Perceptions And Attitudes Towards Female Reproductive Health: A Study In Agblezaa In The Ledzokoku Municipal Community, Accra-Ghana

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Abstract

Introduction: Reproductive health encompasses physical, mental, and social well-being, including safe and satisfying sexual experience, reproductive capacity, and autonomy in decisions concerning reproduction. Challenges concerning female reproductive health in Ghana arise from cultural misconceptions leading to harmful practices like using unproven products for vaginal tightening and avoiding oral contraceptives. These show a missing link to modern practices that improve female reproductive health.

Aim: The aim of the study is to assess the perceptions and attitudes towards female reproductive health among the people of Agblezaa.

Methods: A cross-sectional study with closed and open-ended questionnaires administered to 18 to 45 years old male and females respondents at the Agblezaa Municipality from 27th March to 3rd April, 2023. Data was extracted and entered into WPS software (version 11.33.60). The summary data was presented as frequencies and percentages. Open-ended questions were analyzed thematically

Results: Out of the 220 participants, 125 (56.8%) were females, 94 (42.7%) were males and 1(0.5%) did not identify with any gender. The dominant ages were 20-30 and 30-40 (85, 38.6% each). Over 74% (164) believed the misconception that washing inside the vagina with water or soap promotes hygiene, about 60% associate multiple sex with vaginal loosening and over have 51.3% links contraceptives with cancer. Therefore, 36.8% respondents used unique products to wash the vagina, 23% used vaginal tightening products and 21.4% avoided oral contraceptives.

Conclusion: The complexity of reproductive health perceptions and attitudes coupled with high prevalence of misconceptions within the Agblezaa community, underscores the need for targeted educational interventions through opinion leaders and policy makers to mitigate the outcome of these misconceptions.

Keywords: Attitudes, cultural misconceptions, interventions, female reproductive health

Introduction

Reproductive Health (RH), as defined by the World Health Organization is a state of complete physical, mental, and social well-being and not merely the absence of infirmity or disease in all matters relating to reproductive system and to its functions and processes.[1] It implies that individuals can enjoy a safe and satisfying sex life, can reproduce and have the freedom to decide if, when, and how often to do so.[2,3]

World Health Organization (WHO), is of the view that, to understand the dynamics that drive poor reproductive and sexual health and to illuminate its links to poverty, gender, and social vulnerability, it is important to access accurate information.[4] In Ghana, talking about female reproductive health is complex, due to misunderstandings about the female body.[5] Misconceptions continue to grow because of culture and old beliefs. For example, some people think a woman's body changes after having sex many times or that a certain way of burying the placenta helps with getting pregnant again. Both the educated and uneducated believe these myths which lead to strange practices, like using unproven products for vagina tightening or relying on untrained traditional birth attendants to conduct deliveries outside health facilities.[5] Studying and educating people about these misconceptions may stop some of the false beliefs from spreading as has been reported in previous studies elsewhere.[3,6,7] Changing these false beliefs and changing how people think require a collaborative effort between healthcare experts, teachers, community leaders, and decision-makers.[8-10] This allows people to make informed decisions about their reproductive health.[11,12] This study therefore, explored the perceptions and attitudes towards female reproductive health among both males and females in their reproductive age in the study population to find the missing gap.

Methods

This is a cross-sectional study design which utilized a quantitative research approach to achieve the objectives of the study. The study was conducted in Agblezaa, a suburb of Ledzokuku Municipal Assembly (LEKMA) with a population of 16,102. The study included males and females from 18 to 45 years old. Participants of the study were recruited using a non-probability sampling technique known as convenient sampling. The sample size was 213 with 10% (21) addition to allow for non-respondents making it 234. Sample size was determined using Cochran's formula $n=z^2pq/e^2$ (z, z-score; p, prevalence of people with negative perception, q, 1- prevalence of people with negative perception).

After informed consent were obtained from participants, data was collected through an interview guide with well-structured questionnaire which were made up of both open and close ended questions. Questions were asked under 3 main broad topics to fulfill the objectives of the study. It was translated to Twi, ewe, and Ga for better understanding. The 20 questionnaire were first pre-tested at Family Health Hospital and revised before the data was collected. The study protocol was approved by the Ethical and Protocol Review Committee of the Department of Community Health, Family Health Medical School (protocol identification number FHUC-EPRC- 038/2023 and the letter was sent to LEKMA (27/03/2023).

The study collected data on socio-demography of participants, variables related to perceptions, attitudes, and factors regarding reproductive health myths and misconceptions. The outcome variable measured was the effects on RH. Participants were also given the opportunity to express their feelings and thoughts about the impact of these myths and misconceptions. Data was analyzed using WPS office version 11.33.60 and SPSS version 23. Descriptive statistics were used to summarize the data collected. The responses to the statements were presented as frequencies and percentages to provide an overview of the perceptions and attitudes towards reproductive health, the effect of these perceptions and the factors influencing participants' views.

