



Assessing the Level of Satisfaction with Oral Contraceptive Pills and Injectables: A Descriptive Study in Kwabre East Municipality

Nana Ama Adusah¹, Paul Asiedu², Jane Acquaye³, Amaning Kwarteng Emmanuel⁴, Charles Mawunyo Senaya^{4,5}

¹Ghana Health Service, Tafo Government Hospital, Kumasi, Ghana

²Directorate of Surgery, Komfo Anokye Teaching Hospital, Kumasi, Ghana

³NIHR Global Surgery Unit, Ghana Hub Tamale, Tamale, Ghana

⁴Directorate of Obstetrics & Gynaecology, Komfo Anokye Teaching Hospital, Kumasi, Ghana

⁵Department of Obstetrics & Gynaecology, School of Medicine and Dentistry, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Email: nadusah@ymail.com, asiedu_paul@yahoo.co.uk, Maame.jenny@yahoo.com, amaningemmanuel14@gmail.com, mcsenaya@yahoo.com

How to cite this paper: Adusah, N.A., Asiedu, P., Acquaye, J., Emmanuel, A.K. and Senaya, C.M. (2024) Assessing the Level of Satisfaction with Oral Contraceptive Pills and Injectables: A Descriptive Study in Kwabre East Municipality. *Open Access Library Journal*, 11: e11994.

<https://doi.org/10.4236/oalib.1111994>

Received: July 23, 2024

Accepted: November 22, 2024

Published: November 25, 2024

Copyright © 2024 by author(s) and Open Access Library Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

This study employs a descriptive, cross-sectional survey design to assess the satisfaction levels among 380 women aged 15 - 49 using oral contraceptive pills (OCPs) and injectables in the Kwabre East Municipality, Ashanti Region, Ghana. Data were collected via self-completed and interviewer-administered questionnaires, focusing on socio-demographic characteristics, knowledge about contraceptives, sources of contraceptives, and satisfaction levels with OCPs and injectables. Findings reveal high overall satisfaction despite notable side effects like changes in menstruation and weight gain. Knowledge gaps regarding contraceptive types and emergency use were identified, emphasizing the need for enhanced education, effective side effect management, and improved contraceptive service accessibility. The study underscores implications for family planning programs to better meet the diverse contraceptive needs of women in the region.

Subject Areas

Women's Health

Keywords

Oral Contraceptive Pills (OCPs), Injectables, Satisfaction, Contraceptive Use, Knowledge Gaps

1. Introduction

The use of contraceptives is a crucial aspect of reproductive health, providing women with the means to control fertility and plan their families. Among the various methods available, oral contraceptive pills (OCPs) and injectables are widely used due to their effectiveness, ease of use, and accessibility [1]. However, the level of satisfaction with these methods can significantly influence their continued use and overall success in family planning programs. Satisfaction with contraceptives encompasses several factors, including side effects, ease of use, availability, and the perceived impact on health and lifestyle [2].

In Ghana, family planning services are an integral part of the healthcare system, aimed at improving maternal and child health outcomes [3]. The Kwabre East Municipality in the Ashanti region is no exception, where family planning units and child welfare clinics play a pivotal role in providing contraceptive services. Despite the availability of these services, there is a need to assess users' satisfaction with OCPs and injectables to ensure that family planning programs are meeting the needs and expectations of women of reproductive age.

This study aims to describe the level of satisfaction with OCPs and injectables among women in the Kwabre East Municipality. By examining factors such as socio-demographic characteristics, knowledge about the methods, sources of the methods, and reasons for satisfaction or dissatisfaction, this study seeks to provide insights into the current state of contraceptive use and identify areas for improvement in family planning services. Understanding these factors is essential for healthcare providers, policymakers, and program managers to design and implement effective strategies that enhance the uptake and sustained use of contraceptives, ultimately contributing to better reproductive health outcomes [4].

The findings of this study will be valuable in informing future family planning initiatives, addressing any gaps in service delivery, and ensuring that women in the Kwabre East Municipality have access to satisfactory and effective contraceptive options [5].

2. Methods & Design

2.1. Study Type and Design

This study is a descriptive study using a cross-sectional survey design. This design was chosen because it allowed for the collection of data from the study sample at a single point in time without the need for follow-up. The quantitative data generated was used to test the strength and significance of the relationships between study variables.

2.2. Study Population

The study population comprised women of reproductive age (15 - 49 years) who are currently using or have ever used oral contraceptive pills (OCPs) and/or injectables in the Kwabre East Municipality in the Ashanti region. The survey was conducted at family planning units and child welfare clinics within major health facilities in the

municipality. Respondents either self-completed or were assisted in completing a questionnaire that covered socio-demographics, knowledge, source, and satisfaction with OCPs and injectables. Informed consent was obtained from each participant after explaining the study's purpose and ensuring confidentiality.

