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Research Article

Perspectives of Midwives on Post Partum Contraceptive Utilization by Women in the Tamale Metropolis, Ghana

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Abstract

This study aimed at investigating the utilization of postpartum family planning and factors that may influence uptake among married women in the Tamale Metropolis. The qualitative method was employed for the study to explore post-partum mothers utilizing modern contraceptives and factors that influences them to practice post-partum family planning. A semi-structured, face-to-face interview was conducted with twelve (12) midwives and thematic analysis was performed to analyze the interviews. Five themes were generated from data analysis, which were, modern contraceptive prevalence, common contraceptive methods, associated factors contributing to uptake of contraceptives, partner support, and strategies to promote postpartum contraception. The finding revealed there was low adoption of post-partum family planning in the Tamale Metropolis which calls for serious advocacy and resource mobilization for family planning related services. The findings from the study also spotted injectable as the most widely used contraceptive among postpartum mothers, issues of religious beliefs, societal perceptions about contraception and side effects were also revealed by health providers as factors that could negatively affect the adoption of postpartum family planning. Women also do not get enough communication and support from their spouses. Inclusion of stakeholders such as religious leaders, chiefs and other influential people in the advocacy for postpartum family planning could help improve uptake among mothers in various communities.

Keywords

Utilization, Contraceptive Methods, Postpartum Women, Family Planning, Women in the Tamale Metropolis

1. Introduction

Post-partum family planning (PPFP) is defined by WHO as the prevention of closely spaced pregnancies and unwanted pregnancies through the first twelve (12) months following childbirth. After a live childbirth, the commended interval before the next pregnancy is at least 24 months, based on a recommendation by the World Health Organization (WHO), to reduce the risk of adverse maternal, perinatal, and infant outcomes (WHO, 2007). According to the World Health Organization, the post-partum period is the most crucial yet neglected phase in the lives of women and babies as most maternal and neonatal deaths occur during this period. Unplanned and closely spaced births are, therefore, a public health concern as they are linked with increased maternal, newborn, and child morbidity and mortality [1]. Postpartum contraceptive use is likely to reduce both unplanned pregnancies and pregnancies that are too closely spaced [2]. It is important to note that the most successful approach to reducing accidental and premature pregnancies as well as un-

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planned childbirths is to provide postpartum contraceptives for women with unmet needs. Despite this evidence, 61% of postpartum women in low- and middle-income countries have an unmet need for contraception [3].

In Ghana, 30% of presently married women have an unmet need for family planning services, with 17% having an unmet need for birth spacing while 13% have an unmet need for birth limitation [4]. The unmet demand for FP is highest among women who have just given birth [4]. Despite this, individuals frequently do not obtain the assistance they require to promote birth spacing or reduce the risk of unplanned pregnancy and its implications [5]. Unintended childbirth may be related to adverse morbidities, such as impaired mother-child bonding and maternal depression [6, 7].

According to some studies, a woman's need for contraception changes throughout her reproductive years, but need is highest during the postpartum period [8]. Contraception can be used as soon as 10 minutes after the placenta is delivered or as late as 48 hours to 6 days after the placenta is delivered. However, some women may continue to use a contraceptive method after the sixth week preceding delivery and up to the end of the first year. According to the World Health Organization (WHO), despite significant advances in family planning uptake over the years, many women worldwide wish to prevent pregnancy but unfortunately most couple do not use contraception. There are several unmet needs which include poor family planning service, lack of a variety of methods, fear of opposition from partners, and concerns about side effects among others. Unwanted pregnancy is a serious ongoing social and health problem in Africa. Considering the consequences, it is essential to avoid unwanted pregnancies by allowing access to contraception, including emergency contraception, as well as safe abortion services and empowering women to make their own reproductive choices [9].

When maternal mortality was declared in Ghana as a national emergency, the government recognized the essence of handling family planning as a multisector issue and readily took action. Since the government's initial commitment to expanding quality FP services in 2012, the number of stakeholders working to expand quality FP services has grown to include both the public and private sectors, civil society (including faith-based organizations, professional guilds, etc.), and the media. Ghana has taken significant steps to making services and methods readily available to all, including the establishment of a legislative instrument in 2017 to include FP in services provided under the national health insurance and the provision of FP services and commodities at no cost in its public health facilities. Ghana continues to increase the number of women and girls who use modern contraceptives, through enhanced provider training, a broader method mix, and increased demand for family planning [10]. The prevalence of postpartum family planning differs across countries with developed countries recording high prevalence compared to developing countries of which Ghana is inclusive. This may be as a result of the variation in our cultural beliefs, socio-economic status, educational level and level of partner support. However, uptake of modern family planning methods remains low in most African countries, and this is associated with a high incidence of unwanted pregnancies, unplanned deliveries and maternal mortalities [11].

