Contraceptive Use in Ghana—Raylynn Oliver
1995 Living Standards Measurement Study Working Paper No. 111. This study looks at the socioeconomic background of individual women and draws a correlation between them and the characteristics of their nearest source of family planning. The study assesses the importance of the socioeconomic background and the availability, price, and quality of services on contraceptive use and fertility. In 1969, Ghana was among the first Sub-Saharan African countries to adopt a population policy. Today, the average distance to a source of family planning is still about three miles. Population and fertility growth rates are high, and contraceptive use is low. The results suggest that raising levels of female schooling will also raise contraceptive use and lower female fertility, particularly in rural areas. However, the distances between facilities and related service centers remain a binding constraint on contraceptive use among those in the sample. The study also found no consistent effect on the demand for contraception or on fertility when measuring the quality of services.

Social Networks and Modern Contraceptive Use—Jing Liu 2008 Abstract: The impacts of social network on the adoption of modern contraception are investigated using panel survey from Ghana. The data used in this paper were collected in six communities in southern Ghana. Women of reproductive age were interviewed in eight rounds over a five-year period (from late 1998 until early 2004). An analytic model using the contraceptive calendar data (n=35,366 woman-month contributed by 870 women) generated estimates to reveal the power of social network measures to predict the use of modern contraception in Southern Ghana. After controlling for the unobserved woman-specific factors through fixed-effects models, the social network measures still have their power in predicting contraceptive use. Related social diffusion measures are also taken into account including mass media exposure and geographic mobility. Based on the analysis of these results, I conclude that social learning and social influence are primarily two ways through which social networks affect modern contraceptive use.

The Status of Women and Contraceptive Use in Ghana—Marcelia Rodrigues Taborda 2000

Factors Affecting Contraceptive Use in Sub-Saharan Africa—National Research Council 1993-02-01 This book discusses current trends in contraceptive use, socioeconomic and program variables that affect the demand for and supply of children, and the relationship of increased contraceptive use to recent fertility declines.

Occupational Information— 1994

Contraceptive Use by Method 2019—United Nations 2020-01-10 This data booklet highlights estimates of the prevalence of individual
contraceptive methods based on the World Contraceptive Use 2019 (which draws from 1,247 surveys for 195 countries or areas of the world) and additional tabulations obtained from microdata sets and survey reports. The estimates are presented for female and male sterilisation, intrauterine device (IUD), implant, injectable, pill, male condom, withdrawal, rhythm and other methods combined.

Contraceptive Use in Ghana - Raylynn Oliver 1995

Family Planning and the 2030 Agenda for Sustainable Development (Data Booklet) - United Nations Publications 2019-10-31 This booklet is based on the Estimates and Projections of Family Planning Indicators 2019, which includes estimates at the global, regional and country level of contraceptive prevalence, unmet need for family planning and SDG indicator 3.7.1 "Proportion of women who have their need for family planning satisfied by modern methods".

Family Planning Programs in Sub-Saharan Africa - Regina McNamara 1992

Three Papers on Side Effects and Modern Contraceptive Use Among Women in Ghana - Claire Elizabeth Bailey 2009

Teenage Pregnancy Prevention - Carmen Solomon-Fears 2014

The Quality and Availability of Family Planning Services and Contraceptive Use in Tanzania - Kathleen Beegle 1995 Living Standards Measurement Study No. 114. Analyzes characteristics of health facilities and pharmacies as determinants of contraceptive use and fertility in Tanzania. The high level of fertility in Tanzania has remained constant over the p

Factors Influencing Fertility Decline in Relative Absence of Modern Contraceptive Use Among Women in Ghana - E. Avevor 2004

Culture and Modern Contraceptive

Behaviour in Rural Ashanti, Ghana - Cynthia Gadegbeku 2014-03-05 Four important variables: marriage, induced abortions, postpartum infecundity and contraceptive use have been used to explain variance in fertility rates in developing populations. Of all these proximate factors, contraceptives have been found to have the strongest effect on fertility decline in most developing countries. Policies and programmes were developed to increase the acceptance and use of contraceptives. Despite this attempt fertility rates kept increasing. What is accounting for this phenomenon? Could an understanding of the culture of such societies be the answer? Studies have shown the importance of culture in understanding fertility behaviour especially in Africa and that policies and programmes designed based on the culture of a society have high success rates. This book investigates what constitutes "Akan culture", presents an overview of health care systems and contraceptive use in rural Ashanti. It also uses the Theory of Planned Behaviour - a theoretical framework that helps investigate the determinants of intention and behaviour, to understand the influence of Akan culture on modern contraceptive behaviour in rural Ashanti, Ghana.

