



CONTRACEPTIVE DISCONTINUATION IN GHANA

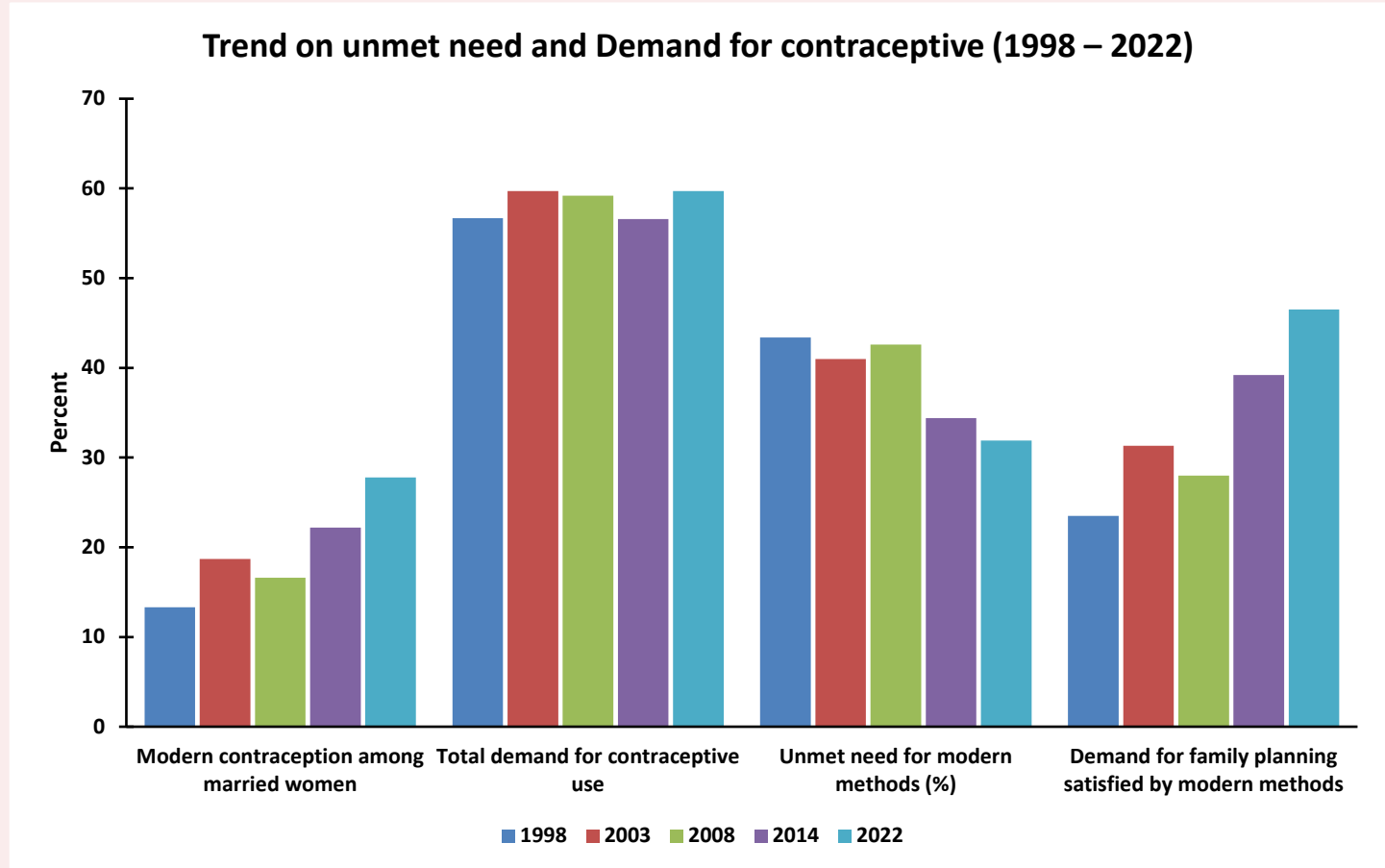
BACKGROUND

- Contraceptive use is dynamic across the Life Course
- People start, stop, and switch methods for many reasons throughout their reproductive lives.
- A young woman may start using contraception, stop to become pregnant, and resume using a different method afterwards.
- Others may discontinue due to side effects or limited access.
- Some explore multiple methods before finding one that suits their needs.