Among married women or those in intimate relationships in West Africa, a low prevalence of modern contraceptive use of less than 20% was reported in the year 2017 [12]. Generally, the use of contraception among women of reproductive age in sub-Saharan Africa increased steadily from 13 percent in 1990 to 29 percent in 2019 indicating that there is improvement in the usage of family planning methods [10]. Generally, the use of contraception among women of reproductive age in sub-Saharan Africa increased steadily from 13 percent in 1990 to 29 percent in 2019 indicating that there is improvement in the usage of family planning methods [13].

According to the 2014 Ghana Demographic Health Survey, contraceptive prevalence rate among married women stood at twenty seven percent (27%) for all methods, and twenty-two percent (22%) for modern methods [4]. Again, the prevalence of contraceptive use among married women in urban areas is higher than married women in rural areas with prevalence rate of 26% and 28% respectively. However, by region, the Volta region recorded the highest prevalence rate of 32% while the Northern region recorded the lowest rate of 11% [4].

It is interesting to note that the trend in family planning acceptor rate in Northern region where this study is conducted increased marginally in the year 2014 by 19.4% and declined steadily in 2015 by 18.5% [4]. However, it increased sharply from 24.1% in 2018 to 28% in 2020 as reported in the 2020 Ghana Health Service annual report [14-16]. The increased performance observed over the years in the region could be attributed to the massive family planning outreaches programmes embarked on by midwives and some private partners in sexual and reproductive health services, the implant task shifting policy implemented to provide community health and enrolled nurses the opportunity to be trained to provide implant services at various health facilities, the increased collaborative efforts with other implementing partners and the private sector, promotion of male involvement in family planning activities, and more importantly, the identification and training of community leaders as advocates for family planning services.

Adoption of postpartum contraception offer women the opportunity to pursue their ambitions and as well help them to be healthy together with their children to enable them to have a fulfilled and promising life.

However, the modern contraceptive methods tend to be more effective at averting unintended pregnancies compared to the traditional methods [10]. This data indicates that there has been gradual decline in the use of traditional contraceptive methods among women in the last 29 years [10]. Furthermore, in West Africa, the use of lactation amenorrhea method and calendar method were commonly reported among women practising contraception with 72.1% and 51.8% utility rate respectively.

However Ghana and Malawi reported implants as the preferred contraceptive method by post-partum women from two respective studies in 2010 and 2013 [17]. In Ghana, unmarried women in their reproductive ages are the vast majority in the usage of contraceptives of any method representing 45 percent while 27 percent of married women use any contraceptive method. However, in terms of the category of contraception, 22 percent use modern method and five percent (5%) use the traditional methods. With the usage of modern contraceptives among married women, injectable are the most widely used with 8 percent, followed by 5 percent use of implants and pills respectively [4].

In community-based family planning interventions, spousal support and communication are often used as a benchmark to ensure the utilization of contraceptives. Data available shows that the majority of married women (63percent) in Ghana who are using contraception say that decisions about using family planning are made jointly by the husband and wife, over one-quarter (27 percent) of women say they make decisions alone about the use of family planning, and only 11 percent said that their husbands/partners mainly decides their use of contraception [4]. This finding reveals that spousal communication pertaining family planning services is markedly increasing contrary to other studies that suggest the opposite.

Similarly, the partner is consistently mentioned as having a vital role in FP decision making. Midwives described partner expressing strong opinions regarding certain FP methods and specifically the IUD, because of misinformation regarding pain during intercourse [18]. Midwife described that it is "usually the woman who plans to have the FP, takes much more initiative than the partner but that a collective decision is made, and generally, the couple will "go together" to access FP [18]. (Norton & Shilkofski, 2022). Therefore, opinions held by partners are often cited as a significant factor in an individual's FP decisions [18].

2. Methods

2.1. Study Design

A facility based cross-sectional research design was employed and data originated through qualitative methods. This was to ensure that the investigators get in-depth information from participants. Midwives were recruited from the chosen health facilities using purposive sampling technique to participate in the study. Purposive sampling is a non-probability sampling strategy that works best when one must explore a certain field of individuals who have expertise.

