

University of Ghana <http://ugspace.ug.edu.gh>

**SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA**



**PERSPECTIVES ON MALE PARTICIPATION IN FAMILY PLANNING SERVICES
AND USE IN SHAI-OSUDOKU DISTRICT**

BY

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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF PUBLIC HEALTH DEGREE**

26TH APRIL 2023

DECLARATION

I, Esther Appiah, hereby declare that this research report has been composed solely by myself and that it has not been submitted, in whole or in part, to any other University for the award of any degree. Except where the reference or acknowledgment is stated, the work presented is entirely my own under supervision.



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ACKNOWLEDGEMENT

My deepest appreciation goes to God for the gift of life and also for giving me the insight to complete this report. I cannot proceed without expressing my appreciation to my supervisor., Dr. Agnes Kotoh, Dr. Adom Manu, and Mr. Okyere Boateng for their immense contribution to the project work.

Further appreciation goes to Mr. Daniel Okyere and Mr. Peter Mensah all of Noguchi Memorial Institute for Medical Research for their support and guidance during the analysis stage.

To all my friends and loved ones, I say God richly bless you for all the support and input you gave towards making this report possible. Thank you so much for availing yourselves anytime I called for help. You are such wonderful people.



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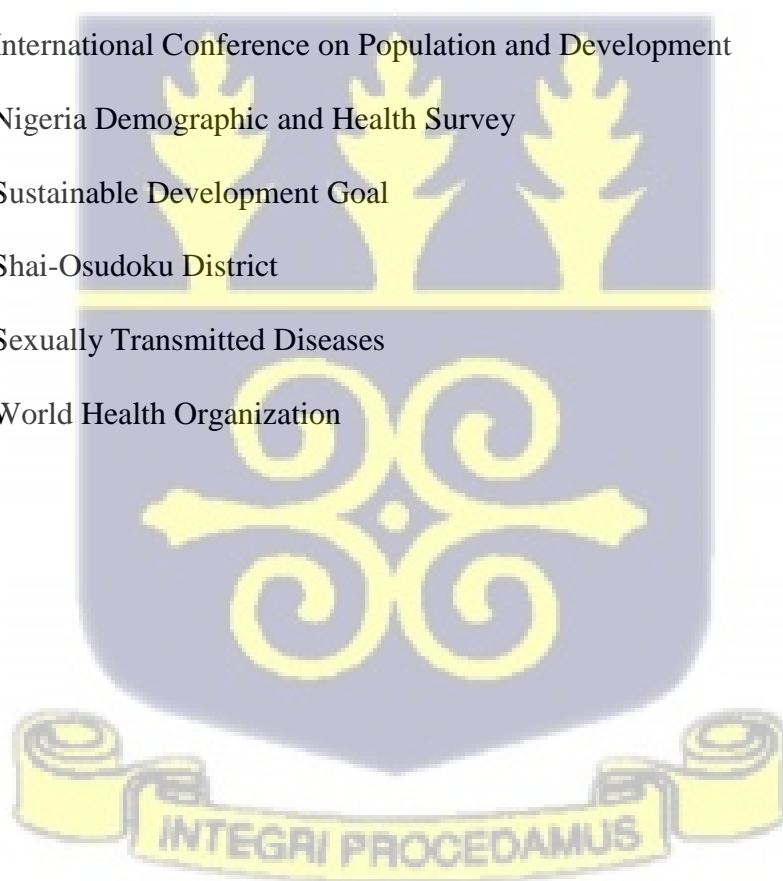


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List of Acronyms

CHPS	Community-based Health Planning Services
CPR	Contraceptive Prevalence Rate
DHD	District Health Directorate
HBM	Health Belief Model
FP	Family Planning
FPS	Family Planning Service
GDHS	Ghana Demographic and Health Survey
GSS	Ghana Statistical Service
HIV/AIDS	Human Immune Virus/ Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
NDHS	Nigeria Demographic and Health Survey
SDG	Sustainable Development Goal
SOD	Shai-Osudoku District
STDs	Sexually Transmitted Diseases
WHO	World Health Organization



ABSTRACT

Background

Family Planning (FP) is a household participative intervention that involves using contraceptives to plan the number, frequency, and timing of pregnancies. It has several direct and indirect benefits, including a decrease in the high rate of unplanned pregnancies, a decrease in the high rate of unsafe abortion, and maternal and neonatal mortality. Men play a very important role in the success of FP. It is therefore necessary to explore the knowledge, attitudes, and influence of males on FP uptake by their partners as well as barriers to male involvement in FP.

Methods

The study employed a descriptive qualitative study designed to explore the knowledge, attitude, and influence of males in FP uptake by their partners as well as barriers to male involvement in FP in the Shai-Osudoku District. Male partners between the ages of 25-59 were recruited in this study. A purposive sampling technique was used to select two communities within the district after which participants were conveniently selected to participate in the study. A semi-structured in-depth interview guide was used to collect the data. Having reached saturation, a total of eighteen interviews were conducted. MAXQDA Analytics Pro Software 2020 was used to perform content analysis.

Results

Participants had inadequate knowledge of family planning. Most of the male partners' perception was based on the information they received from community members. Attitudes of male partners were based on their own previous experiences or the experiences of others in the use of contraceptives. Male partners influence their spouses to use FP by giving them permission to use it through spousal communication and also giving them financial support, but they do not usually visit the FP clinics with their spouses because they think it is a woman's

affair. The main challenge of male participation in FP was side effects such as irregular menstrual flow, obesity, weight loss, and infections that their partners either experienced or saw other people experience. Other challenges included the failure of the contraceptive methods, misconceptions, and religious beliefs. Some of the participants did not take part in FP activities, however, they were strongly involved in the decision-making regarding FP. According to some male partners, their spouses have used FP at least once but they have discontinued it. While some participants were willing to allow their spouses to use it again in the future, others were strongly against it.

Conclusion

Male partners did not entirely reject FP. If measures such as adequate education, and reduction of side effects of FP methods are put in place, a lot of male partners will be willing to encourage their spouses to use FP or involve themselves more in FP-related activities and not see it as a woman's business.



CHAPTER ONE

INTRODUCTION

This chapter describes the involvement of men in family planning both globally and in Ghana. In addition, the chapter provides the study's problem statement, objectives, justification, and theoretical framework.

1.1 Background

Over the last century, population growth has become one of the world's most pressing issues. A large population has repercussions not only for the environment but also for women's and children's reproductive health (Sultan, 2018). The uptake of FP is therefore considered one important strategy for mitigating reproductive health issues, stabilizing the population, and achieving Sustainable Development Goal (SDG) 3.7 thus "ensuring universal access to sexual and reproductive health care services, including FP, information and education, and the integration of reproductive health into national strategies and programs by 2030" (Wondim et al., 2020).

FP is a household participative intervention that involves using contraceptives to plan the number, frequency, and timing of pregnancies (Ackerson & Zielinski, 2017). According to the World Health Organization (WHO), couples can plan and have their desired number of children as well as the spacing and timing of their deliveries (WHO, 2020). The fundamental goal of FP is to assist couples and individuals in achieving their reproductive goals and improving their overall reproductive health (GSS et al., 2015). It also contributes to decreasing unsafe abortions, unplanned pregnancies, and above all maternal and neonatal mortalities (Guure et al., 2019).

In 2019, there was a global estimation that 1.1 billion women out of 1.9 billion women aged 15-49 years have FP needs, with 842 million utilizing contraceptives and 270 million having unmet needs for contraception (WHO, 2020). Sub-Saharan Africa has the highest fertility rate and the greatest unmet need for FP in the entire globe. However, little is known about the factors that discourage women of reproductive age from using modern contraceptive methods (Gahunga et al., 2021). Approximately, 85 percent of people are aware of at least one contraceptive method globally. Between 2012 and 2017, the average prevalence of modern contraception use among married women and those in relationships in Africa was predicted to be 23.9% and 28.5% respectively (WHO, 2020).

Although the knowledge and use of contraception in developing countries have increased relatively over time, that is from 55% in 2015 to 58% in 2020 (WHO, 2020), there is still a high percentage of women with high unmet needs for FP (Wulifan et al., 2015).

Trends in modern contraceptive use from 1988 to 2014 show that the use of contraceptives among married women in Ghana has more than doubled, increasing from 13% in 1988 to 27% in 2014. The largest increase occurred between 1988 (13%) to 1998 (22%) (GSS et al., 2015). According to the Ghana Demographic and Health Survey in 2014, although there has been a tremendous increase in the use of contraception, 30% of married women still had unmet needs for FP services. Specifically, 17% with unmet needs for spacing, and 13% have unmet needs for limiting (GSS et al., 2015). In addition, at least 95% of both men and women in Ghana are aware of at least one type of contraceptive method (Guure et al., 2019). Yet, empirical evidence has greatly demonstrated that the usage of FP in Ghana is extremely low (Wiafe, 2015). This suggests that high knowledge does not always translate to use.

The FP practices are influenced by factors such as interpersonal relationships with community members, religious leaders, healthcare providers, and intimate partners. However, the most significant of these determinants is male partner involvement. Coupled with the supreme gender role of men in our African societies, male dominance is reinforced through political and economic mechanisms that limit women's access to financial independence and therefore their ability to access and use of FP services. Men, therefore, play a significant role in ensuring high FP coverage, which is why they are crucial.

