Open Access Journal of Contraception

Dovepress
open access to scientific and medical research

Open Access Full Text Article

LETTER

Demographic, Sociocultural, and Behavioral Predictors of Modern Contraceptive Uptake Among Couples in Northern Ghana [Letter]

Sabrina Shahid, Mahdi Sadeghi, Yusuf Alghabra

Medical Education, King's College London, London, UK

Correspondence: Mahdi Sadeghi, King's College London, Guy's Campus, Great Maze Pond, London, SE1 1UL, UK, Email Mahdi.Sadeghi@kcl.ac.uk

Dear editor

We express our gratitude to Allotey et al[1] for their insightful study on "demographic, sociocultural, and behavioural predictors of modern contraceptive uptake among couples in Northern Ghana". Consequently, raising awareness about behaviours and attitudes towards sexual health within specific societal contexts, thus providing a rationale for future research. As UK medical students with keen interests in public health, we would like to offer our perspectives on the study which has demonstrated risk factors among contraceptive uptake in Ghana.

Firstly, we commend the authors for having 1016 participants (508 couples), but we also note potential selection bias due to the unclear recruitment methods used to select participants. Employing a random participant selection approach of eligible participants would enhance representative representation and generalisability of the findings across the Northern Ghanaian population. As well as, expanding inclusion criteria to include pregnant women, as they may still be sexually active, and males aged over 59, as males tend to have a larger fertile window than females.[2] Other benefits of contraception were not mentioned, such as the prevention of sexually transmitted infections.[3] Additionally, we recommend excluding sexually inactive individuals as they are unlikely to be using any forms of contraception for pregnancy prevention actively. The addition of more narrow age categories in tables 2, 3, and 4,[1] particularly those between 16 and 30 years old, would offer a better understanding of contraceptive behaviours within specific age categories.

Furthermore, participants were interviewed, and demographic data, such as religion, was obtained. This could have been collected anonymously to prevent potential cultural and response bias, as participants may have given answers that fit with cultural norms rather than their own experiences. Alongside this, participants were not asked explicitly whether they are currently sexually active, and female participants were not asked whether they have gone through menopause or have any diagnosed gynaecological conditions such as polycystic ovarian syndrome.[4] Therefore, this might limit insights into personal experiences and the varied reasons behind contraceptive choices.

Once again, we appreciate the contribution of the novel baseline knowledge that has been provided in the study by Allotey et al.[1] However, it may have been practical to implement the suggestions made and also understand the current mediums of sexual health education in Ghana to gain a better understanding of the population's education on the use of contraceptives. For future research, we also suggest implementing a quality improvement project to implement and measure change, such as introducing health workshops on contraception to allow participants to make better-informed decisions on contraception use.[5] Additionally, as 97% of participants in this study were Muslim, it would be useful to have a diverse demographic range to demonstrate national trends, mitigating potential religious and cultural trends in future studies.

Disclosure

The authors report no conflicts of interest in this communication.

Received: 12 March 2024
Accepted: 23 March 2024
Published: 28 March 2024

References

1. Allotey NK, Bosoka SA. Demographic, Sociocultural, and Behavioral Predictors of Modern Contraceptive Uptake Among Couples in Northern Ghana. *Open Access J Contracept*. 2024;15:23–40. doi:10.2147/OAJC.S430288
2. Martins da Silva S, Anderson RA. Reproductive axis ageing and fertility in men. *Rev Endocr Metab Disord*. 2022;23(6):1109–1121. doi:10.1007/s11154-022-09759-0
3. Spencer MK. Safer sex? The effect of AIDS risk on birth rates. *J Health Economics*. 2024;102867. doi:10.1016/j.jhealeco.2024.102867
4. Sadeghi MR. Polycystic ovarian syndrome and endometriosis as two evil extremes of health continuum. *J Reproduction Infertility*. 2022. doi:10.18502/jri.v23i1.8445
5. Simpson B, Statile AM, Schondelmeyer AC. How to perform Quality Improvement Projects. *Pediatrics Rev*. 2022;43(10):549–560. doi:10.1542/pir.2021-005314

https://doi.org/10.2147/OAJC.S468450