](mailto:fohemeng@ug.edu.gh)**

# Session Overview

The discovery of modern family planning revolutionised reproductive health. It provided the answer to unwanted pregnancies. And it was seen by many governments as a tool for population control. But more importantly, it also helps to prevent sexually transmitted infections and diseases. However, there are some barriers to the uptake of family planning especially in developing countries. This session describes the different types of family planning and the socio-cultural factors that act as barriers to family planning uptake in African countries and elsewhere.

# Session Outline

The key topics to be covered in the session are as follows:

- Topic One—identify the various types of family planning methods
- Topic Two—examine the trends in family planning usage
- Topic Three—describe the socio-cultural determinants of family planning usage

# Session Learning Goals

- Identify both the traditional and modern methods of family planning methods
- Discuss the importance of family planning
- Understand the factors that act as barriers to family planning uptake

# Session Learning Objectives

- At the end of this session students should be able to:
  - Objective One: identify both the traditional and modern methods of family planning
  - Objective Two: describe the importance of family planning
  - Objective Three: assess the trends of family planning uptake in Ghana
  - Suggest measures to deal with the various cultural beliefs and practices



# Session Learning Outcomes

- Explain in broad terms how culture influence reproductive health
- Identify specific cultural issues and how they affect reproductive health
- Suggest ways culture can be used to improve reproductive health outcomes



# Session Activities and Assignments

This week, complete the following tasks:

- **Log onto the UG Sakai LMS course site:**
  - <http://sakai.ug.edu.gh/XXXXXXXXXX>
- **Read** Horne, C., Doodoo, F. & Doodoo, N. A. 2013. The Shadow of Indebtedness: Bridewealth and Norms Constraining Female Reproductive Autonomy. *American Sociological Review* (78): 503-520.
  - Ngom, P et al. 2003. Gate-keeping and Women's Health Seeking Behaviour in Navrongo, Northern Ghana. *African Journal of Reproductive Health* 7(1): 17-26.
- **Watch** the Videos for Session – Cultural Context of Reproductive Health
- **Review** Lecture Slides: Session – Cultural Context of Reproductive Health
- **Visit the Chat Room** and **discuss** the **Forum question** for Session
- **Complete** the **Individual Assignment** for Session

# Creating Blended Assignment Instructions

Recommended eight (8) elements to include in written assignment instructions distributed to students online:

1. **Assignment title** (exactly the same as title used in syllabus and other course documents)
2. **Learning objective(s)** to which the assignment relates
3. **Assignment due date** (if receiving electronic submissions, include time/time zone also)
4. **Submission details** (electronic submissions only? required file format? via email? via assignment upload?)
5. **Scoring criteria/rubric**
6. **Level of group participation** (individual assignments, group or team projects, and entire class projects).
7. **Mechanical details** (number of words/pages, preferred style guide for citations, number/type of citations, etc.)
8. **Any supporting resources** necessary for assignment completion

# Reading List

- **Required Text**

- Horne, C., Dodoo, F. & Dodoo, N. A. 2013. The Shadow of Indebtedness: Bridewealth and Norms Constraining Female Reproductive Autonomy. *American Sociological Review* (78): 503-520.
- Ngom, P et al. 2003. Gate-keeping and Women's Health Seeking Behaviour in Navrongo, Northern Ghana. *African Journal of Reproductive Health* 7(1): 17-26.

Topic One

# DEFINITION OF FAMILY PLANNING



# Definitions of Family Planning

- The International Encyclopaedia of Population (vol 1 p.205), family planning refers to the planning on the part of women, men or couples to have the number of children they want and when they want them.
- Apt & Kane (1980) also define family planning as the conscious effort of couples to regulate the number and spacing of births. Family planning usually connotes the use of birth control to avoid pregnancy, but also includes efforts to couples to induce pregnancy.
- The main objective of family planning therefore is to enable individuals to have children only at the time they want them.



# Importance of Family Planning

- Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections.
- Family planning / contraception reduces the need for abortion, especially unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children.
- By preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children.

# Prevents Pregnancy-Related Health Risks in Women

- A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality.
- By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.



# Reduces Infant Mortality

- Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

# Prevents HIV/AIDS and STIs

- Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.

