

UNIVERSITY OF EDUCATION, WINNEBA

**MASS MEDIA EXPOSURE AND THE USE OF
CONTRACEPTIVES AMONG MARRIED MEN AND WOMEN IN
SELECTED HOUSEHOLDS IN OBUASI-EAST DISTRICT**



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MARRIED MEN AND WOMEN IN SELECTED HOUSEHOLDS IN OBUASI-
EAST DISTRICT**

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of the Requirements for the Award of the degree of
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(Social Studies Education)
In the University of Education, Winneba**

DECEMBER, 2021

DECLARATION

Student's Declaration

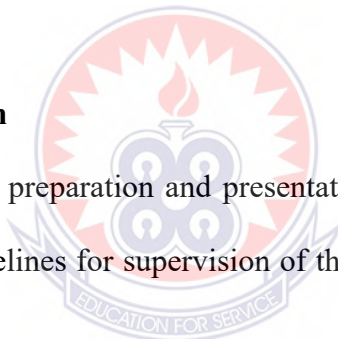
I, Mabel Opoku Boateng, declare that this thesis, with exception of quotations and references contained in published and unpublished works which have all been identified and duly acknowledged, is entirely my work, and has not been submitted either in part or in whole, for another degree here or elsewhere.

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Supervisor's Declaration

I, hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.



NAME OF SUPERVISOR: **PROF. LUCY EFFEH ATTOM**

SIGNATURE:

DATE:

DEDICATION

I dedicate this work to my wonderful family in entirety especially my father and mother, Mr. Kwame Opoku Boateng and Mrs. Esther Opoku Boateng whose love, care and motivation have brought me this far.



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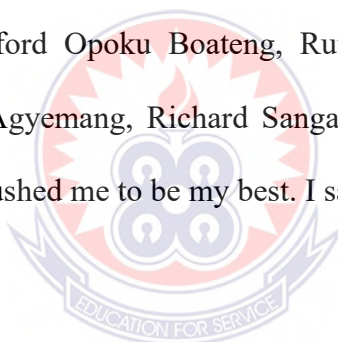


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LIST OF ABBREVIATIONS

WHO	:	World Health Organisation
STDs	:	Sexually Transmitted Diseases
GDHS	:	Ghana Demographic and Health Survey
CPR	:	Contraceptive Prevalence Rate
GFPCI	:	Ghana Family Planning Costed Implementation
MDT	:	Media Dependency Theory
LAM	:	Lactational Amenorrhoea
IUDs	:	Intrauterine Devices
SWAF	:	Status of Women and Fertility
HIP	:	High Impact Practices



ABSTRACT

To control the fertility of a country, family planning and the use of contraceptives have been introduced into the country to ensure the prevention of unplanned pregnancy. The study was designed to find out the effects of mass media on the use of contraceptives among married men and women in Obuasi-East District. The study was conducted qualitatively using the case study design. The study sampled 15 married men and women using the purposive and convenience sampling techniques. The data was collected through an interview session and analysed thematically on emerging patterns and also from the research questions. The study revealed that participants had in-depth knowledge on contraceptives. The study confirmed that there are different dimensions of perspectives held by male and female participants. The frequency of information and education from the mass media have reduced significantly compared to previous years. Again, the study established that challenges such as shyness as a result of stereotypes and scarcity of some contraceptives are challenges faced by participants when accessing contraceptives. Finally, the study found out that relevant and authentic information on contraceptives is aired on mass media which serves as a major catalyst when it comes to the effect mass media has on the use of contraceptives. The study concluded that mass media has a significant effect on the use of contraceptives among married men and women and recommends that mass media frequently educate the general public on the use of contraceptives.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The fertility rate of a country is of a great concern to its government and citizens. This is because of the effects it can have on the country's population. The size, structure and makeup of the population of a country is critically determined by the fertility rate (Kim & Kim, 2020). A country with a high fertility rate is likely to have a high population growth rate. High population as a phenomenon on its own has its diverse effect which may be either positive or negative on the socio-economic development of the country. Hence, it is important for governments to pay attention to it. Studies show that population increase, income growth, and saving produce outcomes that have influence on economic growth (Gatsi & Appiah, 2020). Amissah (1971) posits that population is made up of the producers, the exchangers and the consumers of every item and service of economic value. To him, population forms the basis of any economy and underlies it. This brings to light the fact that the population growth rate of a country has great impact on the economic aspects of the country and further translates into socio-economic development.

The world has been faced with the issue of high fertility rate which translates into high population growth. Several solutions were devised to curb the issue and to some extent the result was successful in some European countries. However, the issue was not the same for African countries and some Asian countries. Ghana as one of the sub-Saharan African countries was no exception. According to the National Population Council (2018), the government of Ghana has taken different actions to control the situation of high population growth. According the council, Ghana took a

step by introducing the National Population Policy in 1969 which was reviewed in 1994 to accomplish several goals. The goals to be achieved encompassed the decrease in total fertility rate from 5.5 to 5.0 by the year 2000 and reduce further to 3.0 by the year 2020. In order to achieve this set of goals, the government of Ghana introduced family planning method policy. In relation to this policy, the Ministry of Health (2015) posits that currently, Ghana's population undercurrents can be turned to valuable demographic dividends only if investment is made in family planning and reproductive health programmes to promote population change through lower fertility rate and more balanced structure.

The World Health Organisation (WHO) (2014) defines family planning as the planning that allows individuals and couples to anticipate and attain their desire number of children and the spacing and timing of their births. Machiyama and Cleland (2013) also add that family planning includes the provision of education on the methods and practices to space births, limit family sizes and prevent unwanted pregnancies. The motive of family planning is to reduce fertility rates. World Health Organisation (2014) explains that, family planning can be accomplished through the dissemination of information and educating the general public on contraception. Contraception can be seen as the prevention of pregnancy through the interfering with the normal process of ovulation, fertilization and implantation (Cook, 2020). The prevention of pregnancy can help individuals and couples decide how many children they give birth to and the spacing between them. Contraception is one of the most important tools for enabling couples and individuals to exercise the rights to decide freely and responsibly the number and spacing of their children and the worldwide use of contraception has increased (Kantorova et al., 2020).

The use of a contraceptive has a variance of effects which can be both positive and negative. Parr (2014) outlines one of the importance of contraception as he states that some forms of contraception can aid in the avoidance of Sexually Transmitted Diseases (STDs). According to the WHO (2014), an estimated 20 million unsafe abortions take place each year resulting in 67,000 deaths annually mostly in developing countries. The use of contraceptives is very paramount to prevent unwanted pregnancies which calls for abortion. From studies conducted on the access to voluntary family planning and the use of contraceptives for everyone, it has been established as one of the positive benefits of the use of contraception as it has the ability to help prevent the effects of early unplanned and unprotected sexual activities (Bankole et al., 2014). In Ghana, a study by the Ministry of Health (2015) suggests that family planning and the use of contraceptives decrease the maternal and newborn deaths, especially women outside optimal biological age for pregnancy, unintended pregnancies among others. Eliason et al. (2014) also highlight the fact that maternal death is 1.8 times higher in women without modern contraceptive use compared to users.

On the health benefits, Hopkins (2018) asserts that the use of contraceptives among the young and old, male and female supports health and wellbeing. He further explains that this affects individuals socially and it has economic, environmental and social benefits to families and communities. Again, Eliason et al. (2014) adds that utilization of modern contraceptives among reproductive aged women could have important policy and health care cost implication for poverty reduction and socio-economic development in developing countries. This means that the use of contraceptive for its purpose of pregnancy prevention does not only have health implication but also acts as a facilitator for economic growth and development in the

country. The use of contraceptive is associated with some negative which are mostly health related and are mostly seen as the side effects of the contraceptive that one uses.

Globally, on average, people have fewer children today than in the past. The global fertility rate has declined from 3.2 live births per woman in 1990 to 2.5 in 2019 (United Nations, 2020). It is expected that there will be further declines in the future. Fertility rate in Ghana however, according to the Ghana Demographic and Health Survey (2014), has remained fairly constant and has not really been declining much over the past 26 years. It has declined from 6.4 children from 1988 to 4.2 children in 2014. The current fertility rate in Ghana stands at 3.745 from 3.795 in 2020, a decrease of 1.320% (Macrotrends, 2020). From the statistic provided, it can be seen that there has been a small decline in the fertility rate which still makes it a problem. The reduction in Ghana's fertility has been accompanied by a rise in the use of modern contraception, a move away from early marriage and shortening of postpartum insusceptibility. The government recognised family planning as a multi-sectorial issue with benefits that go beyond health and hence took action. The implementation of family planning through the use of contraception method was primarily introduced to limit or reduce the fertility rate. However, when maternal mortality was declared a national emergency across the country, the government of Ghana made conscious effort to reduce the fertility rate through the prevalence and use of contraceptive as family planning methods.

According to the Ghana Ministry of Health (2015), the government is committed to increasing the Contraceptive Prevalence Rate (CPR) to 30% among married, 40% among unmarried, sexually active women by 2020. The Ghana Family Planning Costed Implementation Plan (GFPCIP) was therefore introduced in the country

(Ministry of Health, 2015). It is believed that the full implementation of GFPCIP will increase the number of women in Ghana currently using contraception from approximately 1.5 million users in 2015 (baseline) to 1.9 million in 2020. Among the efforts put in place by the government to achieve its aim is education of the general public on the use and advantages of contraceptives to achieve family planning. The sensitisation effect on family planning is mostly done by health workers, schools and mass media.

The mass media is an essential tool in the dissemination of information to the general public. The mass media comprises of print and electronic media. Luhmann (2000) is of the view that mass media are those establishments which make use of copying technologies to propagate communication. There are other forms of mass media which are mostly outdoor in nature and includes billboards, posters and fliers. There have been several arguments against and for the ability of mass media to influence behaviour change. Hyman and Sheatsley (1974) assert that while mass media can be an active means of persuading knowledge and attitudes, it exerts little impact on behaviour. Parlato (1990) is of a different view and believes that if appropriately used, mass media can produce a change not only in attitudes but behaviour as well. To him, a well-designed media campaign designed specifically at inducing behaviour can facilitate a crucial role in crafting a positive social environment favourable for behaviour change. The great promise of mass media campaigns lies in their ability to disseminate well-defined behaviour focused messages to large audiences repeatedly, over time, in an incidental manner and at a low cost, head per head (Wakefield et al., 2010). The use of mass media to promote family planning and contraceptive use dates back as far as 1970s (Olayele and Bankole, 1994). They assert that the government of Ghana over the past years has employed the office of the mass media in the quest to

reduce fertility and increase the prevalence and use of family planning and contraceptive in the country. The mass media in Ghana makes use of dramas, skits, advertisement among others to educate and communicate the issue of contraceptive use.

Kincaid, et al. (1992) make mention of “enter-educate” approach which is sensed to be attractive to all. This approach has to do with the use of songs and drama to sell the intended messages across. They believe it is based on the assumption that people tend to adopt a behaviour faster if they are motivated by those consider a role model. The Goodlife initiative campaign implemented by the Multimedia organisation encourages personal happiness to the practice of healthy behaviours which includes education on the importance of the family planning method and the use of contraceptives John Hopkins University Centre for Communication Programmes, (2019) is an example. It is sponsored by the USAID behaviour change support, Ghana Population Council and Ghana Health Service. It is expected that the exposure of family planning and the use of contraceptives through the mass media will help increase the prevalence and use of contraceptives in the country. This will go to a large extent in achieving sustainable goal 3 specifically target 3.7 which calls on government by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, into national strategies and programmes (United Nations, Department of Economics and Social Affairs, Population Division, 2019).

1.2 Statement of the Problem

The fertility rate of a country affects its population; hence, it is of a great concern to governments. High population has negative social and economic impact on the country. These negative impacts include issues of poverty, low investment, high

dependency, unemployment, pressure on social amenities such as schools and health facilities among others. The government of Ghana in a quest to control its population growth resort to reducing the fertility rate through family planning programmes and the use of contraceptives (Family Planning 2020, 2020). The government took measures which include the introduction of certain contraceptives on the national health insurance scheme which makes such free in public health facilities to ensure an increase in the prevalence and the use of contraceptives.

According to Family Planning 2020 (2020), the use of contraceptive is a multi-sectorial purpose policy or programme. It has health, economic and social benefits to the individual and the country as a whole. These include the reduction in the spread of sexually transmitted diseases, maternal mortality, abortion and its associated deaths as well as reducing population (WHO, 2019). One of the actions taken by the government to ensure high prevalence and use of contraceptives include the use of mass media to educate the entire public of its usage and benefits.

Nabi and Oliver (2019) assert that the media plays a major role in influencing individuals and public health due to the great power it has. They further postulate that the media shapes important knowledge resource about health literacy at individual and public levels. The media through its influence has provided education on the use and benefits of contraception. However, the rate of prevalence of use is less than expected as few men and women who are aware of the existence of contraceptives seem not use to it leading to a high fertility rate in the country. Obuasi-East District is found in the Ashanti region of Ghana. The population of the district stands at 94,182 with about 62% falling within the age gap of 15-64. This gives an evidence of a major population being sexually active expected to use contraceptives. Again, the people in

the district have access to the media which is both print and electronic as well as other forms of mass media such as social media. It is believed then that the people have access to information and knowledge on family planning and contraceptives use through the media. However, there seems to be the existence of large family sizes as a result of couples giving birth to many children as there is low use of contraceptives.

There have been several researches conducted on family planning and the use of contraceptives. Some of these studies include Machiyama and Cleland (2013); Guure et al.(2019) among others. For instance, Machiyama and Cleland (2013) looked at the unmet needs for family planning; trends and determinants in Ghana when it comes to the use of contraceptives. The study focused on establishing the impact of lack of access and attitudinal resistance to family planning on the unmet need in 20 years. It found out that one significant reason for low contraceptive use is attributed to health concerns associated with the use of contraceptives. Again, attitudinal resistance to the use of contraceptives remains fairly constant.

Other studies focused on the effects of mass media on the use of contraceptive. These include; Parr (2001); Kulkarni (2003) and Ardiansyah (2016). Ardiansyah (2016) for instance conducted a study looking at the effects of media on family planning and the use of contraceptives. The study did a cross sectional analysis on the Indonesian Demographic Health Survey of 2007 and 2017. One major finding of the study was that television as a form of mass media had a positive impact on the Indonesian married woman behaviour towards the use of contraceptives in the country. Benson et al. (2018) based on their research posit that there are high level of knowledge and awareness of modern contraceptive use, however there is still low use of contraceptives in the country.

Though there are quite a number of studies done to ascertain the effects of mass media on the use of family planning methods, these studies are mostly organised quantitatively on women and adolescents neglecting men who also have a shared responsibility with regard to fertility. For example, Kulkarni (2003) conducted a study on the exposure to mass media and its impact on the use of family planning methods by women in Western India. The study sampled 250 women aged between 15-45 years. The study found out that there is a positive correlation between women's exposure to information on family planning method and mass media such as television, radio or newspaper. There seem to be less research conducted on the married which includes both married women and men as the participants. For this purpose, the study sought to examine the effects of mass media on the use of contraceptives among married men and women.

1.3 Purpose of the Study

The study was designed to find out the effects of mass media on the use of contraceptives among married men and women in Obuasi-East District.

1.3 Research Objectives

The objectives of this studies were to:

- i. ascertain the perspectives of married men and women on the use of contraceptives in the Obuasi-East District.
- ii. analyse married men and women in Obuasi-East District's access to information and education on the use of contraceptives.
- iii. assess the challenges married men and women in Obuasi-East District face in accessing contraceptives.

- iv. examine the effects of mass media on the use of contraceptives on married men and women in the Obuasi-East District.

1.4 Research Questions

The study was guided by the following research questions:

1. What are the perspectives of married men and women on the use of contraceptive in Obuasi-East District?
2. How do married women and men access information and education on contraceptives in Obuasi-East District?
3. What are the challenges married men and women in Obuasi-East District face in accessing contraceptives?
4. How does the mass media affect married men and women on the use of contraceptives in Obuasi-East District?

1.5 Significance of the Study

In the first place, the study would provide significant help to the mass media – both print and electronic to examine their effects in terms of education of the general public and plan to maximise its potential in this area.

In addition, the findings of this study would provide guidelines to the Obuasi-East District Assembly and serve as guide to formulate policies on family planning and the use of contraceptives. The findings of the study would help the Assembly to provide educational programmes to enhance the use of contraceptives.

It would also serve as literature for other districts, municipalities, metropolitans and assemblies interested to promote the effective and efficient use of contraceptives. Last

but not least, the study findings can serve as basis for further research. It would add to existing literature on the use of contraceptives.

1.6 Delimitation

The scope of the research was limited to ascertaining the perspectives of married men and women on the use of contraceptives, analysing their access to information, the challenges they face when accessing contraceptives as well as examining the effects of exposure to mass media and the use of contraceptives in the Obuasi- East District in the Obuasi municipality. It was limited to married men and women in the Obuasi- East District.

1.7 Definition of Terms

Contraceptives- these are devices and methods used by both males and females to prevent pregnancy in women.

Fertility rate- it refers to the average number of children born to a woman in her reproductive years in a defined population over a specified period of time.

Family planning- it is the conscious effort made through planning and education that provides individuals and couples the opportunity to decide on a preferred number of children and the spacing of time between them.

Mass media- it is a heterogenous and assorted forms of communication tasked with the purpose of disseminating information to a large audience at a particular point in time.

Prevalence use of contraceptives- it is the measure of the current use of at least one method of contraceptives by an individual and or his or her sexual partner, irrespective of the method being used.

1.8 Organisation of the Study

The study was organised in five (5) main chapters. Chapter One which is the introductory chapter comprises of sub-headings including introduction to the study, background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study as well as the delimitation of the study. Chapter Two was divided into two main parts. The first section consists of the theoretical framework that underpinned the study. The second part deals with the review of relevant literature to the study. Chapter Three concentrates on the methodology employed in the study. It encompassed the philosophical underpinnings, research approach, research design, study setting, population of the study, sample and sampling technique, methods of data collection, data collection procedure, trustworthiness, data collection procedure, data analysis, positionality and ethical consideration. Chapter Four, discussed and analysed the data collected and presented findings that emanated from the study. Chapter Five dealt with the summary, conclusions and recommendations for the study. It also encapsulated the limitations of the study and areas for further studies.

1.9 Summary of Chapter One

The first chapter dealt with the background to the study which dealt with the rationale for the study. It also captured the statement of the problem as well as the purpose of the study. The purpose of the study, the research objectives, significance of the study, delimitation, definition of terms and finally the organisation of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter has two main sections. The first section consists of theoretical and conceptual frameworks which underpinned the study. The second part deals with review of relevant literature on themes such as the concept of contraceptives, types of contraceptives, the perspectives of married men and women on the use of contraceptives, effects of the use of contraceptives, mass media, types of mass media, influence of mass media and behaviour change challenges of accessing contraceptives, as well as the effects of mass media on the use of contraceptives.

2.1 Theoretical Framework

This study was structured within the framework of the Media Dependency Theory (MDC) which was propounded by Sandra Ball Rokeach and Melvin Defleur in the year 1976. The media dependency theory is grounded in the classical sociological literature positing that media and their audiences should be studied in the larger social systems (Ognyanova & Ball-Rokeach, 2015).

Highlighting some details related to their theory, Ball-Rokeach and Defleur (1976) opines that, the more an individual is dependent on the media, the higher the power or influence of media on the individual. In their view, there exist a structural dependency between mass media, audiences, and social entities. The media dependency theory underlines the effects and power that the media has on the society (Ball-Rokeach & Defleur, 1976). According to them, the kind of effects that occur enlarges people's belief systems, change of people's attitudes, motivate delicate shifts in individual or

collective sentiment as well as other kinds of society-wide changes. Tornikoski & Maalaoui (2019) adds that an aspect of the theory talks about behavioural effects resulting from cognitive and affective effects. She further argued that the media activates or deactivates certain behaviours due to information received from the media.

The originators of this theory believe that the power of mass media is more evident and greatly felt in populations that is less pluralised as well as having limited information source like authorities and interpersonal communication and in their view, the populations' dependency on media is low where other sources of information are available to them. Strang et al. (2020) are also of the belief that the more alternatives there are for an individual, the lesser the dependence on and influence of a specific medium. These theorists further highlight that, the absence of alternative source of information is not only responsible for the individuals over reliance on media but also the effects of the message on the audience. That is when the media provide content of information that is attractive, comprehensive and in entertainment form, it fulfils their need for information (Ball- Rokeach, 1998; Loges, 1994; Morton & Duck, 2001). Defleur and Ball-Rokeach (1989) add that the intensity of media dependence depends on how much they perceive that the media can satisfy their need.

This media dependency theory was adopted because it provides insights on the effects of mass media on the public. Through the information, the mass media has the power to influence attitude and behaviour change. These attitudes and behaviour change may influence the use of contraceptives and family planning. Studies have justified that the exposure to mass media can increase knowledge and influence attitudes on the use of contraceptives and family planning (Isonguyo & Adindu, 2013; Kriel et al., 2019;

Westoff & Rodrigues, 1995). Mass media creates a culture where people are dependent on media information for their understanding which can change behaviour and attitudes (Ho et al., 2015; Lowery, 2004). The various types and forms of mass media are widely available to large number of people in both rural and urban areas and are accessible to large number of audiences as the major source of information.

With regards to mass media and family planning, Rogers (2018) asserts that the information through mass media can be highly effective in countries where doctor-patient ratio is relatively low as compared to developed countries. In such instance, information on health-related issues becomes very relevant to the population. For instance, Mantey et al. (2021) believes that Ghana's doctor-patient ratio stands at 1 doctor to 8000 patients and that of nurses stands at 1 nurse to 22 patients which is way above the standard of World Health Organization which is 1 doctor to 1,320 patients and 1 nurse is to four (4) patients respectively. Mantey et al.'s (2021) review gives a clear case of how useful the mass media will be to the public with regard to accessing health related information; hence, the media influence and power is strong especially for developing countries. Similarly, a survey by the UNAIDS (2004) also reveals that about 70% of health-based knowledge and information is gotten from the media. Morton and Duck (2001) also noted that mass media affects perception on health risks and sexual behaviours.

2.2 Concept of Contraception

Contraception as a concept has been defined severally by different scholars and authorities. These definitions are to a large extent similar as they explain the same thing. Cook (2020) defines contraception (birth control) as prevention of pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. This gives a scientific view of the concept.

Literature gathered from researchers in the field of reproductive health have also given varied views on the usage of the term contraceptives. According to Jain and Muralidhar (2012), contraception is the intentional prevention of conception using various devices, sexual practices, chemicals, drugs, or surgical procedures. They highlight the fact that an effective contraception allows a physical relationship without fear of an unwanted pregnancy and ensures freedom to have children when desired. In their view, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. In the same light, Elia et al., (2015) also note that, contraception is the deliberate use of techniques to prevent pregnancy. Contraception is the prevention of pregnancy by the use of different methods aside the use of the withdrawal method (Zafar et al., 2013). They further explained that contraceptives are the preventive, permanent or non-permanent methods employed in achieving contraception. Hubacher and Trussell (2015) also explain that contraception which in another context being referred to as contraceptive involves the use of drug, method, or object for prevention of unwanted pregnancy. Habacher and Trussel (2015) use the term “Modern Contraceptives” and propose a new definition as products or medical devices that interfere with reproduction from acts of sexual intercourse. Many authors classify certain methods of contraception as “modern” and the others as “non-modern”. According to Habacher and Trussel (2015), the fertility awareness method is a non-modern and other forms as modern contraceptives. Dopez-Burgo and DeIrala (2016) criticize this definition and the concept of “modern” and “non-modern” contraceptives. They give a few reasons to back their criticisms. First of all, they believe that the concept and definition “modern” is misleading and arbitrary as the term “modern” refers to up-to-date techniques, ideas and equipment. According to them, the definition of “modern”

makes categorizing of the various methods of contraception problematic. For instance, WHO (2015) classifies fertility awareness method as “modern methods” and withdrawal and calendar method as “traditional” or “non- modern” which contradicts the categorisation by Habacher and Trussel in 2015.

Within the same context, according to Dopez-Burgo and Irala (2016), Habacher and Trussel’s (2015) reason for the use of the term “modern” and “non-modern” is to ensure easy categorisation on the various types of family planning methods. They rather believe that contraceptives are already classified based on different features such as effectiveness, reversibility, hormonal or non-hormonal as well as mode of action; hence, they do not need to be classified as “modern” and “non-modern”. They are also of the view that classification into “modern” and “non-modern” can be confusing for users as they may think that “modern” will be seen as effective while “non-modern” as ineffective.

There seems to be the issue of knowledge and practice gap as most women have knowledge on the types and purpose; however, they are not using or practising its use (Bakht et al., 2013). Little et al. (1998) believe that the knowledge may be a greater cause for the failure of oral contraceptives and unwanted pregnancies. The use of contraceptives is embedded in reproductive rights of all individuals in the world. There are other rights that are related to help attain or enjoy reproductive rights. According to the Centre for Reproductive Right (2010), women and adolescents right to information and services are grounded in the internationally recognised human rights with other rights such as the right to life, the right to the highest attainable standard of health, the right to decide the number and spacing of one’s children, the right to privacy, the right to information, and the right to equality and non-discrimination.

Reproductive right became a Fundamental Human Right after the Programme of Action from the International Conference on Population and Development was held. The Centre for Reproductive Right (2020) suggests that governments should strategize and take affirmative actions with the aim of ensuring that women and adolescents get access in terms of law and also in practice to all the varieties of contraceptives. According to them, certain factors which hinder women from accessing and using contraceptive should be removed. These factors may be legal, financial, and cultural among others.