2.3. Criteria for Selection

2.3.1. Inclusion Criteria

- Women aged 15 - 49 years
- Women currently using or who have ever used oral contraceptive pills and injectables

2.3.2. Exclusion Criteria

- Women younger than 15 years or older than 49 years
- Women who have never used oral contraceptive pills or injectables

2.3.3. Study Variables

The study variables were divided into dependent and independent categories. The dependent variable was the use of oral contraceptive pills and injectables. The independent variables included socio-demographic factors, knowledge of the methods, source of the methods, and the level of satisfaction with their use.

2.3.4. Sampling Technique

A simple random sampling method was employed. Eligible women were randomly selected at the point of service delivery in the chosen facilities, giving each individual an equal chance of being included in the study.

2.3.5. Sample Size Determination

According to the 2010 Population and Housing Census, the population of women of reproductive age in the district is 31,777. Using the StatCalc tool on Epi Info 7, a sample size of 380 was estimated with a confidence level of 95% and a margin of error of 5%.

2.3.6. Data Collection Technique and Tools

Data was collected through interviews using a pretested questionnaire administered by the principal investigator and research assistants. The questionnaire covered socio-demographic characteristics, current or past use of OCPs and injectables, knowledge about these methods, and experiences with their use.

2.3.7. Data Processing

Data from the field was edited, coded, entered, and cleaned to ensure accuracy and uniformity. Errors in questionnaire completion were corrected, and responses were classified into meaningful categories. Data was entered into Microsoft Access, then exported to STATA version 14 for analysis.

2.3.8. Data Analysis

Statistical analysis was performed using STATA version 14, with results displayed in tables.

2.3.9. Pretesting

Pretesting was conducted in a health facility in the Afigya-Kwabre district, which has similar characteristics to the study area. This helped assess the quality and clarity of the questionnaire and estimate the time needed to complete the survey. Feedback on vague or confusing questions was used to revise the questionnaire before the main study.

2.3.10. Ethical Considerations

Ethical approval was obtained from the Committee on Human Research, Publications, and Ethics at KNUST. Additional approvals were sought from the Kwabre East Municipal Health Directorate and the heads of participating facilities. Participants were assured of confidentiality and informed of their right to withdraw from the study at any time.

2.3.11. Study Limitations

Potential recall bias may have occurred among those providing retrospective answers. Time constraints might have limited the study's depth.

2.3.12. Study Delimitations

- The study was limited to women of reproductive age (15 - 49 years).
- It was restricted to the chosen study area.

2.3.13. Study Assumptions

- The study group was assumed to be a fair representation of the population under study.
- Respondents were assumed to understand the questions and answer accurately.

3. Results

The results are based on respondents' background characteristics, knowledge of OCPs and injectables, sources of the methods, and their satisfaction with these methods.

3.1. Background Characteristics of Study Participants

A total of 380 females of reproductive age participated in the study. Adolescents aged 15 - 19 years formed the smallest group (5.26%, $n = 20$). The majority were women aged 20-29 years (43.95%, $n = 167$), followed by women aged 30-39 years (40.26%, $n = 153$), and women aged 40-49 years (10.53%, $n = 40$) (See **Table 1**).

Married women constituted the majority (51.58%, $n = 196$), followed by single women (25.79%, $n = 98$). A significant portion of participants had an income of less than 200 units (40%), and Christians formed the largest religious group (73.2%, $n = 278$). About 30% of respondents had middle/JHS education, and 26% had three children.

3.2. Knowledge about OCPs and Injectable

A high percentage of respondents (85.79%) knew that OCPs prevent ovulation,

and 82.89% were aware that the pills need to be taken daily. A significant number reported side effects such as affecting menstruation (57.11%) and causing weight gain (35.79%). Only 17.11% believed that OCPs have no side effects. (See **Table 2**)

Table 1. Sociodemographic characteristics of respondents (n = 380).