Male partners can take part in FP in two ways; men as users of male contraceptive commodities or as influencers over their partners' contraception use (Demissie et al., 2021). In the African context, men are the key decision-makers in the family, as well as the custodians of the interests of their families' lineage and communities. This includes the final decision on the use of a particular contraceptive and the family size (Kriel et al., 2019). The exclusion of men from FP programs also means their unintentional exclusion from education regarding sexuality, fertility, anatomy, contraception, and the prevention of transmission of HIV/AIDS and other sexually transmitted diseases (STDs) (Kriel et al., 2019). It is interesting to know that males contribute greatly to the proportion of reproductive ill-health suffered by their partners' use of FP methods (Kwawukume et al., 2022).

Although studies have shown an increase in the involvement of males in FP services, their level of participation is still low and the uptake of FP, especially in the Shai-Osudoku district is low. This is because there is a high unplanned pregnancy rate, teenage pregnancies, and unsafe abortions. Furthermore, the total fertility rate in the Greater Accra Region is 2.2 in the urban areas and 3.2 in the rural parts (GSS, 2021). This shows that the women in rural and peri-urban parts of the region have high unplanned pregnancies making the fertility rate increase steadily as indicated in several studies including a study conducted by Wiafe on male

involvement in FP in Sunyani Municipal (White et al., 2008; Wiafe, 2015). Men's involvement in FP and service utilization is crucial given the predominate roles they play in many homes. For instance, in the African settings, men decide on the number of children they want to have and make other major decisions needed in the family as well as the community which was evident in a study in Kenya on the determinants of modern contraceptive use among sexually active men (Ochako et al., 2017). In order to fully comprehend the role played by male partners in the use of FP in a particular setting, clarity is therefore required. For this reason, this study aims to explore the depth of male partners' involvement in the use of FPS by their spouses in order to improve acceptability and their continued use of the services.

1.2. Problem Statement

Globally, there is an increase in advocacy towards participatory health actions that aims to improve maternal and child health outcomes (Smith & Shiffman, 2016). Notable among these interventions is the male involvement in FPS. Men, in the African context, are the leaders of families and the hub around which major decisions revolve. Hence, they play a crucial role in the uptake of FP by their female partners (Toure, 1996). However, there is consistent evidence on low level of male involvement or participation in the utilization or promotion of FPS specifically in developing countries (Anbesu et al., 2022; Dziekpor, 2018; Wiafe, 2015). As a result, there is either the discontinuation or low patronage of FP services among women (Wondim et al., 2020). Therefore, it leads to a high rate of unintended pregnancies, unsafe abortions, increased rate of maternal and infant mortality and increased cost of living due to large family size (Kassa et al., 2014; Shattuck et al., 2011; USAID, 2012).

Currently, the Investigator of this study is a research officer who is working on a project in the district that involves recruiting six-week-old babies. As part of her roles, she often interacts with parents and relatives. She discovered that more than half of the mothers that

visit the study facility have at least 4 children. Although many people desire to have smaller family size, they are hindered by sociocultural factors, economic factors and spouse refusals. Besides, spouse refusal is one of the dominant determinants of low utilization of FP services among women specifically in the peri-urban environments such as the Shai-Osudoku District (Bawah et al., 2021; Guure et al., 2019; Shattuck et al., 2011; Toure, 1996; World Bank Group, 2022). For instance, the findings of a study conducted by Guure et.al.,2019, revealed that spousal opposition among others like side effects of contraceptives and availability of contraceptives are significant factors for high unmet needs for contraceptives use.

Data from the District Health Information Management System (DHIMS) indicated high maternal mortality stands among the top five health events facing the district with a ratio of 35.8 in 2021. This is due to the high fertility rate against the low utilization of FP services. In addition, there has been a significant decrease of FP acceptor rate from 75.7% in 2019 to 34.2% in 2021. This was partly due to the lack of male involvement in reproductive health as found in a study conducted in Shai-Osudoku on factors influencing male involvement in antenatal care (Dziekpor, 2018). This indifference of men towards FPS is largely due to perceived fear of side effects, inadequate knowledge of FP, misconception, religious/ cultural opposition, and desire to have more children just like their ancestors (Anbesu et al., 2022; Kabagenyi et al., 2014; Kassa et al., 2014).

It is well known that an increase in male participation increases the FP utilization among female partners and thus improving maternal and child health outcomes (Amsefa et al., 2021; Wondim et al., 2020). In 2020, the Shai-Osudoku District Health Directorate (DHD) reported that only 535 males were seen at the FP centers. However, in 2021, there was a marginal increment of the number of male partners (542) seen at the facilities to seek reproductive

health care with their partners. This shows that the involvement of males in FPS is relatively low, and it is a huge possible barrier to FP uptake and continuity. However, to date, very little is known about the extent of support males in the Shai-Osudoku district give to their partners regarding FPS uptake. Therefore, this study seeks to explore the opinions, experiences and challenges of male partners towards FPS to provide empirical evidence for future policies and interventions especially in the district.

1.3. Justification

Men are the primary decision-making bodies in most African settings. They are the hub around which family decision-making revolves. For effective FP to be achieved, there must be equal involvement between both partners (male and female). Apart from the key role men play in decision-making, studies have shown that they play a vital role in reproductive health such as contributing to the prevention of unintended pregnancies and the reduction of unmet needs for FP (Kriel et al., 2019).

Therefore, it is very important to channel attention to the involvement of males in the uptake of FP services and use. Fully exploring the knowledge, attitude, influence and barriers to male participation in FP will inform planners of FP programs and interventions on what strategies to adopt for both partners. Lastly, the research findings will pave way for further studies on male involvement in FP.

1.4. Research Questions and Objectives of study

1.4.1. Research Question

- What is the knowledge of males on FP in the Shai Osudoku District?
- What are the attitudes of male partners towards FPS use by their spouses?

- What are the barriers to male involvement in FPS?
- How do men influence their partners in the uptake of contraceptives use?

1.4.2. General Objective

The general objective is to explore the knowledge, attitude, barriers and influence of male partners' in FPS and use in the Shai Osudoku district.

1.4.3. Specific Objectives

- To explore the knowledge of male partners on FPS in the SOD
- To explore the attitude of male partners towards FPS use by their spouses
- To explore males influence on their spouses in the uptake of contraceptive use
- To examine the barriers to male involvement in FP

1.4.4. Theoretical Framework

The Health Belief Model (HBM) is a health behavior theory that is designed and implemented to reduce barriers, improve knowledge, and help to motivate people to make healthier lifestyle choices. The model was developed by some social psychologists namely Hochbaum, Rosenstock and others to explain the failure of people participating in programs to prevent and detect diseases in the 1950s. According to the HBM, there are six constructs that assess individual's health behavior. However, for the purpose this study, four out of the six constructs will be employed to assess male participation in FP. These include perceived susceptibility, perceived severity, perceived benefits and perceived barriers.

Perceived susceptibility refers to the belief about getting a disease or condition. In this case, the likelihood of men not accepting FP unless they believe they are at risk. For example, men who have smaller family sizes or good child spacing are less likely to accept or participate in FP because they believe they are not at risk of financial challenges associated with large

family sizes. Also, men who do not see the risk of having large family are less likely to accept FP. This was evident in the findings of a study conducted in West Pokot County, Kenya in 2015 on factors associated with male involvement in FP which reported that men were less likely to participate in FP since they hold large family sizes in high esteem in the community (Butto & Mburu, 2015).

Perceived severity is the belief about the seriousness of the condition, or leaving it unattended to, and its consequences. depicts that men's participation in FP is dependent on how serious they believe not using FP will have negative effect on them. For example, a man who has 2-3 children may think of accepting FP but a man with 5 children or more and knows the seriousness of the situation is more likely to take preventive actions by using the FP himself or supporting the spouse to use FP (Kwawukume et al., 2022). The model assumes that if men view the negative effect of not using contraceptives as serious, the more likely they take preventive actions.

Perceived benefits as another component of the model assumes that it is difficult for men to participate in FP if they do not know the benefits it could bring to them. Men are more likely to participate in FP when they weigh the benefits of having fewer children at a reasonable pace to improve the health of their wives against the disadvantages of having numerous children, they may not be able to cater for, which might also compromise family health. For instance, a qualitative study conducted in South Africa indicated that men do not participate in FP because that have limited understanding which also means that they are not aware of the benefits associated with the intervention (Kriel et al., 2019). Again, perceived barrier is one of the main reasons why the participation of men is low. Several studies have shown that male involvement in FP is low as a result of the challenges associated with the intervention.

Perceived barriers include; perceived fear of side effects, method failure and misconception (Adelekan et al., 2014; Wiafe, 2015).

The HBM is the underpinning theoretical framework for this study because it focuses on the role of motivating factors in the prevention of health problems. Male partners' perception of their own risk of not using or allowing their partners to use contraceptives and their own opinion of the effectiveness of the recommended health behavior or action thus, the use of contraceptives will determine their likelihood of participating in FP.