The Convention on the Elimination of all forms of Discrimination against women guarantees women equal rights in deciding freely and responsibly on the number and spacing of their children and to have access to the information, education, and means to enable them exercise these rights (United Nations Population Fund, 2012).

The Convention on the Elimination of all forms of Discrimination against Women suggest that in order to make knowledgeable decision about safe and reliable contraceptives measures and their use, there should be guaranteed access to sex education and family planning services. As a right, the requirement of a third party who can be a spouse or family before rendering of family planning services or accessing contraceptives is a breach of one's reproductive right (Centre for Reproductive Rights, 2015). The prevalence and use of contraceptives aids the couple and individuals to realize their basic right which entails deciding freely and responsibly towards the birthing and spacing of children (Saleem et al., 2020).

The literature reviewed show that contraception has to do with the conscious decision and actions taken to prevent pregnancy in women with the use of contraceptives. Contraceptives therefore become devices, drugs as well as methods used to prevent

pregnancy. The use of contraceptive is a reproductive right that must be enjoyed by all as they decide when to give birth.

2.3 Methods of Contraception

There exist different types of contraceptives. However, the choice one makes is dependent on certain reasons and factors (Shriver, 2007; Centre for Disease Control & Prevention, n.d.) According to Shriver (2007), the most appropriate methods of birth control depend on an individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have a number of children and family history of certain diseases. Centre for Disease Control and Prevention (n.d.) mentions factors such as safety, effectiveness, availability which includes accessibility and affordability. Period in terms of duration of contraception, for the purpose of the prevention of STDs, spiritual or religious beliefs, worry of side effects and for the purpose of secrecy are factors that affect individual's choice relating to contraceptives (WHO, 2015).

Contraception methods are classified differently based on the types of contraception. For instance, Shriver (2017) categorises contraceptive methods into long lasting reversible contraception, hormonal methods, barrier methods, emergency contraception and sterilisation. The Centre for Disease Control and Prevention (n.d.) adds, fertility awareness is a type of contraception. Wilson et al. (2017) conducted a study on the contraceptive methods accessed in the Volta Region of Ghana. They conducted a secondary data analysis of contraceptive users from the District Health Information Management Systems (DHIMS) for over five years. The result from their study showed that the use of contraceptive grew significantly in the region and males and females ranging between the ages of 20 and 29 were those who commonly used

contraceptives. The study also showed that injectables were common among women while condoms were also common among men.

Prior literature in the field of reproductive health have documented three main methods of contraception. These three methods are the traditional method, modern methods, and surgical methods (Rakhi & Sumathi, 2011; Stewart et al., 2013). WHO (2004) makes mention of dual protection and dual method use aside abstinence. The organisation explains that the former deals with the use of condoms for dual protection of pregnancy and sexually transmitted diseases while the latter deals with the use of condom plus another method. According to Asante (2013), contraceptives such as pills, injectable, spermicides and condoms are classified as short-term contraceptive method while the long-term methods consist of intrauterine and sterilisation which affect child bearing directly. Bulatao (2019) asserts that men have limited variety of contraceptives to choose from as they are limited to only condoms and sterilisation. He posits that there are ongoing researches by scientists into the development of male contraceptives that can be hormonal or not. He adds that this leaves the responsibility of pregnancy prevention and use of contraceptives solely on women as they have variety of contraceptives aside condoms to choose from.

There are different methods of contraception which rise to different types of contraceptives. The methods can be classified either under traditional and modern or permanent and non-permanent.

2.3.1 Traditional Methods of Contraception

2.3.1.1 Coitus Interruptus (Withdrawal Method)

Rakhi and Sumathi (2011) assert that coitus interruptus also known as the withdrawal method involves the withdrawal of the male reproductive organ (penis) from the

vagina just before ejaculation, thus preventing semen from entering the woman. Their review classifies this method as the oldest contraceptive method known to man. They, however, assert that the withdrawal method is not reliable and as such, it may fail if semen escapes before ejaculation or is left on external sex organs. They however, conclude that man needs good self-control, both emotionally and physically for this method to succeed (WHO, 2004). Killick et al. (2011) add that, the withdrawal method (coitus interruptus) requires the male partner to have awareness and control over his ejaculation. It is not so much reliable, as failure can occur because approximately 40% of men have sperm present in the pre-ejaculate. The method provides no protection against STIs including HIV infection (WHO, 2004).

McLaren (1990) cited in Yanikkerem et al. (2004) however, opined that ‘Withdrawal’ (coitus interruptus) remains one of the most widely used temporary contraceptive methods in the world. It has played a key role in facilitating fertility decline in many developed countries before the introduction of modern contraceptives. Researchers have attributed the use of the withdrawal method to several factors. For instance, a study conducted by Yanikkerem et al. (2006) to determine why couples prefer withdrawal, even though other more effective methods exist, most women found this method reliable. Nearly one-third of the users said that their husband wanted to use withdrawal. A quarter of the women stated that it was healthier, easier to use or more convenient than other methods. Almost 1 in 5 users indicated problems with other methods, about one in six women said that the method cost them no money. Other reasons were that the method did not contain hormones, it was easy to give up this method, women had health problems, health-care providers suggested this method, they were afraid to use another method, they lacked confidence in modern methods, and did not use another method.

Similarly, a study by Kulczycki (2004) also revealed that other reasons for using withdrawal are partners' preferences, lack of knowledge and access to modern methods. He stated that withdrawal users and their spouses believed in the efficacy and merit of the method. According to him, 7 out of 10 withdrawal users considered the method effective in preventing pregnancy, and most users (56%) considered the method easy to practise. His study further revealed that the reasons for not using effective methods were hesitancy about the desired time of the next birth, health problems and objection of men to family planning.

2.3.1.2 Rhythm Method

According to Rakhi and Sumathi (2011), the rhythm method requires predicting ovulation that is the period when the woman is most fertile, by recording the menstrual pattern, or body temperature, or changes in cervical mucus. Intercourse is avoided on fertile days to prevent pregnancy but after fertile day, couples can have safe sexual encounters even if the male ejaculates in the woman. According to these scholars, although many people claim knowledge of this method, only a small proportion can identify the fertile period of the month and in their view, it cannot be used by women who have irregular periods, or after childbirth, or during menopausal years. Intercourse is limited to some days of the month only. The method requires careful record keeping for calculating the safe period. Stewart et al. (2013) refers to this method as “the periodic abstinence method”. In their view, this method requires the woman to know her fertile and infertile days to know when is safe to have sex. They add that, sperm can survive for five days in the uterus, so intercourse during the safe periods can result in conception.

2.3.1.3 Lactational Amenorrhoea (LAM)

Lactational amenorrhea is most appropriate for breastfeeding mothers during the first six months. According to the WHO (2004), LAM is extremely reliable form of contraception during the first six months postpartum as long as the woman is amenorrhoeic. According to them, this method uses the mechanism of the prevention of ovulation. Kennedy et al. (1989) and Stewart et al. (2013) add that, during breastfeeding, the resumption of ovulation postpartum is delayed and this can be used to prevent conception if the mother fully breastfeeds and remains amenorrhoeic. They further explain that when these two conditions are fulfilled, breastfeeding provides more than 98 percent protection from pregnancy in the first six months.

2.3.1.4 Fertility Awareness Based Methods

This method of contraception depends mainly on abstinence during fertile days in a woman's menstrual cycle. In every woman's monthly cycle, there exist period of fertility or ovulation days on which they are likely to get pregnant when engaged in sexual intercourse. Women observe the signs of ovulation which includes cervical secretion and or basal temperature in order to use fertility awareness method. (Nouri et al. 2014); WHO, 2004) and avoid having sexual intercourse. Pyper and Knight (2009) asserts that women who use the fertility awareness method to prevent pregnancy rely on mnemonic devices like color-coded, beaded necklaces which enable the user to identify fertile and non-fertile days. This method requires the individuals to be client and partner as well as an experienced clinical counsellor to ensure effectiveness (WHO, 2004).

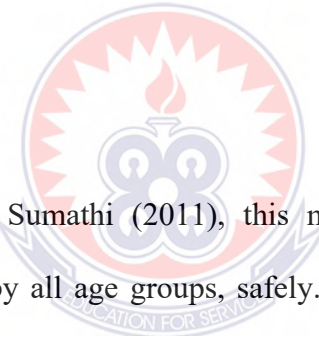
According to the WHO (2004), one of the problems associated with the use of such a method is the variability of the time frame of ovulation which depends on the number

of days of a menstrual cycle and the day of ovulation. Certain conditions may affect ovarian function or the fertility signs and symptoms and make the use of this method highly undependable. It states that the fertility awareness-based method can be used irrespective of users' medical condition.

It can be seen that the traditional methods of contraception do not require the use of contraceptives to prevent pregnancy as they are dependent on the male and female engaged in the sexual intercourse. They are however relatively low on reliability of their success in preventing pregnancy and Sexually Transmitted Diseases (STDs). Also, from the literature it can be seen that the traditional methods of contraception are not permanent in nature.

2.3.2 Modern Methods

2.3.2.1 Male Condoms



According to Rakhi and Sumathi (2011), this method is 95% effective if used correctly. It can be used by all age groups, safely. No prior medical examination is required and it is easily available without prescription. It serves as the most effective method in providing twin protection of contraception and STI disease. They however assert that the major drawback in this method is related to compliance, inconsistency, and incorrect use. They further reviewed how it can be used by highlighting that a thin rubber or latex sheath (condom) is rolled on the erect penis before intercourse. It prevents semen (sperms) from entering the woman. Stewart et al. (2013), also share a review on the use of male condoms by asserting that the use of male condoms can be classified under a method called "the barrier method". In his view, the male condom is a single-use sheath which is rolled on to an erected penis before intercourse to collect ejaculated and pre-ejaculated secretions in the space at its tip. World Health

Organisation (2004) believes that when male latex condoms are used correctly failure rates as low as three pregnancies per 100 women in the first 12 months of use may be achieved. The organisation also asserts that the purpose for effectiveness and protection from STIs is substantially greater for male condoms than for the female condom. Trussell et al. (1994) add that with correct and consistent use, failures rates as low as 5.1% have been estimated for male condom.

2.3.2.2 Female Condoms

Rakhi and Sumathi (2011) assert that, female condoms protect from both unwanted pregnancy and STDs. According to them, the female condom is a vaginal pouch made of latex sheath, with one ring at each end. The closed end ring is inserted inside the vagina and works as the internal anchor. Outer portion covers and protects the external genitalia. They further highlight that it is reliable, hypo-allergic with high acceptance in test groups although its cost could be a major deterrent to use. Balekelayi (2019) also stated that the female condom is a loose-fitting lubricated polyurethane sheath with a flexible ring at each end. According to her, it is inserted into the vagina prior to intercourse to collect ejaculate and pre-ejaculate secretions.

Stewart et al. (2013) further explain that the female condom is a silicone dome with a flexible rim that is inserted into the vagina to cover the cervix. According to Stewart et al (2013), inserted diaphragm prevents sperm transport through the cervix hence must be kept in place for at least six hours after intercourse for the spermatozoa to be incapacitated in the acidic vaginal environment. World Health Organisation (2004) suggests frequent sexual activities or multiple partners require the use of condoms as a priority option.

2.3.2.3 Oral Contraceptive Pill

A review by Rakhi and Sumathi (2011) highlights that, oral contraceptive pills consist of two hormones which are oestrogen and progesterone which is to be taken daily orally by the woman. In their review, they assert that the pill prevents the release of egg thickening of cervical mucus and alters tubal motility. They however, opined that the pill must strictly be prescribed after a medical check-up. They further add that, couples who desire pregnancy can discontinue its use. They, however, cautioned in their review that the pills are unsuitable for women over 35 years or those with family history of heart, liver diseases, hypertension, diabetes, or unexplained vaginal bleeding.

In the same light, Balekelayi (2019) notes that the oral contraceptive or the pill is a compound of synthetic hormones that subdue ovulation by keeping the oestrogen level high in a female. According to her, the pill prevents the pituitary gland from sending a signal to the ovaries to release an egg. She further asserts that the pill is taken by the woman every day at the same time to prevent pregnancy and stop when she desires to be pregnant.

2.3.2.4 Emergency Contraceptive Pill

World Health Organisation (2004) defines emergency contraception as the use of an emergency regimen in the first few days following unprotected intercourse in order to prevent pregnancy. Rakhi and Sumathi (2011) maintain that, the emergency contraceptive pill comes with two doses of the pill, separated by 12 hours which is to be taken within 3 days (72 h) of unprotected intercourse. They assert that depending on the time of menstruation it is taken, it can prevent ovulation, fertilization, or implantation of the fertilized egg. It is available without prescription. These

researchers opine that the emergency contraceptive pill is mostly used when there is an absence of any of the contraception methods or a failure in any of the methods.

The World Health Organisation (2004) suggests that emergency contraception may be particularly useful in helping to prevent pregnancy in the event of inconsistent use or method failure such as condom slippage or breakage. The above review is also supported by Balekelayi (2019) who noted that the Emergency Contraceptive Pill (ECP) is used to prevent pregnancy within a few days after intercourse. They are taken either as a single dose or two doses 12 hours apart. This pill is normally taken in emergency cases after unprotected sex. Emergency contraceptive pills are option in the event of condom breakage, slippage, or other cause of unprotected intercourse (WHO, 2004).

World Health Organisation (2004) indicated that copper IUD as an emergency contraceptive which prevents pregnancy when inserted after five days of unprotected intercourse. WHO task force on postovulatory methods of fertility regulation, 1998 cautions that emergency contraceptives effectiveness is greatly associated with time factor as it is influenced by time elapsed after intercourse prior to using the method (WHO, 2004). This means that the earlier the use of contraception after unprotected sexual intercourse the better. The Boog and Cooper (2021) posits that emergency contraception are not for the purpose of abortion hence once fertilisation takes place, the emergency contraception taken becomes inactive. The use of emergency contraception whether pills or an IUD is short-lived and the return to fertility occurs immediately (WHO, 2004).

2.3.3 Surgical Methods

2.3.3.1 Intrauterine Devices (IUDs)

Rakhi and Sumathi (2011) explain that the intrauterine device is a surgical contraception method which is administered through small flexible, plastic device, usually with copper, which is inserted into the womb by a qualified medical practitioner, after menstruation, abortion, or 4-6 weeks after delivery. This plastic device according to Rakhi and Sumathi (2011) prevents the fertilised egg from settling in the womb. They however, outlined some effects of this method by highlighting that it may cause heavy bleeding in some women as well as pelvic inflammation in women especially those exposed to STDs. They further add that sometimes the IUD loosens and detaches and hence should be checked periodically. Furthermore, they assert that this method may increase risk of ectopic pregnancy and as such, it is unsuitable for women with cervical or pelvic infection, uterine fibroids, heavy menstruation, or unexplained vaginal bleeding. According to the FDA (2011) as cited in Balekelayi (2019), the IUD is a small T-shaped flexible device that is placed in the uterus to prevent pregnancy.

According to these researchers, the IUD comes in several different shapes and can be made of various materials, but the most used is a nylon plastic coil. According to them, the IUD can remain in the woman for many years and can be taken out by a health care provider if the woman wants to become pregnant. The commonly used IUD is a T-shaped frame with 380mm² of copper, and provides extremely effective contraception for a maximum period of 10 years (WHO, 2004). The Department of Health (2014) reiterated in their review the use of different forms of IUDs by reviewing that, unlike a nylon plastic coil, a copper IUD when inserted releases a small amount of copper into the uterus, which causes an inflammatory reaction

preventing sperm from reaching and fertilising the egg. According to them, another form of IUD is the hormonal IUD which also functions by releasing progestin hormone into the uterus. In their view, this causes cervical mucus to thicken, inhibits sperm from reaching or fertilising the egg, thins the uterine lining, and may prevent the ovaries from releasing eggs.

Ideal individuals who can appropriately use this method of contraception are those in long-term mutually monogamous relationships, are porous and do not have unexplained vaginal bleeding (WHO, 2004). IUDs are meant mainly in preventing fertilization (Emma Goldman Clinic, 2005; Family Health International, 2002). In addition, it affects a sperm survival and capacitation or motility which hinders the process of the formulation of a zygote (WHO, 2004).

2.3.3.2 Female Sterilisation (Tubectomy) and Male Sterilisation (Vasectomy)

Rakhi and Sumathi (2011) highlight that female sterilisation is a permanent surgical method in which the fallopian tubes are cut and ends tied to prevent the sperms from meeting the eggs. According to them, this method is a very reliable method requiring only a day of hospitalisation and can be performed anytime, preferably after last child's birth. In his review, Stewart et al. (2013) also opine that female sterilisation is also known as tubal ligation and is done by occluding or disrupting fallopian tubal patency to prevent the sperm fertilising the egg. This method can be done by making incision above the pubic hairline and taking hold of the fallopian tubes which are then tied off (Stewart et al., 2013). Alternatively, they review that it can also be done by making a smaller incision, and with the aid of a laparoscope, the fallopian tubes are tied off.

Rakhi and Sumathi (2011) on the issue of male sterilisation also review that vasectomy is a permanent surgical method in which, the vasa deferentia which carry the sperms from the testes to the penis, are blocked. This prevents the sperms from being released into the semen at the time of ejaculation. Male sterilization is a simple and reliable method not requiring hospitalisation. Contrary to popular belief, it does not affect health or sexual vigour, neither does it interfere with intercourse (Rakhi and Sumathi, 2011). In the view of Kennedy et al. (1989), the male sterilisation or vasectomy involves cutting and tying off the tubes that lead each testicle to the penis which prevents sperms produced from leaving the testicles to the penis to fertilise an ovum during unprotected sex.

Sterilisation is associated with some form of regret. People who use the methods of sterilisation may regret when there is a change in marital status or partners and child births (Shreffler et al., 2016).

Existing literature indicates that modern methods of contraception can further be categorised into permanent and non-permanent. The non-permanent methods require the use of contraceptives in order to prevent pregnancy from occurring. The permanent methods of contraception require a form of surgery. There are however a few non- permanent contraceptives that also require a form of surgery.

2.4 Effects of the Use of Contraceptives

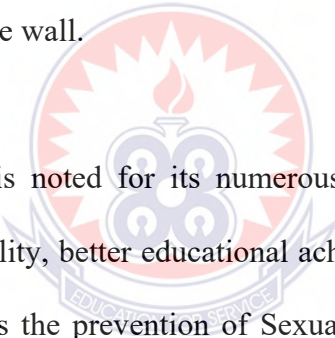
According to Daniels and Abma (2020), almost all women have used contraceptives at a point in time in their lifetimes and also at a point in time may stop or pause in using it for reasons such as desiring to get pregnant, being pregnant or not sexually active. As much as contraceptives are beneficial, they have side-effects. Each method has its own side-effects. Educating patients about common negative side effects of

contraceptives helps in establishing realistic views among users (Barr, 2010). The absence of standardised procedures for managing contraceptive side effects and other contraceptive related problems by family planning service providers has led to confusion and inability to manage such effects as it further leads to discontinuation of family planning service (Achwal et al., 2000). They further suggest that programs should be focused on total quality management by reducing negative impact of contraceptive side-effects. Moreira et al. (2019) suggest that the actual and health risk of variety of contraceptives are mentioned by some health professionals in developing countries as a reason to put restrictions on the use of certain contraceptives and the reason for the low use of contraceptives in these countries. The council, however posits that massive efforts are made in attempts to reduce the health risk and to improve efficacy as different contraceptive methods keep evolving and studies are conducted to highlight the numerous benefits associated with the use of contraceptives. Making a decision on which contraceptive to use assumes that couples have sufficient knowledge about the best and most appropriate contraceptive which is a precondition for access and use (Sunnu & Adantara, 2016).

Schapveld and Van Der Vlugt (2018) asserts that the most common side effects associated with the use of contraceptives include bleeding disturbances, changes in menstrual cycle pattern as it can become irregular, infrequent and in some cases no menstruation at all. He further asserts that permanent contraceptives that deal with male and female sterilisation have minimal side-effects. He adds that these side effects among others are mostly based on individual difference based on the individual's medical conditions and history, living condition as well as their personal characteristics. Rice et al. (2012) posit that tubectomy can help reduce the risk of ovarian cancer. However, the Council however states that massive efforts are made in

attempts to reduce the health risk and to improve efficacy as different contraceptive methods keep evolving and studies are conducted to highlight the numerous benefits associated with the use of contraceptives.

Highlighting some of these effects, studies have proven that hormonal contraceptives (emergency contraceptive pills and oral pills) could cause women to experience any of the following side-effects: amenorrhea, headaches, backaches, nausea, tiredness, irritability, increased pigmentation, weight gain, menorrhagia, epistaxis, loss of libido, migraine, and hair loss (Casado-Espada et al., 2019). Also, these strands of researchers have argued that women using IUCDs reported experiencing increased vaginal discharges, repeated vaginal infections, ectopic pregnancies and IUCD embedment into the uterine wall.



Robust family planning is noted for its numerous advantages which ranges from maternal and infant mortality, better educational achievement, better nutrition, higher gender equality as well as the prevention of Sexually Transmitted Diseases (STDs) (Benstein & Hansen, 2006; Longwe et al., 2012). Longwe et al. (2012) conducted a study on the effects of family planning variables on economic levels of districts within Africa. They employed the path analysis for urban and rural districts with some African countries. Their analysis showed that a decrease in average number of births had a positive influence on an increase in average household wealth in the district.

Longwe and Smits (2012) suggest that the ability of a woman to decide through the planning of the number and timing of their births enjoy advantages such as improved health, prevention of abortion, and the employment and educational opportunities. They also believe that this goes a long way to improve the economic and social status and their standard of living. According to them, these benefits can be achieved only

when women are exposed and are allowed to use variety of contraceptives throughout their reproductive years. They conclude undoubtedly that a reduction in the fertility of a country is good for wealth accumulation for districts and regions.

Shaw (2010) also adds to the numerous advantages and positive effects on the use of contraceptives. She believes that contraceptive use as part of family planning aids in averting about one-third of deaths that caused by pregnancy related complication as well as 44% of new-born deaths. She gives the reason that proper spacing between children by a woman prevents adverse outcomes of pregnancies which include malnutrition, prematurity and stunt growth in children. Ainsworth (1996) is of a similar view as he posits that one of the noticeable positive effects of family planning is that it aids in declining the maternal and new-born demises particularly for women who do not fall within the optimal biological age for pregnancy as well as unplanned pregnancies and high number of pregnancies. According to Cleland et al. (2006), implementing family planning using contraceptives which helps individuals to decide when they feel is appropriate to have children considering their health and other factors could help significantly in reducing obstetric-related mortality. Armah-Ansah (2018) suggests that family planning can be used to help control this problem of poverty as a result of high population. Planned motherhood resulting in small family sizes results in giving women the opportunity to engage in societal activities as well as becoming economically independent and breaking of the poverty cycle are some benefits enjoyed in the use of contraceptives (Schaapveld & Van der Vlugt, 2018). they go on as he mentions that the use of contraceptives has some positive side effects such as regulation of menstrual cycle, less bleeding, less abdominal pains, reduction in skin problems such as acne and even reduces the risk of cancer.

Ardiansyah (2016) also adds to the existence of empirical evidence as he researches on the effects of mass media on family planning in Indonesia. The study made use of the Indonesian Demographic Health Survey of 2007 and 2012 using the cross-sectional analysis. The research found out that television as a form of mass media had a positive impact on Indonesian married women behaviour towards the use of contraceptives in the country. However, there was not a clear pattern with regards to the existing family planning on mass media.

According to WHO (2014), promotion of family planning and ensuring access to preferred contraceptive methods for women, girls and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Its effects relate to health, social and personal lives of people. Socially, family planning and contraception enable people to make informed choices about their sexual reproductive health, create an opportunity for women for enhanced education and participation in society, including paid employment. Family planning and contraceptives use are beneficial to the government as these are seen as key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, national and regional development efforts.

Health wise, the benefits of the use of contraceptives are numerous which have earned the support and efforts to increase their (contraceptives') prevalence and use in the country. Many governments have encouraged family planning as a means of improving the health of women and children (Committee on Population, National Research Council, 1989). Dixon-Mueller (1989) suggests that a woman's ability to control fertility may change her outlook in life and may contribute to her psychological well-being. Zafar et al. (2013) assert that family planning method

which involves the use of contraceptives saves women's life as well as that of their children as it improves the quality of their standard of living. They are of the view that the use of contraceptives is an excellent way of investing in the health of women. Wilson et al., (2017) outline some positive effects on the users of contraceptives. According to them, prevention of unplanned pregnancies and abortion are some advantages enjoyed by individuals which positively affects communities and the countries at large.

A study conducted by the U. S Agency for International Development reported that 450,000 maternal mortality can be averted in 22 developing countries if family planning methods are encouraged and used between the years of 2010 and 2020. Molitoris (2017) also suggests that spacing of children with three to four years increases the possibility of children living past five years and reducing the child mortality rate. The reason for the increase in fertility rate in developing countries are multifaceted but past experiences have shown evidently that enhanced contraceptive technology and improvement in family planning information delivery and services can reduce fertility rate and contribute remarkably to health in all countries (Elia et al., 2015). They further suggest that new contraceptives are developed and the existing ones improved, which are more effective, safer and free from adverse side effects contributing significantly to the achievement of control over the timing and the number of children and individual will have. The varieties of such contraceptives make their prevalence and use increase remarkably. Binette et al. (2016) suggest that an unplanned pregnancy coupled with coexisting medical conditions may be disturbing as her risks of adverse pregnancy outcome may be increased in an uncontrollable disease. They further note that it is necessary that an effective and safe

contraceptive method will be used until the condition of health is stabilized and pregnancy is desired.