| Variable | Frequency | Percentage (%) |
|------------------------------------|-----------|----------------|
| Age (n = 380) | | |
| 15 - 19 | 20 | 5.26 |
| 20 - 29 | 167 | 43.95 |
| 30 - 39 | 153 | 40.26 |
| 40 - 49 | 40 | 10.53 |
| Total | 380 | 100.00 |
| Marital Status (n = 380) | | |
| Single | 98 | 25.79 |
| Married | 196 | 51.58 |
| Divorced/Separated | 17 | 4.47 |
| Widow | 8 | 2.11 |
| Cohabiting | 61 | 16.05 |
| Total | 380 | 100.00 |
| Income (n = 380) | | |
| Less than 200 | 152 | 40 |
| 200 to less than 500 | 96 | 25.26 |
| 500 to less than 1000 | 70 | 18.42 |
| 1000 to less than 1500 | 32 | 8.42 |
| Equal or more than 1500 | 30 | 7.89 |
| Total | 380 | 100.00 |
| Religion (n = 380) | | |
| Christian | 278 | 73.16 |
| Muslim | 83 | 21.84 |
| Traditionalist | 19 | 5.00 |
| Total | 380 | 100.00 |
| Educational Level (n = 380) | | |
| Never attended | 40 | 10.53 |

Continued

| | | |
|-------------------------------------|-----|--------|
| Primary | 41 | 10.79 |
| Middle/JSS/JHS | 115 | 30.26 |
| Secondary/SSS/SHS | 93 | 24.47 |
| Tertiary | 91 | 23.95 |
| Total | 380 | 100.00 |
| Number of Children (n = 380) | | |
| 0 | 7 | 1.84 |
| 1 | 56 | 14.74 |
| 2 | 80 | 21.05 |
| 3 | 100 | 26.32 |
| 4 | 60 | 15.79 |
| 5 | 40 | 10.53 |
| 6 or more | 37 | 9.74 |
| Total | 380 | 100.00 |

Source: Field Data, 2019.

Table 2. Knowledge about OCPs (n = 380).

| Variable | Number | Percentage (%) |
|----------------------------------|--------|----------------|
| Pills prevent ovulation | | |
| No | 54 | 14.21 |
| Yes | 326 | 85.79 |
| Daily use of pills | | |
| No | 65 | 17.11 |
| Yes | 315 | 82.89 |
| Pill affects fertility | | |
| No | 247 | 65.0 |
| Yes | 133 | 35.0 |
| Pill affects menstruation | | |
| No | 163 | 42.89 |
| Yes | 217 | 57.11 |
| Pill causes weight gain | | |
| No | 244 | 64.21 |
| Yes | 136 | 35.79 |

Continued

| Pill has no side effects | | |
|---------------------------------|-----|-------|
| No | 315 | 82.89 |
| Yes | 65 | 17.11 |

Source: Field Data, 2019.

3.3. Knowledge About Injectables

Knowledge about injectables was also high, with 88.95% aware that injectables are administered monthly or every three months, and 91.05% knowing that injectables prevent ovulation. A notable percentage were aware of side effects, such as affecting menstruation (66.32%) and causing weight gain (40.53%). Only 11.05% believed injectables have no side effects (See **Table 3**).

Table 3. Knowledge about injectables (n = 380).

| Variable | Number | Percentage (%) |
|---|---------------|-----------------------|
| Injectables prevent ovulation | | |
| No | 34 | 8.95 |
| Yes | 346 | 91.05 |
| Injectables administered monthly | | |
| No | 42 | 11.05 |
| Yes | 338 | 88.95 |
| Injectables affect fertility | | |
| No | 238 | 62.63 |
| Yes | 142 | 37.37 |
| Injectables affect menstruation | | |
| No | 128 | 33.68 |
| Yes | 252 | 66.32 |
| Injectables cause weight gain | | |
| No | 226 | 59.47 |
| Yes | 154 | 40.53 |
| Injectables have no side effects | | |
| No | 338 | 88.95 |
| Yes | 42 | 11.05 |

Source: Field Data, 2019.

3.3.1. Source of Injectables

Table 4 below represents the variables used in assessing the sources of injectables.

Respondents were further questioned about their knowledge of these sources. A majority, 93.4%, were aware that public health facilities provide injectables. Only 38.16% and 31.66% knew they could obtain them from private facilities and NGOs, respectively, indicating minority awareness.

Out of the 309 respondents who were users of this method, a majority of 84.14% primarily obtained their injectables from public health facilities. Meanwhile, 8.1% and 7.77% primarily obtained them from private facilities and NGOs, respectively.

The reasons given for their choice of source included ease of access (59.35%), convenience (32.9%), and it being the only known place (7.42%).