The Effect of the Quality, Price and Availability of Family Planning on Contraceptive Use in Ghana - Raylynn Oliver 1994

Trends, Determinants, and Dynamics of Traditional Contraceptive Method Use - Tesfaye Gebresellassie 2017 Millions of women worldwide use a traditional method of family planning for fertility regulation. As global family planning dialogue has shifted to focus on modern method users only, the contemporary literature about family planning is largely silent on traditional method use. However, evidence from qualitative studies indicates that some women, even those who have access to modern methods, have a distinct preference for traditional methods. This study investigates levels and trends of traditional method use, multiple traditional methods and simultaneous modern and traditional method use; and discontinuation and switching in countries with at least five Demographic and Health Surveys (DHS). Data come from DHS surveys from the early 1990s to present in 16 countries: Bangladesh, Colombia, the Dominican Republic, Egypt, Ghana,
Indonesia, Jordan, Kenya, Malawi, Peru, the Philippines, Rwanda, Senegal, Tanzania, Zambia, and Zimbabwe. The analysis includes currently married women age 15-49. This report also includes case studies of four countries: Peru, Jordan, Indonesia, and Ghana chosen by patterns of contraceptive use. We examine changes in the contraceptive method mix and run a series of binary logistic regressions to investigate the changing importance of different sociodemographic characteristics in the use of any method (modern versus traditional), traditional versus modern methods (among contraceptive users), and withdrawal versus periodic abstinence (among traditional method users). In most countries in this study, married women over age 35, with five or more children, those who want no more children, those with more education, and urban residents have generally higher levels of use of traditional methods than their counterparts. The analysis by wealth quintile indicates two distinct patterns. In some countries, traditional method use is more common among richer women, while in others, women in the low quintiles who are poorer are more likely to use traditional methods. Findings from the multivariate analyses for the four countries in the case studies illustrate that much of the high level of traditional method use found in the descriptive analysis was driven by certain groups of women’s higher overall contraceptive use. When restricted to contraceptive users, many of these groups (the more educated and those who want no more children) were more likely to use modern than traditional methods. The analysis of contraceptive discontinuation indicates that in 15 of the 16 countries, over 25% of women stopped using a modern method because of health concerns or side effects. In contrast, fewer than 2% of users of traditional methods discontinued for the same reason. Overall, traditional method users in the majority of countries in this study have lower discontinuation and switching rates compared with modern method users. Traditional methods have two key disadvantages compared with modern methods. First, they are less effective and second, the two most popular traditional methods (withdrawal and periodic abstinence) require cooperation of the male partner. However, these methods continue to play a role in the lives of millions of women. We recommend a two-pronged policy strategy, one that ensures traditional method users are aware of more effective modern methods that can be used covertly, and consistent with a rights-based approach to family planning, one that also does not completely exclude traditional method users from the opportunity to obtain respectful support and education about their method of choice.

Trends in Adolescent Fertility and Contraceptive Use in the Developing World- Thomas M. McDevitt 1996

Scaling Up Health Service Delivery-Ruth Simmons 2007 “The focus here is on ways to increase impact of health service innovations that have been tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting, sustainable basis.” -- p.i Preface.

The Global Family Planning Revolution- Warren C. Robinson 2007 The striking upsurge in population growth rates in developing countries at the close of World War II gained force during the next decade. From the 1950s to the 1970s, scholars and advocacy groups publicized the trend and drew troubling conclusions about its economic and ecological implications. Private educational and philanthropic organizations, government, and international organizations joined in the struggle to reduce fertility. Three decades later this movement has seen changes beyond anyone's most optimistic dreams, and global demographic stabilization is expected in this century. The Global Family Planning Revolution preserves the remarkable record of this success. Its editors and authors offer more than a historical record. They discuss important lessons for current and future initiatives of the international community. Some programs succeeded while others initially failed, and the analyses provide valuable guidance for emerging health-related policy objectives and responses to global challenges.

Health Financing in Ghana-George Schieber 2012-08-30 This volume analyzes Ghana's National Health Insurance Scheme and highlights the range of policy options needed to assure its financially sustainable transition to universal coverage.