Depbuur et al. (2002) also conducted an intervention looking at the economic impact of family planning and contraceptive use in Navrongo in the Northern part of Ghana between the years of 1993 to 1999. The study results showed that family planning has a long-term positive effect on women's health and production as well as in terms of earning incomes. Ardiansyah (2006) adds that prearranged reproductive activities and conscious effort to reduce fertility could result in the decrease youth dependency and kindle more female involvement in labour force within developing countries which positively contribute to the country's economic growth. Rogers (2018) is of the view that countries with diminishing resources should encourage the prevalence and use of contraceptives. Family planning programmes will help in reducing poverty as the number of people in a household reduces.

The implementation of family planning and the use of contraceptive lead to equity as it gives women the opportunity to engage in productive, non-domestic job opportunities, further their education and also participate freely in their social life (Global Health Action, 2015; WHO, 2016; Miller, 2010; Rogers, 2018). Stoebenau et al. (2013) believe that as women are able to pursue higher education, they can contribute to the workforce massively, improve health through family planning and reducing the fertility rate of a country.

Ensuring access to information and services on contraceptives have numerous socio-economic advantages. These include ensuring gender equality, empower women to make informative decision on the number and spacing of their children, completion of education, give women the possibility of women to operate in all autonomy within

their homes, economically empower women and a high standard of living of women and their families (Center for Reproductive Right, 2010). Stover and Ross (2010) assert that over a million maternal deaths were averted between the years of 1990 and 2005 as a result of reduction in the fertility rate of less developed countries as contributed by the introduction of family planning and the use of contraceptives.

According to Starbird et al. (2016), family planning which includes the use of contraceptives is a very important component in achieving the Sustainable Development Goals (SDGs) targets 3.7 and 5.6. There are also a number of some benefits of family planning such as greater outcomes in education, health, wealth, empowerment of women and girls, environment preservation and food security which boost development in a country.

This concludes that the use of contraceptives results in positive and negative effects. The positive effects can be seen economically, socially as well as health wise. The negative effects which are mostly health related are dependent on the type of contraceptive used.

2.5 Perspective of Married Men and Women on the Use of Contraceptive

The prevalence and use of contraceptives are relatively low in Sub-Saharan Africa (Westoff & Bankole, 2001). Aryeetey et al. (2010) suggest this problem can be associated to several factors including risk perception, lack of knowledge, partner barriers and health services limitations. They conducted a study on the knowledge, perceptions and use of contraception among women in the Ga East District of Ghana. Their sample size consisted of 332 women between the ages of 15-49. Their research brought to light the fact that there is universal awareness of at least on the various contraceptive methods. Most of the participants of their study believed that family

planning is an important health action however, it was constrained by some barriers. Majority of the women were of the opinion that their male partner should be involved in the decision in choosing to use a particular family planning method.

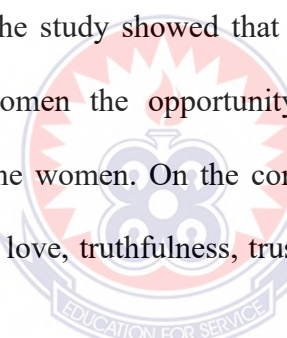
Okwor and Olaseha (2010) posit that men and women have different perception towards the use of contraceptives which is a major contributing factor to the numerous disagreements about the relevance of contraceptives. Biddleton et al. (1997) in agreement, maintain that these disagreements contribute to the poorer use of contraceptives and skirmish over the intentions of the use of it. According to them, men's undesirable attitude towards the control of fertility has been recognized as one of the major contributing factor to women's unmet need for family planning. Gele et al. (2020) posit that some women require the permission of their husbands before the use of contraceptives.

Bledsoe (2010) in his research found out that, men and women in South East of Nigeria had the perception that modern contraceptive have a link with spiritualism as they believed witches take advantage of the use of contraceptives by some women to make them barren.

Elia et al. (2015) conducted a descriptive study assessing the perception and practice of selected contraceptive methods among target population in selected areas in Mumbai. They worked with a sample size of 40 which included married individual from the ages of 18-40 using the likert scale questionnaire. The outcome of the study suggests that 85.5% are in support of the use of contraceptives and while 89% of the respondents were of the belief that contraceptive use can effectively prevent pregnancy. The study brought to light that majority of the respondents have positive

perception towards the use of contraceptives and most commonly used contraceptive method is condoms.

Okwor and Olaseha (2010) conducted a study on married men's perception about spousal use of modern contraceptives. It was a qualitative study conducted in Ibadan, Nigeria. They used focused group discussion guide as an instrument of data collection. The findings of their study brought to light different perceptions that men have in relations to spousal use of modern contraceptives. First of all, some participants have the perception of the use of modern contraceptives as a better way against the number of children couples can have. On the other hand, majority were contrasting the idea of women commencing the use of contraceptives or even initiating its discussion. The study showed that the majority of the men was of the perception that giving women the opportunity to use contraceptives can breed infidelity on the path of the women. On the contrary, a good number also believed that certain values such as love, truthfulness, trust among couples can limit some of the misgivings raised.

The logo of the University of Education, Winneba, is a circular emblem. It features a central shield with a cross and a book, surrounded by a sunburst pattern. Below the shield is a banner with the motto "EDUCATION FOR SERVICE". The entire emblem is set against a red and white background.

Lee et al. (2014) in a study looked at the perception about family planning and contraceptive practices in a marital dyad. Their study adopted a cross-sectional descriptive design with a sample of 389 married couple in Ethiopia. Descriptive statistics, chi-squared test, t-test, Pearson correlation were used for the data analysis. The study found out that men and women have significantly different perception in relation to contraceptive knowledge and its use. The study also brought to light the fact that the perception of wives on family planning had influence on their knowledge and use of contraceptives as well as that of their husbands. The perception of men on family planning on the other hand did not have any influence on their knowledge and use of contraceptives but rather influenced that of their wives. They suggest that

couples must be educated on their reproductive rights and responsibilities and not just on the use of contraception. They believe that this can be achieved through modifications in education and motivational approaches.

Kalra et al. (2015) conducted a study on the topic perceptual analysis on tubectomy and other family planning services: A qualitative study. As suggested by the topic they used the qualitative approach to analyse the perceptions of women's rational for the use of sterilisation, whether is a matter of choice or not and their thoughts on temporary forms of contraceptives available as well as their perspectives when it comes to male sterilisation. The study indicated a number of findings such as participants had knowledge on tubectomy from various sources like health care workers, friends, relatives and the media. The study also indicated that women had a positive perception to tubectomy as they believed they were more efficient and harmless than the other forms of temporary contraceptives available. Again, economic incentives did not serve much of the purpose of motivation to increase the going in for the tubectomy procedure. The need for a son to serve as financial security in old age as well as less decision-making power among women are some factors resulting in the less use of tubectomy. In terms of temporary contraceptives, the study found out that women did not use it because of misconceptions held in relation to negative side effects. The male sterilisation as a permanent contraceptive among men was generally not accepted among the participants because it was perceived that it can lead to weakness and productivity in terms of work for their partners. Their conclusion for the study was that there should be variety in educational strategies to erase misconceptions related to the use of contraceptives.

Nair et al. (2017) on the other hand concentrated on men and vasectomy in a study. They investigated knowledge and attitude of married men towards vasectomy in an

urban slum in Navi Mumbai. The study made use of the descriptive cross-sectional analysis with 121 married men aged between 21 and 50 sampled randomly. The study was done quantitatively using the Likert scale where respondents' perceptions were represented using numbers 1 to 4. The inclusion criteria were married men who have not undergone vasectomy. The study's purpose which was to understand the factors responsible for the gap in the demand for as well as the knowledge and attitudes toward vasectomy. The study confirmed that married men had knowledge about vasectomy (72% respondents). Sources of information showed that media, friends, family, friends and doctors. The majority of the respondents did not support vasectomy among men giving the reasons that sterilization and contraceptives should be left for women, vasectomy can lead to impotencies, reduce their strength in engaging in energetic activities, as well as a phobia associated with surgery. A few of the respondents however believed and supported vasectomy. They recommended that men education must be emphasized as this will lead to an increase in the knowledge level of men on vasectomy. There should also be a change in cultural socialisation which will in turn change their perception and attitude towards women and most specifically vasectomy. They assert in their conclusion that there is an issue of gender bias in the country when it comes to contraceptive use especially vasectomy. They then suggest a Behavioural Change Communication approach as remedy to bridge the gap toward vasectomy use.

Similarly, Appiah et al. (2018) conducted a study on married men and vasectomy; a focused study in an urban community in Ghana. The study focused on commercial driver's beliefs and attitude towards vasectomy. The study was conducted qualitatively in an explorative manner with a sample of twelve (12) married men through a focused group discussion. The study found out that participants related

vasectomy to castration that comes with negative effects. The low patronage of vasectomy was as a result of negative perceptions, future uncertainties, permanent nature of vasectomy. They suggested that appropriate strategies must be put in place by stakeholders targeting behaviour change to deal with the negative effects and perceptions about vasectomy among men.

Chimbiri (2007) in a study discovered that the use of contraceptives is limited in marriages. The married finds it difficult to use condoms as they have the perception that it is only applicable outside marriage as it cannot be used to prevent unwanted pregnancy. The use of contraceptives by men makes up a relatively small subset of prevalence of contraceptive use. The modern contraceptive methods for men are limited to male condoms and sterilisations (WHO, 2014). Armah-Ansah (2018) believes it is very necessary to promote men's engagement in reproductive health issues since tackling health problems like Sexually Transmitted Diseases (STDs), sexuality and fertility requires the efforts of both men and women. According to him, since men are involved in decision-making, encouraging their participation in family planning issues will enable them support their spouses to select the best family planning option.

Mustafa et al. (2015) also conducted a study on family planning knowledge, attitudes and practices among married men and women in rural areas of Pakistan. The purpose of the study was to explore the knowledge, attitude, and practices regarding family planning and the determinants that influence the necessity for and the use of modern contraceptives. The study was done qualitatively using the descriptive explanatory design. The sample comprised married men and women between the ages of 15 and 40 and the data was collected using a focused group discussion. The study found out that there was high level of knowledge on the various contraceptives but this did not

affect the use of it as the study revealed overall low use of contraception. Other findings revealed by the study were that certain factors that affected the use of contraceptives and these included the family size, religious beliefs, negative perceptions, disapproval from in-laws, side effects associated with the use of contraceptives as well as inaccessibility of quality health care system.

Another study was also conducted by Sunnu and Adantara (2016) on the knowledge, attitudes and beliefs towards contraceptives use among women and men in the Ho Municipality in the Volta Region, Ghana. The study used the cross-sectional survey design using a total of 340 randomly selected respondents who were both males and females. Their study revealed that the knowledge level was high among men and women who however, translate into their use of contraceptives. The study also showed that participants had the belief that contraceptives were harmful to the womb and can lead to weight gain, infertility, and it is legitimately used by only married men and women.

In the case of Ghana, Armah-Ansah (2018) conducted a study on the perception of family planning use among married men and women in Anomabu community. The aim of the study was to examine the perception of family planning use among married men and women in Ghana in the Mfansteman Municipality in the Central Region of Ghana. The data was collected quantitatively using questionnaire. The study sampled 200 married men and women between the ages of 15 and 40. The study revealed that the majority, 85% of the respondents had knowledge of family planning with television and internet and radio being the major source of information on family planning.

Islam and Hasan (2016) wrote an article on women knowledge, attitude and approval of family planning and contraceptive use in Bangladesh on women. The paper had the primary aim of examining the effects of women knowledge, attitudes and family planning approval on contraceptive use. Using the cluster sample techniques, data was collected from married women in Narsigndi. Their study revealed that there is a significant effect on the use of contraceptive by one's attitude and belief as well as contraceptive approval. The study further revealed that the exposure to mass media also played a significant role in the use of contraceptives as it increases the knowledge, the acceptance of contraceptives as well as yield a positive attitude. Thus, the education of women and mass media exposure are significant factors affecting contraceptive use.

Saleem et al (2020) also conducted a research on the perceptions and experiences of men and women towards acceptability and use of contraceptives in underserved areas of Karachi, Pakistan. The aim of the research was to understand the perceptions and experiences of men and women of acceptability and contraceptive use. The study was conducted using focused group discussions. According to the study, generally both men and women have knowledge on family planning, however, women are more acquainted with its use. On the issue of perception, the study revealed that men had the perception of being left out in terms of the implementation of family planning.

Hamdan-Mansour et al. (2016) embarked on a study on men's perception of and participation in family planning in Aquaba and Ma'an governorates, Jordan. The purpose of the study was to examine knowledge of family planning and contraceptive use. The study employed a cross-sectional descriptive study using structured interview. The sample consisted of 104 married men. The research revealed that the majority (93.5%) of the married men were aware and had knowledge on family

planning, contraceptive use, commonly intrauterine device (IUD) and oral contraceptives. Again, only 45.1% of the respondents together with their wives use contraceptives. Most of the men (71.2%) hold the perception that husband and wife should be involved in taking decision related to family planning. Moreover, the study revealed that factors like level of education and family size had great impact on the use

of contraceptives. They concluded that married men had positive attitude and good knowledge concerning family planning however, they do not practice it.

The issue of male involvement in family planning and the use of contraceptives have been low and its impact has been neglected. According to Hamdan-Mansour et al. (2016), male involvement plays a significant role in women's reproductive health. They add that men's preference to play a major role in their perception of the importance of family planning and the need for reproductive health service. Women are seen as the main focus and target in terms of discussing and implementing reproductive health and family planning as it is assumed that they play the most important role (Kriel et al., 2019; Raju & Leonard, 2000). Males' involvement can be seen as they are encouraged to use variety of contraceptives available to them and taking part in decision making regarding its use (Male Involvement in Reproductive Health Including Family Planning and Sexual Health, 1995).

2.6 The Concept of Mass Media

The term "mass media" has been viewed differently by scholars. It comprises of two distinct words which are "Mass" and "Media". These words have distinct meanings that come together. Dictionary (2021) defines mass as a large amount of something that has no particular shape or arrangement. Muhammadali (2011) defines mass as "a

large, heterogeneous, assorted, anonymous audience”. He further defines mass media as the channels of communication that produce and distribute news, entertainment content, visuals and other cultural products to a large number of people.

Mass media entails the use of technology with the aim of reaching a mass audience. Cheng (2021) see mass media as a vehicle or channel of communication that circulates information from the source to the target public and any media intended for the larger. Abuse (2020) sees mass media as communication devices, which can be used to communicate and interact with a large number of audiences in different languages.

Mass media has the intention of reaching an enormous population of the general public. Mass media is used for various reasons and purposes. According to Luhmann (2000), the population is not defined. McLuhan (1994) suggests that the information transmitted to may be to one or a specific group, few people to no particular audience. Luhmann (2000) sees mass media different as institutions that publicize information through the copying of technology. According Cheng (2021), mass media is actually the primary means of communications for the general public to communicate with each other as well as on a grand level. Wakefield et al., (2014) characterise media campaigns based on duration and links. According to them, media campaigns can be of a longer or shorter duration, be unaided or linked to other programmes.

From the definitions given, it can be deduced that mass media is a channel of communication that reaches a large audience of a population through the use of technology.

2.6.1 Types of Mass Media

There are different types of mass media (Cheng, 2021; Muhammadali, 2011). Different authors classify the forms of mass media into different types. For instance, Cheng (2021) classifies the forms of mass media into traditional media, print media (newspaper, books, magazines), broadcast media or electronic (television, radio) digital media (internet), outdoor media and transit. Muhammadali (2011) simply classifies the forms of mass media under three types and that is print media (newspaper, magazines, periodicals and books), electronic (radio, cinema, television, audio and video records and lastly digital media (Compact Disks, DVDs and internet). He believes that these categories are based on the technology involved, the physical form and the nature of the communication processes.

2.6.1.1 Print Media

According to Muhammadali (2011), newspapers, books, magazines and other textual documents constitute the print media. Cheng (2021) is of the view that all forms of information that is printed can be classified under print media. He adds that it is very prevalent and convenient, hence, its ability to reach a wider audience. Cheng (2021) posits that newspapers were the very first form of print media before the advent of magazines, books, journal, brochures, tabloids, novels and comic books.

2.6.1.2 Electronic Media

Broadcasting is the dissemination of audio and video content to an audience in different places using the electronic broadcasting media (Cheng, 2021)). According to Cheng (2021), the electronic media has the ability to reach a large number of people and appeals to both auditory and visual senses of its audience and useful to both literates and illiterates. Radio is the oldest source of electronic media before the

advent of television (Cheng, 2021; Muhammadali, 2011). According to Cheng (2021) and Muhammadali (2011), examples of electronic media include television, radio, film, movies, and audio recording and production. Cheng (2021) opines further that traditional telephone and video games as forms of electronic media. Abuse (2020) suggests that electronic media requires the user to have access to electronic connection.

2.6.1.3 Outdoor Media

According to Cheng (2021), outdoor media is available to the audience when they are outside their place of residence. He asserts that this type of mass media concentrates on advertising new products, emerging phenomenon or changes in the society and the promotion of brands. They are usually available on buildings, streets, electric poles, roadsides, kiosk among others. Forms of mass media that fall under this type include billboards, inflatable billboards, banner, posters, signs and placards, blimps, and brochure distribution.



2.6.1.4 Digital Media

Digital media is mostly referred to as the “The New Media” (Muhammadali, 2011; Cheng, 2021; Abuse, 2020). Muhammadali (2011) maintains that digital media refers to the online means of producing, transmitting and receiving messages through electronical signal. According to him, this type of media revolves around communication technology and the use of computers, wireless and portable devices. He gives examples such as DVDs, CD-ROMs and other wireless or internet facilities such as bulletin boarding, email among others.

Cheng (2021) asserts that the new media is an interactive two-way communication with users being the active producers of content and information. The internet which

is an example of this type of media is highly interactive in nature and has rapidly integrated all the other types and forms of mass media (Cheng, 2021)). Internet is seen as the centre of mass media. This means that with the digital media, the audience can access the print and electronic media. According to Cheng (2021), websites, emails, social media and social networking, webcast and podcast, blogging and vlogging, e-forums and e-books, digital videos, computer animation, virtual world and virtual reality are some forms of mass media that falls under the digital type of mass media. The various types of media are classified based on the technology involved in their process of reaching the audience with information.

2.7 Mass Media and Behaviour Change

McQuail (1979) believes that the mass media is filled with diverse content and organisation and includes a wide range of activities which could have effect on the society. He maintains that to assess how mass media affects something, it is necessary to know whether it is to change, prevent, facilitate, reinforce, and or reaffirm something. Ball-Rokeach (1976) is of the belief that mass media exposure has numerous effects on those exposed to it. To him, these effects are either to activate or deactivate. With activation, the audience after their exposure to the mass media message will do something they would not have done while the deactivation has to do with the audience not doing something they would have done after their exposure. Ball-Rokeach and De Fleur (1976) suggest that as listeners are dependent on the media and are greatly influenced by it, they may do something which they may otherwise not do it due to behavioural effects of mass media.

Parlato (1990) argues that a well-designed media campaign can be effective in creating a positive social environment for behaviour by bringing a shift in popular

opinion. Piotrow et al. (1990) note that mass media can be a powerful tool not only for creating awareness about a new technology but also for stimulating people's desires for more information and facilitating their efforts to apply the information to their own behaviour. Anwar et al. (2020) posit that mass media has a great influence not only when it comes to being a great source of information but also a vital tool when it comes to educating the general public especially when it comes to issues of health. She further suggests that the various forms of education and platforms they use in educating the general public can clear misconceptions and stereotypes they hold on certain health issues. According to Bandura (2001), one's beliefs change as mass media affects the thought and action when exposed to its images and symbols.

Wakefield et al. (2014) conducted research on "the use of mass media campaigns to change health behaviour". They add that mass media shows promise of behaviour change if they are well defined in terms of behaviour, deliberated over a long period of time and economical to a large population. They also bring to light some form of challenge that can hinder the purpose of behaviour through the use of mass media. Financial inadequacy, fractured and disordered media environment and inappropriate researched format are highlighted. Mass media has been used in recent times for the purpose of changing behaviours (Wakefield et al., 2014). They conclude that mass media campaigns can produce positive change and prevent negative health behavioural risks across large populations.

Olaleye and Bankole (1994) review previous work related to Ghana which establish the interrelation between mass media and family planning and support the view that the forms of mass media do influence behaviour. Bakht et al. (2013) conducted a cross-sectional study in four Asian countries on the influence of media on contraceptive use with the aim of emphasizing the influence of television on

contraceptive use in Asia. They assert that the use of family planning can be greatly influenced just as it influences other health behaviours. They further assert that there are other factors that can affect and change human behaviour. This is in agreement with Mungai (1996) as he posits that the relationship between exposure to television and contraceptive use is strong when other factors like education and income are controlled.

Similarly, Bankole (1994) conducted a study on the role of mass media in family planning promotion in Nigeria and used both qualitative and quantitative method, focusing on women only and limited its mass media to that of television and radio messages. The results are similar to that of Bakht et al. (2013) as it puts forth an evidence of how positively mass media campaigns of family planning and contraceptives yields greater results in Nigeria and hence suggested the continuity of such. Lunn et al. (2020) propose several arguments that suggest that mass media affects behaviour especially that of young people. Krongard and Tsay-Vogel (2020) adds that violence, sexual and compulsive behaviour have been linked to media consumption.

On the other hand, some authorities and writers have the view that mass media on its own does not have an effect on behaviour change (Bogue, 1962; Hyman & Sheatsley, 1974). Bogue (1962) is of the view that in changing of behaviour, motivating factors such as personal contact and selective interactions have more impact than the exposure to mass media. Hyman and Sheatsley (1974) are of the same view as they argue that exposure to mass media only has an insignificant impact on behaviour change but rather it can only influence knowledge and attitudes.

Anwar et al. (2020) in their article “The Role of the Media” asserts that information is a powerful tool that can affect change individually and even at the societal level. As

media is one of the major sources of information in the society, it becomes equally powerful in affecting change. Godlee et al. (2004) argue that access to reliable information is a corner-stone of improving and sustaining outcomes especially in Low Middle-Income Countries (LMIC). Enos et al. (2021) have it that in Ghana, the exposure to mass media was recognized as significant predictor of the likelihood that a woman would utilize antenatal care services and opt for childbirth from skilled birth., Hence, the mass media is a dominant constituent in the process of acquiring knowledge outside life experiences (Roger, 2018). For mass media to serve this role, Roger (2018) adds that priority should be given to exposing audience of media to information from and about different worlds and ways of life.

From the empirical evidence and other literature reviewed under this theme, it can be concluded that mass media has a great potential of influencing its audience. That is when the information given through the media is well designed as it helps in changing attitudes, beliefs and behaviour as well as the formation of such.

2.8 Challenges of Accessing and Use of Contraceptives

In accessing contraceptives, there are some challenges that are faced which reduce the access or need of it. Though contraceptives of different types are available and accessible at the various health centres in most countries, there is however an issue when it comes to its accessibility comparing urban to rural areas and also private and urban health centres (Schaapveld & Van del Vlugt, 2018). They went on to say that certain factors affect the accessibility of contraceptives. These include cultural, political and economic factors. The WHO (2014) suggested that money can be a challenge to low-income earners when accessing contraceptives. It also raised the issue of people in rural areas facing the challenge of traveling long distances to access

health centres and subsequently contraceptive services. Again, religious concerns, negligence, and practical barriers such as difficulty in using contraceptives were mentioned as reasons for the unmet need for contraceptives. The Ghana Demographic Health Survey (GDHS) showed that in 2018, about one-third of women in their reproductive years reported to have had the challenge of accessing family planning and contraceptives.

Machiyima and Cleland (2013) worked on the study “Unmet Needs for Family Planning: Trends and Determinants.” The study has a major purpose of establishing the impact of lack of access and attitudinal resistance to family planning on the Unmet need in the past 20 years and for variations in 2008 among different population strata. They made use of the 1988, 1993, 1998, 2003 and 2008 GDHS in the analysis. The study sampled women who had no intention of giving birth or abstaining from pregnancy for the next two years however not using any form of contraceptive. The excluded population included pregnant women using the abstinence, amenorrhoeic as well as single women. The study showed that one reason that has accounted for the low use of contraceptives has to do with fear of negative effects which affected their health rather than moral or social objectives. This was the reason for less use among women who have ever used or never used contraceptives. Machiyama and Cleland (2013) posits that another reason for the unmet need has to do with high failure rate associated with traditional methods hence they believed that traditional users have unmet need or face this challenge.

Sedgh et al. (2016) in their study on the causes of non-use of contraceptives though there is the desire to avoid pregnancy found out that negative side effects and health risks are the most common hindrance to married women when it comes to accessing contraceptives. They also found out that married women did not use contraceptives

because they believed that they were not having sex frequently to warrant the use of contraceptives. Lastly, they found out that a percentage of women did not use contraceptives because they could not access it.

Gueye et al. (2015) touched on the issue of misconceptions and myths surrounding the use of contraceptives and family planning as a whole. They mentioned that these misconceptions are mostly relating to the health effects and risks as people believed that the use of contraceptives can lead to barrenness, and or deformity in children born. To add, Binette and Reid (2016) notes that healthcare workers are often challenged with cases in which contraception counselling turn out to be difficult due to controversial indication and persistent myth. They further posit that myths and misconceptions are pervasive in the media and influence contraceptives and counselling. Similarly, Grace (2017) maintains that the use of birth control has lots of misconceptions and stereotypes that hinder its use. She believes that these misconceptions should be tackled as it is a reproductive right that should be enjoyed by all, especially women.