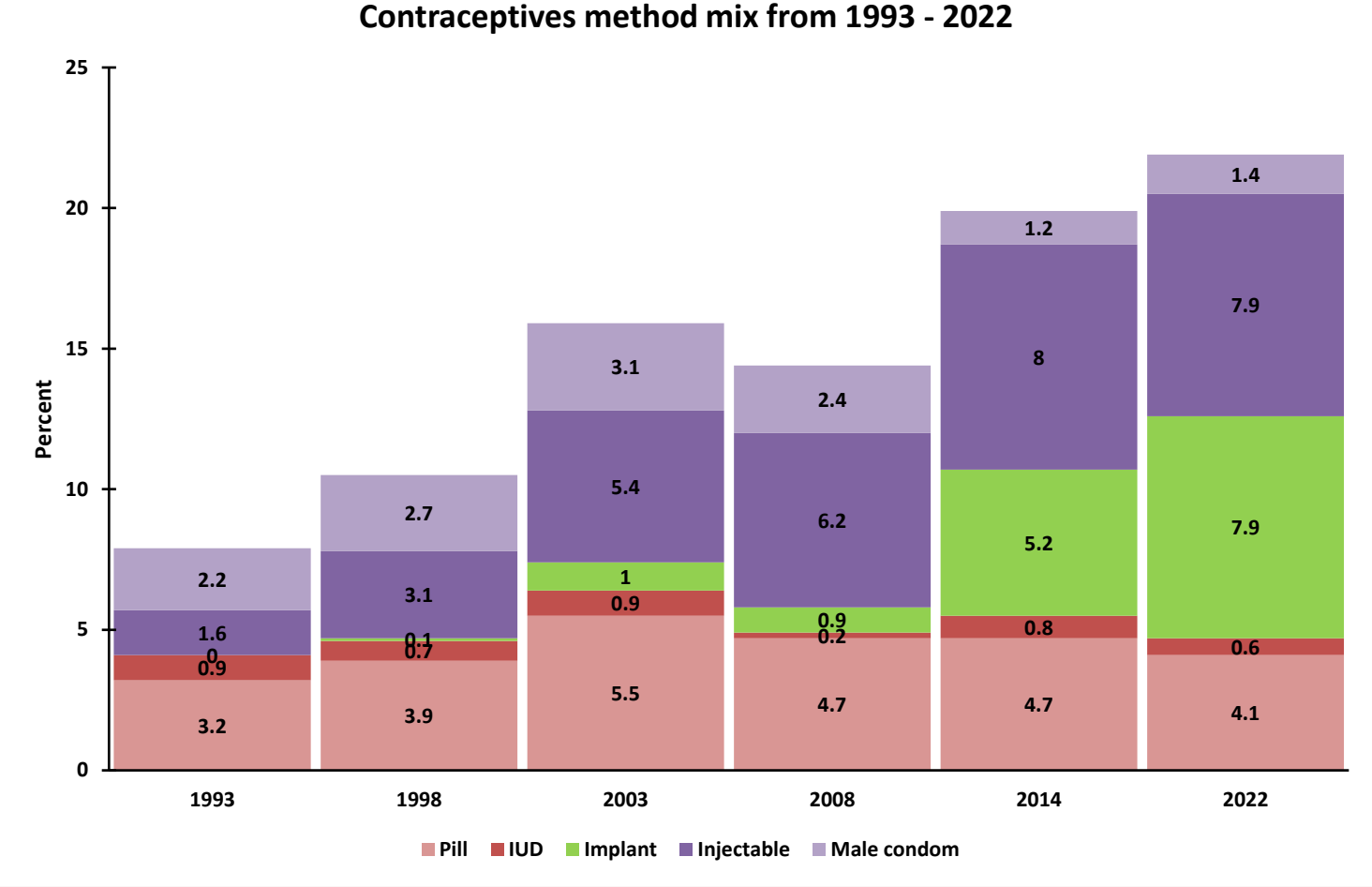
OBJECTIVES

The objectives of this analysis are to:

- 1.Measure and interpret contraceptive discontinuation patterns across diverse West and Central African contexts to identify which methods are most often discontinued and why.
- 2.Examine how discontinuation patterns relate to national method mix and program performance, highlighting opportunities to strengthen counseling, method choice, and quality of care.



- During the same time, the proportion of total demand for FP met by modern methods increased from about 58% to 60%, with a slight reduction in the unmet need for modern methods(45% to 38%) over the study period.
- The demand for family planning satisfied by modern methods increased from 25% to 48%.
- Overall, there is slow progress in meeting the demand for FP and reducing the unmet need for FP.

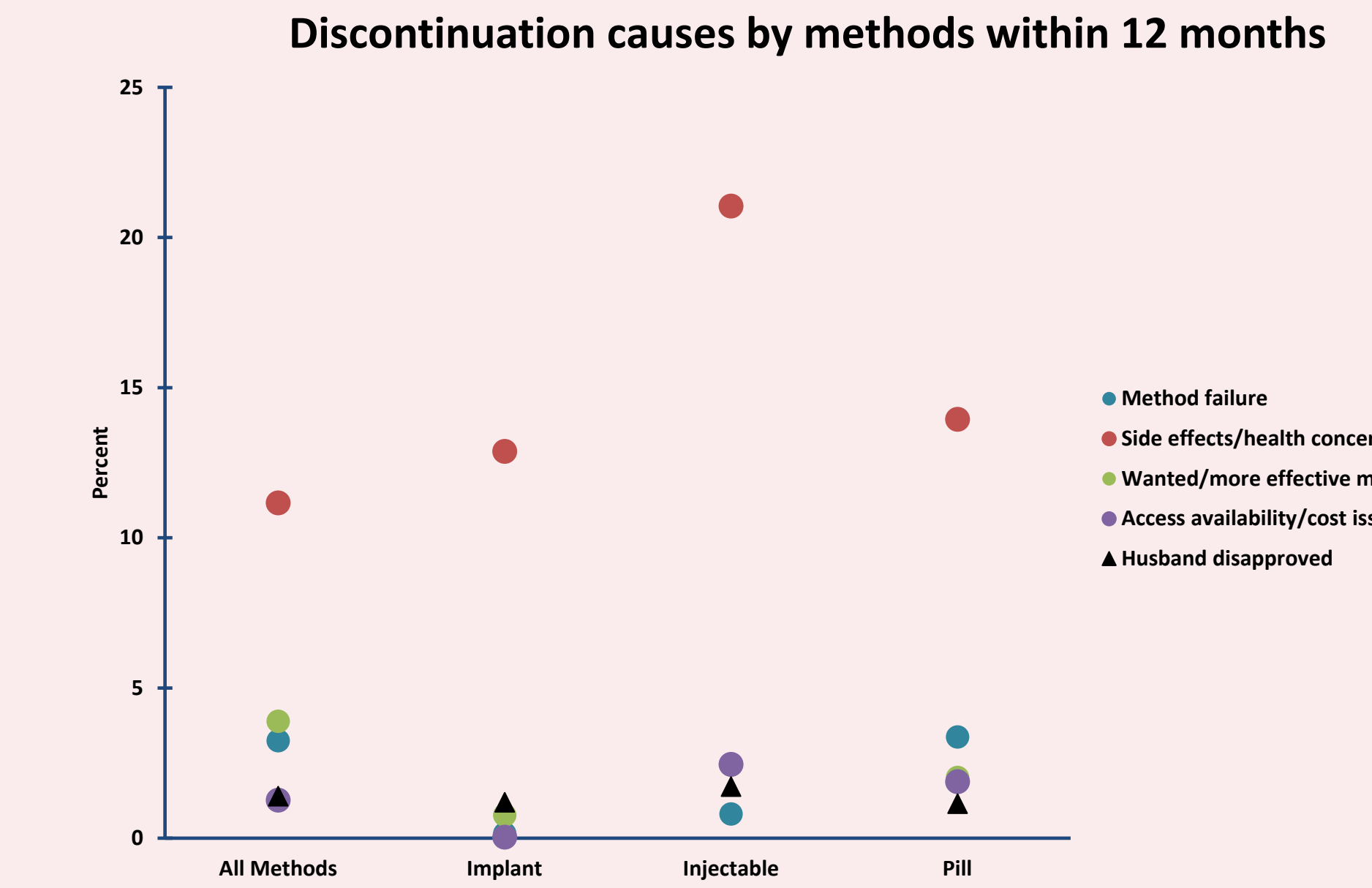


- The figure shows trends in the contraceptive method mix from 2003 to 2023. The method mix has changed over time from a more symmetric to a skewed method mix.
- In 1993, Injectables, pills, IUDs, and male condoms were the methods mostly used by women and their partners. By 2022, implants and injectables were the dominant methods, accounting for over half of all procedures used by women. Use of male condoms has declined in 2022.
- In the subsequent slides, we will focus on implants and injectables.

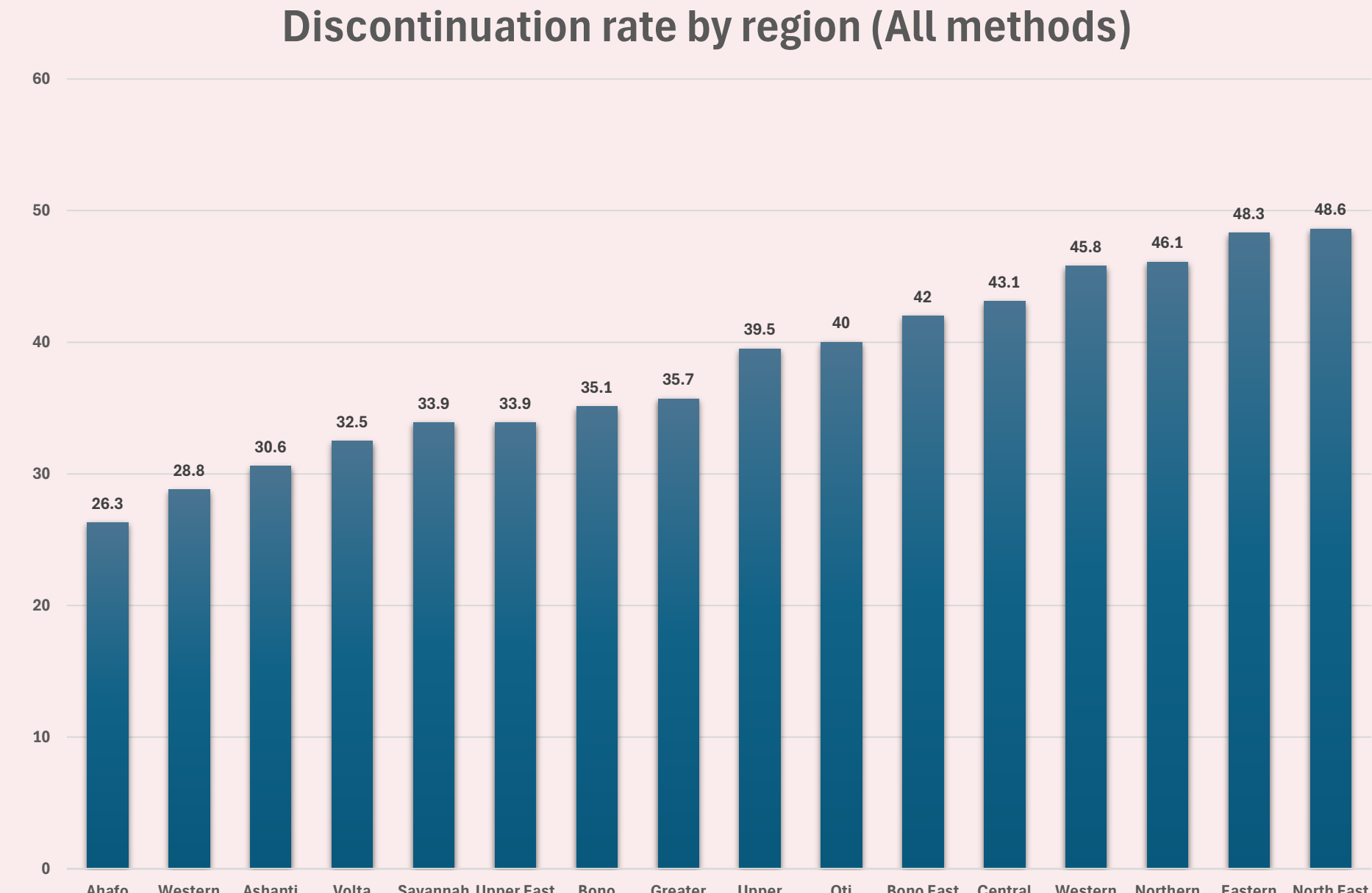
Policy context information related to family planning