# Empowers People and Enhance Education

- Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

# Reduces Adolescent Pregnancies

- Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

# Slows Down Population Growth

- Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

Topic Two

# **TYPES OF FAMILY PLANNING METHODS**



# Modern Methods

**Barrier:** put up a block, or barrier to prevent sperm from reaching the egg.

- Male condom: also helps prevent the transmission of HIV and other sexually transmitted infections.
- Female condom
- Diaphragm, cervical cap, and cervical shield
- Injectables
- Vaginal ring



# Modern Methods II

**Hormonal methods:** Prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg

- The pill
- The patch
- Injectable
- Vaginal ring





# Modern Methods III

**Implantable devices:** devices that are inserted into the body and left in place for a few years.

- IUDs
- Implantable rod



# Modern Methods: IV

**Permanent methods:** For people who are sure they never want to have a child or they do not want more children

- Female sterilization (implant and surgical sterilization)
- Male sterilization (vasectomy)

**Emergency contraceptives:** refers to methods women can use as soon after having unprotected sexual intercourse or in cases of condom breakage and rape to avoid unwanted pregnancy.



# Traditional Methods

- **Abstinence:** (no sexual intercourse of any kind) Abstinence prevents sexual contact and exchange of body fluids between partners. It is almost 100% unless semen and vaginal fluids are exchanged by other means
- **Withdrawal:** this is when the penis is removed before ejaculation. It prevents ejaculation of semen into the female's body
- **Rhythm:** this uses either the calendar, basal body temperature and cervical mucus. The time of ovulation is determined by changes in the woman's body temperature or cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation



# Sample Question

- Identify five modern methods of contraceptives, describe how they work and find their success rate.



Topic Three

# TRENDS IN FAMILY USE



# Trends in Family Planning-Global

- According to the WHO (2017) 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method.
- Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa.

# Global Trends

- Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2015. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2015. In Africa it went from 23.6% to 28.5%, in Asia it has risen slightly from 60.9% to 61.8%, and in Latin America and the Caribbean it has remained stable at 66.7%.
- Use of contraception by men makes up a relatively small subset of the above prevalence rates. The modern contraceptive methods for men are limited to male condoms and sterilization (vasectomy).

# Trends-Ghana

- The data shows that the number of people using any form of contraceptive has gone up peaking at 25% in the 2003 GDHS. This decreased slightly to 24% in the 2008 GDHS.
- Those using any form of modern contraceptive also saw an increase.
- There was a decrease, however in those using traditional methods. It peaked in 1993 (10%) but declined to 9, 7 and 7 in subsequent surveys.





# Trends-Ghana

- Women between the ages of 15-49 using any method of family planning: 24% (27% urban and 21% rural)
- Women currently using any modern family planning method: 17% (19% urban 15% rural)
- Women with unmet need for family planning: 35% (32% urban, 38% rural)