Guure et al. (2019) add to the number of empirical evidence as they conducted a study on the factors influencing unmet need for family planning among Ghanaian married/union women. The study purposed to examine factors that are associated with unmet need for family planning and the use of contraceptives to help increase the prevalence and patronage of family planning services. Their analysis was done on secondary data that involved women between reproductive ages of 15 to 49 obtained from the 2014 Ghana Demographic and Health Survey data. The study came out with a number of findings. Among these findings included the fear of contraceptive side effects being outstanding among other reasons given for low use of contraceptives. Other reasons from the study included infrequent sexual intercourse, opposition from

spouse, socio-economic factors as well as cultural background. The study concluded that to tackle the issue of unmet need for family planning, issues of negative side effects associated with use of contraceptives, sexual intercourse frequency, ethnicity, educational level, age and religion should be given much attention.

To increase the use of contraceptives, Schaapveld and Van der Vlugt (2018) suggest that health professional and providers need authentic information, skills and perception as well as attitude to render good and better counselling services when it comes to the prevention of unplanned pregnancies, and fertility issues. An effective counselling and education they believed can clear misconceptions and myths associated with the use of contraceptives and also the selection of appropriate contraceptive method for an effective result. The challenges affecting the use of contraceptives are access related but rather have to do with negative side-effects associated with its use and the inability of health professionals to tackle such issues.

2.9 Effects of Mass Media on the Use of Contraception

The education of the general public on the issues of contraceptives is very important. Empirical evidence has surfaced in relation to the effectiveness on the use of media centred campaigns to behavioural change and how it aids in the use of contraceptives to reduce fertility (Bankole, 1994; Islam, 2019; Olayele & Bankole, 1994; Parr, 2001; Rabbi, 2012). For instance, Bankole (1994) argues that through evidence of research that the tendency to produce few children and the use of contraceptives has a positive relationship with media advertisement of family planning. In conservative societies within developing countries as well, various forms of mass media campaigns have had a positive and strong influence on the knowledge, practice and attitudes regarding contraception (Rogers, 2018). Bankole and Oleyele (1994) conducted a research on

the impact of family planning promotion on contraceptive behaviour of women in Ghana. The aim of the research was to examine the influence of media messages and attitudes towards media promotion of family planning on contraceptive behaviour of married women in Ghana. The research made use of the Ghana Demographic and Health Survey (GDHS) which was conducted in 1988. The study proved that the exposure to media messages on contraception wields strong influence on up-to-date practice of, and intention to use contraception. This is to ascertain the fact that women who had the chance to listen or see contraceptives on the various mass media platform were highly likely to use and had the intention of using it.

Parr (2001) conducted a study on mass media promotion of family planning and the use of modern contraceptives in Ghana. The study did analyse the 1998 Demographic and Health Survey data in the multilevel, multinomial level. It had the purpose of exploring the effects of exposure to family planning messages on the type of contraceptive women use. The results of the study proved that family planning messages which were conveyed through radio and printed sources significantly affected the use of contraceptives by women. Again, according to the study, certain factors such as level of education, increasing number of surviving children as well as being aged 20-34 positively affect the use of contraceptives as they increase its use. The study however brought to the fore that this exposure to family planning did not have any impact on fertility.

Kulkarni (2003) conducted a similar study on exposure to mass media and its impact on the use of family planning methods by women in GOA. The study sampled 250 married women aged between 15-45. The study indicated that the use of contraceptives is as low as 48.4% of the participants who were using contraceptives.

They also found out that there is a positive correlation between women's exposure to information on family planning method and mass media such as television, radio or newspaper. The study established that independence of women education, number of children as well as place of residence were factors that influenced the use of family planning.

Bakht et al. (2013) posit that research has shown that both TV. and radio, convey messages on family planning methods. They conducted a study on the influence of mass media on contraceptives use. It was a cross-sectional study on four Asian countries. The purpose of the study was to emphasize the influence of television on the use of contraceptives in Asia. The study made use of cross-sectional data from Survey of Status of Women and Fertility (SWAF). The study found out that television watching is associated with increased contraceptive use in both genders – men and women. In their study, the education and income contribute significantly towards increased contraceptive use, but even after adjustment of these association between TV watching and contraceptive remain substantially strong.

Westoff and Rodrigues (1995) in their study examined the relationship between exposures to media messages and found out that women who are exposed to such images in the media are more likely to use contraceptives. This showed a strong relationship between the two. Brown et al. (2002) aver strongly that the media can be a powerful medium to propagate sexual health education. They further indicated that entertainment education or edutainment can be a main focus of programming to send across socially responsible messages to the general public. Anwar et al. (2020) also state that as media has a core mandate on disseminating information to the general public, journalist should ensure that they serve with all “thoroughness and honesty”,

providing clear and in simple term for easy comprehension of information given in the various platforms. They further suggest that disseminating health related information does not only mean telling something but also requires strategic planning with well-planned actions and events designed with the main aim of a change in behaviour. In the same article, she mentioned that well-planned strategies, actions and events must use a variety of platforms which may include “the use of many channels, mass media vehicles, brochures, posters and other printed sources.” She also made mention of other platforms aside the mass media such as sex education class in schools and workshops on family planning. In disseminating the information on health-related issues, the journalist of the media must work hand in hand with health specialist, sociologists, educators and public health authorities as this can increase their influence rate and produce positive results (Anwar et al., 2020).

Pazol et al. (2015) posits that counselling relating to the use of contraceptives given by health officials has the possibility of going a long way in solving the problem of unwanted pregnancies. They further explained that education on contraceptive use aims at providing clients with the basic information needed to make informed decision when it comes to the selection of the appropriate method of contraception. They believed that contraception education can go a long way to increase the use of contraceptives and that the absence or inadequate knowledge on contraceptives leads to the formation of wrong perception on the risk involved as well as the negative side-effects associated with the use of contraceptives. De Silva and Tenrenyro (2017) assert that mass communication was regularly used to change attitudes towards family planning, often with the aim of altering public views by creating a small-family norm. They add that in the 1970’s slogans had multiplied in different media platforms such

as the TV, radio, magazines, brochures, posters, billboards, and sides of buildings which all bore the unchanged message of the advantages of small families.

Mghweno and Katamba (2017) conducted a study on the influence of mass media on family planning methods use among couples in Gashenyi Sector of Rwanda. The purpose of the study was to explore the influence of mass media on the use of family planning methods among couples in the Gashenyi Sector. The study involved 351 participants who are couples in two health centres, heads executive secretary centres and the members of the chosen health centres. Descriptive statistics analysis and the Pearson Product Correlation were used to analyse data. The study came out with the results that radio as a form of mass media has a high level of listeners. Posters, television, and newspapers on the other hand had low patronage. When the uses of various methods of family planning or contraceptives were analysed, lactational amenorrhea (traditional method), condoms, pills and emergency contraceptives which are classified as modern contraceptive were highly used to a moderate mean. However, the general uses of the various methods of family planning were not encouraging as it was low. Lastly, the result revealed there existed between family planning methods and mass media strategies a low positive relationship. They concluded that mass media has not influenced the use of family planning methods in the sector. High Impact Practices in Family Planning (2017) suggests that mass media programming on issues relating to reproductive health can affect individual actions by providing precise and correct information, building self-efficacy and also endorsing attitudes and socially accepted norms that support healthy reproductive lifestyles.

Rogers (2018) presents empirical evidence on the impact of mass media-delivered family planning campaigns in developing countries. The study employed a meta-analysis using the Hedges-Vevea and Hunter Schmit methods of analysing data. The

study came out that there exist a positive impact and relationship between mass media campaigns on family planning and its use. Again, mass media content on family planning which included enter-education component shows a positive impact on women. This type of campaign also encouraged subsequent interpersonal relationship between women and health workers. Cleland et al., (2006) also believe that the promotion of family planning and the use of contraceptive campaigns that uses the mass media platforms are more effective and cost-effective. They further indicated that it is so because it is less expensive to prevent unwanted pregnancy and births as compared to the monetary effects of unwanted births on the family and the society. Kane et al. (1988) asserts that in conservative societies within developing countries, various forms of mass media campaigns have had a positive and strong influence on the knowledge, practice, and attitudes regarding contraception.

The impact of mass media is positive but it is sometimes dependent on certain variables such past education, culture, age, among others. Bakht et al., (2013) add that population trends with regard to fertility rate can be linked to early marriages which require bearing children at an early age. Islam and Hassan (2016) have it that factors such as place of settlement, literacy level, financial status, geographical region and the size of the family are among the crucial variables determining the mass media contact with family planning efforts.

Sibanda et al. (2021). argue that a review on mass media effects on the use of contraceptives in Low Middle-Income Countries (LMIC) are inconsistent as most of the intervention are short-term and so are the effects as contraceptives demand fall back to the initial level. Dekker et al. (2020) attributes this to certain factors which include; the media's inability to address cultural and practical barriers to behaviour

change; the use of inappropriate media to target a large audience and the focus on one issue in the face of other related problems.

2.10 Summary of Literature Review

This section of the study comprised of the review of related literature thematically based on the research questions guiding the study as well as other pertinent concepts and themes necessary to achieving the purpose of the study. Relevant literature was reviewed conceptually and theoretically. The first section dealt with the theoretical review. The study was backed by the media dependency theory by Sandra Ball Rokeach and Melvin Defleur. The theory expounded the power of mass media to effect behaviour change its audience. The theory postulates that the less pluralized the sources of information in a country, the higher the power of media to effect behavioural changes on its audience.

Conceptual and empirical review was done simultaneously under the themes derived from the research questions. Consequently, themes such as the concept and types of contraceptives, effects of the use of contraceptives, challenges associated with the access of contraceptives, mass media and its types, influence of mass media and behaviour change, the perspectives of married men and women on the use of contraceptives as well as the effects of mass media on the use of contraceptives. The study identified numerous gaps however, the issue of less qualitative studies conducted on mass media and the use of contraceptives among married men and women raises concern hence necessitates the purpose of this study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology employed in this study. The chapter consists of the philosophical underpinning guiding the study, the research approach and design. The setting of the study, population of the study, sample size and sampling technique, method employed in data collection, type of data collected, data collection procedure and the analysis of the data are also described. The chapter also captures the position of the researcher as well as ethical considerations.

3.1 Philosophical Underpinnings

The study was based on the interpretivist philosophy. Creswell (2014) suggests that the philosophical assumptions affect the selection of the research approach and design. For this reason, it is expedient that the researcher considers the philosophy that will shape the research. The interpretivist philosophy stands on the worldview that meanings derived from experiences and the meanings directed toward objects and things are varied and multiple which lead to complexity of views and ideas instead of limiting it to narrow categories (Creswell, 2014). This philosophical position helped the researcher to collect and analyse data from the view point of participants looking at their views, experiences and the interpretation they make out of it.

3.2 Research Approach

The study employed the qualitative research approach. According to Creswell (2014), research approach consists of the plans and procedures that is set to guide the researcher and it includes broad assumption to comprehensive ones such as the way

and manner data will be collected and analysed as well as its interpretation. He further asserts that in using the qualitative research, the researcher has the aim of creating the meaning of a phenomenon from the viewpoint of the participants and also explore and understand the meanings that individuals or groups ascribe to a social or human problem. The qualitative research approach aids the researcher in unearthing in-depth knowledge and understanding of issues. Using the qualitative research approach, the researcher explored the effects of mass media exposure on the use of contraceptives by married men and women. The choice of qualitative research is influenced by the researcher's position in terms of research paradigms. That is subjectivist and interpretivist paradigms respectively.

3.3 Research Design

The study employed the case study as the appropriate research design. Majid (2018) believes that a research design has to do with the use of evidence-based procedures, protocol and guidelines that provides tools and framework for conducting research. The research design chosen for a study is also dependent on the approach chosen. The case study design has an enquiry characteristic that hinges on the development of in-depth analysis of a case, a programme, an event a process and an individual(s) (Creswell, 2014). Punch (2015) also highlights another characteristic of a case study design. According to him, case study designs have a holistic focus which aims to preserve and understand the wholeness and unity of a case. The phenomenological type of case study was used focusing on the phenomenon of the use of contraceptives. This phenomenological case study design is exclusively established to aid health professionals to learn from the experience of others, (Neubauer et al., 2019). This type of case study was used to enable the researcher to give much consideration to the structure of meaning and to understand subjectively the individual experiences of

participants when it comes to the use of contraceptives. This design is appropriate as the study intended to have an in-depth understanding of the views, opinions and experiences of married men and women on the use of contraceptives.

3.4 Study Area

The setting was Obuasi-East District. It is found in the Obuasi Municipality in the southern part of Ashanti Region of Ghana. The district has a population of about 94,182 in 2020 according to City Population Projection (2020). The district has about 62% of its population being between the ages of 15-64 years which is classified as the active section and 37% between the ages of 0-14 years. It can be deduced from the age distribution that the majority of the population can be classified as sexually active who are involved in various sexual activities. Also, from the age distribution with regard to children, it can also be asserted that the fertility rate of the district is relatively high. Moreover, the population has access to the various forms of mass media as a district in Ghana. There seems to be the existence of large family sizes in the district and this necessitated the researcher's choice of the district as the setting for the research. That is to aid the researcher explore how the exposure to mass media affects the use of contraceptives on married men and women.

3.5 Population of the Study

Population of the study can be seen as all units of analysis that is relevant to the study. The target population of this study were married couples and parents who live in households in the Obuasi-East District. The accessible population were married couples who have biological children.

3.6 Sample and Sampling Technique

The sample can be seen as a subset of all the components of analysis which make up the population of the study. The sample size of a study is very important as it is a prerequisite to credible empirical study. Out of the target population, sample sizes of 15 participants were drawn from eight households in the Obuasi-East District. The principle of point of saturation was employed in the number of participants chosen. Although there are many couples and parents residing in Obuasi-East District, only those with biological children were selected for the study. Family units without biological children were not selected for the study.

In selecting the households, the researcher used judgemental sampling technique. According to Frey (2018), judgemental sampling is a non-probability sampling which occurs when units are selected for inclusion in a study based on professional judgement of the researcher. Based on the researcher's judgement in selecting households, a total of eight households were selected. These households are expected to have stayed in the area for more than a year.

The convenient sampling technique was employed in selecting couples in the households. This sampling technique was deemed appropriate because of the uncomfortable nature of issues to be discussed. Participants were therefore allowed to willingly accept to partake in the study. In all, the 15 participants willingly agreed to partake in the study.

3.7 Data collection instrument

Considering the research approach guiding the study, qualitative data was collected. The study employed interview as the instrument for data collection. Interview in data collection requires a purposeful interaction in which the researcher obtains

information from one or more individuals who are participants of the research. The interview is deemed appropriate as it allows for greater depth of information which is not possible to attain it in other ways.

Consequently, an interview guide consisting of semi-structured interview questions were used as the instrument for data collection. These questions were derived from the research objectives and questions. That is under each research question, sub interview questions were developed. This can be seen in page 135. The interview gave the participants the room to thoroughly express themselves based on their point of views, emotions, thoughts and experiences.

3.8 Ethical Considerations

Ethical issues generally refer to rules and regulations, norms and values that guide or govern a person or a profession. In the case of research, there are some codes of ethics that guide the process. It entails protection of the participants' right and dignity. In this study, the researcher showed to the participants, an introductory letter from the University of Education, Winneba to assure them that it is for academic purposes. The sensitivity and the purpose as well as the significance of the study was discussed with the participants. This built a rapport and positive relationship between the researcher and the participants. The participants were made aware of their rights which include the right not to grant the interview, stop the interview, and avoid answering or talking about certain questions and issues when they find it uncomfortable or inconvenient.

The issue of anonymity and confidentiality were also addressed. The participants were assured that their true identity will not be disclosed. To this effect, in the analysis and interpretation of data, pseudonyms were used instead of their real names. The recorded interviews were protected and used only for academic purpose.

3.9 Type of Data Collected

The researcher worked with both primary and secondary data. The primary consisted of views and ideas of the participants of the research. The secondary type of data consisted of information from books, articles, newspapers, empirical researches conducted and other internet sources which were reviewed.

3.10 Data Collection Procedure

In the process of collecting data, the researcher went through a number of procedures. First of all, the researcher introduced herself to each of the participant with the help of an introductory letter. The researcher also sensitised the participants on the sensitivity yet the importance of the study and scheduled a time that was convenient to each of the participant. The researcher engaged each participant on a one-on-one, face-to-face interview. During the process, the researcher asked the participants relevant questions and solicited their views, and experiences as they answered the question. The interview sessions were recorded using an electronic voice recorder. There were differences in duration for each interview session, however an average of 15 minutes was used. During the interview, participants were given the opportunity to ask questions and clarify issues when necessary. They were also given the chance to ignore questions that they deemed inappropriate and inconvenient for them to answer. The process of data collection spanned on a one-month duration.

3.11 Trustworthiness

As qualitative research which does not deal with numeric data, trustworthiness was ensured. Sandelowski (1994) believed that a study is trustworthy when the reader of the research reports judges it to be so. Trustworthiness has to do with the truth in data collected, how it was analysed as well as its interpretation. To ensure trustworthiness

the researcher ensured credibility, transferability, confirmability and dependability of the data and the entire work. The various tenets of trustworthiness are discussed.

3.11.1 Credibility

Credibility entails the quality of the data collected as well as how well its interpretation is close to the original data taken from the research participants. It is important to ensure the quality of the data as it meant to achieve and answer the research objectives and questions respectively. According to Devaut (2019), participants prefer member check as they are given opportunity to verify and fill gaps in earlier interviews. Devaut (2019) further believes that this creates a rapport with the participants and build their trust. The researcher ensured credibility by giving the participants the opportunity to go over the data recorded to and ascertain whether the data collected as the one taken. They were also given the chance to make the necessary corrections and add relevant information where necessary.

3.11.2 Transferability

Transferability deals with the extent to which the findings of the research are applicable outside the boundaries of the research. It has to do with generalising the findings of the research to similar context and circumstances. Devaut (2019) avers that it is only likely to prove the transferability of the findings of a study. To ensure transferability to the highest degree, the researcher described into detail how participants were selected through the use of judgmental sampling technique. The setting of the study was also described in detail to improve the applicability of the research.

3.11.3 Dependability

Dependability of a research study deals with the consistency of the findings of the study. This means that when the processes of the research are conducted in similar context, the findings will be the same or similar. The issue of dependability was addressed using systematic data collection and analysis process. The interviews were conducted with the same interview guide. In analysing the data collected, the research went strictly according to the narration of the participants. Again, transcribed and audio data collected were readily available and accessible for enquiry when the need arise. In all, the researcher adhered strictly to the rules and regulations governing data collection and analysis and also used the services of an inquiry audit in the person of a research supervisor.

3.11.4 Confirmability

Confirmability as tenet of trustworthiness in qualitative research concerns itself with the degree to which the findings of the research is supported by the data collected. The research findings must be independent of conscious and unconscious biases (Devaut, 2019). Due to the nature of qualitative research, the researcher can be easily biased in analysing data to come up with the findings. This can be done knowingly or unknowingly by the researcher. To ensure confirmability, the researcher kept a reflexive diary of all processes and stages that was undertaken during the research. This helped the researcher to keep track of all activities undertaken from data collection to data analysis. The researcher ensured that biased analysis was avoided and the findings were a true reflection and representation of data collected.

3.12 Positionality

Positionality has to do with how the identity of the researcher can influence the study. The identity of the researcher has to do with possible biases and their general outlook on the world. As a researcher who hails from the district and has stayed there for more than a decade, the researcher assumed the position of an insider. The researcher observed the trend of family sizes in the district and the people's general attitude to contraceptives. However, looking at the sensitivity that people especially women attach to the issue of contraceptives, the researcher interviewed participants who are not familiar with her or do not have any prior relationship with. This addressed the issue related to shyness and confidentiality. The researcher's insider position did not influence the collection of data and the analysis in a way as laid down procedure for conducting research were strictly adhered to. The researcher was very mindful of her educational and other societal values and consciously focused on the purpose of the research and avoided all forms of biases.

3.13 Data Analysis

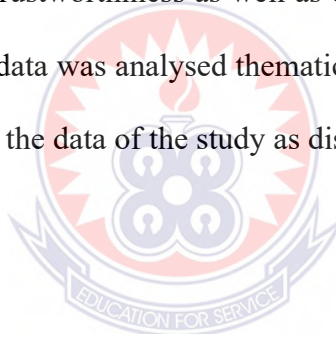
Data analysis according to the University of Pretoria (2019), involves the interpretations gathered from the data through the use of analytical and logical reasoning to determine patterns, relationships and trends. As established, interview data was collected. The researcher listened to the recorded audios of the interview severally to get an in-depth understanding and transcribed the recordings verbatim. In the process of data analysis, the researcher coded the data collected. The findings were organised according to themes drawn from the research questions and also emerging ones from the data. The emerging themes were discussed into details. The themes and ideas that were generated were linked with theoretical concepts to establish the interconnectedness and differences. Excerpts from participants were used

to buttress the findings. In the process of data analysis, the researcher engaged in coding the data collected.

3.12 Summary of Methodology

This chapter dealt with the overall methodology. The study hinged on the interpretivist philosophy. The Research approach and design were qualitative and phenomenological case study respectively. The setting of the study was Obuasi-East District with population of married couple or parents in the district. A total of fifteen participants were selected using the judgemental sampling technique.

Data was collected through face-to-face, one-on-one interview session. The study ensured all principles of trustworthiness as well as observing all the necessary ethical rules and principles. The data was analysed thematically. The next chapter (chapter 4) gives detailed insight into the data of the study as discussions and analysis are made.



CHAPTER FOUR

FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents the findings on the effects of mass media exposure on the use of contraceptives among married men and women in selected households in the Obuasi-East District. To ensure this, the researcher explored the perception of married men and women on contraceptives and their use, their access to information and education on mass media, the challenges they face when accessing contraceptives as well as the effects of the mass media on the use of contraceptives. The findings of the study sought to answer the research questions guiding the study. These research questions included; What are the perceptions of married men and women on the use of contraceptives in the Obuasi-East District? How often does married men and women in the Obuasi -East District access information and education on contraceptives? What are the challenges married men and women in Obuasi-East District face when accessing the contraceptives? How does the mass media affect married men and women use of contraceptives? The data was collected during a face-to-face, one-on-one interview session with an interview guide. In the discussion, interactions with, relationships between and connections to reviewed literature and theory were brought to the fore. The findings were presented and discussed thematically. The following were themes and sub-themes that emerged mainly from the data collected hinging on the research questions.

4.1 Perception of Married Men and Women

The study had an objective of ascertaining the perspectives of married men and women on contraceptives and their use. For this, the research question that sought to

be answered was “*what are the perspectives of married men and women on the use of contraceptives in the Obuasi- East District?*” The perspectives of an individual on a particular phenomenon or object are mostly influenced by the knowledge and awareness level of the individual concerning it. The use or an interaction with the said phenomenon generates experience that can inform one’s perception. Therefore, the knowledge and awareness of participants were assessed as well as the prevalence of the use of contraceptives among married men and women. This brought forth sub-themes, which included knowledge and awareness, prevalence of contraceptive use, perspectives on the use of contraceptives as well as the advantages and disadvantages derived from the use of contraceptives. These themes are discussed thoroughly for easy comprehension.

4.1.1. Knowledge and Awareness of Contraceptives

Participants were asked a few questions to assess their knowledge on contraceptives. Questions such as “have you ever used a contraceptive? In your own view, what are contraceptives? What are the various types of contraceptives you are familiar with?” all the participants including both men and women gave positive answers and agreed that they have in one way or the other heard of contraceptives. When asked to explain contraceptives in their own words and views, once again, all the participants were able to explain and define contraceptives correctly in their own words. Some participants explained contraceptives as follows:

My understanding is that it (contraceptive) helps space childbirth and to protect yourself in terms of giving birth. That is prevent getting pregnant quickly (Participant 2, Field Data, 2021).

Oh! I know that women use some pills, others are injections, implanted or inserted in the shoulder to space their childbirth. That is to prevent

them from giving birth for few years to ensure good space between the children (Participant 4, Field Data, 2021)

“They are medicines and devices that are used to space child bearing or prevent pregnancy for some time that is done before or after having sexual intercourse” (Participant 7, Field Data, 2021).

The excerpts from the data showed that contraceptives are not aliens but rather known to the married men and women in the Obuasi-East District. It can also be seen that the primary purpose of contraceptives is to prevent pregnancy. It can be inferred from the participants that contraceptives as seen by Rakhi and Sumathi (2011), which says any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive.

The participants were also asked to mention some contraceptives they are familiar with. This is in relation to their knowledge to confirm whether or not they have knowledge on its primary purpose but also the types, devices and examples of contraceptives. From the data, all participants were able to mention at least two types of contraceptives. The data indicated that male participants were able to mention types of contraceptives peculiar to both sexes that is male and females. For instance, Participant 9, a male when asked to mention some types of contraceptives he is familiar with said;

Mmm! we have the pills, the condoms, the natural method and the IUDS. Yes, I am familiar with these ones though I believe there are other types of contraceptives available to both males and females (Field Data, 2021).

Another male, Participant 10 also said;

Okay. Mostly I know of condom, some family planning tools like the ones they insert in their reproductive organ or the shoulder, and some drugs. However, I don't go near the drugs (Field Data, 2021).