Results

Two hundred and twenty (220) people participated in the study. Of these, 125 (56.8%) were females, 94 (42.7%) were males and 1(0.5%) did not disclose gender. Majority of the respondents were between 20-40 years (70.8%), 65.9% were Christians, 48.4% were of the Ga tribe, 40.8% had tertiary education, 48.8% were married and 81.4% had children

(Table 1).

Table 1 Socio-demography of study participants

Variable	Frequency (N)	Percentage (%)
Age		
18 -20	22	10.0
20 -30	85	38.6
30 -40	85	38.6
40 -45	23	10.5
Non response	5	2.3
Gender		
Male	94	42.7
Female	125	56.8
Non response	1	0.5
Religion		
Christianity	144	65.5
Islam	38	17.3
Traditional	23	10.5
Non response	15	6.8
Ethnic group		
Ewe	22	10.0
Akan	65	29.5
Ga	106	48.2
Northern	27	12.3
Education		
Primary	31	14.1
Junior high	27	12.3
Senior high	72	32.7
University	89	40.5
Non response	1	0.5
Sexually active		
Yes	206	93.6
No	12	5.5
Non response	2	0.9
Parent		
Yes	175	79.5
No	43	19.5
Non response	2	0.9
Marital Status		
Single	98	44.5
Divorced	14	6.4
Married	106	48.2
Non response	2	0.9
Use of reproductive health services		
Yes	195	88.6
No	23	10.5
Total	220	100

Table 2 shows the perception or respondents toward reproductive health. For example, majority (74.5%) believed washing inside the vagina with water or soap promotes hygiene, 59.5% associate multiple sex with vaginal loosening, 54.5% believed the front part of the placenta where the umbilical cord was attached must be buried in a specific way after delivery and 51.3% believed that contraceptives cause cancer.

Table 2 Perceptions of participants on reproductive system

Perception Items	True N(%)	False N(%)	Non response N(%)
Washing inside the vagina with water or soap keeps the vagina hygienic.	164 (74.5)	55(25)	1(0.5)
The vagina will become loose after multiple sex	131 (59.5)	88(40)	1(0.5)
The front of the placenta where the umbilical was attached must be buried in a specific way after delivery.	120 (54.5)	98(44.5)	2(1)
Contraceptives can cause cancer.	113(51.3)	105 (44.7)	2(1)
Having sex in your period is safe	70(31.8)	149 (67.7)	1(0.5)
You must see blood on your first sexual encounter	70(31.8)	148 (67.2)	2(1)
Grounded glass can be used to abort pregnancy	55(25)	164 (74.5)	1(0.5)

Abbreviation: N, Frequency; %, Percent

The use of unique products or soap and water to wash the inside the vagina was practice by about 36.8% and 23.6% of participants respectively. Over 23% of respondents use vagina tightening products. (Table 3). It was also shown that about 19.5% bury the placenta and 13.2% consume it.

Table 3 Attitude toward reproductive system

Attitude Variable	Yes	
	Frequency (N)	Percent (%)
Usage of unique products to wash the vagina (e.g., feminine wash)	81	36.8
Douching (washing the iside of the vagina with soap or water)	52	23.6
Use of vagina tightening products to make the vagina tighter	51	23.2
Do not use oral contraceptives.	47	21.4
Bury placenta after childbirth.	43	19.5
Having sex when menstruating	34	15.5
Eat placenta after childbirth	29	13.2

Majority (76.3%) of respondents have experienced significant lifestyle changes influenced by learned perceptions about RH. Additionally, 34.5% rely on their religion and culture for RH education, leading some to avoid seeking medical assistance. Confusion due to conflicting RH information affected 43.6% of respondents, while 57.3% no longer trust doctors. Furthermore, 47.7% expressed a lack of believe in contraceptives, resulting in increased childbirth (Table 4).

Table 4 Impact of perception and attitude towards reproductive health

Impact Variable	Frequency	Percent (%)
Some of these myths have caused me to change my lifestyle, like purchasing unique products for my vagina or pushing my partner to use products frequently	168	76.3
I no longer seek medical opinions about my reproductive health due to religion or cultural knowledge	76	34.5
Because of the different perceptions about reproductive health, I am confused about what to believe	96	43.6
I do not trust the doctor or nurse sometimes because of the perceptions I have about reproductive health	126	57.3
I do not believe in contraception, so I have many children	105	47.7

The respondents' responses pointed to various factors affecting perception and attitude toward reproductive health. These included; religious affiliation (85, 38.6%), socio-cultural orientation (58, 23.4%), parents (50,22.7%) and school attendance (25, 11.4%).