2.2. Participant Recruitment

Purposive sampling techniques were adopted to recruit participants in all the health facilities who met the study criteria (see Figure 1 for the selection processes for the study). Participants were included if they were midwives practicing in the government health facility in Tamale Metropolis and if they were practicing in the family planning unit. Five midwives met the participant criteria but declined to participate. Also, data saturation was reached after the twelve (12) participants were interviewed. Data saturation occurred when no newer themes or information emerged.

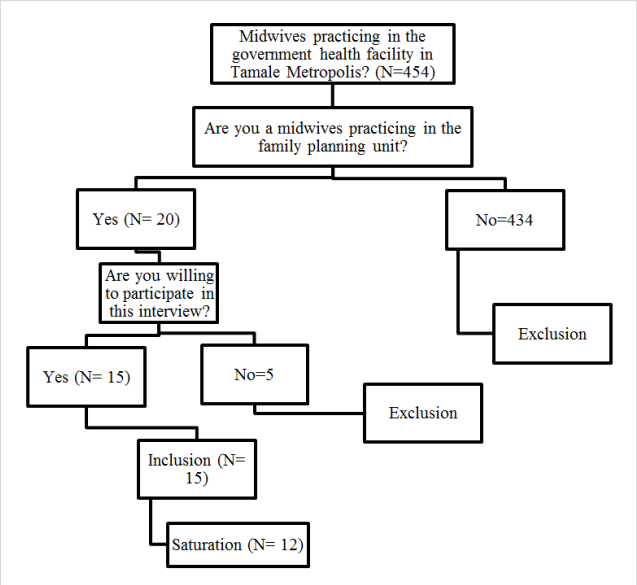

Figure 1. *Flowchart of participants' selection.*

2.3. Data Collection

A permission letter was sought from the Tamale Metropolitan health directorate and submitted to all heads of various health facilities earmarked for the study. Ethical clearance and approval were sought from the Ghana Health Service review committee board after an introductory letter from the school of public health introducing the principal investigator and the purpose of the study. In addition, the participants were given clear explanations of the objectives and details of the study. Those who agreed to be a part of the study were required to give acknowledgement by signing a consent form. Participants were made to understand that, notwithstanding their consent given, they had freewill to pull out from the study at any point in time they felt like withdrawing. A structured interview guide (Table 2) was designed centred on modern contraceptive prevalence, common contraceptive methods, associated factors contributing to uptake of contraceptives, partner support, and strategies to promote postpartum contraption and conducted to all respondents through face-to-face approach in each health facility visited. All the 12 participants could read and speak English fluently and therefore, the interview was conducted in the English language. The in-charge of the family planning unit in each health facility was interviewed. A recording device was used to capture the audio of respondents and each interview session lasted between 15 to 20 minutes. Data

collection was carried out alongside participants' recruitment.

2.4. Validity and Reliability

The researchers used data triangulation, which involves utilization of various data sources to establish a cogent argument for the themes developed from data sources, to ensure the accuracy of the study's conclusions.

2.5. Data Analysis

The data analysis was simultaneously ongoing during data collection. The audio recordings (interviews) of respondents were further transcribed and translated into English for the purposes of analysis. The research team repeatedly listened to the audio interview in order to become more familiar with the content before comparing it to the transcripts. The transcripts were then coded, and a thematic analysis was performed using the Quirkos qualitative analysis software package (Version 2.3.1). Upon completion of the coding phase, codes associated with each quotation were summarized. To further discover significant themes connected with each code, constant comparison methods were employed to analyse similarities, and differences between individual cases. The key emergent themes relating to prevalence of contraceptive usage were the commonly assessed contraceptive types, logistics and other challenges faced by health providers that could serve as a barrier to contraceptive service delivery and associated factors that could influence postpartum mothers to adopt contraception.

2.6. Ethical Consideration

Ethical clearance and approval were sought from the Ghana Health Service review committee board. In addition, the participants were given clear explanations of the objectives and details of the study. Consent was obtained from participants before the start of the study by signing a consent form. Participants were made to understand that, notwithstanding their consent given, they had freewill to pull out from the study at any point in time they felt like withdrawing. To ensure confidentiality, the respondent's identities will remain anonymous and undisclosed at every point of the study.

3. Results

All 12 midwives who participated in the study completed the interview. Five themes (Table 1) were derived from the interviews.