- Access to and uptake of modern family planning (FP) in Ghana have steadily risen over the last decade.
- In Ghana, 32% of women overall are using a method of contraception; 23% are using a modern method and 8% are using a traditional method (DHS 2022).
- The goal of the FP policy in Ghana is to ensure equitable and timely access to quality family planning information, commodities, and services for all persons of reproductive age in Ghana by the end of 2030.
- The government sector remains the major source of contraceptive methods in Ghana providing methods to 59% of users.
- Religion accounts for more than 60% of all decisions made by Ghanaians, including the use of contraceptives and family planning methods (Fonu et al 2024).
- Women with a culture or religion that frowns on contraceptive use were less likely to use contraceptives among women.
- There is a decreasing trend in wealth, education and regional inequalities in FP have been observed over the year.

Modern contraceptive discontinuation



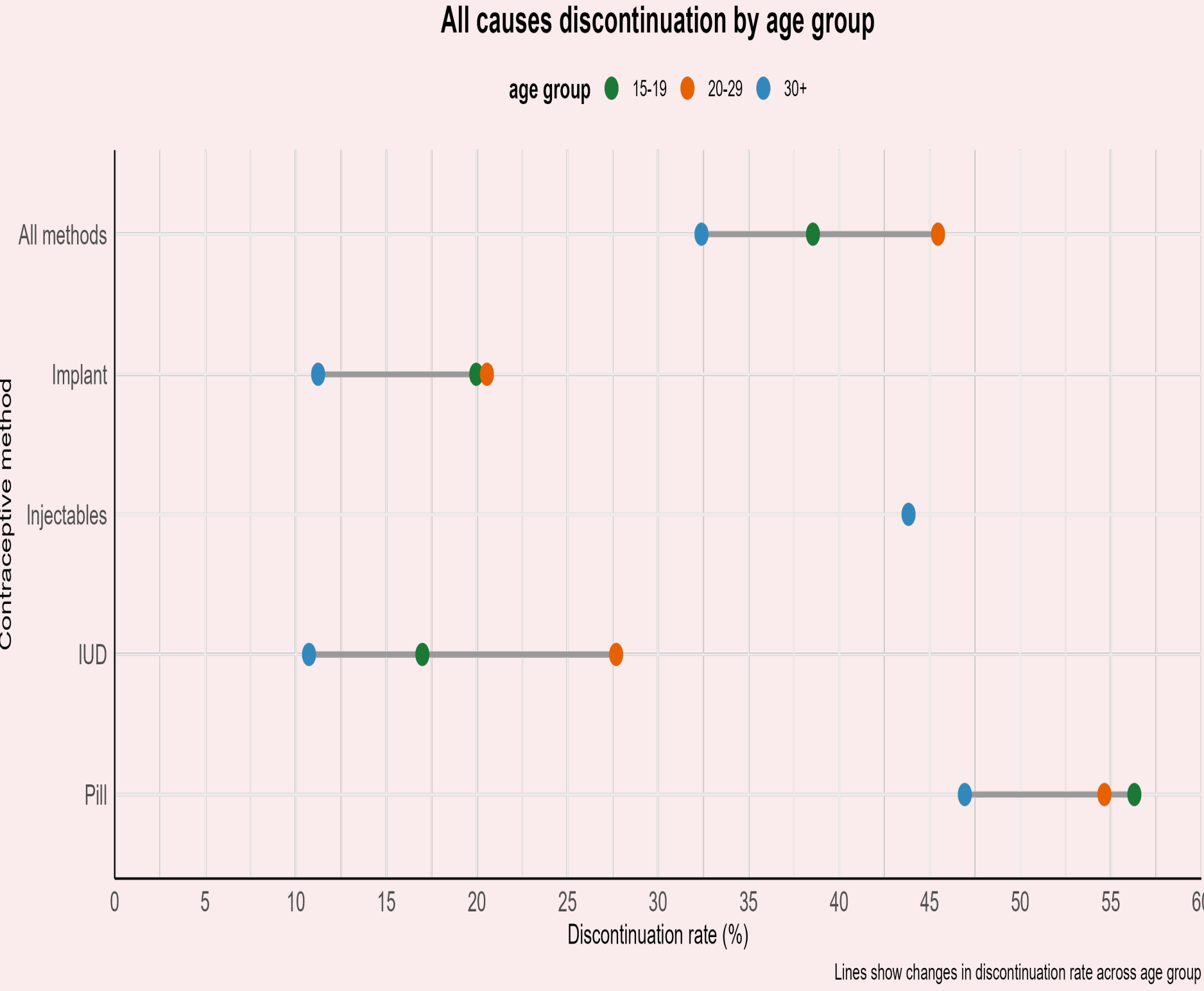
- Overall, the causes of discontinuation were due to side effects or method inconveniences.
- Injectable was the most commonly discontinued method due to side effects, followed by pills.
- Furthermore, 1 in 14 women discontinued the implant due to side effects or method inconveniences.
- Access or availability, husband disapproval, and cost issues were never major reasons for discontinuation.