Again, Participant 4, another male said;

There are pills, injections and those that are planted in the arm. To me, there are three types. These are the most common and known contraceptives but there may be others which I personally do not know or heard of (Field Data, 2021).

Female participants when asked the same question, gave similar responses as presented below:

I know of injections and the pills but if you are tested (medically) and they realize that the injection will not help (be effective to) you, they will recommend the pill for you (Participant 6, Field Data, 2021).

I am familiar with IUD, errm! pills and one called DEPO which is inserted in the shoulder and also the natural method. I know there are several other types but I only know these (Participant 13, Field Data, 2021).

From the responses, most female participants were knowledgeable in the contraceptives pertaining to themselves, however, one woman mentioned contraceptives pertaining to both males and females. For example, Participant 2, a female said;

I know of injections, those that are implanted in the arm, condoms for both males and females as well as those that are inserted through the vagina. I am only familiar with these ones (Field Data, 2021).

This prompted the researcher to further ask the female participants if they knew condoms were contraceptives. They all affirmed they knew but it was for males.

Participant 8 when asked said;

I know of male and female condoms but I think condoms are for men. It is men that mostly use the condoms. I am sure I have not seen the female condom before, not to talk of using it. (Field Data, 2021).

Participant 6 also gave a similar response as she said;

Yes, I know but I have never used it. My husband often uses it so I think it is for men. For a woman to use it, I think it will be very uncomfortable. I heard you will have to insert it yourself. This is why I have not really thought about looking for it or even using it (Field Data, 2021).

Participants in their familiarity with contraceptives mentioned some common contraceptives including condoms and injections. The study showed that condoms were the most common contraceptive known to men as injections were for women. This affirms the findings of the study conducted by Wilson et al. (2017) on the contraceptive methods assessed in the Volta Region of Ghana. The study showed that injectables were common to women, while condoms were also common to men.

4.1.2. Prevalence of Contraceptive Use

This theme dealt with the frequencies of contraceptives use among married men and women in the Obuasi-East District. Participants were asked during the interview whether they use or ever used contraceptives, how often they use it, the type they and the rational for their preference of a contraceptive. The data showed that most participants have ever used contraceptives in their time of marriage. These included both male and female participants. Most of the participants still use them with the purpose of preventing pregnancy.

A few participants on the other hand, which were all males have never used contraceptives. When asked what their reason for not using them is, they gave reasons that contraceptives should be for women since they got pregnant hence, they should find ways to prevent pregnancy. One of such participants, Participant 6 stated;

Contraceptives and their use are not for men but rather it is women that are supposed to use them. This is because it is women that get pregnant, go through all the problems and struggles so they should protect themselves. We, as men have less to do when it comes to pregnancy so we just have to allow the women to use them (Field Data, 2021).

Participant 1 also having four children also said;

Well, you know it is a fact that a man does not get pregnant so, there is no need for me to use them. My wife is the one that uses and she usually goes for injection but I don't use any contraceptive. I do not intend to use any as far spacing childbirth and pregnancies are concerned (Field Data, 2021).

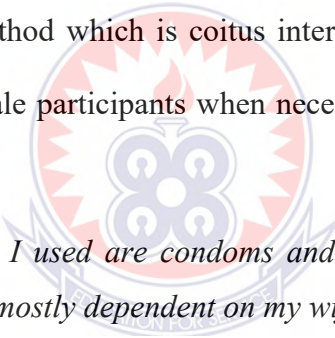
To add to total abstinence from the use of contraceptives, some participants who are females have all stopped using contraceptives in totality for quite a long time while others resort to the traditional method. Some reasons given include:

The last time I used a contraceptive was 2007. Personally, it didn't really help me while I was using it. I was having problems when I was using it so I didn't continue to use it and I haven't used any contraceptive till date (Participant 5, Field Data, 2021).

I have stopped using it for a very long time. When I bought the pills to take it after my fourth child because I didn't want to give birth again, I didn't even finish one box. I still haven't used contraceptives again (Participant 6, Field Data, 2021).

These participants like the male participant had 6 and 5 children respectively. It can be deduced that the major reason for the stoppage of the use of contraceptives among the women were related to negative side effects associated with its use. Also, it can be seen that these participants who have never used contraceptives or stopped using it have given birth to lot of children than those that use it.

There are various types of contraceptives that are used by most males and females. Their choice of a particular contraceptive is dependent on the factors of preference and the rationale behind it. Participants were asked in the process of the interview their preferred contraceptive and the reason for their choice of it. From the responses, all male participants who confirmed that they use contraceptives preferred the use of condoms. The natural method which is coitus interruptus and fertility window were also considered by the male participants when necessary. Some of the comments are stated below;



The frequent ones I used are condoms and the natural method. The natural method is mostly dependent on my wife's menstrual cycle. That is the safe and unsafe periods. I use condoms on her fertile days while I don't use any during her infertile period (Participant 9, Field Data, 2021).

I mostly use the condoms only whenever I am having sex and I know I am not ready to have another child at any point in time. I used to use the withdrawal method but it failed me once and so I opted for the use of condoms. However, there are days that I don't use contraceptives at all especially when I know my wife is not ovulating (Participant 11, Field Data, 2021).

Well, actually with that, if we are not sure of the natural safe period given by God because God prepared everything and we are to apply all in wisdom for our benefit. So, when I want to have sexual

intercourse with my partner and she is not safe at the moment that is when I use a contraceptive. Even with that, if it has passed the safe period by five days, then she takes the pills (Participants 7, Field Data, 2021).

Just as the commonest contraceptive is condom among men, it also happens to be the most used contraceptive among the male participants. When asked what informed their preference of condoms, a number of reasons came out. These reasons were either because of its effectiveness, ease of use or ease of availability.

Most contraceptives usage particularly condoms, among men results from the rationale of its effectiveness. It is noteworthy that most of the participants believed that condoms could largely prevent pregnancy. To them, it has a lesser failure rate. For instance, Participant 11, a male said;

You see, condoms are very effective in the use of contraceptives, though there are times that it may fail. It however, rarely happens and so able to prevent pregnancy (Field Data, 2021).

This assertion corroborates the view of Rakhi and Sumathi (2011) which states that the use of condoms as a method is 95% effective if used correctly.

Another reason for the use of condoms has to do with ease of availability of condoms to its users. Condoms are always available at the nearest shop. Such comments are stated below.

Condoms are easily accessible at the pharmacy or drug stores and I most often use the natural method... If she is in her ovulation that is when I use the condom... As for condom, you will get it at the nearest pharmacy without having to go for a long distance (Participant 9, Field Data, 2021).

I really prefer the use of condoms. You know that condoms are readily available at the drug store and drugs store are quite many in this town. Again, the price of it is not high or expensive, it is affordable to me at all times. It is also portable and very easy to handle” (Participant 10, Field Data, 2021).

Personally, I always use condoms because I do not know of any other contraceptives available to me. Also, with condoms, I can get it at anytime and anywhere without going through much trouble (Participant 7, Field Data, 2021).

The ease of use of contraceptives is one of the reasons given for the use of condoms among men. For example, Participant 3 when asked why he uses contraceptives said:

You see, the male condom is very easy to use and it helps a lot in protecting ourselves from Sexually Transmitted Diseases. That is why I like using that particular one (Field Data, 2021).

This shows the dual purpose for the use of condoms as mentioned by the WHO (2015) that condoms have a dual protection from pregnancy and Sexually Transmitted Diseases (STDs).

From the responses given by participants on the type of contraceptive they preferred, it can be seen that vasectomy which happens to be a permanent contraception method for men was not mentioned among them as a contraceptive they use. When asked if they ever considered vasectomy, these were some of the responses they gave;

Oh yeah, but the effect of vasectomy is dangerous due to the lack of qualified and specialized doctors to perform such surgeries, the surgery which is complicated and takes place in the duct. It is quite a risk to be taken to use such a method (Participant 7, Field Data, 2021).

No! that will make me infertile as there are a lot of things involved in it. I heard there will be surgeries and all. I can't go for it. It is too risky. Besides, I have only one child and I still intend to give birth

again so vasectomy won't help me. I will just stick to condoms and be free. (Participant 3, Field Data, 2021).

No, no! I have never considered it because I don't want to be infertile and not be able to perform sexually. What if I change my mind and want to give birth all over again, I can't go back because it is permanent. It is a risk I can't bear (Participant 10, Field Data, 2021).

From the comments, we can see that males are vehemently against the use of a permanent contraceptives such as vasectomy with the reason that it was too risky as it involved surgery. They had a perception that vasectomy will make them infertile and less of a man. Also, they had the intention of giving birth again and so did not want to regret when they want to do that. This finding agrees with the views of Wilcox et al. (1999) which say that sterilization is associated with some form of regret. Younger people who use the methods of sterilization may regret when there is a change in marital status or partners and child births. The findings are also similar to that of the study conducted by Nair et al. (2017) that found out that reason for the poor attitude towards vasectomy is as a result of the perception that vasectomy can lead to impotencies, reduction in strength of men as well as the phobia associated with surgeries.

The study once again showed that men have limited variety of contraceptives available to them to choose from and also have less information and education on contraceptives. This goes a long way to approve the statement of WHO (2014) that the modern contraceptive methods for men are limited to male condoms and sterilizations.

When it comes to female participants, they have variety of contraceptives available to them to choose from. Women when asked which contraceptive they used and which they preferred mentioned a number of contraceptives. for instance, Participant 2 who is still using contraceptive said:

Okay... after my second born, I went for the five-year implantation. I realized my stomach was becoming bigger so I reported it and they said it will not help me. So, they made me go for the three-month injection. Also, with that of the three months injection, I wasn't menstruating until it passes three months. I reported again to the hospital and they did a few tests and therefore suggested the one-month injection. With the one month own, I didn't experience any problem. That is what I have been using to space my children till the fourth child is five years old (Field Data, 2021).

Participant 13 also had this to say to the same question.

Yes, I mostly use the natural method. With the modern, I am not very conversant with it. Even with it, I have ever used the IUD which is put in the arm. It didn't really help me as I experienced a lot of side effects that has to do with my health (Field Data, 2021).

Another participant who for some time now has stopped using contraceptive entirely responded to the same question saying:

I used the injection because I wasn't sure of the consequences. I used the injection as a trial due to its easiness. I am given a date for the injection in the card. So, I get to know the day when I look in my card and I go for it again. (Participant 5, Field Data, 2021).

The data collected showed that most women have used different types of contraceptives at a point in time. The most common type of contraceptives among female participants were injectables (all types), pills, IUD and the natural method common. When they were asked their reason for the use of the preferred

contraceptives, some of the female participants comments were given as follow below:

You see the reason why I use the one-month injection is that, when I implanted the five-year own, it was making my stomach big so I went to remove it. I used it for the first five years but when I went for another one for the next five years, I didn't like it so I went to change it. So, the one month own is the most effective for me. That is why I have chosen to use it. (Participant 2, Field Data, 2021).

I liked the three-month injection. You are educated on the various types of contraceptives at the hospital. The three-month injection was effective for me as I did not experience any negative side effect. (Participant 8, Field Data, 2021).

When I first took the pills, I had to stop because I had a problem with my abdomen. Also, I went for the one-month injection but I stop using it when I started having problems with my menses. Again, I went in for the one implanted in the shoulder. I faced same problem with some dizziness. I went to the hospital to get it removed. I tried the three-month injections and it was effective without any side effect. I do menstruate every month without any problem so that's why I am using it (Participant 12, Field Data, 2021).

Okay. To be frank, I was scared to use the other ones but I was very okay and comfortable with the injections. I was scared because I saw the negative side effects that some people were experiencing. (Participant 14, Field Data. 2021).

From the comments, it can be seen that the female participants have used multiple types of contraceptives in their life time. The reason for their use of a particular type of contraceptive is not only based on their preference but other factors beyond their control such as compatibility of a contraceptive with their body systems and the

effectiveness of it. The issue of easy accessibility and ease of use were not considered when choosing a particular contraceptive to use.

Moreover, just like the male participants, none of the female participants has ever considered the use of a permanent contraceptive such as Tubectomy. Those who said they have already given birth to their desired number of children they planned, still did not accept the idea of female sterilisation. For instance, Participant 12 who said she wants to give birth to four children was against tubectomy as she said:

Hmm, you know I don't want to give birth again but what if my mind changes and I decide to give birth again? I can't undo it so I'll just stick to the non-permanent ones. I don't want any trouble. I want to be able to go back to my fertility as and when I want (Field Data, 2021).

Participant 2 who also has given birth to the number of children she wanted said:

I really support the use of contraceptives but this is too much to go for a permanent one. I even heard it is done through a surgery. I can't go through all that ooo. What if I lose one child and wants to give birth again? I prefer the type of contraceptive I can stop using or change when necessary (Field Data. 2021).

It can be seen that when it comes to going for a permanent contraceptive, the female participants shared similar view with the male participants. They were however mostly concerned with not being able to give birth again. This is similar to the finding of Kalra et al. (2015) who conducted a study on the perception of women on female sterilisation. Their study's finding is similar to this as their study indicated that the need for a child in future hinders women from going for a permanent contraceptive.

The data showed that the majority of participants both males and females have ever used contraceptives and are still using one form of contraceptives at the moment. This can be seen that as the knowledge and awareness level is high among the participants,

the case is different with prevalence of use as some participants have never used a contraceptive or have stopped using contraceptives. This confirms the findings of the study conducted by Benson et al. (2018) stating that there are high level of knowledge and awareness of modern contraceptive use, however there is still low use of contraceptives in the country. This implies that there is low prevalence of use of contraceptives despite the high level of knowledge among married men and women in the Obuasi-East District.

4.1.3 Perspective of Married Men and Women

Participants were asked what their general perception about the use of contraceptives was. It was important to know their personal perception because of how it affects their use of it. Different perceptions were held by both male and female participants. Three main tenets of perception were brought to the fore as data was analysed. First tenet believed that contraceptives were good and advantageous hence had a positive attitude toward their use. This is what participants who shared this view said:

My general perception is that it is good when you are using it to protect yourself especially against Sexually Transmitted Diseases. I am much interested in the use of contraceptive especially the condom as it is able to prevent these diseases which are mostly dangerous and can lead to loss of life. With that, I will say it is good (Participant 15, Field Data, 2021).

I see it to be good if you use and it works for you, if it is able to help you to space up your children. As we all know, spacing of childbirth comes with a lot of benefits that will be enjoyed by all especially if it works perfectly for you (Participant 6, Field Data, 2021).

I think it is good as it protects us. For instance, I have decided to give birth to only four children. This means I will not give birth again so when I use it, it has helped me to maintain the four children and not pick

a seed again. I know that I would have given birth to about two children again if not for the contraceptives I use (Participant 12, Field Data, 2021).

From these comments, it can be deduced that people considered contraceptive usage as good and advantageous. These perceptions were based on their experience. Their perception is influenced by the fact that, the contraceptives they used are able to serve their purpose of preventing pregnancy and spacing their children. Hence, these participants still use contraceptives because they have a positive perception. Elia et al. (2015) confirmed it as their study showed that the majority of the respondents have positive perception towards the use of contraceptives and most commonly used contraceptives.

There were participants who also had a different perception that the use of contraceptive should be discontinued as their negative effects are more than the advantages derived from their use. For instance, Participant 5 said:

oh okay. Personally, it didn't really help me while I was using it. I was having problems when I was using it so I didn't continue to use it. Since it did not help with all the health implication, I will not recommend it to a fellow woman to use. So, to me I don't think it is good (Field Data, 2021).

Participant 1 who does not use contraceptive said:

okay, in the advantage aspect, it is good. However, in the disadvantage wise, she has headaches and there is one that is implanted in the shoulder which my wife used but it also gave her headaches always

He continued to say that:

yes, it is not good and it will not help. The disadvantages are more than the advantages (Field Data, 2021).

Another participant also said:

To me, at first, I thought it was very helpful to the women but with time most of them realized it was not helping. They were giving different complains about the negative effects that they experienced after using a particular type of contraceptive. This influenced my perception, as it changed to be that it is not helpful anymore (Participant 4, Field Data, 2021).

The perspectives of a few participants indicated a negative health related effect, which is seen as a major issue. Participants with this perception have stopped using it themselves or their partners have stopped using it. This has reduced the prevalence rate of its use. It can then be said that their perception has limited their use of it. This confirms the findings of the study conducted by Aryeetey et al. (2010) which says one factor among other that is restricting the use of contraceptives among men and women has to do with perception of risk and barriers.

The last group of participants were not so decisive as to it being good or bad but however believed contraceptives have two sides to it. For instance, one Participant said:

You see with contraceptives, there are different types and from personal experience some have negative effects and some are very effective. So, to me there are two sides to it as it can help and also harm you. You just have to look for the right one which can help you (Field Data, 2021).

Another female participant said:

personally, I think it is good and helpful. On the other hand, I see that if you have never given birth and you use it, you may find it difficult to have a child when you are ready to. However, if you have ever given birth, then that will not be a problem but later on people were saying continuous use of it may result in difficulty in giving birth (Participant 8, Field data, 2021).

Participant 11 had this to say:

I think that contraceptives are like a two-sided coin. As it has good sides where it helps to prevent pregnancy, in the same vein it can also be dangerous as some women complain of side effects. You will have to decide and weigh the advantages and disadvantages you can derive from its use and decide (Field Data, 2021).

Partner's perception about the use of contraceptives is very important as the decision to use contraceptives involves the couple. Participants were asked what their partners perception was about their use of contraceptives. The data indicated that most partners shared the same or similar perception with them. That is, participants who had a positive perception about the use of contraceptives mostly had their partners sharing the same perception and vice versa. For instance, one female participant, Participant 6 who had a positive perception about the use of contraceptives said:

He also likes it and in support of me using it. He said it is good. He even recommended the one that last for five years for me to use. This is because it is less stressful and we do not need children anytime soon (Field Data, 2021).

Another female participant said:

He has the same perception as I do. He also supports the decision of not giving birth again, since we have the desired number of children, we planned to give birth to. So, he believes when we continue using it, we will prevent pregnancy and we will be able to cater for them well (Participant 12, Field Data, 2021).

A male participant who believes in the use of contraceptive when asked what his partner's perception was said:

Well, we are both using it so we have the same mind and perception towards it. I use condoms most of the time and she sometimes goes for the pills when necessary... Even she sometimes buys packets of

condoms for me to use. So, she doesn't have problem at all (Participant 10, Field Data, 2021).

Participants with negative perception said this about their partners' perception.

She was using it but at a point she realized it was not good so she stopped using it. It was giving her different kinds of sicknesses. Sometimes she has headaches, her menstruation ceased which has its own effects which is not good. So, to her, she has the perception that it is not good (Participant 4, Field Data, 2021).

Okay. Due to the disadvantages that had to do with the negative health related side-effects she experienced, she stopped using it and she buys my idea that it is not good. We do not know what might happen to her if she continues to use it. We both now share the same belief (Participant 1, Field Data, 2021).

There were cases of exception where participants partners had either an opposite perception to them or they were neutral and did not really care whether their partners used contraceptives or not. For instance, Participant 2 who was a female and viewed contraceptives in all positivity in terms of perception on the use of contraceptives said this on her husband's perception.

For him, all he does is to ask whether you have gone for the injection or for the implantation. That is all he asks. He doesn't really care. He is mostly not around and do not have to take care of the children so he believes it is my responsibility since I get to carry the children in my womb (Field Data, 2021).

Another participant who believed that contraceptives are good said this about his wife's perception.

For her, she is not all that interested in it. She does not use any contraceptive. I am the one that makes an effort by using condoms. She has no interest in contraceptives at all because of the negative

contraceptive she has heard from her peers (Participant 3, Field Data, 2021).

Well with him, he sees the use of the contraceptives for example the injections and others to cause some sicknesses and so he is not too convinced when it comes to contraceptives. He is not in support of the artificial types of contraceptives but the natural method. Another participant said. (Participant 13, Field Data, 2021).

Participants were further asked if their partner's perception influenced their use of contraceptives in one way or the other. The study showed that some participants considered the opinion of their partners before they used it. These participants were mostly women. Their partners' objection or acceptance to the use of the contraceptives could stop or encourage them to use contraceptives. For instance, a female participant whose husband had a neutral perception in the use of contraceptive when asked if her husband's opinion could affect her use said:

It could actually influence my use of contraceptives. If he doesn't like it, I won't use it. It will affect your child-bearing with few years between them. You won't be able to work as this will make things difficult at home. So, we will all suffer (Participant 2, Field Data, 2021).

Other women also had this to say:

I would have still used contraceptives if my husband was against it. You see I am the one in the house catering for the children always so I know the consequences of having a lot of children, but luckily, since he doesn't have a problem, I use it anyway (Participant 8, Field Data, 2021).

Yes. I know the benefits. I cannot be giving birth every year; I will be the one suffering so I would still use it. I will not consider the consequences of he getting angry that I went against his order of not

using it even if he doesn't agree. I use it and he doesn't have a problem (Participant 12, Field Data, 2021).

The case of male participant was somehow different as their partner's perception did not in any way affect their use. They rather influence them. For example, a male participant who used contraceptives said:

She uses it because of me but for her she is not interested. She knows I am very concerned about the number of children we give birth to. I personally also use contraceptive. Her perception does not affect my use of it (Participant 3, Field Data, 2021).

For me using a contraceptive, I don't think she has a problem. The problem is me. I don't want to use it often. I use it as and when I want, though seldomly. Her perception doesn't influence me at all to use it or not (Participant 9, Field Data, 2021).

There are however other male participants who do not look at their perception or impose their perception on their wives. They allow their partners to make the decisions on their own and supports them accordingly. For instance, a male Participant 4 said:

As you can see, it is the women that use it so they encounter the problems. Also, as a husband, any problem your wife faces is also your problem. So, to prevent any problem, we don't use it again. She decided not to use it on her own accord (Field Data, 2021).

For him, generally he has no problem. He believes that it is good for the purpose of spacing the children, however, if it doesn't help me then I shouldn't use it. He is not persistent as in stopping me from using it, another said (Participant 5, Field Data, 2021).

From the various comments from male and female participants, it can be deduced that the perception of male partners had an influence on their partners when it comes to the use of contraceptives. The decision for a woman to use contraceptives mostly

came from their husbands. The case is different as most men do not consider the perception of their wives when they want to use contraceptives. This affirms the statement of Gele et al. (2020) that some women require the permission of their husbands before they use contraceptives. Among some couples, there is a consensus in decision making among the couple as they support each other in the use of contraceptives. This is similar to the opinion of Armah-Ansah (2018) that men involved in decision-making, encouraging their participation in family planning issues will enable them support their spouses to select the best family planning option.

4.1.4 Relevance of Contraceptives

Participants discussed variety of benefits they derived from the use of contraceptives. These advantages ranged from health, economic and social benefits.

4.1.4.1 Health Benefits

For instance, participants had this to say when it comes to the advantages associated with the use of contraceptives.

Yes, in Ghana about 70% are Christians with 20% Muslims and 10% being traditionalist and atheist. All these religions frown on abortion so to prevent this, it is better to use contraceptives to avoid any unplanned pregnancy. Aside that, one may be having health complication from a recent childbirth so it will not be advisable to get pregnant for the time being. So, when you used contraceptives, it will prevent pregnancy to avoid more complication regarding reproductive health (Participant 7, Field Data, 2021).

Errm, some of the benefits the women get from it are the spacing of their childbirth. If she planned of giving birth every three or four years, the contraceptives will help her achieve her aim. this will reduce all the stress related to the use of contraceptives (Participant 4, Field Data, 2021).

...for instance, if you give birth every three years, before the second child is born, the first one will be old enough. Giving birth within short periods can lead to malnutrition of the children especially when you are not economically sound...it is only the use of contraceptives that can help achieve this advantage (of spacing child births) (Participant 9, Field Data, 2021).

We can see that these advantages enjoyed by participants toe the line of health benefits enjoyed by the users of the contraceptives that are majorly enjoyed by females. This asserts the statement of WHO (2014) that promotion of family planning and ensuring access to preferred contraceptive methods for women, girls and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.

4.1.4.2 Economic Benefits

There are economic benefits enjoyed by the use of contraceptives aside the health benefits already mentioned. Example of such comments from participants include:

At that time, I was learning a trade so I wasn't ready to give birth. I stopped using it after everything and gave birth to my second child. If not for the contraceptive, I wouldn't have been able to complete the training so it really helped me. All women should plan their childbirth (Participant 8, Field Data, 2021).

It helps you to space our birth. In spacing your birth, it also helps economically. If you give birth every two years or one year, the economic cost is also something difficult. Also, you will get enough time to cater for the child (Participant 9, Field Data, 2021).

Some of the benefits I have derived from using contraceptives are the ability to space my children without in order to cater for them based on our economic means. You see it is not easy these days, but I am able to manage my money to cater for them well because they are only two. I am

able to pay for their fees and other things. it has also helped my wife to complete school without being disrupted by pregnancy (Participant 10, Field Data, 2021).

...For example, as I planned to give birth to four, the use of contraceptives helped me to achieve that and I am able to cater for them well. If not for contraceptives maybe I would have gotten pregnant and aborted it... (Participant 12, Field Data, 2021).

The economic advantage was enjoyed by both male and female participants. The women were able to use contraceptives to prevent pregnancy and empower themselves to learn a trade to become economically sound and be independent. This conforms to the view of Ardiansyah (2006) that prearranged reproductive activities and conscious effort to reduce fertility could result in the decrease of youth dependency and kindle more female involvement in labour force within developing countries which positively contributes to the country's economic growth. There are economic benefits that have to do with the ability to cater for their children and make their standard of living high.