Table 1. *Themes.*

Theme 1	Modern contraceptive prevalence
Theme 2	Common contraceptive methods
Theme 3	Factors contributing to uptake of contraceptives
Theme 4	Partner support and Communication
Theme 5	strategies to promote postpartum contraption

Theme 1: Modern contraceptive prevalence

The key informant interview conducted also revealed that an average of twenty (20) mothers seek family planning services monthly. Here are responses of four (4) midwives selected from different health centres for the study.

Normally we give talks to enable mothers develop interest when they come to deliver their babies and for those who haven't reached term, Thursdays are set aside for them: we have one on one discussions about family planning when expectant mothers come for antenatal visits. Generally, about 4 to 5 mothers come daily and 15 to 20 mothers monthly visits the facility to seek for family planning services [midwife - Nyohini Health centre]

Normally depends on mother's choice of the mother to either do it every 3 months or a year or 2 or even more. They do come to the facility as and when it's due for them to visit for renewal when it's out of date. Sometimes, a few of them return to the facility to report side effects. Generally, about 30 mothers visits the facility to seek for family planning services in a month. [(midwife) - Tamale West Hospital]

Soon after six weeks postpartum. About 5 clients visit the family planning unit weekly and 20 monthly on average [(midwife) - Builpeila Health Centre]

About 3 to 5 mothers come daily and approximately 15 mothers monthly visits the facility to seek for family planning services. [(midwife) - Tamale RCH]

Theme 2: Common contraceptive methods used by postpartum mothers

The findings from the study also spotted injectable as the most widely used contraceptive among postpartum mothers in the Tamale Metropolis. The midwives in the selected health centres were asked on the commonest contraceptive method postpartum women patronize and these were their responses.

Injectable (Depo Provera) which is progesterone only, implants and then contraceptive pills. Condoms are normally not patronized [(midwife) - Nyohini Health centre]

Injectable, contraceptive pills and then Male condoms. [(midwife) - Tamale West Hospital]

Injectable (Depo Provera) which is 3months, implants and then contraceptive pills. Condoms have a very low patronage in the facility. [(midwife) - Builpeila Health Centre]

Injectable is the commonest method women patronize. Some also like pills and a few normally like implant. Women do not like condoms. They do not even request for it. [(midwife) - Tamale RCH]

Theme 3: Associated factors contributing to uptake of contraceptives among postpartum mothers

During the key informant interview, issues of religious beliefs, how comfortable the respondents are at family planning units, societal perceptions about contraception and side effects were also revealed by health providers as factors that could negatively affect the adoption of postpartum family planning. However, they indicated that cost of contraceptives could not negatively influence the usage of contraceptives in the postpartum period due to the cheap cost of the common methods patronized by mothers. The setting of the family planning unit was a challenge mentioned by midwives and did not attract women to the unit. Another pertinent issue mentioned by midwives was that shortage of family planning logistics which sometimes hinder the smooth delivery of family planning services.

One major barrier is partner's refusal to consent to the usage of family planning in Northern region as part of their norms. Religious believes in the Islamic and catholic sects is another barrier. Limitation of Privacy due to the facility's setting. The closeness of wards makes clients feel unsecure. Cost is effective, 2ghc for 3 months because of government subsidy on family planning products. Some prefer patronizing family planning commodities at drug store to safeguard their reputation because of in adequate privacy in the facility. Generally, infrastructure serves as a major barrier which also limits services like intrauterine device. [(midwife) - Nyohini Health centre]

Male Partners refusal to allow their partners freely seek family planning services because of their religious and cultural believes is a barrier. Limitation of Privacy due to the facility's setting is another problem. The closeness of units makes clients feel unsecure to seek for the family planning services. [(midwife) - Tamale West Hospital]

The society frowns on the usage of family planning as perceived, therefore clients find it difficult to freely access the units for services to be rendered. They feel very uncomfortable once there are other clients around. Another major barrier is Partners refusal to consent to the usage of family planning due to Religious and cultural believes. [(midwife) - Builpeila Health Centre

The major barrier is that most women still harbour the perception of family planning having serious side effects. Some say they do not give birth again after using [(midwife) - Tamale RCH]

Unit's location which hinders privacy of clients and shortage of commodities e.g. injectable in the facility. [(midwife) - Nyohini Health centre]