Socio-cultural Differences in the Effect of Education on Contraceptive Use Among
Recent Fertility Trends in Sub-Saharan Africa—National Academies of Sciences, Engineering, and Medicine 2016-03-18 Fertility rates and population growth influence economic development. The marked declines in fertility seen in some developing nations have been accompanied by slowing population growth, which in turn provided a window of opportunity for rapid economic growth. For many sub-Saharan African nations, this window has not yet opened because fertility rates have not declined as rapidly there as elsewhere. Fertility rates in many sub-Saharan African countries are high: the total rate for the region is estimated to be 5.1 births per woman, and rates that had begun to decline in many countries in the region have stalled. High rates of fertility in these countries are likely to contribute to continued rapid population growth: the United Nations projects that the region's population will increase by 1.2 billion by 2050, the highest growth among the regions for which there are projections. In June 2015, the Committee on Population organized a workshop to explore fertility trends and the factors that have influenced them. The workshop committee was asked to explore history and trends related to fertility, proximate determinants and other influences, the status and impact of family planning programs, and prospects for further reducing fertility rates. This study will help donors, researchers, and policy makers better understand the factors that may explain the slow pace of fertility decline in this region, and develop methods to improve family planning in sub-Saharan Africa.

Maternal and Child Health—John Ehiri 2009-10-03 Our current era of globalization, war, and socioeconomic unrest has revealed public health as a worldwide concern and a major frontier for social justice with maternal and child health at its epicenter. Yet, there has been a relative scarcity of training resources specifically dedicated to this crucial area. "Maternal and Child Health: Global Challenges, Programs, and Policies" addresses this gap in current knowledge by analyzing the range of socioeconomic and environmental factors, health care disparities, politics, policies, and cultural practices that impact the health and safety of mothers, as well as the well-being and optimum development of their children. Individual sections focus on unequal distribution of the world’s resources, politics and power, specific disease concerns, programs, policies and emerging concerns with a focus on what is currently being done, and what needs to be done to improve the health status of women, children, and adolescents. The book’s contributors are some of the world’s most respected experts, carefully selected to represent different global geographic regions and diverse professional disciplines related to maternal and child health from both academic and field practice perspectives. Among the topics in this authoritative volume: The impact of war, globalization, gender inequity, and harmful traditional practices (e.g., female
genital mutilation). Specific health concerns, including tuberculosis, malaria, HIV, and malnutrition. Child and adolescent health issues, from abuse and neglect to children in difficult circumstances. Pregnancy-related issues: safety, abortion and post-abortion care, teen pregnancy, and more. Strategies for planning, developing, and maintaining maternal and child health systems in developing countries. The status of global initiatives, such as Integrated Management of Childhood Illnesses and the Millennium Development Goals. The status of evidence-based maternal and child health in the developing world. With such a wealth of information on both practical and conceptual levels, "Maternal and Child Health: Global Challenges, Programs, and Policies" is as relevant to students and researchers in the field as it is to policy makers and those working for global health and development organizations. It also makes an excellent stand-alone text for courses in global health in general and global maternal and child health in particular.

Long Term Trajectories of Fertility and Contraceptive Use-Thomas W. Pullum 2016
DHS estimates of current fertility and contraceptive use have immediate interest after the release of each survey. This report takes a long-term perspective, examining trajectories of fertility and contraception by piecing together the data from the countries that have had the most surveys. It includes 16 countries that have had five or more surveys—Bangladesh, Colombia, the Dominican Republic, Egypt, Ghana, Indonesia, Jordan, Kenya, Mali, Peru, the Philippines, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe, with a total of 98 surveys. The fertility trajectories span an interval from about 1980 to about 2010. All of these countries have experienced declines in their TFR, by amounts ranging from one child in Tanzania to about four children in Jordan. The median TFR declined from 6.4 to 3.8, a reduction of 42% in about 30 years. There was a strong correlation, 0.72, between the first and last values of the TFR. In most countries the mean age at childbearing did not change but there was a greater concentration around that mean. Changes in the use of modern contraception were tracked in a subset of four of the countries that had six or seven surveys—Ghana, Indonesia, Kenya, and Senegal, with a total of 26 surveys using time-varying coefficient models (VCMs). The interest is in whether odds ratios are moving toward one, indicating similar levels of contraceptive prevalence across sub-populations. In most countries there has been a gradual reduction in the differences between sub-populations, indicating that access to contraception has broadened as overall use has increased.