4.1.4.3 Social Benefits

There are also social benefits that participants enjoyed as they used contraceptives. The social advantages had to do with spacing of their children, achieving their goal on the number of children desired of the couple. This is seen in the following comments:

Some of the advantages are that it helps in spacing of childbirth. It also helps us to plan for the family as it prevents unwanted pregnancy. The pregnancies that are not planned means the child to be born will not be well taken care of as expected. This has a long-term effect (Participant 15, Field Data, 2021).

A lot of advantages, you as the mother are at liberty to do whatever you want to do. The mother will be under intense pressure if there is no or little space between your children. you also suffered and even get tired if your children are not well spaced. You will be suffering with the stress of taking care of little children all at the same time (Participant 13, Field data, 2021).

The benefits are numerous. The main advantage is that it helps in the spacing of childbirth. Citing myself as an example, I have given birth to one, and I have enough time to prepare for the second child. I have been able to complete a lot of projects I had in mind that will help my family live comfortably (Participant 3, Field Data, 2021).

The spacing of children and achieving the desired number of children is a goal of most women and it can only be achieved through the use of contraceptives. The WHO (2014) similarly asserts that Contraception is one of the most important tools for enabling couples and individuals to exercise the rights to decide freely and responsibly the number and spacing of their children.

4.1.5 Disadvantages of Contraceptives

Participants also expressed negative sentiments from the experiences as they used contraceptives. The disadvantages discussed by participants were mostly health implications from the use of contraceptives. There was also the issue of failure of the use of some contraceptives. The issue of negative side effects from the use of contraceptives were a major concern for participants as it hindered some participants from using contraceptives. For instance, Participant 5, a female who has stopped using contraceptives for a long time said:

The negative effects have to do with the negative health effects that have to do with sicknesses. I have an issue with my menstrual cycle when I used it. Since the time I used it, I have not experienced my normal and regular cycle like I used to (Field Data, 2021).

Another female participant 2, who though still using contraceptive had this to say on the disadvantages on the use of contraceptives. She said:

Oh! the negative effects come when the ones that are not effective for person gives negative effects like no menstruation and dizziness. When I used the five years implantation, sometimes I become dizzy with faster heartbeat. At first, I taught it just body changes with the big stomach but when I went for it the next time that was when I realized it was as a result of the contraceptive use so I quickly changed to the three months. With the three months injections my menses only come after the time duration for it is passed. So that also didn't help you (Field Data, 2021).

Okay as I said, some of them are hormonal and might react negatively with your hormones and give some reactions as I experienced headaches, my hands were constantly shaking as objects fall from my hands when I pick them up. I had issues with my blood pressure as well so I got really scared” Another also said (Participant 13, Field Data, 2021).

Some male participants have this to say when asked what they think are the disadvantages derived from the use of contraceptives.

For the ones that I have used, I have not seen any disadvantage. But the other ones that are mostly used by women from what I have heard have some health implications. This is because I don't and have not use(d) the other types aside the condom, I cannot talk of any disadvantage associated with them. I don't think condoms have any kind of negative effects (Participant 9, Field Data, 2021).

Participant 3 also said:

I don't believe their use has any negative effect. As I said earlier, I use only condoms so it does not lead to any negative implication as I use it. I personally do not know any form of disadvantages that is associated with the use of some of the contraceptives (Field Data, 2021).

Participant 1 said:

It has to do with the health effects that my wife experienced. She had headaches when she used the implantation method. As a man, though I don't use contraceptives, I know that condoms do not come with any side effect. The disadvantages are usually related to the use of contraceptives by other women (Field Data, 2021).

A female participant 10 however said:

Personally, I haven't experienced any negative effect but I know people complain about the injection as some disadvantages and side effects like heart burns. Some too get bloated stomachs with the IUD. However, with mine because I don't use it often, I haven't experienced any negative side effects (Field Data, 2021).

The issue of failure was raised as a concern and a disadvantage. Participant 3 said:

I don't believe their use has any negative effect. It does not lead to any negative implication as I use it. That is a health-related side effects which is serious. Just that condoms might burst or it might have expired, so it can fail and your wife may get pregnant which we may be unwanted (Field Data, 2021).

Another participant also said:

You see, everything that has good sides also have bad sides. The disadvantage is that sometimes they fail and your partner will get pregnant. You know already the implications of having an unwanted pregnancy. Apart from that I don't see any negative effect (Participant 11, Field Data, 2021).

There was the issue of morality raised as a disadvantage on the use of contraceptives.

Participant 7 said:

Yes. In Ghana, one is considered matured at the age of 18 to marry. Also, the country has not really accepted comprehensive

sex education in junior and senior high schools so when the education on contraceptives is given to children under 18, it leads to the development of irresponsible sexual behaviours which will not help. This is the only disadvantage of it but it is really advantageous to the married (Field Data, 2021).

With the disadvantages, it leads to the acquisition of heart related diseases, and fibroid. There are also people abusing its use especially those who are not married. The contraceptives encourage having sex without getting pregnant thereby increasing sin. These two are the disadvantages associated with the use of contraceptives, said Participant 4. (Field Data, 2021).

In analysing the comments given by participants on the use of contraceptives, the data showed that health related issues are the most common disadvantages which are mostly experienced by women than in men. This has been the reason for the low use among them as most participants who have stopped using it gave these reasons. This confirms the findings of Machyima and Cleland (2013) study on the Unmet needs for family planning: trends and determinants. The study showed that one reason that has accounted for the low use of contraceptives has to do with fear of negative effects which affected their health rather than moral or social objectives. The study also showed that the various types of contraceptives have their distinctive side effects. The commonest side effects mention by female participants were irregular menstrual cycle, headaches, and dizziness.

This implies that there are two sides of the use of contraceptives. The use of contraceptives has some advantage which range from economic, health and through to social benefits. The disadvantages on the other hand are mostly on health aspect experienced by women. The analysis showed that advantages associated with the use

of contraceptives are enjoyed by both married men and women while the disadvantages are experienced mostly by women in the district.

4.2 Accessing Information and Education on Contraceptives

Information and education on contraceptives issues are very important as they help their recipients to make informed decisions. The study worked in achieving an objective of assessing how often married men and women in Obuasi-East District access information and education on contraceptives. This theme looked at sources of information and education and how often these sources provide information on contraceptives. The mass media having the primary method of disseminating information was given more attention.

4.2.1 Mass Media as a Source of Information and Education on Contraceptives

The study showed that all participants have heard of contraceptives. Participants were asked about their sources of information on contraceptives. All participants mentioned at least two sources of which one type of mass media. For instance, participant 15 said:

I read about it and listening to programs maybe on the television.

She went on to say:

Yes, on the radio too as well as books. I also get information from those who have ever used it. I ask about how best they can be used from them (Field Data, 2021).

Another participant also said:

I have heard of it on the television, hospital and also on radio. When I was in Cape Coast, there was a group called PPAJ that went on radio stations educating the general public on contraceptives (Participant 14, Field Data, 2021).

The male partners had a limited access as compared to the female participants. For example, Participant 10, a male said:

Okay, I mostly hear of it on television, sometimes on Adom TV where they invite doctors to educate the citizens about contraceptives, the use of it as well as the importance derived from its use ...on the radio also, they sometimes talk about contraceptives (Field Data, 2021).

Another male participant said:

Sometimes on the radio, the most widely used media is radio which I often listen to and sometimes I hear of it on the television (Participant 9, Field Data, 2021).

Participant 7 also said:

I heard of it mainly in school. However, there are health adverts and talks on television where they discuss issues on contraceptives. Also, contraceptives are advertised on both radio and television (Field Data, 2021).

A few participants also mentioned social media as a source of information for contraceptives. One of such participants was Participant 9. He said, when asked if he access information on contraceptives from social media such as Facebook, and WhatsApp said:

Sometimes some contraceptives are advertised on the social media like Facebook. However, the widely medium they mostly use are radio and television (Field Data, 2021)

Another also said:

I am not really a fan of social media so I don't visit those platforms often. I mostly hear of it from radio and television (Participant 10, Field Data, 2021).

From the statements, it can be inferred that women have access to information on contraceptives from other sources of information aside the mass media such as peers

and at the hospital most male participants however mentioned the media as their major source of information. The study also showed that though participants had access to most types of mass media, the most common sources of information for contraceptives were radio and television. The finding is similar to that of the study conducted by Armah-Ansah (2018) that majority of 85% of the respondents had knowledge of family planning with television and internet and radio being the major source of information on family planning though in this study, the data showed low interest in the internet.

Information on contraceptives from the mass media is mostly in diverse forms such as programmes, advertisement, drama, written texts among others. This necessitated the need to establish the forms of contraceptive information available to participants from the social media. Participants were asked in what form their education on contraceptives were. The study indicated that information was mostly in the form of programmes and adverts on both radio and television. These are some of the comments;

Sometimes, it will be in the form of adverts and also programs. For instance, on UTV, sometimes they educate and explain things especially on days set aside for celebrating women or in relation to childbirth. Personally, I usually watch those kinds of programs on UTV (Participant 2, Field Data, 2021).

It was a radio programme. That was health related. They were having a discussion on contraceptives, how to use it, the various types such as male condoms, pills and others. The guest speakers were health professionals from hospitals (Participant 3, Field Data, 2021).

I listen to it mostly on the radio, one time, it was a program where they invited a nurse who gave a talk on contraceptives. She educated the

public on the uses and issues surrounding it. The same thing applies to what I heard from the television (Participant 5, Field Data, 2021)

4.2.2 Other Sources of Information on Contraceptives

The Mass Media Dependency Theory posits that there are other sources of information aside the mass media in a country (Rokeach & Defleur, 1976). This is confirmed as the participants mentioned other sources they listen to information on contraceptives. Participants mentioned sources such as hospitals, maternal centres, peers, community centres as well as work places. For instance, participants gave comments such as:

Again, they educate us when we go for “weighing”. When you start from forty (40) days, that is when we go for the 40-day-injection for children that is when they start educating us to come for contraceptives for free but most women refuse with the excuse that it will make them sick or pass out (Participant 2, Field Data, 2021).

Actually, a friend introduced me to it. It was in a conversation that she mentioned contraceptives and what it was used for and also the negative side effects. At the hospital, nurses do educate us about it and I heard of it during antenatal period (Participant 5, Field Data, 2021).

Okay! Aside TV and radio, there were times that some nurses visit the school to educate the student. As we organize the students for such talks, we also listen to their information as well. They however do not visit us often but once in a while (Participant 10, Field Data, 2021).

Yeah, sometimes people discussed it in a conversation among their peers. Among us as friends, we do talk about it. Also, sometimes, at the hospital where they are educated by nurses and other health nurses who invite us to come for some of the contraceptives which are distributed freely (Participant 14, Field Data, 2021).

It can be inferred from the comments given that aside mass media, there are other sources of information available to the participants. These sources include hospitals, in a conversation among peers and friends as well as through health talks. These sources of information are mostly available to women who have just given birth and they are not often available to them. This makes them depend more on the media for information on contraceptives. This confirms the assertion of Ball-Rokeach & Defleur (1976) that power of the media is evident and great when population is having limited information source, this makes them depend greatly on media to fulfil their needs. As the different sources of contraceptive related information was established, there was the need to also ascertain the frequency and rate at which they are exposed to this information especially from the mass media.

4.2.3 Frequency of Information on Contraceptives on Mass Media

The frequency of information on contraceptive is important as it can affect change in behaviour among its audience. Participants were asked how often they access information on contraceptives from the various types of contraceptives. They said:

There was much education at the earlier stage of its introduction in the country. It became very popular in those days where it was heard often on the radio, television. The education also took place in the communities, market squares among others. That was in the 2000s. Currently, you will have to go to the hospitals in order to be educated on their use. Again, it can be heard when two or three people are engaged in a conversation. For some time now, I have not heard much of it (Participant 4, Field Data, 2021).

At first it was very often talked about and advertised on radio and television especially when it was first introduced in the country but as time went on it reduced for now, I don't hear of it often. Once in a while you, hear of an advert or a program (Participant 15, Field Data, 2021).

I have not heard of it recently. It is not so often mentioned maybe once in a while, you get to hear of an advert on a particular brand or type of contraceptives. There is no specific program for it. So that you observe and notice the time and tune in to get educated on the issues of contraceptives (Participant 5, Field Data, 2021).

From this theme, participants were of the view that various types of mass media give frequent information and education on contraceptives in the olden times as compare to recent times. This conforms to the view of the America Academy of Paediatrics (2020) that the various forms of mass media such as television, film, music, and the internet are all becoming progressively sexually open yet information on abstinence, sexual responsibility and birth control use is rare. This implies that the frequency at which participants accessed contraceptive related information has reduced considerably with time and hence it can be said that the mass media currently provides less information on it.

4.3. Accessing Contraceptives

Aside the traditional methods of contraceptives, all other types of contraceptives have to be accessed in different places and venues. The study sought to explore the means of accessibility on contraceptives, the challenges faced and solutions to these challenges. For this purpose, participants were asked questions during the interview session. They include; how do you access contraceptives in your community? what challenges do you face when accessing contraceptives? and also in your own view, what way can the challenges you faced be tackled and solved. This led to the generation of sub themes which are discussed subsequently.

4. 3.1 Means of Accessibility of Contraceptives

Participants when asked how they accessed contraceptives in their community gave different responses. The study showed that all male participants that were using contraceptives currently accessed it from the drug store or pharmacy shops in their community. For instance, Participant 7 who showed high acceptance of contraceptives said:

Yes, I go to a licensed chemical shop popularly called the drug store to buy one. There is one that is close to where I stay. So, I just go there to grab one when the need arises (Field Data, 2021).

According to participant 11;

It is very common at the pharmacy shop closer to me at the point of need (Field Data, 2021).

Participant 9 simply said: *At the drug store (Field Data, 2021).*

The case is different when it comes to female participants. A group of participants accessed contraceptives from both hospitals or health centre and the drug store or pharmacy. For example, participant 2 said:

Personally, I go to the government hospital at Amangoase. Sometimes, I access it at the weighing centres in my community. The nurses come there to give the injections. They also come there to distribute other types of contraceptives such as condoms (Field Data, 2021).

Back in the days when I used to patronise contraceptives, I used to go to a particular clinic for the injection every three months. It is a clinic called WART. (Participant 5, Field Data, 2021).

Again, Participant 14 said:

Well, I didn't face any difficulty in accessing it. My elder sister was a pharmacist so I went for the injection at the pharmacy. Yeah, I go to the hospital and sometimes for the PPAJ group (Field Data, 2021).

From the foregoing outcomes, it can be deduced that most female participants had at one point in time sought medical advice from professional health workers. They usually go to the hospital or access prescription from nurses before they use it.

From the data, the most common means of accessing contraceptives were health centres which include hospitals, postnatal centres, pharmacies and drug stores. The study once again showed that male participants used contraceptives without seeking for professional advice and prescription. However, the female participants sought for it at every point in time before we they could start using one. This is associated with the side effect that comes with the use of contraceptives which is mostly experienced by women. As the means of accessing contraceptives by participants are brought to light, the need to know the challenges they face when accessing contraceptives were also sought to be brought to the fore.

4.3.4 Challenges of Accessing of Contraceptives

The use of contraceptives is still on the low as the users of contraceptives face certain challenges hindering them from accessing it. Participants were asked what challenges they faced when accessing contraceptives. A group of participants were of the view that they didn't face any challenge but believed that certain factors could be obstacle to others. Other participants however, discussed the various challenges they faced. These challenged discussed by both group of participants included shyness among participants and scarcity of some of the contraceptives.

The data revealed that shyness is a challenge to most participants in accessing contraceptives. These are some comments participants made.

Well, sometimes, the drug stores may be crowded with people and one feels shy to go there and request for such things. I usually have to wait till

the store is empty, even with that I still feel shy to tell the attendant that I want to buy condoms. There is this stereotype tagged on condoms and its use (Participant 10, Field Data, 2021).

Yes, there may be a major challenge which has to do with religion. As one is known in the community as a staunch member of a particular church, going to the licensed shop to buy contraceptives makes him or her shy and that becomes a challenge for some people. Because people think it's a sin to use contraceptive (Participant 7, Field Data, 2021).

Oh yes. Just as men are shy going to the pharmacy to buy condom, women are also shy even to going to the hospital to get help regarding contraceptives. So, shyness has really hindered a lot of people from accessing contraceptives. You have to be bold to be able to purchase or obtain contraceptives. This is because people will think you are having sex and it's bad to use contraceptives (Participant 4, Field Data, 2021)

I am not shy to go in for contraceptives but others are shy. To some religions, using contraceptives is a sin. So, they feel shy to let people know they are using it as the person may be a pastor's wife or an elder in church speaks against it (Participant 12, Field Data, 2021).

Another group of people believed that shyness is not a challenge to them and cannot be for others. One of such participants was a female who said:

Not at all. Even among women, we laugh and insult those with few age-gap differences between their children. There is therefore no shyness when it comes to accessing contraceptives. Also, at the weighing centres there are few males there. Even the male nurses are able to explain things more than the female nurses (Participant 2, Field Data, 2021).

There is nothing like shyness when you want to access contraceptives. Even the unmarried is not shy to go for it. The only problem that hinders others is the stereotype associated with the side effects of contraceptives. But I advise you to go for it, it can be changed when it is not effective for you (Participant 8, Field Data, 2021).

No, for us there is nothing like shyness because we are aware of the benefits associated with the use of them. So, if you are shy then you will get the beneficial aspect of the use of contraceptives. Shyness is not a problem (Participant 1, Field Data, 2021).

Participant 3 said:

Not at all. With the purpose of protecting myself cancels any idea of shyness. There is individual difference though. One person might be shy but the other won't be so. It depends on the person (Field Data, 2021).

This challenge is faced by both male and female participants. The issue of shyness, participants believed was a thing of individual differences as some did not see the reason to be shy. The issue of shyness emanates from stereotypes and misconceptions associated with contraceptives and their use. This confirms the view of Grace (2017) that the use of birth control has lots of misconceptions and stereotypes that hinder its use. She believes that these misconceptions should be tackled as it is a reproductive right that should be enjoyed by all especially women. The stereotype has a religious backing.

Another challenge mentioned and discussed was the scarcity of some contraceptives in the market. For instance, a participant said:

The only challenge I faced was that sometimes the injections get scarce in the system so they will advise you to be careful and give about four days to a week before they are restocked (Participant 5, Field Data, 2021).

Another also said:

...I sometimes buy five injections and put in the fridge as sometimes the one-month injections become scarce in the system. With my last child, the injections were scarce so I couldn't get some to buy and that resulted in me conceiving an early pregnancy. This makes it a bigger challenge as it results in unplanned pregnancies (Participant 2, Field Data, 2021).

Not really, but the challenge comes when it is time to go for a new injection. The set date may be a holiday and you will have to wait till the next day. So, you will have to be conscious of the next appointment date. In case you forget the date and you have sex then you are likely to get pregnant (Participant 12, Field Data, 2021).

It can be seen that the issue of scarcity becomes a problem as it led some participants got unplanned pregnancies when they could not access them at the right time. This challenge is mostly mentioned among female participants and not males as condoms which are mostly used by men hardly go scarce.

Again, on a further probe, participants were asked if money could be a challenge to them when they want to access contraceptives. A participant said:

I didn't face any challenge. As at that time, going in for contraceptives was free, I didn't pay much for it. I think I paid one Ghana cedi anytime I went for the injection. It was not expensive at all to be a challenge (Participant 8, Field Data, 2021).

Another also said:

Actually, not at all. It is not expensive at all in terms of cost, so money is not a hindrance. There are some which can be bought with just 5 Ghana cedis so it is not a problem (Participant 3, Field Data, 2021).

The comments indicate that money is not a challenge as contraceptives are relatively inexpensive. It could be seen that even if it were to be expensive, the benefits of using contraceptives outweigh the value of the money spent for it. This contradicts the statement of The WHO (2014) as they suggested that money can be a challenge to low-income earners when accessing contraceptives. There is the need to establish ways to increase the accessibility of contraceptives as we solve the mentioned challenges.

4.3.5 Increasing the Accessibility of Contraceptives among Married Couple

As participants discussed the various challenges, they face in accessing contraceptives, it became necessary to explore ways to tackle these challenges and increase accessibility to contraceptives among married men and women in the Obuasi-East District. They were asked to give their views on ways to improve access to contraceptives and subsequently their use. From the data, education of the general public on the importance of the use of contraceptives was a major solution suggested.

For instance, Participant 10 said:

Hmm. that will be a problem. But I think we should know how we can communicate with the attendant. In another way, the general public should be educated on the importance of the use of condoms to clear all stereotypes (Field Data, 2021).

Participant 4 also said:

The government must once again intensify the education and announcement just like it was done when it was first introduced in the country and that it should be made free of charge. All you need to do is to go to the hospital. Just as the education influenced a lot of people to use it back in those days, when the same thing is done now, awareness will be created on the use of contraceptives. It is the duty of the government (Field Data, 2021).

I think that there should be medication to deal with the negative effects associated with the use of contraceptives so that it can be administered to women who experience some health problems from using contraceptives (Field Data, 2021). Participant 5 also added her thoughts.

Participant 12 also had this to say:

I don't think shyness should be a problem to some people. To help these people, the contraceptives like the injections should be brought to their

homes and given to them. Aside this, I don't know how they can be helped (Field Data, 2021).

The comments indicated that participants believed that education will clear the stereotypes people are associating to the use of contraceptives that caused shyness among them as Anwar et al. (2020) said that the various forms of education and platforms they use in educating the general public can clear misconceptions and stereotypes they hold on certain health issues. Participants also mentioned that education should be given on the negative effects of contraceptives. They should be given to them when they come to the hospital as a part of their drug. The government, they also requested should tackle the issues of negative side effects that is associated with its use.

Again, Participant 7 believed that government should either make contraceptives free or subsidize the prices of contraceptives. He said:

I suggest that every hospital should have a data of all as age is part of the vital statistics. When they go to the hospital especially women for maternal health care before and after giving birth, they should be given contraceptives as part of their medication. This should be sponsored by the government. This way, every married individual will have access to them whenever they go to the hospital as the contraceptives are added to the medicines given. For instance, a pack of condom should be added to the medication of every married man that goes to the hospital (Field Data, 2021).

From the foregoing discussions, it can be seen that participants believed that measures such as intensive education through the media and other platforms, tackling of negative side effects associated with the use of contraceptives as well as giving contraceptives for free to married patients who visit the various health centres. They

also believed that married men and women should be targeted and send contraceptives to their homes.

4.4 Effects of Mass Media on the Use of Contraceptives

The study worked to achieve the last objective of assessing the effects of mass media on contraceptives in relation to married men and women in the Obuasi-East District of Ghana. To achieve these objectives, participants were asked on the relevance of the information on contraceptives from the various types of mass media platforms, the effects of mass media information on the married when it comes to its use as well as the ways that can promote the influence and positive effects on its audience in using contraceptives. This gave rise to the sub-themes.

4.4.1 Relevance of Mass Media Information on Contraceptives

Participants affirmed that they access information on contraceptives from mass media from the previous themes and are in the forms of advertisement and programmes. From the data, participants enjoyed such programmes and found it very informative in nature. For instance, Participant 9 said:

Because with those talk about the use contraceptives, it is not the media personnel themselves that teach but they do invite a health worker who knows much about the use contraceptives sometimes a nurse or a doctor. They will explain on how to use them and the side effect and others. So, that makes the information relevant and authentic (Field Data, 2021)

Participant 2 also said:

Yes, it was very good. It was on the radio that I got to know that I have to try different types of contraceptives. It was a program on Garden City FM. The woman explained it which made me report back to the hospital to change and try other types. Had it not for the program on the radio, I wouldn't have known that the dizziness and faster heart beat were the

result of the five-year contraceptive and so it can be changed for another one (Field Data, 2021).

From these comments, it can be seen that the standards through which they judged the relevancy of the information from the mass media were that the programmes had qualified persons as guest speakers. These qualified persons gave relevant and authentic information in the form of education on how to use the contraceptives, the advantages and also some disadvantages of not using contraceptives.

On the other hand, other participants said that indeed contraceptives information they accessed on mass media platforms were relevant and informative. However, the message was figurative in nature and required a bit of thinking to be able to understand what was being said. For instance, a participant said:

Yeah, it was very relevant. As I have been saying, an individual below eighteen years is considered a child, so on a digital media, they do the advert in a way that only matured minds will understand. It is mostly done figuratively to prevent children from understanding and using the information. So, it is relevant they are not always clear and easily understood.” (Participant 7, Field Data, 2021).

From the statements, it can be seen that this actually surrounds adverts on brands of contraceptives and it is done to prevent under aged children from understanding and using contraceptives which leads to irresponsible sexual behaviour among them. Generally, the data indicated that the information provided by mass media are authentic and relevant. Mantey et al.’s (2021) review gives a clear case of how useful the mass media will be to the public with regard to accessing health related information. Hence, the media influence and power are strong especially for developing countries.

4.4.2 Influence of Mass Media on the use of Contraceptives

As the analysis done in the previous sub-heading established that mass media provided the general public with relevant and authentic contraceptives related information, it becomes expedient to analyse how the information given affect the use of contraceptives among married men and women. In assessing how mass media influences the use of contraceptives, participants were asked how their access to information on contraceptives from the mass media influenced them. These were some comments given:

It really pushed me to use it. At that time, I had given birth to my first two children and looking at the situation as at then, using the contraceptive was very necessary to help space the children to help the family economically. So, the information from the media opened my eyes and pushed me to use them (Participant 5, Field Data, 2021).