1.4.5. Health Belief Model

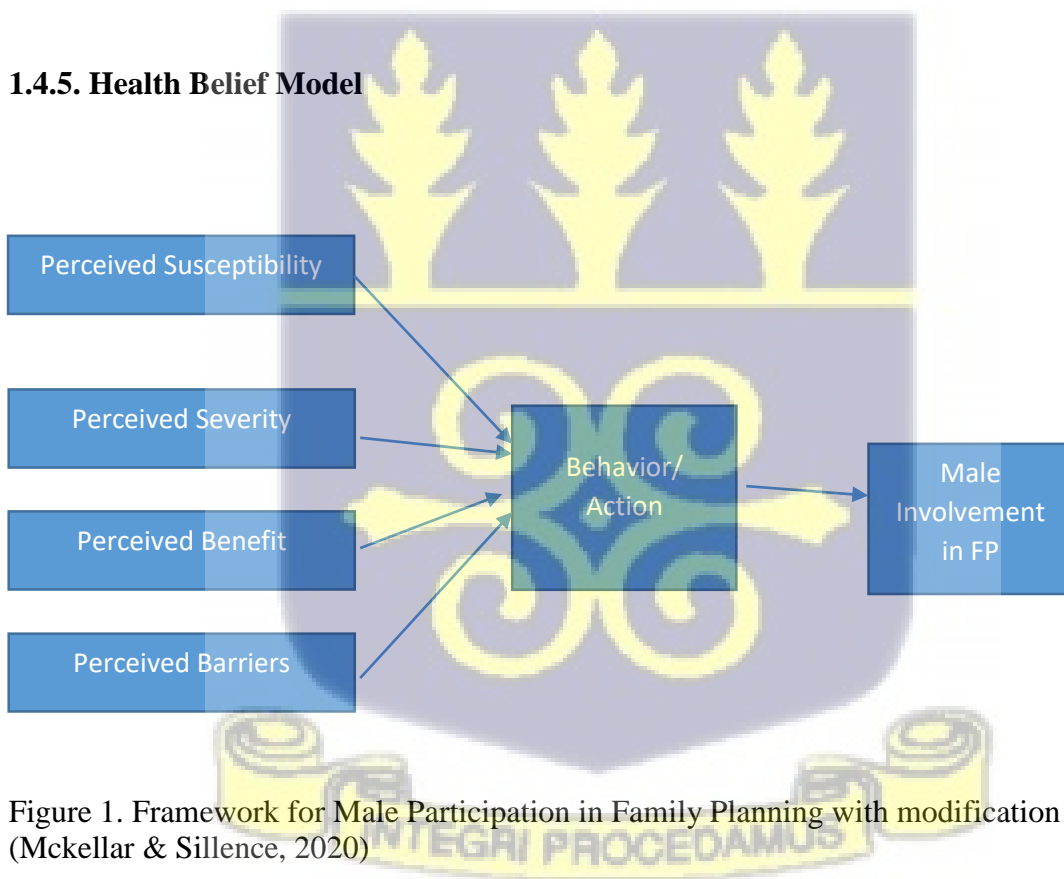


Figure 1. Framework for Male Participation in Family Planning with modification (Mckellar & Sillence, 2020)



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the review of relevant literature on male participation in FP services and their use. This will help people get a clear understanding of the concept of FP and well as the participation of FP in recent times.

2.2. Global Perspective of FP

The concept of family planning has been in existence for centuries, however, in recent decades there has been an increased emphasis on the global implications of family planning from both a public health and socio-economic perspective. This literature review will examine the global perspectives of family planning, looking at the evidence of the effectiveness of family planning and its impact on the reduction of maternal mortality, on the socio-economic empowerment of women, and on the development of countries. Family planning is widely accepted as an important factor in the reduction of maternal mortality. According to a review of research conducted by the World Health Organization (WHO) in 2018, there is a “strong evidence that access to family planning services can reduce maternal mortality” (WHO, 2018, p. 2). The review found that the use of modern contraceptive methods has been associated with an estimated 27% reduction in maternal mortality in less developed countries (WHO, 2018). Another systematic review conducted by Nguyen et al. (2017) concluded that family planning in combination with other maternal health interventions can reduce maternal mortality by up to 40% (Nguyen et al., 2017). In addition, the research found that increasing access to family planning services can reduce the risk of

unintended pregnancies, which are associated with increased maternal mortality (Nguyen et al., 2017).

One of the world's greatest problems is the rapid population growth, particularly in developing and underdeveloped societies. The health, social, and economic development of a nation are therefore significantly influenced by an effective and widely accepted family planning policy (Lwin et al., 2013). About 1600 women and over 10000 newborns die every day from pregnancy related complications and childbirth worldwide. Out of this, 99% of all the maternal deaths and 90% of neonatal deaths happen in developing countries (Butto & Mburu, 2015).

In response to the negative effects of rapid population growth, national family planning programs emerged in the 1960s and today, these programs are active in many developing countries throughout the world. The programs included a variety of high-quality family planning, counseling, contraceptive options and also multi-sectoral governmental and private sector support (Kuang & Brodsky, 2016). Contraceptive methods have become more widely used in recent years, which has improved outcomes for women's health, including fewer unintended pregnancies, high-risk pregnancies, maternal deaths, and infant deaths, as well as educational and economic outcomes, particularly for girls and women (UN, 2020). There are advantages for the population as a whole, in addition to the effects of contraceptive use on an individual basis. In terms of macroeconomics, lower fertility increases economic growth because there is less reliance on the youth and more women are working for pay (UN, 2020). Now, studies have shown that there has been a decline in the fertility rate worldwide. Women now give birth to fewer children than before. The global fertility declined from 3.2 live births per woman in 1990 to 2.5 in 2019 since there has been an increase in the utilization of

contraception among women in their reproductive from 42% in 1990 to 49% in 2019 (UN, 2020). It has even been projected that there will be a more decrease in the fertility rate from 2.5 per live birth in 2019 to 1.9 in 2100 (Bel-Air & Ababsa, 2016) .

2.3. Family Planning in Africa

Although efforts have been made to increase the utilization of contraception over time, population growth is still high in developing countries, particularly in Sub-Sahara Africa (Gahunga et al., 2021). The region has the highest fertility rate in the world (4.67 children per woman) with the highest unmet need for FP in 2020. Family planning is defined as the ability to decide if, when, and how many children a couple wishes to have. It is a critical part of reproductive health and an important factor in reducing poverty in Africa (Werner, 2019). In Africa, family planning has been shown to have a positive impact on health. Studies have found that it reduces maternal mortality and morbidity, decreases the risk of complications during childbirth, and improves infant and child health (Das et al., 2017). It also decreases the risk of HIV/AIDS transmission and reduces the number of unintended pregnancies and unsafe abortions (Oyedeji et al., 2019). These health benefits are particularly important in Africa, where many countries have high rates of maternal and infant mortality. Family planning is also important in reducing poverty in Africa. Studies have shown that it increases the use of contraceptive methods, leading to fewer unintended pregnancies, which in turn leads to fewer children being born into poverty (Aboagye et al., 2018). Additionally, family planning allows women to delay marriage, which gives them more time to pursue educational and economic opportunities. This increases their earning potential and helps to lift them and their families out of poverty (Kendall, 2020). Family planning also has implications for African societies. It has been shown to reduce gender inequality, as women are empowered to choose when and how many children they have (Gebreselassie et al., 2017). This in turn

has been shown to lead to lower rates of domestic violence, as well as increased educational attainment, employment, and economic opportunities for women (Abu-Saad et al., 2018). Additionally, family planning can reduce population growth, which can help to reduce pressure on resources and the environment (Hagopian et al., 2019). Overall, family planning is a critical factor in improving health, reducing poverty, and creating more equitable societies in Africa. It has been shown to have positive impacts on maternal and infant health, reduce poverty, and empower women. It is also important for reducing population growth and protecting the environment. As such, it should be a priority for African governments, and for international aid organizations working in the region.

Despite the global increase in contraceptive use, Africa continues to lag behind with low contraceptive prevalence rates (CPR) and high unmet needs for family planning (FP) (Darroch & Singh, 2013). However, there is considerable variation across the continent. In North Africa, CPR is relatively high, while sub-Saharan Africa exhibits the lowest CPR globally (Sedgh & Hussain, 2014). Within sub-Saharan Africa, urban areas generally have higher CPR than rural areas, and wealthier, educated women are more likely to use contraceptives (Machiyama & Cleland, 2014). Family planning has also been identified as a tool for the socio-economic empowerment of women. According to a systematic review conducted by Adetoro et al. (2015), access to family planning services can lead to an increase in the economic autonomy of women, by allowing them to pursue educational and economic opportunities (Adetoro et al., 2015). The review found that access to family planning services was associated with an increase in women's involvement in paid employment and an increase in their income (Adetoro et al., 2015). In addition, access to family planning services was found to be associated with an increase in the decision-making power of women in the household (Adetoro et al., 2015).

2.4. Determinants of Family Planning in Africa

Various factors influence the uptake and utilization of family planning services in Africa. These determinants can be categorized into individual, socio-cultural, and structural factors.

Individual factors: Women's age, parity, education, and socio-economic status have been consistently associated with contraceptive use (Stephenson et al., 2007). Younger, more educated, and wealthier women are more likely to use contraceptives (Machiyama & Cleland, 2014). Additionally, women's fertility preferences and their partners' attitudes towards contraception play a significant role in FP decision-making (Bankole & Singh, 2014).

Socio-cultural factors: Social norms, religious beliefs, and cultural practices can either facilitate or hinder the adoption of family planning. In some African societies, pronatalist attitudes and the desire for large families can reduce contraceptive use (Caldwell & Caldwell, 2002). Moreover, religious beliefs may influence FP perceptions, with some religious groups promoting contraception while others discouraging it (Gyimah et al., 2006).

Structural factors: Access to quality FP services, availability of contraceptive methods, and the role of healthcare providers are essential determinants of contraceptive use (Prata et al., 2017). In many African countries, limited access to FP services, especially in rural areas, and stock outs of contraceptive commodities hinder the uptake of family planning (Tumlinson et al., 2015). Furthermore, healthcare providers' attitudes and biases can influence women's contraceptive choices (Holt et al., 2017).