Some clients who are from other regions usually complain about the family planning service cost been covered by the National Health Insurance Scheme in their facilities. Though it doesn't prevent them from patronizing. Some also deliberately come to seek for services already pregnant, with the mind-set that family planning can cause abortion. Therefore, assessments including UPT (i.e. Urine pregnancy test) is usually done for clients to rule out pregnancies before the actual service been rendered. Another challenge is that location of units which hinder privacy of clients also limits clients' attendance. [(midwife) - Tamale West Hospital]

Lack of acceptance and Ignorance among some mothers. Also, shortage of commodities in the facility [(midwife) - Builpeila Health Centre]

Shortage of commodities and closeness of family planning unit to the waiting area e.g. injectable in the facility. [(midwife) - Tamale RCH]

In charge midwives were also asked whether logistic challenge could serve as a barrier to effective delivery of family planning in their various facilities and most of them indicated it was a challenge but did not entirely prevent them from delivering family planning services.

Sometimes we do run out of contraceptives. But within a week we have our facility restocked again. So, I will say logistics isn't much a problem. But we still need more equipment to operate effectively. [(midwife) - Nyohini Health centre]

No problems with logistics. We always have in excess [(midwife) - Tamale West Hospital]

There are enough commodities but sometimes there is a shortage in one or two of the commodities. Services like intrauterine device is not done in the facility since there are inadequate equipment and infrastructure. [Health professional (midwife) - Builpeila Health Centre]

Yes, we do have shortages. We sometimes get donations from NGOs and so we don't normally run short of commodities. [Health professional (midwife) - Tamale RCH]

Theme 4: Partner support and communication

The midwives indicated that male partners did not regularly accompany their partners when asked whether male partners support their wives in seeking family planning services. This suggests women do not get enough support from their partners. Their responses are outlined below.

Quite a few couples do turn in for services regularly in the facility. Counselling on family planning is done using the MEC (Medical eligibility criteria) in selecting suitable method for clients. Education on side effects of desired method, components of drug and adverse reaction making sure clients understand what is been discussed. [(Midwife) - Nyohini Health centre].

A very few numbers of couples sometimes do turn in for services in the facility but not often. [(midwife) - Tamale West Hospital]

Several couples visit for services regularly in the facility. Men do not really support their partners for FP uptake. It's mostly difficult getting them to even counsel especially in serious maternal cases. [(midwife) - Builpeila Health Centre]

Women do come with their husbands but not regularly. You see them once in a blue moon [(midwife) - Tamale RCH]

Theme 5: Strategies to help promote postpartum contraption among mothers

Response from heads of family planning units in four health facilities during our key informant interview revealed

that inclusion of stakeholders such as religious leaders, chiefs and other influential people in the advocacy for postpartum family planning could help improve uptake among mothers in various communities. Another strategy that emerged was the detachment of the family planning unit from the clinics

Stakeholders including religious, traditional and opinion leaders actively campaigning for the usage of family planning as well as health workers education of public on the importance and benefits of family planning. [(midwife) - Nyohini Health centre]

The provision of a unit which will ensure clients privacy and confidentiality. Also, stakeholders actively campaigning for the usage of family planning as well as health workers educating the public on the importance and benefits of family planning during social gathering and meeting of youth groups to advocate for it. [(midwife) - Tamale West Hospital]

Stakeholders including religious, traditional and opinion leaders actively campaigning for the usage of family planning since they have much audience as well as the health workers educating the public on the importance and benefits of family planning [(midwife) - Builpeila Health Centre]

Religious leaders should be involved in advocacy for family planning since they are revered in the community [(midwife) - Tamale RCH]

4. Discussions

According to the study, the most common type of contraception adopted by mothers using contraceptives according to the study was injectable followed by oral contraceptive pills and intrauterine device (IUD). The least preferred method was implants. This finding is consistent with the reportage of injectable being the most widely used contraceptive method by married women [4]. Also, a study conducted in Ghana specifically in the Nkwanta district of the Volta region reported injectable as the commonest contraceptive method used by postpartum mothers [19]. Interestingly, the injectable contraceptive is the most widely used method in Nigeria [20]. Interestingly, all the midwives we interviewed also indicated that injectable was the highly patronized contraceptive methods at the family planning unit. An in-charge of one hospital said "*Injectable is the commonest method women patronize. Some also like pills and a few normally like implants. Women do not like condoms. They do not even request for it" [(midwife)]*. However, the finding is in contrast with that of a study conducted in family planning clinics of two (2) teaching hospitals and three (3) district hospitals situated in two cities of Ghana, Kumasi and Accra. It reported implant as the most used contraceptive among women.