Participant 3 also said:

I had the intention of spacing my children, so the mass media gave me information on how to go about it and how to use condoms. In fact, their message was very clear as it gave me more information than even needed (Field Data, 2021).

You see I wanted to use contraceptives but was really scared to use it because of the negative effects that people attributed to the use of it. It was when I heard of the education on radio by the PPAJ that I got to know more about. In fact, most of my fears and doubts were cleared. After the programme, I decided to go and get the appropriate one to use (Participant 14, Field Data, 2021).

It can be deduced from their comments that the information accessed taught them how to use it, the advantages of using it and the disadvantage of not using it. Also, their stereotypes were cleared which motivated them to use contraceptives. The data

showed that the major dependence on mass media as a source of information increases the power of mass media to influence their behaviour. This authenticates the assertion of the Ball-Rokeach & Defleur (1976) that according to the Media Dependency Theory, the more an individual is dependent on the media the higher the power or influence of the media on the individual. Also, according to them, the media dependency theory the kind of effects that occur enlarge people's belief systems, change of people's attitudes, motivate delicate shifts in individual or collective sentiment as well as other kinds of society-wide changes. This is seen from the excerpts of the data as participants were motivated to use contraceptives by the information given by the media.

On the other hand, there were few participants that said that their use of contraceptives was not influenced by the information from mass media. However, they were influenced by other factors such as peers and the problems associated with large family sizes pushed them to use it for instance, a participant said:

Personally, the message from the media did not influence me in using it. However, it was a friend who told me about it and I decided to try it
(Participant 8, Field Data, 2021).

Similarly, Participant 13 said:

I have heard of it on television and radio and even sometimes during health talks at church. I know that it is very necessary and advantageous. However, these did not influence me to use it. When I think about the challenges which maybe economic hardship that people go through when they give birth to more children than they can cater for, I become scared. That was my motivation and not information from the media (Field Data, 2021)

In general, the data analysed indicated that clear, authentic and relevant information on contraceptives and their use from the mass media has positive effects and can

influence its audience by changing their perception and hence increase their use of it. Ball-Rokeach & Defleur (1998) mention that the effects of the media are more prevalent when the various media provide contents of information that are attractive, comprehensive and in entertainment form as these contents fulfil their (the people's) need for information.

4.4.3 Improving Mass Media Effects on the use of Contraceptives

Participants considering the advantages of contraceptives and the wide audience of contraceptives from their comments, suggested ways of improving mass media's effects on the use of contraceptives. Participants agitated for the increase in the frequency of programmes and adverts on the various types of mass media. For instance, Participant 2 commented that:

They should talk about it more on the media, like thirty minutes to one hour a week and explain it into details and give women the chance to ask questions as a lot of them have doubts about it...Again, on TV, they can act it in a movie form showing a woman facing numerous challenges due to her not spacing properly between her children whilst another woman who practises proper spacing between her children will live happily and able to take care of her children properly. Movies of this kind with that subject matter will help because now education is very low (Field Data, 2021).

Participant 4 also said:

They should do more advert on it with a nurse or expert in it explaining. This will reduce the fears of others with regard to its use and that it doesn't matter whether you are educated or not. It should be advertised for all to know the benefits and all...most of the adverts on are done in the English language and also the adverts are done figuratively so if you are not able to think deeply, you will not understand. So, to improve it, I

think they should bring it down to a level that all can easily understand
(Field Data, 2021).

This indicates that as people listen to information on contraceptives more often, they will know more about it thereby influencing their use of them positively. There should be variety in the form of broadcasting specific programs on specific days, advertising, and dramatizing to help all understand contraceptives and their use.

Also, the issue of timing of the airing of programs on contraceptives should be considered. The issue of time from the data had two dimensions. The timing should be on days and hours that people are home and relaxing. That is on weekends and in the evenings. For instance, Participant 3 suggested that

Since it's for adults and the married, it will be helpful mostly in the evenings because in the mornings and afternoons, most of them would be at work so the evenings are perfect timing (Field Data, 2021).

On the same issue of time, some participants believed that programs and adverts on contraceptives should be aired late at night, when it is believed that children are not available. For instance, Participant 7 said:

Okay. It is true there should be regular health talk which will still be restricted to the married in the society to prevent irresponsible sexual behaviours among our children. There should be educative programs promoting the use of contraceptives however with viewer's discretion and others (Field Data, 2021).

This they believed will prevent the increase in the irresponsible sexual behaviours among children. They should also give more education on the negative side effects of the use of contraceptives. Female participants were the ones who stressed the point. For example, Participant 5 who seemed more concerned about the negative side effects suggested that:

For now, I think it should be in the form of adverts and it should be as often as the other themes or subjects. Also, a lot of people have used it and has experienced some negative effects which has decreased people's interest therefore there should be more education on how to control the negative effects (Field Data, 2021).

However, participants highlighted another way which was not related to mass media.

For instance, Participant 9 said:

There are a lot that they can do aside what they are doing. People do listen a lot to radio and television. So, they can come to the community and even do more of the education. They can also reward people who uses the contraceptives often or for a long time (Field Data, 2021).

From the comments, to increase the effects of mass media on the use of contraceptives, it is necessary for all stakeholders to be strategic and plan appropriate measures to realise an increase. This confirms, Anwar et al. (2020) that, disseminating health related information does not only mean telling something but also requires strategic planning with well-planned actions and events designed with the main aim of a change in behaviour. The assessment of the effects of mass media on the use of contraceptives shows that the mass media provide relevant and authentic information on contraceptives aired on radio and television. It also showed that these features result in the effects as it reflects on the use of contraceptives.

4.5 Summary of Findings and Discussion

This chapter consisted the discussion and analysis of data collected during the interview session. The discussion and analysis were presented thematically. The major themes for discussions included perception of married men and women, accessing information on contraceptives, accessing contraceptives, challenges of accessing contraceptives as well as the effects of mass media on the use of

contraceptives. Each of these themes have sub-themes that enhanced detailed discussions.

The study showed that there are diverse dimensions to the perception among the married. Radio and television emerged the most common media platforms providing information and education on contraceptives and their use. It was discovered that frequency of the provision of information and education on contraceptives have greatly reduced compared to previous years.

Major challenges that face married men and women include shyness when accessing contraceptives and scarcity of some contraceptives. Finally, the study showed that the exposure of the married to contraceptive related information on mass media has positive effect on the use of contraceptives.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the findings, conclusions made and recommendations suggested. The summary of findings was done in accordance with the research questions that guided the study. The findings of the analysis are based on the responses from participants on the set of semi-structured interview questions in a face-to-face, one-on-one interview session. This chapter also captures the limitations of the study as well as recommendation for further studies.

5.1 Summary of Findings

The summary of the findings was done according to the research questions that guided the study. The research questions were derived from the research objectives. The study proposed to assess the effects of mass media exposure's effects on the use of the contraceptives among married men and women in the Obuasi-East District. The research was based on the interpretivist paradigm of research hence employed the qualitative research approach using the case study design. The study engaged married men and women as its participants using the face-to-face, one-on-one interview session.

5.1.1 Perspectives of Married Men and Women on the use of Contraceptives

The study sought to examine the perspectives of married men and women on the use of contraceptives in Obuasi-East District. To answer the first research questions, knowledge level of the participants, prevalence of the use of contraceptives, the

perception of the participants as well as the advantages and disadvantage of the use of contraceptives. Participants expressed their views on these areas.

The study revealed that participants had in-depth knowledge on contraceptives, their types, the primary purpose intended for their use. Condoms were the most common contraceptives known among men while females knew variety of contraceptives including condoms. Injections were the common contraceptives known among women. This showed that the contraceptives are not aliens to married men and women in Obuasi-East District. The study also revealed that women had more knowledge on contraceptives than men when it comes to contraceptives and their use. Partners do not have problems with their husbands or wives using contraceptives or not using it.

The frequency of the use of contraceptives, the type used, and the reason for preference of a particular contraceptive were also examined. The study indicated that the majority of participants had at one point or the other used contraceptives. A few women however stopped using it all together at the time. Other participants all being male, has never used a contraceptive. The women who had stopped using it blamed the negative side effect of contraceptives as a major reason for their stoppage of it. The men who have never used were also of the view that the contraceptives were for women since they get pregnant so they (men) did not see the need to use it. This showed that the participants that never used contraceptives and those that had stopped using it in its entirety had given birth to many children ranging from 4 to 6 children than those that use it.

This implies that there is a high level of knowledge of contraceptives which translates positively when it comes to the use of contraceptives. Thus, they did not just know about contraceptives but also married men and women have ever used a contraceptive

and the majority of the participants are still using the contraceptives. This shows that prevalence of contraceptives use is high among married men and women. The use of contraceptives on a dual purpose was not common among married men and women.

Again, the study found out that female participants had unlimited variety of contraceptives to choose from than the male participants. Also, male participants preferred condoms to vasectomy. Some reasons given included the ease of access, use, and availability as well as its efficiency of preventing pregnancy or less failure rate. Men associated high health risk, impotency and fear of surgery to the low preference for vasectomy and hence totally avoided it. The case is different with female participants on factors they considered before using contraceptives though they have variety of contraceptives to choose from. Such factors included compatibility of the contraceptive to the health of its user, ease of use, less failure rate as well as readily availability of contraceptives. This greatly affected the choice of a specific contraceptive. The choice is not mainly based on preference though it formed a greater basis of consideration. The study showed that the injections are the most use contraceptives among women because it has less negative side or effects. Tubectomy is not a mentioned contraceptive among women as they believe that they might regret it later in life as they may be in need of another child and also the fear of surgery also hindered their use of it. This implies that married men and women used contraceptives after considering certain factors and avoided high risk permanent types of contraceptives such as vasectomy and tubectomy.

Perception of married men and women varies among them. There came out three main dimensions of perception. These were the perception that contraceptives and their use are good, the other dimension which was the opposite suggested they are bad and must not be used. The last dimension believed that it has two side to it and

depends on individual differences. That is, there were positive, negative and indifferent perceptions. The study also showed that these perceptions are greatly influenced by the negative and positive effect of the use of contraceptives. The positive effects were health related, economic, and social implications on the users of contraceptives. There were negative impacts of which also included health, rate of failure, as well as the issues of morality associated with the use of contraceptives. Moreover, the data also showed that though the advantages are enjoyed by males and females, the disadvantages are mostly health related which affects women more than it affects men. Again, the various types of contraceptives have their distinctive effects with the commonest ones being headaches, dizziness, and irregular menstrual cycle.

5.1.2 Access to Information and Education on Contraceptives by Married Men and Women

The study sought again how often, the means and platforms through which married men and women access information and education on contraceptives and their use. The study revealed that the major sources of information on contraceptives are radio and television. A few others made mention of social media as their source but they are all connected on the major platform. The study also revealed other sources of information on contraceptives aside mass media which included health centres especially during post-natal sessions with nurses, symposiums and health talks at workplace as well as from peers.

The information on contraceptives on mass media is in the forms of programs and adverts. Participants mostly accessed the information in the form of programmes and adverts on both radio and television. The study showed that male participants had

their major source of information from the media which is television and radio. Female participants however had numerous sources including mass media.

This implies that radio and television are the major source of information on contraceptives in relation to mass media. The other types of mass media are neglected and do not give much information when it comes to contraceptives. Again, the findings show the other form of information which includes, poetry, images, brochure and written texts which are not common forms through which the information is conveyed to the audience.

The frequency to which married men and women have access to information on contraceptives from the media was assessed. From the study, it was discovered that the frequency of the information and education on contraceptives shown on mass media is currently low compared to previous years. This has led to the decrease in the use of contraceptives.

5.1.3 Challenges Married Men and Women face in Accessing and Using Contraceptives

Another research question that the study sought to answer was the challenges married men and women face when accessing contraceptives in the Obuasi-East District. The data collected revealed that contraceptives are accessed mostly at drugstores or pharmacies and also at the hospital or health centres. Male participants use contraceptives without professional prescription whilst female participants use them mostly based on professional advice and prescription they have sought for it at one point or the other.

The data also revealed that most participants did not personally face challenges when accessing contraceptives. However, some participants discussed some challenges they face or think others might face. This included shyness when accessing it as it has a stereotype attached to it. Another challenge mentioned has to do with the scarcity of some types of contraceptives available to them. Participants did not consider money as a challenge because the various types of contraceptives are inexpensive as most of them are affordable. The scarcity of some contraceptives usually results in most unwanted and unplanned pregnancy among married men and women.

To tackle these challenges, participants suggested there should be an intensive education on contraceptives to clear the stereotypes. Also, there should be data on married men and women in the various hospitals in the country so that anytime they visit the hospitals, they will be given contraceptives for free especially the female and male condoms. In the same vein, participants suggested that the negative effects associated with the use of contraceptives should be considered and tackled appropriately.

5.1.4 Effects of Mass Media on the Use of Contraceptives by Married Men and Women

The final and last research question which guided the study was what are the effects of mass media on the use of contraceptives by married men and women? The findings from the data collected are as follows:

The information and education aired on mass media platforms were relevant and authentic as qualified person or professional are invited who are able to educate the general public on the issues of contraceptives and their use. The messages from the adverts however were figurative and not easily understood. The authenticity and

relevance of the information on mass media are the major catalyst for the effects and influence of mass media on the use of contraceptives.

The study also confirmed that married men and women exposure to contraceptives related information on mass media influences them to use contraceptives. Other factors also contribute to the use of contraceptives among married men and women. These include influence from friends and peers and the repercussions from having a large family size as a result of giving birth to more children than necessary.

Lastly, the study revealed that there are several ways in improving the effects of mass media on the use of contraceptives among married men and women. These measures include frequent airing of variety of programs and adverts on the various platforms of the mass media. It should also be in other forms such as very important. They also suggested that the mass media should consider their timing to reach a lot of audience as well as limit the issue of irresponsible sexual behaviour among children.

Health professionals who are qualified and experts on issues of contraceptives should often be invited to educate the public on how to use and the advantages associated with the use of contraceptives. These health professionals should address the issues surrounding the side effects. This was the concern of the female participants as they stressed more on it.

Aside the factors associated with mass media, participants suggested the house to house, health facilities education by the professional education and should be intensified to increase the effect of mass media on contraceptives among married men and women in the Obuasi–East District. This implies that well-designed, creative, informative, authentic and relevant information on contraceptives exhibited by mass

media can positively affect the use of them (contraceptives) among married men and women. People attach seriousness to messages and information given by professionals and experts in a given fields of the study from the mass media. Aside mass media, there are other platforms or ways that can equally influence people to use contraceptives in the country.

5.2 Conclusions

The study confirmed that there are different perspectives held by married men and women towards contraceptives and their use. These perspectives are influenced by the disadvantages and advantages experienced or heard of by the married men and women. The study further concludes that condoms are popular among married men while women prefer injections. The use of contraceptives has health and socio-economic impact on the married. The negative impact of the use of contraceptives has to do with negative health implication as well as the rate of failure.

The frequency of information and education on mass media have significantly reduced compared to when it was first introduced in the country and it has influence on the use of contraceptives. The study added to the already established finding that radio and television are the major sources of information on the use of contraceptives though there are other types of mass media especially social media which is available to married men and women.

Contraceptives are mostly accessed at the pharmacy and at the hospital. Challenges that can hinder the access and use of contraceptives include shyness as a result of stereotype and scarcity of contraceptives. Money however, is not a challenge of assessing contraceptives.

Mass media has a significant effect on the use of contraceptives among married men and women. Mass media provides relevant and authentic information on contraceptives and their use as they employ the services of professionals and experts which serve as a major factor in influencing married men and women to use contraceptives.

5.3 Recommendations

In the view of the study, the following recommendations were made. Stakeholders such as the National Commission of Civic Education (NCCE), Ghana Health Service and other Non-Governmental Organisation should be actively involved in disseminating information on the use of contraceptives. As education using the mass media and other platforms is intensified on the importance and effects of the use of contraceptives among married men and women, the hostile and negative thoughts held by the general public regarding contraceptives and their use will be changed.

The mass media must make conscious effort to increase discussions and advertisements pertaining to contraceptives and their use. Information on contraceptives and their use should be diversified, that is in the forms of drama, books, music as well as on other types of mass media aside radio and television.

The government of Ghana should form and implement policies that will make contraceptives, especially male and female condoms to be shared or given freely to married men and women any time they visit the hospital. This will help reduce the challenges they face when it comes to accessing contraceptives.

The mass media must ensure that it employ the services of professional health workers who will provide relevant and authentic information in discussing and

providing information on contraceptives. This will increase the power of the mass media to influence its audience to use contraceptives.

5.4 Limitations of the Study

The study despite its success is wrought with a few limitations. The study employed a singular study approach and method of data collection which are the qualitative approach and interview respectively. The use of face-to-face interview only to collect data to some extent limited the participants in expressing their views and experiences due to the sensitivity surrounding the use of contraceptives.

5.5 Areas for Further Studies

In further studies, other research approach and methods of data collection should be explored especially using mixed method approach of research. Questionnaires and other methods of data collection should be used as it will create room for participant to express themselves freely.

Again, this qualitative study was limited to married men and women in Obuasi-East District with only 15 participants. This does not guarantee the generalization of the study. Using similar objectives and approaches, the study should be conducted in other parts of the country to examine the effects of mass media exposure on the use of contraceptives among married men and women. Further studies should also be done to ascertain the effects of misconceptions and stereotypes associated with use of contraceptives among married men and women.

5.6 Summary of Chapter Five

Chapter five which is the final chapter dealt with the final summary, conclusion and recommendation. The study made recommendation which was directed to

stakeholders such as Ghana health service, the national commission on civic education and non-governmental organisation, the mass media as well as the government of Ghana.

This chapter also captured the limitations of the study which was evident in the single study approach and design as well as the method of data collection. These were addressed in the section of area for further studies. That is the use of mixed method approach among others.



REFERENCES

- Abuse, S. (2020). Communicating in a crisis: *Risk communication guidelines for public officials*. Lulu.com.
- Achwal, I. Teri, E. And Huber, D. (2020). *Management of common contraceptive problems: a problem-solving reference manual for service providers in Africa*. Pathfinder International, African Regional Office.
- Ainsworth, M., Beegle, K. And Nyamele, A. (1996). *The impact of women's schooling on fertility and contraceptives use: a study of 14 Sub-Sahara African countries*. The World Bank Economic Review, 10(1),85-122.
- Amissah, S. B. (1971). Economic implications of population growth in Ghana. *Planning Outlook*, 11(1-2), 31-45.
- Anwar, A., Malik, M., Raees, V., & Anwar, A. (2020). Role of mass media and public health communications in the COVID-19 pandemic. *Cureus*, 12(9).
- Appiah, S., Agyen, J. K., Garti, I., & Menlah, A. (2018). *Married men and vasectomy: A focused group study in an urban community in Ghana*. SAGE Open Nursing,
- Ardinsyah, B. (2016). *Effects of mass media on family planning choices in Indonesia*. MPA/MPP Capstone projects.
- Armah-Ansah, E. K. (2018). Perception of family planning use among married men and women in Anomabu community. *iMedpub Journal*, 3(21).
- Aryeetey, R., Kotoh, A. M., & Hindin, M. J. (2010). Knowledge, perceptions and ever use of modern contraception among women in the Ga East District, Ghana. *African Journal of Reproductive Health*, 14(4).
- Asante, F. A. (2013). *Cost of family planning services in Ghana*. https://www.healthpolicyproject.com/pubs/243_GhanaFPCostingStudyFinal.pdf
- Bakht, M. B, Naveed, Z., Zafar, S. And Nawaz, M.A (2013). Influence of media on contraceptive use: a cross-sectional study in four Asian countries. *Journal of Ayub Medical College, Abbottabad*, 25(3-4): 3-8.
- Bakole, A. (1994). *The role mass media in family planning promotion in Nigeria*. Macro International Inc.
- Balekelayi, B. (2019). *Perceptions on condom use: a comparative study of African migrants and South Africans in Durban's inner city (KZN, South Africa)* [Doctoral dissertation].
- Ball-Rockeach, S.J. (1998). *A theory of media power and a theory of media use: Different stories, questions, and ways of thinking, mass communication and society*. <https://doi.org/10.1080/15205436.1998.9676398>.
- Ball-Rokeach, S. J. & Deflair, M. L. (1976). *A dependency model of mass-media effects*. <https://doi.org/10.1177/009365027600300107>.

- Bankole, A., Hussain, R. Sedgh, G. Rosier, C., Kabore, L. & Guiella, G. (2014). *Unintended pregnancy and abortion in Burkina Faso: causes and consequences*. Guttmacher Institute.
- Barr, N. G. (2010). *Managing adverse effects of hormonal contraceptives*. Retrieved online: 19TH January 2021: <https://www.aafp.org/afp/2010/1215/afp20101215p1499.pdf>
- Benson, P. Appiah, R. and Adomah-Afari, A. (2018). Modern contraceptive use among reproductive-aged women in Ghana: prevalence, predictors and policy implications. *BMC Women's Health* 18(157). <https://doi.org/10.1186/s/2905-018-0649-2>
- Bernstein, S. and Hansen, C. J. (2006). *Extent of awareness of birth control methods and their use by women in a peri-urban area of Accra*. *Modern Economy*, 7(1).
- Binette, A., Howatt, K., Waddington, A. and Reid, R. (2016). Ten challenges in contraception. *Journal of Women's Health*, 26(1).
- Bledsoe, C. H. (2010). *Contingent lives: Fertility, time, and aging in West Africa (Vol. 2)*. University of Chicago Press.
- Bogue, D. J. (1962). Some tentative recommendations for a "sociological correct" family planning communication and motivation programme in India. *Research in Family Planning*, 503-538. Princeton University Press.
- Boog, K., & Cooper, M. (2021). Long-acting reversible contraception. *Obstetrics, Gynaecology & Reproductive Medicine*, 31(7), 185-191.
- Brown, J. D., Steele, J. R. & Walsh-Childers, K. (2002). *Sexual teens, sexual media; investigating media's influence on adolescent sexuality*. ISBN 9780805834901
- Bulatao, R. A. (2019). Toward a framework for understanding contraceptive method choice. In *Choosing a contraceptive* (pp. 277-304). Routledge.
- Casado-Espada N. M., de Alarcón, R., de la Iglesia-Larrad, J. I., Bote-Bonaecha, B, & Montejo Á. L. (2019). Hormonal Contraceptives, Female Sexual Dysfunction, and Managing Strategies: A Review. *J Clin Med*.25;8(6):908. doi: 10.3390/jcm8060908.
- Casterline, J., Perez, A., & Biddlecom, A. (1997). Factors underlying unmet need for family planning in the Philippines. *Studies in Family Planning*, 28(3), 173-191.
- Center for Reproductive Right (2015). *The committee on the elimination of discrimination against women*. https://www.ohchr.org/Treaties/CEDAW/shared%20Doc/MWI/INT_CEDAW_NGO_MWI_21907_E.pdf
- Center For Reproductive Rights (2010). *The right to reproduction information and services for women and adolescents*. Retrieved online: 19TH January 2021 <https://www.unfpa.org/sites/default/files/resource-pdf/contraption.pdf>.