2.5. Male Involvement in FP

Male Participation in FP can be characterized as support, approval, and participation in discussions about FP with the spouse, as well as male partner use of contraceptives. There should be more consideration given to male engagement than merely the use of condoms and

vasectomy (Toure, 1996). Men play a very important role in all spheres of the home be it education, health, or politics. Their domineering figure allows them to be the center of all decisions, especially in the family, and FP is no exception. Thus, it is necessary to know the role male partners play in the adoption and utilization of FPS to prevent unwanted births and improve FP policy and service delivery systems (Kriel et al., 2019).

Both the 1995 Fourth World Conference on Women and the 1994 International Conference on Population and Development engaged in heated debates about what was and was not meant by specific words relating to the idea of male involvement. Despite these concerns, it was decided that it was crucial to emphasize the role that males play in reproductive health. When it comes to FP, phrases like "male involvement," "men's duty," and "men as partners" continue to be popular even though "men as partners" is the preferred phrase (Abudu et al., 2014).

Men are frequently willing participants and significant partners who can help women and families have better outcomes. Due to their involvement, their spouses commonly accompany them when they go to the clinic to receive reproductive healthcare, showing increased memory of important messages and behavioral skill development, according to the results of a scoping review done on male participation in reproductive health intervention in Sub-Saharan Africa in 2019. This means that encouraging male participation is a practical and successful method for boosting the use of FP and maternal health care (Nkwonta & Messias, 2019).

According to the result of a cross-sectional survey that was conducted in Eastern Ethiopia in 2022, men involved in FP was low and this was associated with the low level of spousal communication on sexual and reproductive health or FP issues as well as male partner's

approval on FPS and suggested that to improve on the FP acceptance and continuation among men and women, men should be included in all programs and activities related to FP (Mulatu et al., 2022).

In a similar vein, a qualitative study carried out in a community in South Africa revealed that gender dynamics have an impact on culture and that, as a result, having a sufficient understanding of FP information is a key factor in influencing male decision-making regarding the uptake and use of FPS. The findings indicated that misinformation about side effects, male dominance in partnerships, and physical abuse were all factors contributing to male opposition. Again, the study identified male partners' ability to positively affect the FPS and usage through social support, proper information, and shared responsibility. (Kriel et al., 2019).

However, according to a cross-sectional study conducted in Luanda, Angola, more than half of the study participants (55%) reported that their male partners were in support of couples using FP, and a higher proportion of women were encouraged by their partners to use modern contraceptives. This indicates that studies done on male participation in FP have had an impact on the proportion of male partners in the participation of FP (Prata et al., 2017).

Again, the result of a community-based cross-sectional study conducted in 2020 in Northern Ethiopia indicated that only a small number of men used male contraceptives directly, although a sizable portion of men was involved in spousal communication and approval (Adongo et al., 2013; Kassa et al., 2014). Therefore, it was recommended that men's knowledge of and attitudes toward FP be taken into account to increase male involvement in FP.

In Ghana, a cross-sectional descriptive study conducted in the Tumu in the Sissala East district in 2022 reported that less than 50% of men utilized FP services to a considerable extent. The involvement of male partners was influenced by sociocultural attitudes, side effects such as delayed menstruation or trouble conceiving after stopping FP use, etc. Some of the male responders claimed that since modern contraceptives were created with women in mind, they should only be used by women. (Kwawukume et al., 2022). Some women involved in the study also commended their partners for being supportive of their use of FPS.

Adongo (2013) conducted a community-based qualitative description study in Southern Ghana on health planning and service strategy involving males in FPS and reported that men are now prepared to assist their spouses with matters about FP and reproductive health. The results demonstrated that although partners' consent is required for the use of contraceptives, the matrilineal system in the Southern region of Ghana allows women more autonomy in decision-making, making it simpler for them to use FPS. In addition, men participated in FPS at a higher rate in communities with functioning CHPS than in those without CHPS (Adongo et al., 2013).

Akoto (2019) in his study to explore male involvement in FP reported that male involvement in Ghana is low as evident in most Sub-Saharan African countries and this can be associated with a direct correlation between male involvement and knowledge of the significance of FP among men. Men who believe FP is significant are more likely to engage in FPS.

2.6. Knowledge and Perception of FP

Accessing contraceptive options and adopting a suitable method in a timely and effective manner both depend on knowing fertility control. Knowledge of FP is universal as there has been an increase in the knowledge of FP over time. However, there is little evidence of the

spread of awareness or information on FP among disadvantaged people in major cities in Africa. Although the effort to increase or promote FP uptake has received international attention, there are high unmet needs for FP/contraception (BARNOR, 2002) in Sub-Saharan Africa.

Adoption of FPS may be influenced by enhanced information, awareness raising, and ensuring that these are frequently accessible. Inadequate or lack of knowledge of FP as a result of people not knowing where to obtain the right information and methods of FP affects the uptake of, FP especially the Sub-Saharan Africa (Alege et al., 2016).

In Angola, lack of knowledge contributes a to low level of contraceptive use as 60% of women only have an idea of the modern method of contraception in Luanda province. Again, 33% of women in Luanda province were found not using modern contraceptives due to a lack of knowledge according to a survey conducted in the province in 2009 (Prata et al., 2017).

Although women are to have vase knowledge about FP, their male partners need to have an equal level of knowledge to prevent male partners' disapproval and discontinuation of FP use among women. In developing countries, it is difficult for men to encourage their female partners to access FP which they do not have much knowledge about (Kwawukume et al., 2022). Studies conducted in African countries show that men have limited knowledge about FP (Kassa et al., 2014) and this has limited their involvement in FPS (Kriel et al., 2019). However, a study conducted in Bangladesh to improve reproductive health services in both rural and urban settings showed that more than half of the men in the rural and urban men had knowledge about FP and preferred female methods to male methods (Ashraf et al., 2000).

A community-based cross-sectional study to assess the level of male participation in FP utilization and its associated factors in Southwestern Nigeria in 2021 reported that the

knowledge men have on FP was poor. If this is not addressed, women's right to access FPS could be infringed upon. The study suggested that male participation can be increased if married men are targeted in the educational intervention (Akande et al., 2021).

In contrast, according to the GDHS (2003) survey, knowledge about FP is almost universal as there are 99% of Ghanaian men know about at least one method of FP against 98% of Ghanaian women who have the same knowledge. More men know about FP yet it does not depict in their participation. Men are said to grasp information and keep them more than women. Therefore, if men are involved in activities of the FP, it will positively influence the uptake and continuation of FP.

The result of a descriptive cross-sectional study conducted in Sunyani Municipality to explore male involvement in FP showed that having little or good knowledge of FP is strongly associated with FP (Wiafe, 2015) but the fact is that men see FP as a woman's business (Abudu et al., 2014). Men and women have separate duties and prestige in underdeveloped nations, particularly in Africa and Asia, which has conditioned men to view childbearing and parenting as a solely feminine responsibility (Ashraf et al., 2000).

In a study conducted in Ghana, to assess the attitude and knowledge of Ghana men about FP in 2008, the main source of information was the mass media. The most common knowledge the participants had was that FP helps in spacing and limiting the number of children couples want to have. It helps families to plan and provide for small family sizes (Akafua & Sossou, 2008).

2.7. Barriers to Male Involvement in FP

Low male involvement in FP is a result of several factors. In Nigeria, according to the NDHS, only 10% of married women used condoms in 2008 which was even lower than the Sub-

Saharan Africa average of 17%. This was because there was very low male partner support in the uptake of FP. According to a study conducted in 2014 in Nigeria, the male participants thought FP was a woman's activity. They also had the perception that it was not in their custom to practice FP. The culture barrier in itself without any other external influence will demotivate the men from participating in FP, (Adelekan et al., 2014). A study conducted in Sunyani in 2015 showed that men thought that health talks given at the FP clinics are not helpful and considered it a waste of time. The study also identified that shyness, fear of side effects such as abdominal pain, infertility, obesity, stigma as well as staff at the FP clinics not being friendly were challenges male partners faced in FP (Wiafe, 2015). Men are shy to discuss sexual issues with female service providers (Akafua & Sossou, 2008) and would prefer to keep such discussions to themselves.

Similarly, a study conducted in rural Ghana assessed the involvement of men in FP use and the factors showed that men oppose the use of contraception due to perceived risk, side effects, and socio-cultural norms. According to the paper, the knowledge people have about contraception is shaped by their socio-cultural environment (Kwawukume et al., 2022). Sociocultural factors such as cultural misconception and spousal communication greatly influence male participation in FPS. Male partners' support for FPS can only increase when there is adequate communication between the couple (Akafua & Sossou, 2008). Poor communication is typically to blame for the unease or apathy that many women have expressed regarding their perceptions of their husbands' or partners' support or encouragement, as well as agreement on the optimal family size. (Prata et al., 2017).

Cultural misconception about FPS is one of the main challenges facing low participation among male partners. The community members live closely together, and they have a sense of belonging and common thinking, especially in the rural areas. Their homogeneity in nature

allows them to commonly accept or reject a phenomenon. Inadequate information on FPS and contraception use results in people having wrong thoughts about the intervention.

A study conducted to examine knowledge and attitudes about FP among Ghanaian men revealed that demographic factors such as education, religion, location, and exposure to mass-media education are other factors that hinder the interest of male partners in FPS. According to the study, lack of education among individuals widens the knowledge gap which pushes away the interest of the male partner in FP. Religious beliefs also affect peoples' interest in the uptake of FP and not only me (Akafua & Sossou, 2008).