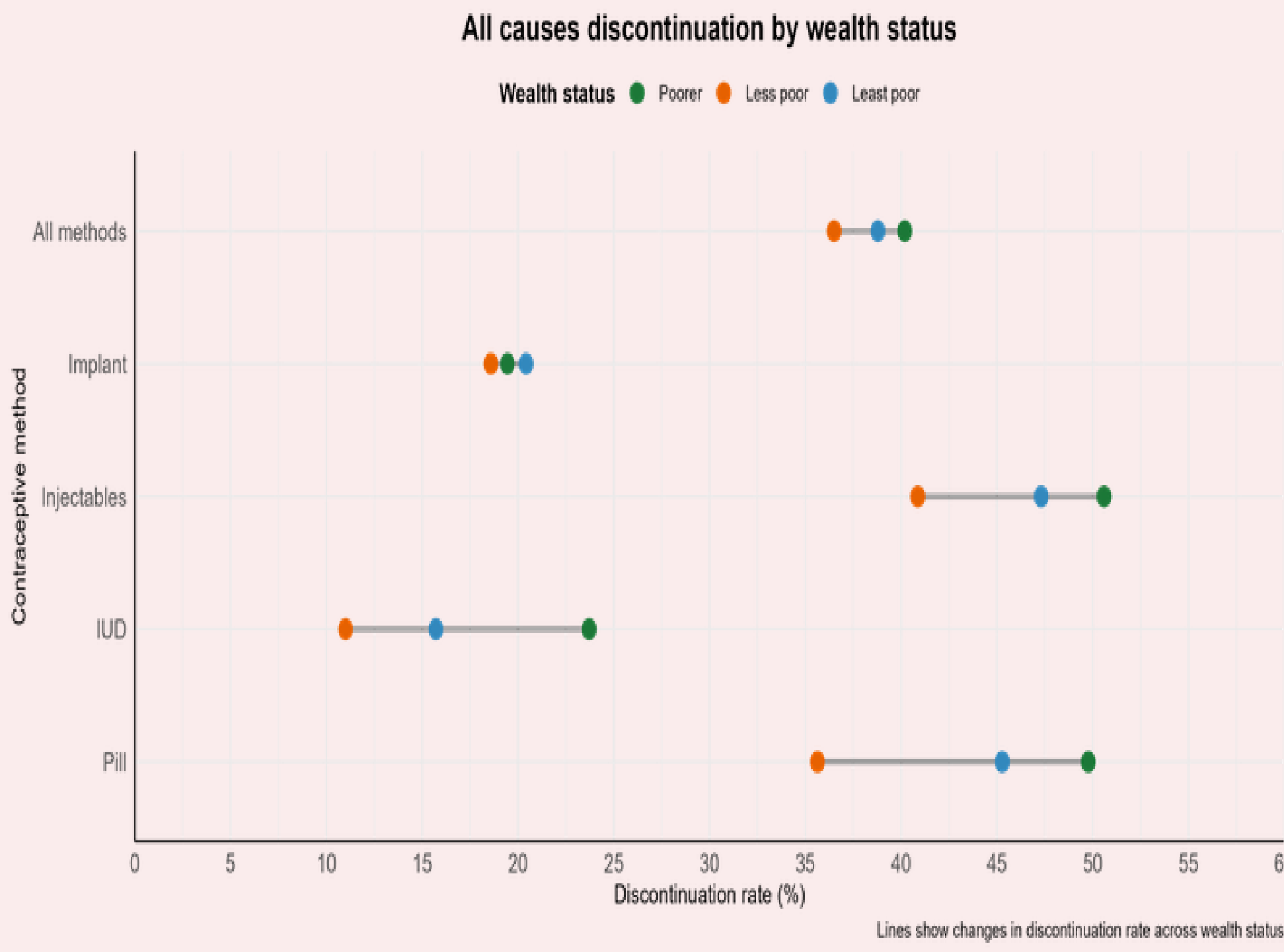
- Discontinuation rate and median duration of FP use
- The Northeast region had the highest discontinuation rate (29%).
- The Ashanti region had the lowest discontinuation rate (26%).