Table 4. Source of injectables.

| SOURCE OF INJECTABLES | | |
|---|--------|----------------|
| Variable | Number | Percentage (%) |
| KNOWLEDGE OF SOURCES OF INJECTABLES | | |
| <i>Injectables obtained from public (n = 380)</i> | | |
| No | 25 | 6.6 |
| Yes | 355 | 93.4 |
| <i>Injectables obtained from private (n = 380)</i> | | |
| No | 235 | 61.84 |
| Yes | 145 | 38.16 |
| <i>Injectables obtained from NGO (n = 380)</i> | | |
| No | 260 | 68.42 |
| Yes | 120 | 31.58 |
| WHERE DO YOU MOSTLY OBTAIN YOUR INJECTABLES FROM (N = 309) | | |
| <i>Public facility</i> | 260 | 84.14 |
| <i>Private facility</i> | 25 | 8.09 |
| <i>NGOs</i> | 24 | 7.77 |
| REASON FOR CHOICE OF INJECTABLES (N = 309) | | |
| <i>Ease of access</i> | 184 | 59.35 |
| <i>Convenient</i> | 102 | 32.9 |
| <i>Only known place</i> | 23 | 7.42 |

Author's fieldwork, 2019.

3.3.2. Source of OCPs

The majority of respondents knew they could obtain contraceptive pills from public health facilities (89.74%) and pharmacies (55.0%). Fewer respondents

were aware of private health facilities (35.0%) and NGOs (21.32%) as sources for obtaining contraceptive pills. Most users obtained their pills from public health facilities (56.93%), followed by pharmacies (29.52%), NGOs (7.23%), and private health facilities (6.33%). Respondents cited ease of access (55.72%), convenience (35.54%), and familiarity (8.73%) as reasons for their preferred source (See **Table 5**).

Table 5. Source of OCPs (n = 380).

| SOURCE OF PILLS | | |
|---|--------|----------------|
| Variable | Number | Percentage (%) |
| KNOWLEDGE OF THE SOURCES OF PILLS | | |
| <i>Pills obtained from public (n = 380)</i> | | |
| No | 39 | 10.26 |
| Yes | 341 | 89.74 |
| <i>Pills obtained from private (n = 380)</i> | | |
| No | 247 | 65.0 |
| Yes | 133 | 35.0 |
| <i>Pills obtained from pharmacy (n = 380)</i> | | |
| No | 171 | 45.0 |
| Yes | 209 | 55.0 |
| <i>Pills obtained from NGO (n = 380)</i> | | |
| No | 299 | 78.68 |
| Yes | 81 | 21.32 |
| WHERE ITS MOSTLY OBTAIN YOUR PILLS (N = 332) | | |
| <i>Public facility</i> | 189 | 56.93 |
| <i>Private facility</i> | 21 | 6.33 |
| <i>Pharmacy</i> | 98 | 29.52 |
| <i>NGOs</i> | 24 | 7.23 |
| REASON FOR CHOICE (N = 332) | | |
| <i>Ease of access</i> | 185 | 55.72 |
| <i>Convenient</i> | 118 | 35.54 |
| <i>Only known place</i> | 29 | 8.73 |

Source: Field Data, 2019.

3.4. Satisfaction with OCPs and Injectables

Satisfaction levels were high, with 85.26% of OCP users and 83.16% of injectable users reporting satisfaction. Reasons for satisfaction included ease of use and

effectiveness (See [Table 6](#)).

Table 6. Satisfaction with OCPs and injectables (n = 380).

| Method | Number | Percentage (%) |
|--------------------------------|--------|----------------|
| Satisfied with OCPs | 325 | 85.26 |
| Not Satisfied with OCPs | 55 | 14.47 |
| Satisfied with Injectables | 316 | 83.16 |
| Not Satisfied with Injectables | 64 | 16.84 |

Source: Field Data, 2019.

4. Discussion

4.1. Comparison of Findings with Existing Literature

This study aimed to assess the level of satisfaction with oral contraceptive pills (OCPs) and injectables among women of reproductive age in the Kwabre East Municipality, Ashanti region, Ghana. By evaluating socio-demographic characteristics, knowledge about contraceptive methods, sources of the methods, and reasons for satisfaction or dissatisfaction, the findings provide valuable insights into the current state of contraceptive use in this population. Comparing these results with existing literature helps contextualize the findings and identify areas for improvement in family planning services.

4.2. Socio-Demographic Characteristics

The socio-demographic characteristics of the study participants revealed that the majority of users were in the age group of 20 - 29 years, followed by those aged 30 - 39 years. This aligns with findings from similar studies, indicating that younger women are more likely to use modern contraceptive methods compared to older women [6]. Additionally, the high representation of married women in the study population reflects broader trends in contraceptive use, where married women often have greater motivation to use family planning methods to space or limit births [7].