Men show little interest in issues related to FP while having a high level of understanding about it. This is due in part to lack of awareness of special role that men play in reproductive health. (Kabagenyi et al., 2014). Institutional challenges result from the fact that services and initiatives for FP are frequently geared toward women. FP offices may be perceived by men as potentially uncomfortable or improper places as a result (USAID, 2012).

Cultural norms and gender roles can be significant barrier to male partners' participation in FPS. Men often view family planning services as a female domain, and they are less likely to engage in family planning discussions (Buseh & Assefa, 2015; Lifford et al., 2015). This is compounded by the fact that many men still believe that family planning is the responsibility of the woman (Lifford et al., 2015). In addition, men may feel uncomfortable discussing family planning topics due to cultural or religious beliefs (Kamau et al., 2018).

Also, access to FPS can also be a significant barrier to male partners' participation. In many countries, family planning services are not widely available, and there are limited options for men to access these services (Lifford et al., 2015). In addition, family planning services are

often not tailored to the needs of men, which can further reduce their participation (Kamau et al., 2018)

Knowledge can also be a barrier to male partners' participation in FPS. Men often lack knowledge about family planning services and the benefits they can provide (Buseh & Assefa, 2015). In addition, many men are unaware of the various methods of contraception available, and they are not familiar with the side effects or risks associated with these methods (Kamau et al., 2018).

2.8. Male Partners' attitudes towards FP

Increasing men's engagement in FP entails changing deeply entrenched gender norms and is thus a complex process requiring a long-term commitment (USAID, 2012). It is interesting to know that men actually consider it their main responsibility to allow their spouses to utilize FP services (Mwageni et al., 1998). The result of a study indicated that there is a negative association towards men's attitudes towards contraceptive use among married women with any demand for FP as a result of cultural norms (Kriel et al., 2019).

A review conducted on male involvement in FP decision making in sub-Saharan Africa in 2014 reported that in Nigeria, 89% of men approved of their spouses to utilize FP while 11% objected. Only 26% of the males had ever attended FP clinics with their wives, yet nearly two-thirds (65%) of them disapproved of doing so. Over 90% of the men who responded to the survey in Ethiopia supported and approved of using and selecting FP methods, however none of them used terminal procedures. Women were more familiar with long-term techniques, whereas men were more familiar with traditional methods and emergency contraception (Vouking et al., 2014).

According to qualitative comparative study conducted in Tanzania in 1998 to explore the attitude of men towards family, men had doubts about the safety of current methods, were doubtful of their efficacy, and believed that if women were permitted to use contraception, they would be unfaithful. The participants associated the use of condom to the prevention of HIV/AIDS with prostitutes rather than FP method. Although they believed that larger family sizes cost more, their desired family size ranged from 2-4 and 4-6 in the urban and rural settings respectively. It was suggested that the negative attitude towards FP should be addressed through campaigns (Mwagani et al., 1998).

Similarly, in Jordan, a cross-sectional survey was conducted in 1999 on men's knowledge of and attitude towards birth spacing and contraceptive use in Jordan. The findings showed that majority of men showed positive attitude towards the use of contraceptive. This is because they believed they were as responsible as their spouses for preventing pregnancies. However, the positive attitude was less seen in men who had less education and less well-off counterparts (Petro-Nustas, 1999).

Men's engagement in FP is also negatively influenced by cultural factors in certain parts of the world including Ghana (Kwawukume et al., 2022). In Ghana, factors like education, efficient communication between spouses, the ability of the media to disseminate information, religion, and the preference for monogamous marriages all have an impact on men's interest in using contraceptives. A study conducted in Ghana in 2008 to examine the knowledge and attitudes about FP and its use among Ghanaian men reported that the participants said they would definitely use contemporary contraceptives in the future. Despite the fact that there is a want to engage in FP, action is not always followed by this desire because it is difficult for males to ask women for help with FP on a cultural level (Akafua & Sossou, 2008).

2.9. Perspectives of Male in Family Planning

Research has explored the various perspectives of male partners in family planning, and the implications these may have for reproductive health and rights. A study conducted by Kumar et al. (2020) aimed to understand the perspectives of married men in India regarding family planning and contraception. The study found that men's attitudes towards family planning and contraception were largely positive, with most men viewing family planning as an important part of a couple's reproductive health. However, the study also found that men's attitudes towards family planning were often influenced by their own religious and cultural values. This suggests that in order to effectively engage men in family planning, interventions must take into account the cultural and religious beliefs of men in the target population.

In addition to exploring the perspectives of married men, research has also looked at the perspectives of unmarried men with regards to family planning. A study conducted by Sharma et al. (2018) explored the perspectives of unmarried men in India on the use of contraception. The study found that although most men had a positive attitude towards contraception, they often lacked knowledge about contraceptive methods and their availability. Furthermore, the study found that men's attitudes towards contraception were often influenced by their own beliefs about gender roles and responsibilities. This suggests that interventions aimed at engaging men in family planning must also take into account gender roles and responsibilities.

Research has also explored the role of healthcare providers in engaging men in family planning. A study conducted by Johnson et al. (2019) explored the experiences of healthcare providers in engaging men in family planning. The study found that healthcare providers often found it difficult to engage men in family planning due to a lack of knowledge about male reproductive health and the cultural and religious beliefs of men in the target population.

The study also found that healthcare providers often had to rely on female partners to initiate conversations about family planning. This suggests that interventions aimed at engaging men in family planning should also focus on educating healthcare providers about male reproductive health and engaging both men and women in the decision-making process.

Finally, research has also looked at the role of the media in engaging men in family planning. A study conducted by Lin et al. (2020) explored the use of mass media campaigns to engage men in family planning. The study found that media campaigns targeting men often highlighted the importance of shared responsibility in the decision-making process, as well as the importance of male involvement in contraception use. The study also found that media campaigns were often effective in changing men's attitudes towards family planning and contraception, although further research is needed to explore the long-term impacts of such campaigns.

2.10. Summary

Family planning is a term that has been used to describe a range of reproductive health services and practices, including contraception, fertility awareness, and parenting education. In recent years, the term has been increasingly associated with the idea of 'shared responsibility' between men and women in the decision-making process of family planning. This literature review aims to explore the perspectives of male partners in family planning, and the role they can play in ensuring reproductive health and rights. This literature review has explored the perspectives of male partners in family planning, attitude towards family planning, barriers affecting family planning and the role they can play in ensuring reproductive health and rights. Research has found that men's attitudes towards family planning and contraception are often influenced by their own cultural and religious beliefs, as well as gender roles and responsibilities. In order to effectively engage men in family

planning, interventions must consider these factors. Furthermore, research has also explored the role of healthcare providers and the media in engaging men in family planning, suggesting that interventions should also focus on educating healthcare providers and using mass media campaigns to reach men.



CHAPTER THREE

METHODS

3.1. Introduction

This chapter presents the methodology of the study. This includes the research paradigm that underpins the study, the study design, the study site, target population, sampling, the procedure used to collect data, data management and analysis. Also, ethical considerations are stated.

3.2. Research Paradigm

In this study, the interpretivism paradigm was applied. This paradigm aims to understand subjective experiences in the context of participants' lives, places of employment, or behaviors (Pervin & Mokhtar, 2022). It focuses on comprehending phenomena from the perspective of the participants, which is an essential component of qualitative research approach (Pervin & Mokhtar, 2022). In contrast, positivism measures issues objectively without the researcher's influence on data gathering and assumes that reality is made up of facts. Typically, this paradigm influences how quantitative research procedures are conducted (Kivunja & Kuyini, 2017).

3.3. Study Design

This study employed a descriptive qualitative approach. This design was best suited for the study because it allowed one to explore the perspectives of persons, experiences, behaviors as well as contextual factors on the specific phenomenon (FP) which cannot be quantified, deepening the understanding of the results (Daher et al., 2017). Also, the study was a community-based research; where all the participants involved in the study were from the communities (Dodowa and Doryumu). This approach was suitable because it increased

knowledge and understanding of the perspectives of male participation in family planning within the respective communities in the district which would integrate with future interventions for policy benefitting the community members (Israel et al., 1998) as a whole and individuals in particular.

3.4. Study Area

The research was carried out in the communities of Dodowa and Doryumu. Dodowa is a town in Ghana's Greater Accra Region. It serves as the administrative center for the Shai-Osudoku District, which was formerly known as Dangme West District. The town is 39 kilometers from Ghana's capital, Accra. It has popular tourist attractions such as Tsenku Waterfalls in the Dodowa Forest. Doryumu on the other hand is a village located nearby to the villages Asabe and Ayikuma. The area has a forest reserve with a total area of 51 square kilometers. Both communities are located in the Shai Osudoku District. The district is situated between latitudes 5°45' and 6°05' degrees north and longitude 0°05'E and 0°20'W. It shares boundaries with North Tongu District to the North-East, Yilo Krobo Municipality, Upper Manya District to the North-West, Akwapim North Municipality to the West, Kpone Katamanso Municipality to the South-West, Ningo-Prampram District to the South, and Ada West District to the East (SODA, 2018).