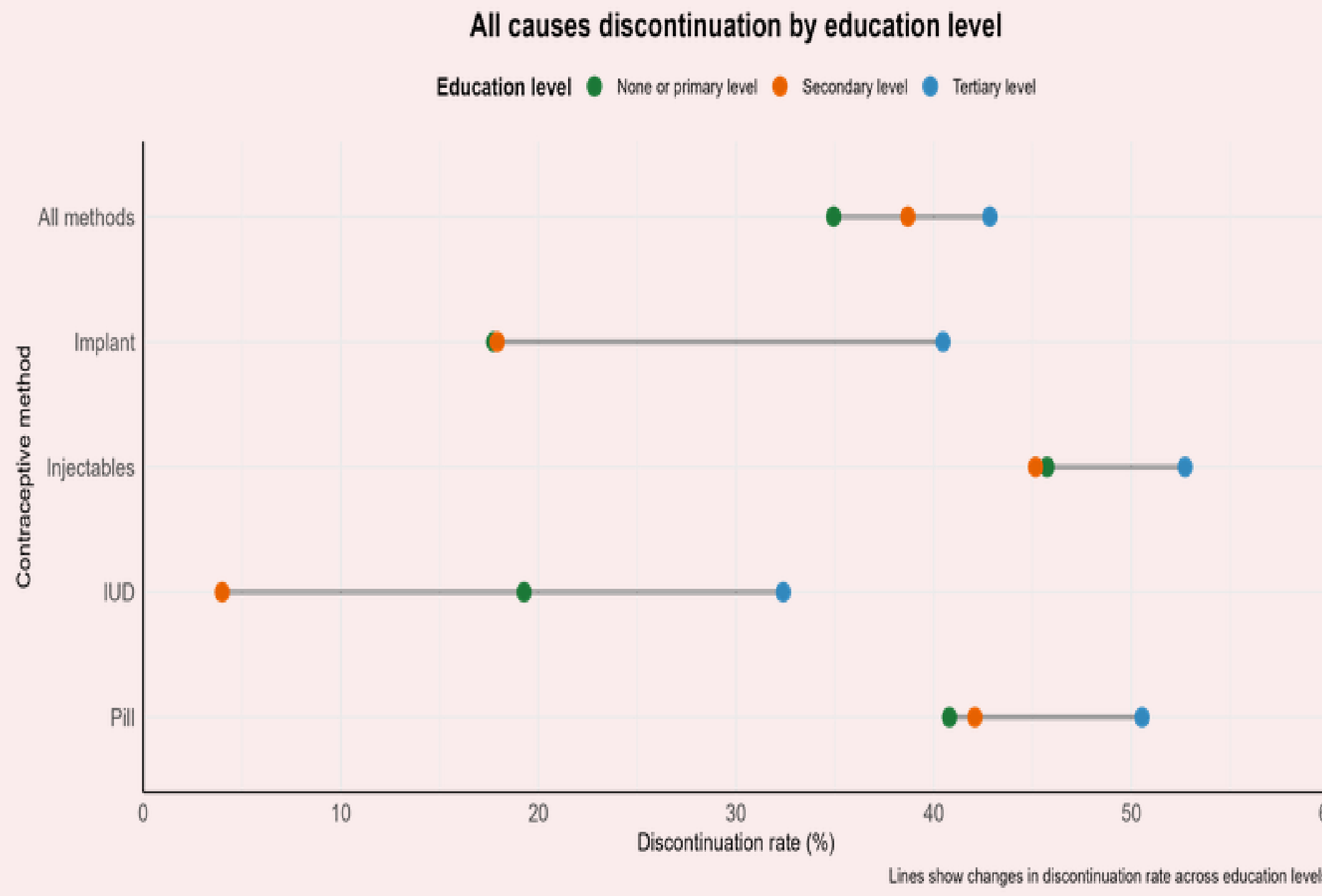
- No significant difference in the discontinuity rate for all methods of FP between rural and urban places of residence.
- The IUD method had the highest gap.



- Discontinuation rate was higher among those aged 20-29 years compared to adolescents and 30+ for all methods.
- IUD had the highest gap in discontinuity by age categories for all methods.



- The overall discontinuation gap across methods is relatively small between the poorer and least poor
- IUD method had the highest discontinuation gap by wealth



- There is a significant discontinuity gap in education level (Tertiary versus non/primary).
- IUD had the highest gap.

RECOMMENDATIONS

- Enhance counseling, access to information, and addressing side effects and misconceptions to ensure method continuation for all those in need regardless of socio-economic status, place of residence, education and age
- Improving the availability of long-acting reversible methods to diversify contraceptive method mix
- Enhancing the quality of FP programs, providing comprehensive counseling on methods, and ensuring access to a variety of options.
- Provide training for healthcare providers on counseling techniques, side effect management, and method switching
- Engage communities and address potential barriers to access and continuation of FP