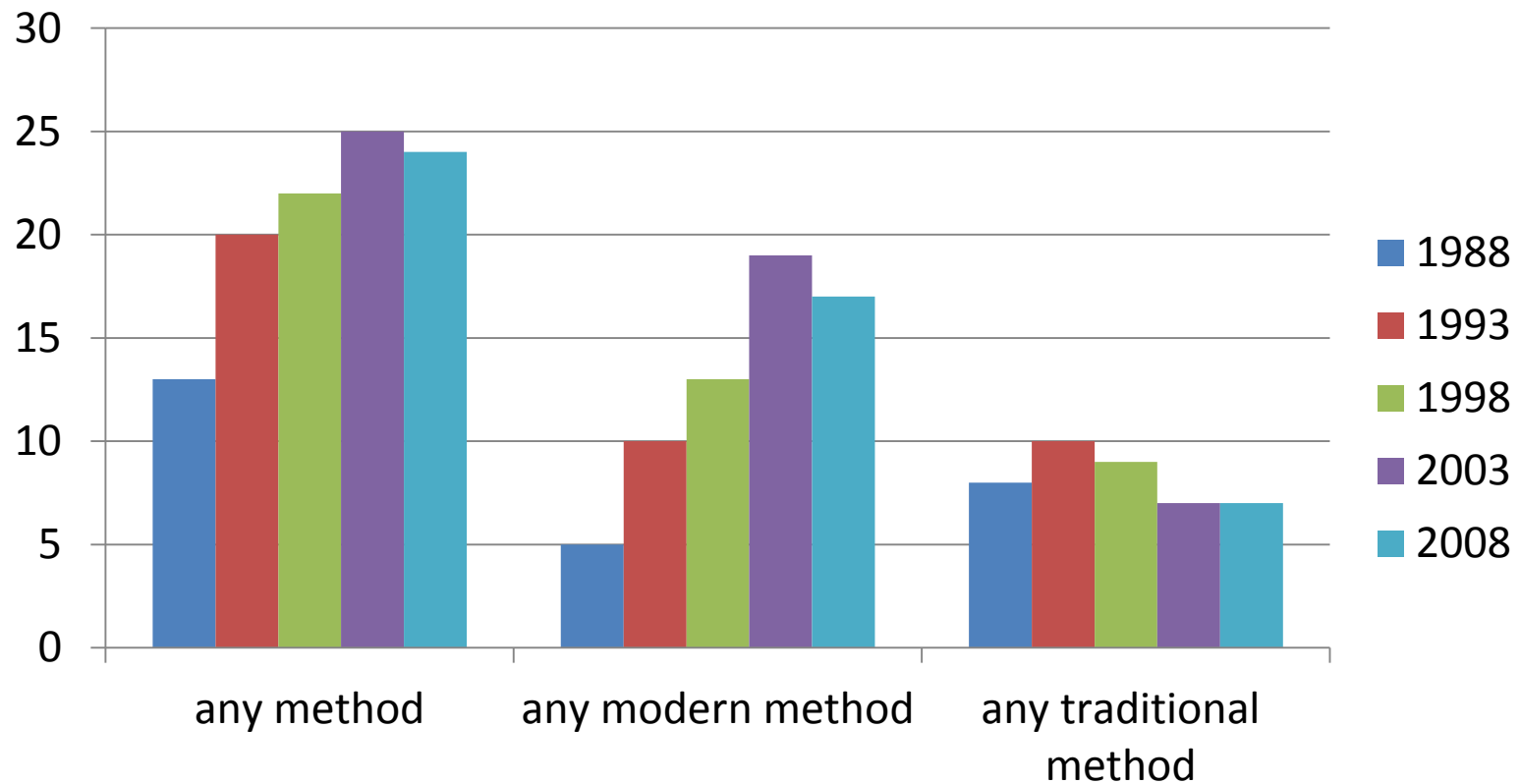


# Trends-Ghana

- Contraceptive use is highest among sexually active unmarried women compared to married women
- Fewer teenage boys tend to use contraceptives less compared to sexually active unmarried men



# Trends in family planning use 1988-2008



# Global Unmet Need for Contraception

WHO (2018) asserts that of the 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. Reasons for this include:

- limited choice of methods,
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people,
- fear or experience of side-effects,
- poor quality of available services,
- users and providers bias
- gender-based barriers.
- Cultural or religious opposition

# Unmet Needs

- The unmet need for contraception remains too high. This inequity is fuelled by both a growing population, and a shortage of family planning services.
- In Africa, 24.2% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 10.2 % and 10.7%, respectively (Trends in Contraception Worldwide 2015, UNDESA).

Topic Three

# **SOCIO-CULTURAL CONSTRAINTS OF FAMILY PLANNING UPTAKE**



# Socio-cultural constraints of contraceptive use

- The traditional role of women as child bearers: this role makes room for child bearing of the African women. Children acted as farm helps and it was also easy for women to combine their work and child bearing. The essence of marriage is to bear children. It is a source of personal satisfaction and social status. In many parts of Africa, a woman's status is measured in terms of her ability to procreate. Offspring guarantee women's status and respect that extend far beyond their position in the conjugal home. Hence, women tend to continue childbearing activities throughout their reproductive years whether they are happily married or not.
- The value of children: children are also seen as a source of security in one's old age. This is especially true because most people work in the informal sector and may not have any pension in their own age.



# Socio-Cultural

- The status of women: in most African societies, reproductive decisions are taken by men. Most women will not practice family planning without permission from their husbands.
- The decision to use contraceptives is taken mostly by men. Women's insistence to use family planning services or even insist that their husbands do may be interpreted differently/may lead to spousal abuse.
- In many cases contraceptives use require the consent of the husband. For instance, among current users in Sudan, the husband was involved in the contraceptive decision in 83.5% of the cases. In the majority of the cases (61.3%) the husband obtained the contraceptive (Khalifer, 1988)





# Socio-Cultural

- Religious beliefs: some religions prohibit the use of family planning. Most religions believe that children are gifts from God, therefore one should not prevent them from being born. Others also believe that it is God who takes care of man, therefore, one should not worry about the number of children they would have because God will take care of them.
  - The Catholic Church for instance is against most forms of contraceptives. It advocates only for abstinence and the rhythm methods as appropriate forms of contraceptives



- Suggest five ways family planning uptake can be improved in Africa.