- Centre for Disease Control and Prevention (n.d.). *Contraception*. Retrieved online: 19TH January 2021: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>
- Cheng, T. (2021). Social media, socialization, and pursuing legitimization of police violence. *Criminology*, 59(3), 391-418.
- Chimbiri, A. M. (2007). The condom is an “intruder” in marriage: evidence from rural Malawi. *Social Science and Medicine* (1982), 64(5), 1102-1115. <https://doi.org/10.1016/j.socscimed.2006.10.012>
- Cleland, J., Bernstein, S., Ezech, A., Faundes, A., Glasier, A., & Innis, J. (2006). Family planning: the unfinished agenda. *The Lancet Sexual and Reproductive Health Series*. 368(9549), 18-24.
- Cook, D. T. (Ed.). (2020). *The SAGE Encyclopedia of children and childhood studies*. Sage.
- Creswell, J. W. (2014). *Research design: qualitative, quantitative and mixed methods approach*. (4th ed): [https://www.scirp.org/\(S\(i43dyn45teexjx455qlt3d2q\)\)](https://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q)))
- Daniels, K. & Abma, J. C. (2020). *Current contraceptives status among women aged 15-49*. National Centre for health Statistics 2020, [Data Brief], No. 388. <https://www.cdc.gov/nchs/products/databriefs/db388.htm>
- De Silva, T & Tereyo (2017). Population control policies and fertility convergence. *Journal of Economic Perspectives*, 31(4); 205-208.
- DeFleur, M. & Ball-Rokeach, S. J., (1989). *Theories of mass communication, 5th ed*. Longman.
- Dekker, R., van den Brink, P., & Meijer, A. (2020). Social media adoption in the police: Barriers and strategies. *Government Information Quarterly*, 37(2), 101441.
- Department of Health.(2014). *The Philippine Clinical Standards Manual on Family Planning* (2014 Edition).Manila, Philippines: DOH. 2014. ISBN: 978-971-92174-7-3
- Depbuur, C., Philips, J. F., Jackson, E., Nazzar, A., Ngom, P. & Binca, F. N. (2002). The impact of the Navrongo project on contraceptive knowledge and use, reproductive preferences and fertility. *Studies in Family Planning*, 33(2):141-164
- Devaut, G. (2019). *Establishing Trustworthiness in Qualitative Research: Learn about the processes*.
- Dictionary, C. (2021). Mass. *Cambridge Dictionary Online*. Retrieved March, 30.
- Dixon-Mueller, R (1989). *Psychosocial consequences to women of contraceptive use and controlled fertility: Contraceptive use and controlled fertility*. Health issues for women and children. [Background papers] p. 140-159. National Academy Press
- Dopez-Burgo, C. and Delrala, J. (2016). *Modern contraceptives methods: a new misleading definition*. *Contraception*, 93.565-566

- Elia, C., Samuel, J., Kasekar, P., Joseph, R., and Raju, R. (2015). *A descriptive study to assess the perception and practice of selected contraceptives methods among target population in selected areas of Mumbai*. [Research Dissertation].
https://www.nursingrepository.org/bitstream/10755/579082/3/contraceptives_1_5compiled.pdf
- Eliason, S., Baiden, F., Yankey, B. A., And Awusabo-Asare, B. (2014). *Determinants of unintended pregnancies in rural Ghana*. BMC Pregnancy and Childbirth. <https://pubmed.ncbi.nlm.nih.gov/25104039/>
- Emma Goldman Clinic (2015). *Intrauterine Device (IUD)*. <https://www.emmagoldman.com/birthcontrol-iud.html>.
- Enos, J. Y., Amoako, R. D., & Doku, I. K. (2021). Utilization, predictors and gaps in the continuum of care for maternal and new-born health in Ghana. *International Journal of Maternal and Child Health and AIDS*, 10(1), 98.
- Family Health International (2002). *IUD and effective, safe, reversible, non-abortionifacient contraceptive*.: https://www.pregnancy.com/iec/writeup_ideals.pdf.
- Gatsi, J. G. and Appiah, M. O. (2014). Population growth, income growth and savings in Ghana. *Journal of Economics and Development*. 22(2): 281-296.
- Gele, A. A., Musse, F. K., Shrestha, M., & Qureshi, S. (2020). Barriers and facilitators to contraceptive use among Somali immigrant women in Oslo: A qualitative study. *PloS one*, 15(3), e0229916.
- Ghana Ministry of Health (2015) *The health sector in Ghana facts and figures*. <https://www.moh.gov.gh/wp-content/uploads/2017/07/facts-and-figures-2015.pdf>.
- Ghana Statistical Service (G.S.S) (2014) *Ghana Demographic Health Survey 2014*. <https://dhsprogram.com/puns/pdf/fr307/fr307.pdf>
- Global Health Action (2015). *Family planning as a critical component of sustainable global development*.: <https://pdfs.semanticscholar.org/2a4f/ea60b36e8abc40090f8c5d393ebbb5bcf824.pdf>
- Godlee, F., Pakenham-Walsh, N., Ncayiyana, D., Cohen, B, Packer, A (2004). Can we achieve health information for all by 2015? *Lancet*.364:295–300
- Grace, E. (2017). *Contraceptive crisis: Debunking birth control stereotypes*.: <https://www.hercampus.com/school/wilfrid-laurier/contraceptive-crisis-debunking-birth-control-stereotypes/>
- Gueye, A., Ilene, S., Speizer, M. C. and Okigbo, C. C. (2015). Belief in family planning myths at the individual and community levels and modern contraceptive use in Urban Africa. *International Perspectives on Sexual and Reproductive Health*, 41(4), 191-199.
- Guure, C. Maya, E. T., Dery, S. Vrom, B.D., Alotaibi, R.M., Rezk, H. R. and Yawson, A. (2019). Factors influencing unmet need for family planning among Ghanaian married/union women: a multinomial mixed effects logistics

- regression modelling approach. *Archives of Public Health* 77(11). <https://doi.org/10.1186/S13690-019-03406>
- Hamdan-Mansour, A. M., Malkawi, A. O., Sato, T., Hamaideh, S. H., & Hanouneh, S. I. (2016). Men's perceptions of and participation in family planning in Aqaba and Ma'an governorates, Jordan. *Eastern Mediterranean Health Journal*, 22(2), 124-132. <https://doi.org/10.26719/2016.22.2.124>
- High Impact Practices in Family Planning (2017). *Mass media: reaching audience far and wide with messages to support healthy reproductive behaviours*. USAID. <https://www.fphighimpactpractices.org/briefs/mass-media>.
- Ho, S. S., Liao, Y., & Rosenthal, S. (2015). Applying the theory of planned behavior and media dependency theory: Predictors of public pro-environmental behavioral intentions in Singapore. *Environmental Communication*, 9(1), 77-99.
- Hopkins, J. (2018). *Religious leaders' support may be key to modern contraceptives use*. <https://publichealth.jhu.edu/2018/religious-leaders-support-may-be-key-to-modern-contraceptive-use>
- Hubacher, D. and Trussell, J. (2015). A definition of modern contraceptives methods. *Contraception*, 92(5), 420-421. <https://doi.org/10.1016/j.contraception.2015.08.008>
- Hyman, H. H. & Sheatstey, P. B. (1974). Some reasons why information campaign fail. *Public Opinion Quarterly*. 2, 412-423.
- Islam, M. S. (2019). Social networks and their effects on the choice of contraceptive use and method in Bangladesh. *International Journal of Human Rights in Healthcare*.
- Islam, S., & Hasan, M. (2016). Women knowledge, attitude, approval of family planning and contraceptive use in Bangladesh. *Asia Pacific Journal of Multidisciplinary Research*, 4(2), 76-82.
- Isonguyo, I.N. & Adindu, A. (2013). Adolescents and utilization of family planning services in rural community of Nigeria. *Research on Humanities and Social Sciences*: <https://www.semanticscholar.org/paper/adolescents-and-utilization-of-family-planning-in-lsonguyo-adindu/9763de23fd7e273b9f46bc433fd92418836fb>.
- Jain, R. & Muralidhar, S. (2012) Contraceptive methods: Needs, options and utilization. *The Journal of Obstetrics and Gynaecology of India*, 61(6): 626-634.
- Kalra, R., Phandnis, S., and Joshi, A. (2015). Perceptual analysis of women on tubectomy and other family planning services: a qualitative study. *International Journal of Reproduction, Contraception, Obstetrics and Gynaecology* 4(1). 94-99.
- Kantorova, V., Wheldon, M.C., Ueffing, P. and Dasgupta, A. N. Z. (2020). *Estimating progress towards meeting women's contraceptives needs in 185 countries: a Bayesian hierarchical modelling study*<https://pubmed.ncbi.nlm.nih.gov/32069289/>

- Kellick, S, Leary, C., Trusell, J and Guthrie, K. (2011). *Sperm content of pre-ejaculatory fluid*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3564677/>.
- Kennedy, K. I., Rivera, R., & McNally, A.S. (1989). Consensus statement on the use of breastfeeding as a family planning method. *Contraception*, 39(5), 477-496. [https://doi.org/10.1016/0010-7824\(89\)90103-0](https://doi.org/10.1016/0010-7824(89)90103-0).
- Kim, K. W., & Kim, O. S. (2020). Super aging in South Korea unstoppable but mitigatable: a sub-national scale population projection for best policy planning. *Spatial demography*, 8(2), 155-173.
- Kinaro, J., Kimani, M., Ikamar, L. And Ayiemba, E. H. O (2015). Perceptions and barriers to contraceptives use among adolescents aged 15-19yrs in Kenya: a case study of Nairobi. *Health*, 7: 85-97 <http://dx.doi.org/10.4236/health.2017.71010>
- Kincaid, D. L., Rimon, J. G., Piotrow, P. T., Coleman, P. L. And Yun, S. H. (1992). *The enter-educate approach: using entertainment to change health behaviour*. <https://www.ncbi.nlm.nih.gov/nlmcatalog/101055627>
- Kriel, Y., Milford, C., Cordero, J. • Suleman, F., • Beksinska, M., Steyn, P. & • Smit, J. A..(2019). Male partner influence on family planning and contraceptive use: perspectives from community members and healthcare providers in KwaZulu-Natal, South Africa. *Reprod Health* 16(89) <https://doi.org/10.1186/s12978-019-0749-y>
- Krongard, S., & Tsay-Vogel, M. (2020). Online original TV series: Examining portrayals of violence in popular binge-watched programs and social reality perceptions. *Psychology of popular media*, 9(2), 155.
- Kulczycki, A. (2004). The determinants of withdrawal use in Turkey: a husband's imposition or woman's choice? *Social Science and Medicine* (1982), 59(5), 1019-1033. <https://doi.org/10.1016/j.socsimed.2003.12.014>.
- Kulkarni, M. S. (2003). Exposure to mass media and its impact on the use of family planning methods by women in Goa. *Health Popul Perspect Issues*, 26(2), 87-93.
- Lee, T., Lee, H., Ahn, H. M., Jang, Y., Shin, H., & Kim, M. S. (2014). Perceptions about family planning and contraceptive practice in a marital dyad. *Journal of Clinical Nursing*, 23(7-8), 1086-1094.
- Little, P., Griffin, S., Kelly, J., Dickson, N. And Sadler, C. (1998). *Effects of educational leaflets and questions on knowledge of contraception in women taking the combined contraceptive pill: randomized controlled trial*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC28594>
- Loges, W. E. (1994). *Canaries in the coal mine: Perceptions of threat and media system dependency reforms*. <https://journals.sagepub.com/doi/10.1177/00936509402/00/002>.
- Longwe, A. And Smiths, J. (2012). Family planning outcomes and primary school attendance in sub-Saharan Africa. *Studies in Family Planning*, 4(2), 127-134. <https://doi.org/10.1111/j.1728-4465.2012.00310.x>

- Lowry, W. (2004). Media dependency during a large-scale social disruption: The case of September, 11. *Mass communication and society* 7(3): <https://doi.org/10.1207/s15327825mcs0703-5>.
- Luhmann, N. (2000). *The reality of mass media: cultural memory in the present*. Stanford University Press
- Lunn, P., Belton, C., Lavin, C., McGowan, F., Timmons, S., & Robertson, D. (2020). *Using behavioural science to help fight the coronavirus* [working paper]. (No. 656). ESRI
- Machiyama, K. And Cleland, J. (2013). Unmet need for family planning in Ghana: trends and determinants. *Paper Work International Household Survey Network*.: https://www.popcouncil.org/uploads/pdfs/2013H_STEPUP_UnmetNeedGhana/USSPwp.pdf
- MacQuarrie, K. L. D. & Edmeades, J. (2015). Whose fertility preference matter? Women, husbands, in-laws, and abortion in Madhya Pradesh, India. *Population Research and Policy Review*, 34(4):615-639.
- Macrotrends (2021) *Ghana fertility rate 1950-2021*. <https://www.macrotrends.net/countries/GHA/ghana/fertility-rate>
- Majid, U. (2018). *Research fundamentals: study design, population and sample size*. <https://www.semanticscholar.org/paper/Research-Fundamentals%3A-Study--Design%3C-Population%2C-Majid/418e749eb2753>
- Mantey, E. E., Doh, D., Lasker, J. N., Alang, S., Donkor, P., & Aldrink, M. (2021). Ghanaian views of short-term medical missions: The pros, the cons, and the possibilities for improvement. *Globalization and Health*, 17(1), 1-14.
- McLuhan, M. (Oct-24-1994). *Understanding media: The extensions of man*. <https://www.amazon.co.uk/Understanding-Media-Extensions-UNDERSTANDING-Oct-24-1994/dp/B00AZ841VQ>
- McQuail, D. (1979). *Mass Communication Theory*. <https://uk.sagepub.com/en-gb/eur/node/53130/print>
- Mertes, H. (2016). The role of anticipated decision regret and the patient's best interest in sterilisation and medically assisted production. *Journal of Medical Ethics*. <http://dx.doi.org/10.1136/medethics-2016-103551>
- Mghweno, Leonard & Katamba, Paul & Anne-Marie, Nyirabavugirije. (2017). Influence of mass media on family planning methods use among couples in Gashenyi Sector Rwanda. *International Journal of Multidisciplinary Research and Development*, 4, 2349-4182.
- Miles, M. B. and Huberman, M. A. (1994). *Qualitative data analysis: An expanded sourcebook*, (2nd Ed). Sage Publications, Inc.
- Miller, G. (2010). Contraception as development? New evidence from family planning in Columbia. *The Economic Journal*, 120(545): 709
- Molitoris, J. (2017). The effect of birth spacing on child mortality in Sweden, 1878-1926. *Population and Development Review*, 61-82.

- Moreira, L.R., Ewerling, F., Barros, A.J.D. & Silveira, M. F. (2019). Reasons for nonuse of contraceptive methods by women with demand for contraception not satisfied: an assessment of low and middle-income countries using demographic and health surveys. *Reprod Health* 16, 148. <https://doi.org/10.1186/s12978-019-0805-7>
- Morton, T. A. & Duck, J. M. (2001). Communication and health benefits: Mass and interpersonal influences on perception of risk of self and others. *Communication research*. <https://doi.org/10.1177/009365001028005002>.
- Muhammardali, N. (2011). *Introduction to mass media communication*. https://www.academIA.EDU/5842380/INTRODUCTION_TO_MASS_COMMUNICATION_MASS_COMMUNICATION
- Mungai, P. (1996). *Men's knowledge, attitudes and practices with regard to family planning*. A Publication of The African Region, 5-7.
- Mustafa, G., Azmal, S. K., Hameed, W., Ali, S., Ishague, M., Hussain, W., Ahmed, A. and Munroe, E. (2005). Family planning knowledge, attitudes and practices among married and women in rural areas of Pakistan: findings from a qualitative need assessment study. *International Journal of Reproductive Medicine*. <https://doi.org/10.1155/2015/190520>
- National population council (2018). *Population of Ghana: National Trends – 2004 –* <https://www.npc.gov.gh/news/population-of-ghana-national-trends-2004/>
- Nabi, R. L. & Oliver, M. B. (2009). *Media Processes and Effects*. Sage Publications.
- Naire, G. R., Wadke, R., Relwani, N., Mahadik, V., And Anjenaya, S. (2017). Knowledge and attitude of married men towards vasectomy in urban slum of Navi, Mumbai. *International Journal of Communication, Medicine and Public Health*. 4(12): 4563-4568
- Neubauer, B. E., Witkop, C. T. & Varpio, L. (2019). *How Phenomelo can help us learn from the experience of others*. <https://doi.org/10.1007/s40037-019-0509-2>.
- Nouri, K., Huber, D., Walch, K., & Tempfer, A. (2014). Fertility awareness among medical and non-medical students: a case-control study. *Reproductive Biological Endocrinol* 12,94. <https://doi.org/10.1186/1477-7827-12-94>
- Ognyanova, K., & Ball-Rokeach, S. J. (2015). *Political efficacy on the internet: A media system dependency theory*. <https://www.researchgate.net/publication/255567857-political-efficacy-on-the-internet-a-media-system-dependency-approach>.
- Okwor, E. U. & Olaseha, I. O. (2010). *Married men's perception about spousal use of modern contraceptives: a qualitative study in Ibadan Northwest Local Government Area, Southwest Nigeria*. [Research article]. <https://doi.org/10.2190/TQ.30.3d>
- Oleyele, D. O. And Bankole, A. (1994). The impact of mass media family planning promotion on contraceptive behaviour of women in Ghana. *Population Research and Policy Review*. 13(2): 161-177..

- Parlato, M. B. (1990). The use of mass media to promote breastfeeding. *International Journal on Gynaecology and Obstetrics*. 31(1), 105-110.
- Parr, N. (2001). *Mass media promotion of family planning and the use of modern contraception in Ghana*. XXIV IUSSP General Conference: Scientific Programme. <https://researchers.mg.edu.au/en/publications/mass-media-promotion-of-family-planning-and-the-use-of-modern-contraceptives>
- Pazol, K., Zapata, L. B., Tregear, S. J., Mautone-Smith, N. & Gavin, L.E. (2015). Impact of contraceptive education on contraceptive knowledge and decision making: a systematic review. *American Journal of Preventive Medicine*, 49(2), 46-56. <https://doi.org/10.1016/j.amepre.2015.03.031>
- People, H. (2020). *Family planning*. <http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>.
- Piotrow, P. T., Rimon, J. G., Winnard, K., Kincaid, D. L., Huntington, D. and Convisser, J. (1990). Mass media family planning promotion in three Nigerian cities. *Studies in Family Planning*. 21(5): 265-274. <https://www.jstor.org/stable/1966506>
- Punch, K. F. (2005.) *Introduction to social research- Qualitative approaches*. https://www.researchgate.net/publication/44837210_Introduction_to_Social_Research_-_Quantitative_Qualitative_Approaches
- Pyper, C & Knight, J, (2009). Fertility Awareness Methods of Family Planning for Achieving or Avoiding Pregnancy. *Glob. libr. women's med.*, <https://doi.10.3843/GLOWM.10384>
- Rakhi, J. & Sumathi, M (2011). Contraceptive Methods: Needs, Options and Utilization. *Journal of obstetrics and gynaecology of India*. 61. 626-34. [10.1007/s13224-011-0107-7](https://doi.org/10.1007/s13224-011-0107-7).
- Rayu, S. & Leonard, A. (2000). *Men as supportive partners in reproduction health: moving from rhetoric to reality*. <https://www.semanticscholar.org/paper/men-as-supportive-partners-in-reproductive-health%3A-Raju-Leonard/bc28f6dd>
- Rice, M. S., Megan, A.M. And Tworoger, S.S. (2012). Tubal ligation, hysterectomy and ovarian cancer: A meta-analysis. *Journal Of Ovarian Research*, 5(13).
- Rogers, D. (2018). *The impact of mass media delivered family planning campaigns in developing countries: A meta-analysis*. [Doctoral dissertation]. <https://spencommons.uconn.edu/dissertations/1968>.
- Saleem, S., Rizvi, N., Shahil Feroz, A., Reza, S., Jessani, S., & Abrejo, F. (2020). Perceptions and experiences of men and women towards acceptability and use of contraceptives in underserved areas of Karachi, Pakistan: a midline qualitative assessment of Sukh initiative, Karachi Pakistan. *Reproductive Health*, 17(1), 1-9.
- Sandelowski, M. (1994). Focus on qualitative methods. The use of quotes in qualitative research. *Research in nursing & health*, 17(6), 479-482.

- Schaapveld, A. & Van Der Vlugt, I. (2018). *Contraceptive knowledge file*. <https://rutgers.international/wp-content/uploads/2021/09/Knowledgefile-contraceptives.pdf>
- Sedgh, G., Ashford, L. S. & Hussain, R. (2016). *Unmet need for contraception in developing countries: Examining women's reasons for not using method*. Guttmacher institute. https://www.guttmacher.org/sites/default/files/report_pdf/unmet-need-for-contraception-in-developing-countries-report.pdf
- Shaw, D. (2010). *The ABC's of family planning*. https://www.who.int/pmnch/media/news/2010/20100322_d_shaw_oped/en/
- Shreffler, K. M., Greil, A. L., Mcquillan, J. & Gallus, K. L. (2016). Reasons for tubal sterilization, regret and depressive symptoms. *Journal Reproductive Infant Psychology*, 34(3): 304–313.
- Shriver, E. K. (2017). *Contraception and birth control*. <https://www.ncbi.nlm.nih.gov/health/topics/factsheets/contraception>
- Sibanda, E., Shapiro, A., Mathers, B., Verster, A., Baggaley, R., Gaffield, M. E., & Macdonald, V. (2021). Values and preferences of contraceptive methods: a mixed-methods study among sex workers from diverse settings. *Sexual and reproductive health matters*, 29(1), 314-335.
- Sikes, P. (2004). *Methodology, procedures and ethical concerns*. <https://sk.sagepub.com/books/doing-educational-research/n2>
- Starbird, E., Norton, M. & Marcus, R. (2016). *Investing in family planning: key to achieving sustainable development goals*. https://www.usaid.gov/sites/default/files/documents/1864/Glob%20Health%20Sci%20Pract-2016-Starbird-GHSP-D-15-00374-508ct_final.pdf
- Stewart, M., McNamee, K. & Harvey, C. (2013). A practical guide to contraception part 3: Traditional methods, sterilization and emergency contraceptives. *Medicine Today*, 14(9):55-65.
- Stoebenau, K., Pande, R. & Malhotra, A. (2013). *Has fertility decline contributed to improvements in women's lives?* https://www.icrw.org/wp-content/uploads/2016/10/ICRW_FEN_WPS_2013_FINAL.pdf
- Stover, J., & Ross, J. (2010). How increased contraceptive use has reduced maternal mortality. *Maternal and Child Health Journal*, 14(5), 687–695. <https://doi.org/10.1007/s10995-009-0505-y>
- Strang, J., Volkow, N. D., Degenhardt, L., Hickman, M., Johnson, K., Koob, G. F., ... & Walsh, S. L. (2020). Opioid use disorder. *Nature reviews Disease primers*, 6(1), 1-28.
- Sunnu, E., & Adatara, P. (2016). Knowledge, attitudes, and beliefs toward contraceptive use among women and men in the Ho Municipality in the Volta Region, Ghana. *The Journal of Middle East and North Africa Sciences*, 2(9), 1-9
- Tornikoski, E., & Maalaoui, A. (2019). Critical reflections–The Theory of Planned Behaviour: An interview with Icek Ajzen with implications for

- entrepreneurship research. *International Small Business Journal*, 37(5), 536-550.
- UNAID (2014). *The media and HIV/AIDS: Making a difference*. https://www.unaids.org/en/resources/documents/2004/200041022_jc1000-media_en.pdf
- United Nations Department of Economics and Social Affairs (2020). *World Fertility and Family Planning 2020*. <https://www.un.org/development/>
- United Nations Population Fund (2012). *UNFPA reports focuses on rights-based approach to family planning*. <https://www.unaids.org/en/resources/presscentre/featurestories/2012/november/20121114unfpaswp>
- United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019: Data Booket*. ST/ESA/SER.A/424.
- Wakefield, M. A, Loken, B and Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *National Institute of Health Public Access*. 376(9748):1261-1271. [https://dx.doi.org/10.1016/s0140-6736\(10\)60809-4](https://dx.doi.org/10.1016/s0140-6736(10)60809-4)
- Westoff C. F. & Bankole, A. (2001). *The contraception-fertility link in sub-Saharan Africa and in other developing countries*. <https://dhsprogram.com/pubs/publication-as4-analytical-studies.cfm>.
- Westoff, C. F. (2012). *Unmet need for modern contraceptive methods*. <https://dhsprogram.com/pubs/pdf/AS28/AS28.pdf>.
- Westoff, C. F. And Rodriguez, G. (1995.) The mass media and family planning in Kenya. *International Family Planning Perspectives*. 21(1): 26-36.
- WHO (2014). Retrieved 6 October 2021, from https://apps.who.int/iris/bitstream/handle/10665/112319/WHO_RHR_14.07_eng.pdf
- Wilson, W. H., Ameme, D. K. and Ilesanmi, O. S. (2013). *Contraceptive methods accessed in Volta region, Ghana, 2009-2014*. <https://link.gate.com/apps/doc/A547491577/12ONE?>
- Yanikkerem, E., Acar, H., & Elem, E. (2006). Withdrawal users' perceptions of and experience with contraceptive methods in Manisa, Turkey. *Midwifer*, 22(3), 274-284. <https://doi.org/10.1016/j.widw.2005.04.001>.
- Zafar, A., Asim, M., Gillani, I. & Malik, N. (2013) the impact of contraceptive use on women's health: A study of district Rawalpindi, Pakistan. *Academic Journal of Interdisciplinary Studies*, 2(1), 257-261.

APPENDIX A

INTERVIEW GUIDE

UNIVERSITY OF EDUCATION, WINNEBA

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL STUDIES EDUCATION

MASS MEDIA EXPOSURE AND THE USE OF CONTRACEPTIVES AMONG MARRIED MEN AND WOMEN IN SELECTED HOUSEHOLDS IN OBUASI EAST-DISTRICT

Semi-Structured Interview Guide

Research Question 1: what are the perspectives of married men and women on the use of contraceptives in the Obuasi- East District?

- a. In your own view, what are contraceptives?
- b. There are different types of contraceptives, what are the types of you are familiar with?
- c. How do you perceive contraceptives and their use?
- d. What is your partner's perception on the use of contraceptives?
- e. How does your partner's perception on contraceptives affect your use of them?
- f. Have you ever used a contraceptive? If yes, how often?
- g. Which type of contraceptive do prefer to use and hence use often?
- h. What is the rationale behind the choice of the contraceptive you use?
- i. What do you think are the advantages derived from the use of contraceptives?
- j. What do you think are the disadvantages derived from the use of contraceptive?

Research Question 2: how often do married men and women in the Obuasi-East District have access to information and education on contraception from mass media?

- a. What are the sources of information on contraception you are familiar with?
- b. What are some of the programs through which you have information on contraceptives in relation to mass media?
- c. What are the other sources of information on contraceptives in your community?
- d. How do you access contraceptives in your community?

Research Question 3: What are the challenges married men and women in the Obuasi-East District face in accessing contraceptives?

- a. In accessing contraceptives, what are some of the challenges you face?
- b. What do you think are the causes of the challenges you face when accessing contraceptives?
- c. In your own view, what are some of the ways through which the challenges associated with accessing contraceptives among married men and women?

Research Question 4: What are the effects of mass media on the use of contraceptives by married men and women in Obuasi-East District?

- a. Do you think mass media provide relevant information on contraceptives and their use? Give reasons.
- b. How does your exposure to contraceptive related information from the mass media affect your usage?
- c. In your own view, how can the mass media improve on the provision of relevant information on contraceptives and their use?

APPENDIX B

INTRODUCTORY LETTER