The district has a land area of 968.36 square kilometers representing 29.8% of the entire land space of the Greater Accra Region (which covers an area of 3,245 Square Kilometers). The presence of a 22 km stretch of the Volta River provides an enormous advantage for the fishing industry (SODA, 2018). According to the 2021 Population Census Provisional Report, the Shai Osudoku district has a population of 105,610 with females being 53,136 and males being 52,474. More than half of the populace (56.9%) lives in the rural part and 43.1% in the urban and peri-urban settings (GSS, 2021). The administrative capital of the district is

Dodowa. Agriculture is the pillar of the district's economy employing 58.6% of the working population (GSS, 2010). The district comprises of one district hospital, two health centers at Osuwem and Asutsuare and five CHPS zones located Ayikuma, Agortor, Osuwem Agomeda and Tokpo (GSS, 2010).

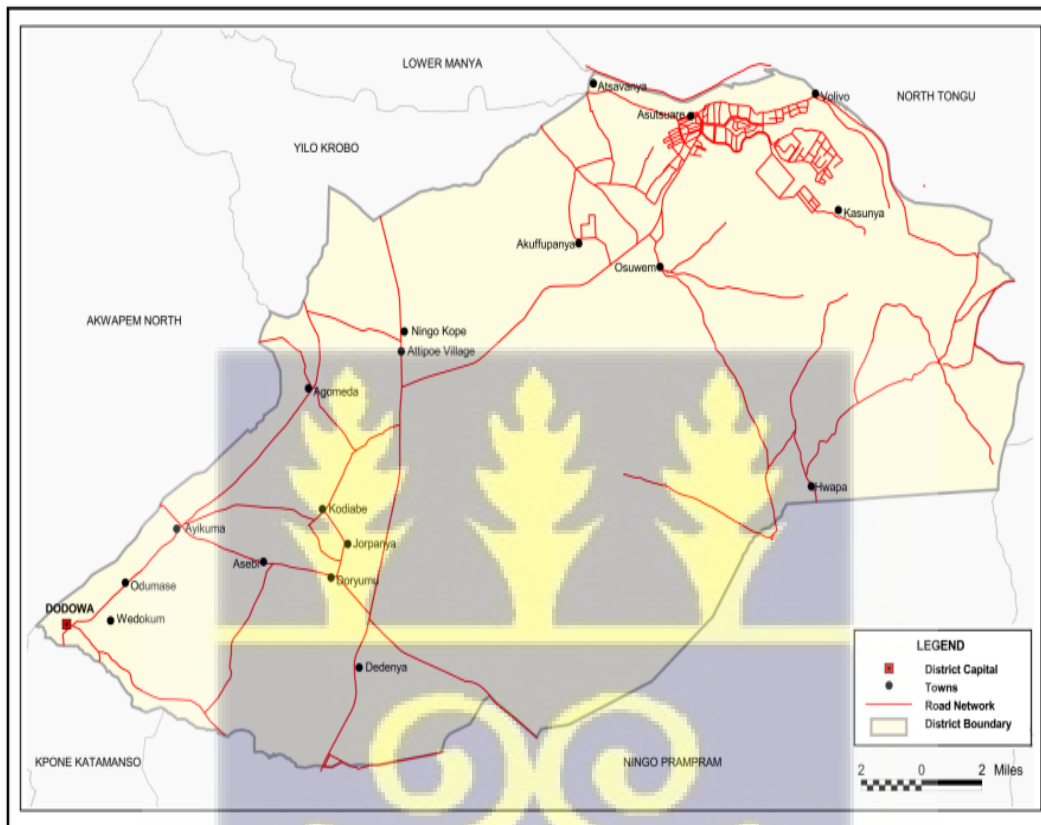


Figure 2: The map of Shai Osudoku District (SODA, 2018)

3.5. Study Population

The study population is referred to as “participants” in qualitative research because they are participating in and telling in-depth stories of their lived experiences to the researcher (Daher et al., 2017) . The study participants were male partners who were 25-59 years old and had lived in the Shai Osudoku District for at least 3 years This was relevant to ensure that

participants had sufficient knowledge of the way of life of the people in the respective communities.

3.5.1. Inclusion Criteria

The participants had at least 3 children with the same woman (Kwawukume et al., 2022). This is because men with relatively bigger family sizes are more likely to influence their female partners to use FP (Toure, 1996). All the participants were male adults (25-59) who were either married or in union. This category of people was involved in the study because they were capable of making an informed decision in the study.

3.5.2. Exclusion Criteria

Male partners who met all the inclusion criteria but were critically ill or not of sound mind were excluded from the study.

3.6. Selection of Participants

From the two communities in the district, Dodowa and Doryumu, a total of eighteen participants were chosen using a purposive sampling method to participate in the study. Purposive Sampling is a sampling technique used to select a specific group of individuals because they have characteristics needed in the sample (Nikolopoupuo, 2023). The participants were selected purposely because of their knowledge and experience of FP. The Investigator identified the women who were enrolled in another study (Rotavirus Vaccine Trial) and had a discussion with them. The Rotavirus Vaccine helps the body resist rotavirus germs. The study was to test if a new rotavirus vaccine given by injection would work better in protecting children from rotavirus diarrhea than the oral rotavirus vaccine that is given in the Ministry of Health Immunization program. Those who were willing convinced their partners to take part in the study. Dodowa was chosen to represent the scenario in an urban

context, whilst Doryumu depicted the situation in a rural setting. This sampling approach was appropriate for the study because it was convenient and practical. Nine participants were selected from Dodowa and nine from Doryumu.

3.7. Data Collection Instruments and Procedure

The data collection was done in December 2022 using a semi-structured in-depth interview guide. This guide was developed by the Investigator with assistance from the academic supervisor. It consisted of five main sections: Demographic characteristics (age, religion, ethnicity, number of children), male partners' perception of FPS (methods, source of information), attitudes towards male partners towards FPS (feelings about FP), male partners influence on FP (perceived susceptibility, perceived benefits, financial assistance, spousal communication) and barriers to male partners' participation in FP (perceived risk, inadequate FP promotion in the communities, accessibility, local/and religious beliefs).

With assistance from the research assistants, eligible participants were identified and consulted at the appropriate time for in-depth interviews. The in-depth interviews (IDIs) were conducted by the research assistants in the preferred local languages (Dangme, Ewe and Twi) in their respective homes or locations conducive for them.

Each interview lasted about one hour with all discussions tape-recorded. Non-verbal expressions were recorded in a book. However, data collection stopped when saturation was achieved. After fourteen interviews were conducted in both communities, the team realized that no new information was coming up but four more were done to be sure that indeed there were no different information recorded.

3.7.1 Pre-testing

The IDI guide was pretested among two eligible male partners selected in the Ayikuma community which is outside the study area. This community was chosen for pretest because it portrays the same characteristics as the study sites. The purpose of the pre-test is to ascertain whether the questions on the data collection instrument can accurately measure the objectives and answer the research questions.

3.7.2. Quality Control

Research assistants were adequately trained by the researcher for a day in November 2022 to collect data. They were trained to understand the background of the research, objectives and the interview guide before going to collect the actual data in December 2022. Findings from the pre-test were considered in the revised interview guide. Research assistants were closely monitored to minimize data collection errors.

3.8. Data Management and Analysis

Digital recorders were used to capture the discussion of each interview. The audio interview was transferred from the recorder to a password-protected computer, labeled for quick access, and transcribed verbatim by the two research assistants. The field notes were also typed out and stored in the computer folder. The Investigator listened to the audio recording and cross-checked the transcript to ensure the credibility of the transcription. The researcher got familiarized with the transcript by reading through the transcript several times. The transcripts were imported into MAXQDA Analytics Pro Software 2020 for analysis. The information was coded to make it simpler for the end users to understand. Data analysis steps include:

Step 1: Transcription

Qualified transcribers transcribed the audios verbatim (word for word). The transcripts were imported into the 2020 version of MAXQDA Analytics Pro. To make sure there were no gaps in the data, the researcher compared the transcripts and audios. Corrections to words or gaps were made as needed in order to verify that the data was not changed. This was important for the next step- familiarization with the data.

Step 2: Familiarization

Framework analysis involves becoming “familiar” or “getting to know” the data from the individual interview to its overall “feel” (Majid al-Rifaie et al., 2020). Familiarization, also known as “immersion” is a feature of almost all qualitative approaches involves listening to audio, reading transcripts, and studying notes to list key ideas and recurrent themes (Šula, 2018). The Investigator listened to the interviews for this study and took note of any emerging themes.

Step 3: Coding

The Investigator coded the transcripts after familiarizing himself with the data. To ensure that no portions of the transcripts were missing, she marked any comments and words that emerged from the transcripts.

Step 4: Developing analytical framework

The codes were discussed and developed into a codebook.

Step 5: Applying the analytical framework

The codebook (working analytical framework) was used in MAXQDA Analytics Pro Software 2020 to code the remaining transcripts. This mostly helped in organizing and storing the data for subsequent analysis. It was discovered that some transcript elements could be

assigned to more than one code throughout the coding process. In these situations, all applicable codes were used. The codebook was open to any additional codes that might be discovered during coding up until the last transcript was coded. The codebook is included as Appendix 5.

Step 6: Charting

Before interpreting the results of the study, it is required to first chart the data in the interviewees' own words. So, in this study, themes that emerged from the data were used to present the study's results.

Step 7: Interpret Data

This stage involves describing, understanding and explaining the data. It helped in mapping emerging themes from the data. Also, this phase of the analysis indicated feasible policy recommendations to increase male participation in family planning in the district.