The reason for the high patronage of the injectable by mothers may be attributed to the simple administration of the method as well as how comfortable associated with it compared to the other methods. Another reason probably is that they can be used regardless of a daily activity like pill taking. Most women would be able to discontinue usage after three months to give room for another pregnancy. One other advantage of the method which encourages postpartum women in its usage is that it allows women to keep their contraceptive usage private especially in the study setting where the use of contraception is seen to be awkward due to cultural or religious reasons. Again, most lactating women can effectively breastfeed their kids because the injection has no effect on either the milk composition or its quality. Other methods such as pill, intrauterine device (IUD) and implant have relatively lower utilization rate generally in Ghana according to the 2014 Demographic and Health Survey [4]. The reason for low usage of the pill maybe related to the inconvenience associated with the regular or daily administration of the drug through the oral route.

With regards to knowledge on modern contraceptives among the postpartum women, the study revealed condom as the best-known method followed by injectable and then contraceptive pill. This finding is in line with that of 2014 Ghana Demographic Health Survey which reported these three methods in chronological order as the most widely known among reproductive aged women [4]. The high level of knowledge could be attributed to the increased dissemination of family planning information mainly by health workers during antenatal and postnatal visits. Another reason could be due to the rise in social marketing strategies and behavioural change communication (BCC) interventions kept in place by non- governmental organizations such as Mariestopes International Ghana, Planned Parenthood Association of Ghana and Catholic Relief Services to promote contraceptive use in the Northern region.

Health workers were recorded as the main source of contraceptive information according to the study, which is in contrast with the 2014 Ghana Demographic Health Survey where mass media was reported [4]. Previous study conducted in Ghana also reported television as the main source of contraceptive information by postpartum mothers [21]. Tamale Metropolis has a total of nineteen health facilities that provides health care services to residents in many communities. There are therefore many midwives and nurses in these facilities and may explain why health care workers constitute the main source of family planning information.

However, the fear of side effects has been a major problem in the uptake of contraceptives. Many women are of the perceptions that some contraceptive methods can reduce fertility and may eventually lead to barrenness. Again, some women purchase these contraceptives from over-the-counter drug stores and pharmacies without undergoing any blood test to ascertain their blood groups or underlying conditions which may later expose them to some side effects. The efficacy of these contraceptives depend largely on a woman's blood pressure, reproductive history and whether or not she's lactating. [22]. In addition, some women experience prolonged bleeding which may interfere with the normal menstrual flow of women. It also appears that most women are poorly educated about the possible side effects of the methods they

choose before they start uptake, and this could lead to discontinuation.

According to Kibira et. al., male involvement goes beyond the use of family planning methods but the attitude, perceptions, encouragement, and support that men provide to their partners towards the use of family planning. Male engagement in family planning education and counselling probably can improve the usage of contraceptives among women in the postpartum period [23].

However, some women may decline the use of contraception until they have had their last intended child because of the negative perceptions they have about contraceptives. In the study setting, for the fear of victimization, most women hide to seek for services and do not even want to be seen by their relatives or neighbours. Study by Norton & Shilkofski indicated that opinions held by "neighbours," or influential community members, along with that of the partner, are often cited as a significant factor in an individual's FP decision. Several midwives spoke both about the influence of neighbour opinions and the need for broader community education to address the effects of misinformation that is easily spread [18]. Even though habitants (men) in this study area are exposed to contraceptive information, some still exhibit primitive behaviours towards their spouses for using contraceptives. An account from a midwife in one of the health centres in the Metropolis during our key informant interview confirms this assertion. *"Mothers sneak to patronize family planning due to lack of partners consent" [Health professional (midwife)]*. A qualitative study conducted in Ethiopia, Nigeria and Uganda indicated that covert use of contraception among women as a result of partner opposition had higher motivation for contraceptive use [23]. Women do not get enough support from their male partners because they did not regularly accompany them to the service delivery centres. This was affirmed by the midwives interviewed. "*A very few numbers of couples sometimes do turn in for services in the facility but not often". [(midwife) - Tamale West Hospital]*

"Several couples visit for services regularly in the facility. Men do not really support their partners for FP uptake. It's mostly difficult getting them to even counsel especially in serious maternal cases". [(midwife) - Builpeila Health Centre].