Policies Affecting Fertility and Contraceptive Use-Susan Scribner 1995 World Bank Technical Paper No. 272. Public examinations in developing countries play a critical role in the selection of students for participation in the educational system. The exams dictate what is taught, how it is taught, and what is and is not learned. They are academic, have little reference to the everyday lives of the students, are limited to pencil-and-paper tests, and are biased toward high-achievers. Thus, students who leave school at an early stage are provided with inadequate opportunities for acquiring relevant knowledge and skills. This study identifies practices associated with examinations that may create inequities for some students. These include scoring procedures, the use of culturally inappropriate questions, fee requirements, private tutoring, exams in a language unfamiliar to the student, and a variety of malpractices. Quota systems that deal with differences in performance associated with location, ethnicity, or language group membership also creates inequities for some students. The report concludes that the limited available evidence does not indicate that examinations create inequities between genders and that ranking schools on the basis of students' examination performance may not provide a fair assessment of the work of schools.

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**Changes in the Direct and Indirect Determinants of Fertility in Sub-Saharan Africa** Kiersten Johnson 2011

**Handbook of Environmental Psychology** Robert B. Bechtel 2003-01-17 An international team of leading scholars explores the latest theories, research, and applications critical to environmental psychology. Featuring the latest research and concepts in the field straight from the world’s leading scholars and practitioners, Handbook of Environmental Psychology provides a balanced and comprehensive overview of this rapidly growing field. Bringing together contributions from an international team of top researchers representing a myriad of disciplines, this groundbreaking resource provides you with a pluralistic approach to the field as an interdisciplinary effort with links to other disciplines. Addressing a variety of issues and practice settings, Handbook of Environmental Psychology is divided into five organized and accessible parts to provide a thorough overview of the theories, research, and applications at the forefront of environmental psychology today. Part I deals with sharpening theories; Part II links the subject to other disciplines; Part III focuses on methods; Part IV highlights applications; and Part V examines the future of the field. Defining the ongoing revolution in thinking about how the environment and psychology interact, Handbook of Environmental Psychology is must reading for anyone coping directly with the attitudes, beliefs, and behaviors that are destroying our environment and putting our lives in jeopardy. Topics include: * Healthy design * Restorative environments * Links to urban planning * Contaminated environments * Women’s issues * Environments for aging * Climate, weather, and crime * The history and future of disaster research * Children’s environments * Personal space in a digital age * Community planning

**Selected Practice Recommendations for Contraceptive Use** World Health Organization. Reproductive Health and Research 2005 This document is one of two evidence-based cornerstones of the World Health Organization’s (WHO) new initiative to develop and implement evidence-based guidelines for family planning. The first cornerstone, the Medical eligibility criteria for contraceptive use (third edition) published in 2004, provides guidance for who can use contraceptive methods safely. This document, the Selected practice recommendations for contraceptive use (second edition), provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate. The recommendations contained in this document are the product of a process that culminated in an expert Working Group meeting held at the World Health Organization, Geneva, 13-16 April 2004.

**Motherhood by Choice** Perdita Huston 1992 Â To honor the 40th anniversary of the International Planned Parenthood Federation, journalist Perdita Huston travelled the world to gather this remarkable collection of oral histories of and about the often unknown leaders of a worldwide movement to bring women their reproductive rights. Drawing on personal interviews, Huston delineates the motivations, strategies, and heartaches of twelve pioneers—eight women, four men—both from the developing world, before and after colonial rule, and from industrialized countries, who braved scorn and abuse to raise the issues of family planning, contraception, and sex education, and to fight for improved healthcare for women. These moving testimonies reflect the personal leadership style of each pioneer from Dr. Evangelina Rodriguez, the first women doctor in the Dominican Republic, who defied church policies and the
corrupt dictator Trujillo to promote family planning and fight the spread of venereal disease; to Miyoski Ohba who contended with innumerable taboos in postwar Japan to introduce poor villagers to the use of condoms; to Elsie Ottsen-Jensen, born in 1886 to a poor Norwegian family of 17 children, who became acutely aware of the high rate of maternal mortality throughout turn-of-the-century Scandinavia and went on to found the Swedish Association of Sex Educators in 1933.

Motherhood by Choice stands as a significant historical document tracing the development of public health services, sex education, and contraceptive services that will inspire and inform all who are concerned about women's health and reproductive rights.

**Bringing Family Planning to the People**
1986

**Beyond Acceptability**-Marge Berer 1997