3.9. Ethical Consideration

Ethical Clearance (37MH-IRB/MP/IPN/658/2022) for this study was obtained from 37 Military Hospital Institutional Review Board (IRB) (Appendix 4). Approval was given on 29th November 2022 prior to the start of the study. All participants were made aware of the study's objectives, the precautions taken to protect the privacy and confidentiality of personal data, and their rights as participants (Appendix 2) before registering their consent. All the participants gave written informed consent and voluntarily participated in the study. They had the right to ask questions and to have their questions answered. The data collected were all coded in order to protect the study participants' privacy. Only the Investigator and supervisor had access to the data, which was kept in a secured folder. After the transcripts were completed, audio files from the 18 interviews were removed. Furthermore, to ensure

anonymity, there were no identifying characteristics of the study participants in the data given. There were minimal risks involved in the study. Also, the data obtained from this study was used for the purpose stated.

CHAPTER FOUR

RESULTS

4.1. Introduction

This chapter presents the results obtained from the study. Main issues covered included background characteristics of the participants, knowledge of participants, attitudes of male partners towards FP, male partners influence and challenges of male partners to participate FP.

4.2. Background Characteristics

Table 1: Distribution: Age, Religion, Ethnicity and No. of Children

Participant	Age	Religion	Ethnicity	No. of Children
P1	43	Christian	Dangme	5
P2	35	Christian	Dangme	3
P3	40	Christian	Dangme	6
P4	39	Christian	Shai	4
P5	42	Christian	Dangme	5
P6	38	Christian	Dangme	5
P7	49	Christian	Guan	3
P8	43	Christian	Dangme	5
P9	36	Christian	Dangme	3
P10	42	Christian	Ewe	5
P11	51	Christian	Ewe	5
P12	35	None	Akan	3
P13	37	Christian	Ewe	4
P14	45	Christian	Akan	5
P15	34	Christian	Dangme	3
P16	34	Christian	Ewe	5
P17	26	Christian	Akan	3

P18	42	Christian	Dangme	5
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Source: Field data, 2023

The ages of the participants were from 26 years to 61 years and the mean age was 39.5(±5.94). Majority of the participant 12.5% (n=2) were aged 34, 35, 42 and 43 respectively. There were more Christian participants in the study 93.8% (n=15) compared to other religious bodies. In terms of ethnicity, 50.0%(n=9) reported that they were Dangme, followed by Ewe 22.2%(n=4). Then Akan 16.7% (n=3) and finally others occupied 11.1% (n=2).

Majority of the participants 50.0% (n=8) had 5 children, followed by 3 children 31.3% (n=5) and the least proportion 6.3 (n=1) had 6 children (See table 4.1 above).

Below is the table containing the themes and subthemes under which the data was coded.

Table 2: Emerging Themes and Objectives

Theme	Subthemes	Objective
4.2. Knowledge and Perception	4.2.1. Source of information 4.2.2. Methods of contraceptive	Objective 1
4.3. Attitude of male partners towards FP	4.3.1. Feelings about FP	Objective 2
4.4 Male Partners Influence	4.4.1 Spousal Communication 4.4.2. Perceived Susceptibility 4.4.3. Perceived Benefits 4.4.4. Financial Assistance	Objective 3
4.5 Barriers to male participation in FP	4.5.1 Local/ Religious Beliefs 4.5.2 Perceived Risk 4.5.3 Accessibility	Objective 4

	4.5.4 FP Promotion	
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4.3. Knowledge and perception of male partners on FP

From the data gathered on knowledge and perception, most of the participants had an idea of what family planning is about. While some people have relatively in-depth knowledge, others have only heard what it is. Participants' general view was that FP is used for pregnancy prevention and childbirth spacing. Many of them show interest in the FP because of the level of knowledge they have in the intervention. Below are some of the responses given:

“Ooh, what I know about family planning is that it protects women. For example, someone like me with five children, if I don't want my wife to get pregnant anymore, I can let my wife go for family planning to prevent pregnancy. That is what I know about family planning”.
(34years, Community 2)

“Family planning is the way to spacing pregnancies out and minimize childbearing in order to effectively takes care of them. Effectively taking care of children do not only mean providing food and shelter rather the future of the children at large”. “But in my opinion, I think family planning is better than unwanted pregnancies leading to abortions” (43 years, Community 2)

“It refers a man and a woman reducing the rate at which they give birth. Or maybe you are not financially stable and you won't intervals in the children” (38 years, Community 1)

However, some of the participants had a strong perception that FP is not good and should not be encouraged. Below is a quote that depicts the above expression.

“My perception about Family planning is that it's not good this is because even animals do not do family planning how much more you? This is what kills us in early stages in our lives”
(38 years, Community 1)

“In my area here, a lot of people don't like family planning. Myself, I don't like family planning. Because I learnt it has some side effects, so... And sometimes, even when we are doing a lot of family planning, you hardly have your menses. So will not advice even my wife to do it” (39 years, Community 2)

4.3.1. Source of Information

Some of the participants' knowledge on FP was based on the information they got from community members and friends. Although they also get information from their spouses when they (spouses) visit the hospital, listen to radio, watch television as well as church health education, their firsthand information is usually from community members.

“As for family planning, I have heard a lot about it, but I haven't personally done it though, but some of my friends and elders who have allowed their wives to do it before tell me a lot of challenges. Some claim it has side effects” (35 years, Community 2)

“Sometimes if you watch television, they say it on it and when the woman goes to the hospital they tell them” (42 years, Community 1)

4.3.2. Contraceptive Methods

According to some of the participants, FP is for women and not men, even though they think the other spouses are involved in the decision making. They have little or no knowledge about males' usage of family planning. Most of them know at least one method of modern contraceptives with the common ones being Pills, IUD, the injectable methods and male condoms. Others also mentioned the use of herbs to prevent pregnancy. Only one person among the participants had heard about vasectomy as a method of FP for males. Below is a quote from a respondent gave regarding vasectomy.

“...they said they will remove one of your “things” (testis), so you see we want to know if it won’t affect you in any way by reducing your sexual strength. But they said no it won’t affect you in any way just that you will not be in a position to produce children.” (34years, Community 2)

4.4. Attitudes of Male Partners towards FP

4.4.1. Male Partners’ Feelings towards FP

Generally, the majority of participants had positive mindset towards FP but lost interest in the intervention because of some challenges they faced in the past. In fact, some of them encouraged their spouses to engage in FP prior to the challenges they faced. However, they lost confidence in the FP and urged their spouses to discontinue.

“I encouraged my wife to go in for it (implant) and they inserted it in her upper arm for some time, but it failed us. It wasn’t even up to a year when she got pregnant. I felt it was okay when it came but my wife and I started having trust issues when it failed us. I didn’t trust it again because a correct medication like this should not fail”. (51 years, Community 2)

Majority of the participants were willing to open up to friends and family concerning their FP status if they had the opportunity whereas few other participants think it is a secret that should be kept between couples. Below are some of the comments made by some participants:

“When someone comes to me, I will make the person aware that it may be good or not. Yes, I will make the person aware it failed us but also let him know his experience might be different”. (51years, Community 2)

“.... if my wife goes to do it (family planning), and it works, I will tell my friends and it will continue in that manner. Thus tell a friend to tell a friend”. (35years, Community 2)

“You don’t have to tell anyone. It should be like a secret between you and your husband only”

(36 years, Community 2)

Participants whose spouses have been involved in FP at least do not really care about what others will say when they hear about it. They have the general view that FP is not anything bad and members of their communities also hold the same sentiment except for some few people who feel they will be mocked when people hear about their statuses and therefore keep it a secret.

“For now, generally speaking, everybody knows when we do family planning is not anything bad because you do not want unwanted pregnancies to come. So, you are doing it to safeguard yourself from not getting pregnant if you don't want. So, people will not say anything bad about this”. (45 years, Community 1)

“It’s a secret between me and my wife, maybe woman to woman can discuss it but not me as a man. I won’t go and discuss it with my friends that I’m doing family planning, but for women they can”. (34 years, Community 2)

“It is difficult for me a man to do family planning and tell my peers. It is difficult... because if I inform them, all they will say is because I am scared of giving birth or am weak in bed, so I’ve used that as a cover up”. (43 years, Community 1)

4.5. Male Partner’s Influence

From the interviews, many of the participants influenced their partners in the uptake of family planning either positively or negatively. Most of the participants influence their wives by convincing them to go in for modern contraceptives due to their economic situations. Below are some of the responses given by some of the participants:

“...now I have said that I do not want my wife to do the family planning but in case I change my mind, I can turn to her and convince her that since we are not doing any meaningful job to support ourselves, we should hold on with the childbearing so she should use contraceptives” (36 years, Community 1)

“... for me whenever my wife goes into labor, she suffers a lot. They always perform CS on her when she goes to deliver so I will use that to convince her to limit childbirth” (41 years, Community 2)

4.5.1. Spousal Communication

Spousal communication was the main method male partners used to influence their spouses. Some participants brought the initial idea of getting involved in family planning whereas others said their wives brought the idea and they only gave them permission. However, some participants would not allow their spouses to do it no matter the explanation they were given. According to the participants, their partners cannot go in for FP without their consent since they are the ones to face the consequences if there is a problem. Some comments made by the participants are quoted below.

“So far as am staying with you, you have to inform me when you are going to do anything. If you inform the man after doing it, he might not be happy. In case you develop any complications afterward what will you say to him”? (51 years, Community 2)

“Some will just say they are taking care of their wives and no one has the right to tell them to stop giving birth, that is what they think. Even if they will give birth to 20 kids, it doesn't concern anyone”. (49 years, Community 2)

4.5.2. Perceived Susceptibility

According to the interviews conducted, some of the participants' influence on FP was based on their spouses' perceived susceptibility towards childbearing. Some of them said their wives were highly fertile and that influenced their decision to get involved in FP. Some of the comments are quoted below.