4.3. Knowledge and Awareness of Contraceptive Methods

The study found that a significant proportion of respondents had adequate knowledge about OCPs and injectables, including their mechanisms of action and potential side effects. This is consistent with findings from other studies that highlight the importance of knowledge in the uptake and sustained use of contraceptives [8]. However, there were gaps in knowledge regarding the types of contraceptives available and their use as emergency contraceptives, indicating a need for enhanced educational efforts in these areas.

4.4. Satisfaction with Contraceptive Methods

The level of satisfaction with OCPs and injectables was influenced by various

factors, including ease of use, side effects, and accessibility. Similar to findings in other contexts, side effects such as changes in menstruation, weight gain, and mood changes were significant reasons for dissatisfaction [9]. Despite these concerns, the overall satisfaction was relatively high, suggesting that the benefits of these contraceptive methods, such as effectiveness in preventing pregnancy, outweigh the drawbacks for many users.

4.5. Sources of Contraceptives

The study highlighted that most respondents obtained their contraceptives from family planning units and child welfare clinics. This is in line with literature indicating that healthcare facilities are the primary sources of contraceptives in many settings [9]. Ensuring the availability and accessibility of contraceptive methods at these facilities is crucial for maintaining high levels of contraceptive use and satisfaction.

4.6. Comparison with Global and Regional Trends

The findings from this study are comparable to global and regional trends in contraceptive use and satisfaction. According to the World Health Organization (WHO), the use of modern contraceptive methods is on the rise, particularly in sub-Saharan Africa, where efforts to improve access and education have been intensified [1]. The high level of satisfaction reported in this study aligns with trends observed in other African countries, where increased awareness and availability of contraceptives have positively impacted user satisfaction [5].

4.7. Implications for Family Planning Programs

The results of this study have several implications for family planning programs in the Kwabre East Municipality and similar settings:

- 1) **Enhanced Education and Counseling:** There is a need for comprehensive education and counseling services to address gaps in knowledge about the types of contraceptives and their correct use, especially for emergency contraception.
- 2) **Addressing Side Effects:** Healthcare providers should proactively discuss potential side effects with users and offer solutions or alternatives to mitigate these issues, thereby improving satisfaction and continuation rates.
- 3) **Improving Access:** Ensuring that family planning units and clinics are well-stocked with a variety of contraceptive options can help meet the diverse needs of women and increase their satisfaction with family planning services.
- 4) **Targeted Interventions:** Tailored interventions for different age groups and marital statuses can help address specific concerns and preferences, enhancing the overall effectiveness of family planning programs.

5. Conclusion

This study provides valuable insights into the level of satisfaction with OCPs and injectables among women in the Kwabre East Municipality. By comparing these

findings with existing literature, it is evident that while there are similarities in trends, specific local factors must be addressed to improve family planning services. Enhanced education, addressing side effects, and improving access are key strategies to ensure that women have satisfactory and effective contraceptive options.

6. Recommendations

- Increase educational campaigns to enhance knowledge about family planning methods further.
- Address misconceptions about side effects through targeted interventions.
- Ensure continuous supply and accessibility of family planning methods at health facilities.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] World Health Organization (2021) Family Planning/Contraception Methods. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.
- [2] Surbhi, S. (2019) Determinants of Satisfaction with Contraceptive Methods in India. *International Journal of Public Health Research*, **7**, 85-92.
- [3] Ghana Health Service (2018) Annual Report on Family Planning Services. Ghana Health Service.
- [4] Adeyemi, O. (2020). User Satisfaction and Perception of Contraceptive Use in Nigeria: A Comparative Study. *Journal of Reproductive Health*, **14**, 102-114.
- [5] United Nations Population Fund (2022) State of the World's Population 2022: Seeing the Unseen. UNFPA.
- [6] Cleland, J., Harbison, S. and Shah, I.H. (2014) Unmet Need for Contraception: Issues and Challenges. *Studies in Family Planning*, **45**, 105-122. <https://doi.org/10.1111/j.1728-4465.2014.00380.x>
- [7] Sedgh, G., Ashford, L.S. and Hussain, R. (2016) Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method. Guttmacher Institute.
- [8] Barden-O'Fallon, J., Speizer, I.S., Calhoun, L.M. and Corroon, M. (2018) Women's Contraceptive Discontinuation and Switching Behavior in Urban Senegal, 2010-2015. *BMC Women's Health*, **18**, Article No. 35. <https://doi.org/10.1186/s12905-018-0529-9>
- [9] Blanc, A.K., Tsui, A.O., Croft, T.N. and Trevitt, J.L. (2016) Patterns and Trends in Adolescents' Contraceptive Use and Discontinuation in Developing Countries and Comparisons with Adult Women. *International Perspectives on Sexual and Reproductive Health*, **42**, 152-159.