"Women do come with their husbands but not regularly. You see them once in a blue moon". [(midwife) - Tamale RCH]. Study conducted by Norton & Shilkofski (2022) in the Philippines shared dissimilar observation that midwife described that it is "usually the woman who plans to have the FP, takes much more initiative than the partner but that a collective decision is made, and generally, the couple will "go together" to access FP [18].

Expectantly, better spousal communication regarding family planning has been associated with higher contraceptive use and lower unmet need [24]. It's therefore important to develop interventions that would increasingly target men to form an integral part of the family planning process to enhance the uptake of contraception among female partners, mitigate discontinuation among those with unmet needs, and foster switching of methods where necessary.

Despite the enormous benefits of modern contraceptive to postpartum mothers, there is still quite lower prevalence in terms of usage leading to the high unmet contraceptive need. Meanwhile, many findings from different surveys have indicated the higher knowledge of contraceptives among couples as well as higher intentions of two-year birth spacing between their children. However, there are still challenges that prevent postpartum women from adopting contraception. Some of these challenges are because of the social norms and attitudes of male partners which varies in different communities.

Respondents were asked about their opinions on five (5) strategies. The strategies were centred on the propagation of family planning policy initiatives through mass media, provision of high-quality family planning counselling and services, implementation of health behaviour change and communication initiatives, community health workers following pregnant women to reinforce postpartum family planning messages and passing legislation to punish men who violate women against postpartum family planning. It was revealed that majority of the respondents opined that the intervention that centred on passing a legislation to punish men who abuse women for using contraceptive be implemented first if the interventions were going to be rolled out at the time of the survey. The result is in consonance with a study conducted in Nigeria on domestic violence being a barrier on contraceptive uptake. The study reported strong association between the non-contraceptive usage among women and domestic violence [25].

5. Conclusion

In this study, we employed the method of thematic analysis to explore the perspectives of midwives on *postpartum contraceptive utilization by women in the Tamale Metropolis, Ghana.* In this qualitative study, we identified five themes concerning *postpartum contraceptive utilization by women*, which were modern contraceptive prevalence, common contraceptive methods, associated factors contributing to uptake of contraceptives, partner support, strategies to promote postpartum contraption. It found that there is low adoption of post-partum family planning in the Tamale Metropolis which calls for serious advocacy and resource mobilization for family planning related services. The findings also spotted injectable as the most widely used contraceptive among postpartum mothers, and issues of religious beliefs, societal perceptions as factors that could negatively affect the adoption of postpartum family planning. There are not enough communication and support from their spouses, therefore inclusion of stakeholders such as religious leaders, chiefs and other influential people in the advocacy for postpartum family planning could help improve uptake among women in various communities. A concerted effort is required from all manner

of persons to ensure high prevalence of post-partum family planning uptake in Ghana. In fact, population control is needed for the development and economic growth of individuals, households and the country at large. Therefore, government must prioritise family planning related issues by investing heavily into it to promote the uptake of FP services.

Abbreviations

PPFP	Post-partum Family Planning
FP	Family Planning
IUD	Intrauterine Device
RCH	Reproductive and Child Health
UPT	Urine Pregnancy Test
NGOs	Non-Governmental Organizations
WHO	World Health Organization
GHS	Ghana Health Service
GSS	Ghana Statistical Service

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Author Contributions

Ahmad Sukerazu Alhassan: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing

Abdul-Rahman Mubarik: Conceptualization, Data curation, Formal Analysis, Investigation, Project administration, Resources, Software, Visualization, Writing – original draft, Writing – review & editing

Ethical Statement

Our study was approved by the Ghana Health Service Ethical Review Committee (Approval reference ID. GHS/RDD/ERC/Admin/App/21/419). All participants provided written informed consent prior to the enrollment in the study.

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Conflicts of Interest

The authors declared no conflicts of interest.

Appendix: Interview Guideline

Table 2. *Interview Guideline*

1	How often do mothers seek FP services after birth?
2	What type of FP services are commonly patronized by post-partum mothers at your center?
3	How often do you educate postpartum mothers in your facility on the usage of FP services?
4	What is your assessment of the behaviors of mothers towards the usage of FP services
5	What are some of the barriers you think affect the patronage of FP services by post-partum mothers in your facility.
6	What are some of the challenges you face in the delivery of FP services in your health facility.
7	Do you have enough logistics and FP commodities for family planning services?
8	What interventions would you suggest improving FP uptake among Postpartum mothers

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