Discussion

The study revealed the perceptions and attitudes toward reproductive health and their effects. It also showed that participants' religion, traditional and cultural practices as well as parents and education contributed to these perception.

Perception about family planning is consistent with findings by Lukumay et al., in Tanzania, where community members perceived greater health risks from modern family planning methods than evidence suggests.[6] Additionally, misconceptions about contraceptives, such as the belief that they can cause cancer, were identified in alignment with

Eshak's study in Minia, Egypt, where participants similarly believed that birth control pills cause cancer.[13] This emphasizes the global persistence of misconceptions surrounding family planning practices. Research, such as a comprehensive analysis by the International Agency for Research on Cancer (IARC), has shown that the use of hormonal contraceptives is not associated with an increased risk of cancer, and in some cases, it may even have protective effects against certain cancers, such as ovarian and endometrial cancers.[14]

The current findings on misconceptions about the female reproductive health, including misconceptions about vaginal hygiene and bleeding during first sexual intercourse, are consistent with the broader myths.[15-17] The consistency of these findings across different studies underscores the pervasive nature of these misconceptions and negative perceptions.[16,17] They highlight the need for comprehensive sexual education, debunking myths, and fostering open conversations about sexual and reproductive health to address these issues effectively. The vagina is self-cleaning, and using water or soap internally is unnecessary, risking pH imbalance. The misconception of vaginal looseness after sex is debunked; the vagina, a muscular organ, returns to its normal state after sex. Sex during menstruation is considered safe, though risks of Sexually Transmitted Infections (STIs) exist.[18] Bleeding during first intercourse, a misconception tied to hymen myths, is not guaranteed; absence indicates nothing abnormal.

The study highlighted the influence of respondents' religious affiliations on their perceptions and attitudes, aligning with a study that reported on religious and cultural beliefs as barriers to accessing Sexual and Reproductive Health (SRH) services and using contraceptives.[11,15,19] Socio-cultural factors were pivotal in shaping perceptions and attitudes, consistent with observations of Alomair et al., on family and community impact.[19] The absence of comprehensive sexual education and accurate information contributed to misconceptions, and the thriving of myths in contexts devoid of education and accurate information dissemination.[3,9] A prescriptive study, reported that stigma and gender-based discrimination are associated with women's reproductive health, aligning with the study's outcomes and the observations of Bui and Njuki on the origin of myths in gender norms.[16,17] The systematic review by the United Nations Population Funds identified determinants influencing women's decision-making in SRH, mirroring the multifaceted factors illuminated by the study, including religious, cultural, familial, societal, and educational dimensions.[20] These findings underscore the need for culturally sensitive sexual education initiatives, improved access to accurate information, and efforts to challenge societal norms perpetuating myths and misinformation.

The significant role of religion, parents, and medical teams in shaping members' knowledge about reproductive health is highlighted, emphasizing the importance of disseminating correct information through religious systems and ensuring parents are well-informed to guide their children appropriately.[19,21] A study by Kumi et al., highlights the impact of socio-cultural taboos on emotional well-being and lifestyle choices among women.[5] Furthermore, the study highlights participants who linked their understanding of reproductive health to their religious beliefs and cultural heritage. As a result, certain individuals chose not to seek medical help from hospitals due to the substantial impact of these aspects. This aligns with the observations that reported the widespread existence of unfavorable viewpoints leading adolescents to explore alternative options such as traditional healers, even in the face of elevated levels of sexual activity and STI.[13,22]

The fact that about 48% of respondents have lost faith in contraceptives and are opting to have multiple children aligns quantitatively with the intricate nature of sexual and reproductive health decision-making, Factors like religious beliefs, cultural norms, and lack of accurate information contribute to a range of diverse reproductive health choices. The data reveals the significant impact of misconceptions on participants' RH attitudes and behaviors. Addressing these issues is crucial for informed RH decision-making and overall well-being.[21]

The data reveals the impact of misconceptions on participants' RH attitudes and behaviors. Addressing these issues is crucial for making informed RH decision and overall well-being. In conclusion, this research reveals that in the Agblezaa community, people have various beliefs and opinions about reproductive health. These beliefs, often influenced by factors like religion and culture, are not always accurate. It emphasizes the urgent need for specific educational efforts to provide correct information. Healthcare seeking behavior can be promoted through a supportive environment, evidence-based practices, and peer education programs, long-term monitoring, research and evaluation will help to ensure sustained impact.

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Conflict of interest

The authors declare no conflict of Interest.

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