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Challenges in addressing misconceptions with family planning: a nurse's perspective

Esther Abena Pokuaa and Mathias Aboba

The uptake of family planning (FP) services in Denugu in Garu-Tempane District, the community in which I work as a Community Health Officer (CHO), remains persistently low. This is the case despite intensive community outreach by the Ghana Health Service and NGOs operating within the area. I believe that the main reason that people are hesitant towards adopting family planning services into their communities is what I refer to as the 'misconception factor.'

Many communities misconstrue the concept of family planning as a means for birth limitation. This narrow interpretation of family planning contradicts the traditions and customs of the people here. For them, large family size is considered a treasure. This interpretation causes many male community members to not to allow their wives or daughters in-law access to family planning services.

Another major misconception is about the side effects of contraceptives. It is true that some devices have side effects that manifest in various ways in the women who use them. Yet, it is important to consider that virtually all medicines have side effects and people usually take them anyway, acknowledging their valuable benefits. However, when it comes to contraceptives, the matter is often perceived differently. For example, when carrying out education at community durbars, the majority of complaints that come from women and men are the perceived negative side effects of contraceptives.

Many often comment that, "we hear that when you do family planning and at a point you stop [usage] and want to have a child, it becomes impossible." Other existing myths also associate family planning with obesity, weight loss, and increasing susceptibility in falling sick. Many people expressing these concerns are often unwilling to accept contrary information from health workers, despite their own lack of evidence to support these opinions about family planning.

CHO teaching community health volunteers about family planning and reproductive health

For example, I recently encountered a case in my community worth sharing. One of our family planning clients who had been on the three-monthly injectable (depo provera) method came to inform me about her decision to discontinue usage since she had decided to have a child. Knowing very well the common perception of the community, I counseled her on the possibility of delay in conception and assured her that her ability to conceive would remain unaffected.

To my surprise, the woman returned to the facility in the second month weeping and complaining of serious quarrels with her husband who did not trust that she had actually stopped the program. After reassuring the woman, I visited the family to counsel the husband and assure him that his wife was capable of conceiving. I told them I would refer them to a higher authority if the problem persisted. In the sixth month, the woman returned to the CHPS compound. When I saw the look on her face it seemed as though her story had not changed and that her patience was running out. I began to feel worried for her but I was still confident: having handled a lot of similar cases I knew this was no different. I approached her with a smile and asked what brought her to the facility. To my surprise, she told me a different story— she had not been well for some time. As I probed further she gave me answers that almost made me shout: "then you must be pregnant!" But with such matters one always has to be careful not to raise hopes until one has enough evidence, so I suggested she take a pregnancy test. The result was positive. She was thoroughly amazed. The woman left the facility a new person, smiling on her way home to share the news with her husband whom I knew would in turn pass it on to the in-laws and grannies, the keepers of custom and culture and skeptics of birth control in Denugu.

I followed up with the couple later to find out how they were doing. When I arrived at the compound it was obvious news of the pregnancy had a great impact. My compound discussion that day was attended by virtually everybody in the house, including the grannies. This is not easy to achieve on an ordinary compound visit. In most cases CHOs usually have mothers, their children and a few adolescents as audience, but I was happy to know that this episode had made the difference this time.

When I was leaving the compound the husband followed me into the yard to let me know how happy he was. He told me he was ready to testify on any day anywhere against the perception that family planning contraceptives could leave a woman with secondary infertility.

Health workers have a difficult task getting families to accept methods for birth planning. However, being aware of the challenges puts us in a better position to employ appropriate approaches. There is a need to be professional and determined, that way communities might come to understand and appreciate the health benefits of the service. If we are persistent with our efforts, I am confident that we will improve quality of life in the communities we serve.

Ms. Esther Abena Pokuaa is a Community Health Nurse working in the Garu-Tempane District in the Upper East Region, Ghana.

GEHIP is a collaborative initiative led by the Ghana Health Service, Columbia University's Mailman School of Public Health, and the University of Ghana, School of Public Health. Making the System Work is produced by the Regional Health Administration, Upper East Region, in collaboration with the Mailman School of Public Health, Columbia University. Funding for the project is generously provided by the Doris Duke Charitable Foundation (USA) and Comic Relief (UK). To learn more please visit the website at www.ghs-gehip.org