“Some of the women are very fertile. As soon as you have sex with them once or twice they get pregnant. It makes living difficult because the children are not grown and as a parent, you don't get time to work to take care of them”. (43 years, Community 1)

“My wife easily gets pregnant, so we did it to reduce unintended pregnancy”. (40 years, Community 2)

4.5.3. Perceived Benefits

The result from the interviews showed that male partners' involvement in FP is influenced by the perceived benefits. Almost all of the participants said they got involved in FP to reduce the economic burden childbearing poses on them. They preferred having smaller family sizes to having many children.

“Education now compared to the olden days is far different hence giving birth to such large number of children would rather put a huge burden on the parents”. (43 years, Community 1)

“... but when there is proper spacing, it makes the children grow beautifully. In my case for instance, there is shorter space between the boys. So, one finishes school and the other just follows and it goes on like that. So, we used the family planning to help space our children.” (35 years, Community 1)

Some of the participants claimed that spacing out childbearing would enable them to take good care of their children and that since they did not have proper employment, the pressure would not be as great. Below is a quote from a respondent depicting the above statement.

“...for those of us who don't have any proper jobs, it will help us to space out our children to be able to take care of them and even give us parents the freedom to work”. (35 years, Community 1)

Other advantages cited by participants as having affected their decision to participate in FP include preventing unwanted pregnancies, minimizing childbearing, cost savings, and a reduction in parental financial stress. Few participants though did not see the essence of using or allowing their spouses to use FP. Below is a quote from a respondent who thinks FP is not important.

“Oh, it is to protect me from getting my wife pregnant but since am able to control myself, then there would be no need because controlling is the best”. (42 years, Community 1)

4.5.4. Financial Assistance

Results from the data showed that very few of the participants commented on supporting their wives financially in the uptake of FP. Participants mentioned that they take responsibility of all the cost involved in the FP services. Below are what some of the participants said about financial support.

“I gave her money to go and do the family planning. It is better to pay for her to do it than to get pregnant”. (45 years, Community 2)

“Oh, for the financial side, I can't tell how much it will cost that I will say I can't afford”.
(43 years, community 1)

4.6. Barriers of Male Partner's Participation in FP

From the interviews conducted, there were so many challenges the participants mentioned that deter them from participating in FP or allowing their spouses to access FP. The most common challenge the participants faced in using contraceptives is the failure of the methods. About 14 out of the 18 participants have used modern contraceptives at least once, stopped using it because it failed them. This has made them lose confidence in the efficacy of the FP method. Some of their comments are quoted below.

"I encouraged my wife to go in for it and they inserted it in her upper arm for her for some time, but it failed us. In the beginning, I think she did hers for one or two years and it failed us even before its expiry and it really reduced my confidence in the family planning method".
(51 years, Community 2)

Some of the participants said they have not allowed their spouses to use any of the FP methods because of perceived fear. The fear of their spouses developing complications influenced their decision not to engage in FP.

"The reason why I will not allow my wife to do family planning is as a result of fear of the side effects we have been hearing". (43 years, Community 1)

Few of the participants stated that men are not allowing their spouses to use contraceptives because some women live promiscuous lives when they engage in the use of contraceptives. Below is a quote depicting the above claim.

"The reason why some people are against family planning is that when they do it for their wives, the women begin to leave promiscuous lives and it worries the men. this is because she knows when she goes to do it (have sex) she will not get pregnant". (36 years, Community 2)

“I heard that some of the women sleep around when they do the family planning especially the teenagers” (43 years, Community 2)

4.6.1. Perceived Risk

Perceived risk was the theme with the most common response given by the participants. The majority of the participants do not engage in FP because their spouses experienced side effects in the past. Some of the side effects included irregular menstrual flow, bloating, fatigue, dizziness, weight loss, infections, excessive bleeding as well as death. Many of them saw their wives go through these side effects whereas others witnessed the experiences of others. A respondent said he witnessed the death of a friend who bled excessively after using FP. Below are some of the responses the participants gave.

“I don’t want to do it so that later my wife will have any side effects. I won’t do it”. (36 years, community 2)

“She was complaining that when she does that, it changes her menstrual cycle, and the menses doesn't really flow. It used to flow for five days. But as soon as you take the contraceptive it come like 2 days and 3 days, and she even forget about the menstrual cycle, which is very dangerous for both of us. So that's why I asked her to stop”. (34 years, community 1)

“...she did the 3 months method, but She couldn’t have her menses and also, she made complaints about changes in her heartbeat rate, so I don’t really appreciate it. I would have allowed her to continue with it if not for the complaints”. (35 years, community 2)

4.6.2. Local/Religious beliefs

Some of the participants mentioned that FP is against their Christian faith. Below are some of the comments recorded.

“Sometimes we Christians are against family planning, with the saying that if the fishes and animals were to perform family planning, where would we have gotten fishes and meat from”? (41 years, Community 1)

“...and some will say because our grandparents gave birth to a lot of children, and even God command us to reproduce like the sand so why would you want me to stop reproducing”. (51 years, Community 2)

4.6.3. Lack of FP promotion in the communities

A greater of the respondents said they FP is not being promoted in their various communities. There is no community sensitization which will give them adequate information FP. the following were some of the responses they gave.

“I have been living in this community for seven years. I have not seen or heard anyone come into this community to talk about family planning” (37 years, Community 2)

“As for me, I am always home but no health worker has come to say anything to me about family planning” (46 years, Community 1)

4.7. Participants’ recommendation regarding the use of Family Planning

Most of the participants gave some recommendations to enhance their involvement in participation in FP. These include the following.

“Through the information center. Professionals can come there to educate the public. Professionals can also be invited to the churches to educate members” (43 years, Community 2)

“I think health workers should be moving round with family planning services because sometimes it is difficult for someone to even get one cedi as transportation to go and access

it there should be more education on family planning through community sensitization because if it is just centered at the health facilities it will be very difficult to get to a lot of people. ... again, when nurses move round the community, they will know what is actually happening” (51 years, Community 1)



CHAPTER FIVE

DISCUSSION

5.1. Introduction

The current study explored the perspectives on male participation in family planning services and use in the Shai Osudoku District. In general, the study found low participation of male partners in the uptake of FP and also a high level of discontinuation in contraceptive use. Meanwhile, more than half of the participants have appreciable knowledge of FPS. However, the study found that male participation in FP is influenced by their level of knowledge and perception, experiences and challenges, and spousal communication.

5.2. Knowledge and Perception of male partners on FP

The study found that many male partners were familiar about FP and its implications to an extent. This was made clear in the in-depth interviews (IDI), where most participants could explain FP. However, the study's findings revealed that the participants' knowledge were limited, which added to their misconceptions and contributed to their high discontinuation of the use by their partners and disapproval rates. This result is consistent with researches done in various African countries, which also shows that men's limited knowledge of FP prevents them from participating in FPS (Kriel et al., 2019; Kwawukume et al., 2022). In Nigeria, a similar study was conducted to evaluate the level of male participation in FP utilization. Its findings also showed that men's knowledge of FP is extremely limited just like the results of this study and that women's right to access FP could be violated if this issue is not addressed (Akande et al., 2021).

Again, this study also revealed that friends, in addition to spouses, churches, health professionals, and the media, were the male partners' primary sources of information on FP.

Male partners in the study were aware of FP, but they did not express much interest in the intervention because most of their knowledge was based on what friends had told them. This source of information is not credible, and it has led to further misconceptions and a decline in their desire to take part in the intervention.

The study found that male partners knew limited knowledge about methods of family planning for men. Despite participating in decision-making; men view FP as being in a woman's domain. Only two out of the eighteen participants who were interviewed brought up male condoms and vasectomy as male birth control options.

5.3. Male Partners' Attitudes towards FP

Male partners were positive about FP due to its perceived benefits, the participants initially had faith in FP. They placed high hopes in the FP to plan the number, frequency, and timing of pregnancies. The same could not be stated, however, when their spouses experienced challenges in contraceptive use. It is interesting to note that although male partners initially stated FPS was a woman's business, they eventually refused to let their spouses to continue utilizing the services after losing confidence in them. Similar to the findings of this study, some other studies have shown that men have concerns about the safety of modern contraceptive methods. As a result, they will not put their spouses in danger (Mwagani et al., 1998; Thummalachetty et al., 2017).

According to this study, some male partners were open to sharing their FP experiences with others. Even while it increases their knowledge, when those who have had negative FP experiences open up and share their stories, it not only decreases men's enthusiasm in accepting FP but also instills anxiety in them, especially in those who have never utilized any

FP services. However, other participants said that issues regarding FP should only be shared by couples since they would face ridicule from their peers if they disclosed it to others.

5.4. Male partners' influence on FPS

Male partners had a positive or negative impact on their spouses' adoption of FP. Due to financial difficulties, some of the participants urged their spouses to use FP. While they were willing to support their spouses required to access FPS, particularly financial help, they were unwilling to accompany their spouses to the clinic to receive the service. This result was consistent with the findings of a comprehensive analysis conducted in Sub-Saharan Africa in 2014, which showed that in Nigeria, only 26% of male partners had ever gone to FP clinics with their wives, even though 89% of male partners approved of their spouses using FP (Vouking et al., 2014). This means that males typically conceal their support for their spouses' FPS use (Vouking et al., 2014).

Male partners' primary means of influencing their wives' adoption of FPS was communicating with them. This is because, when it comes to decisions involving reproductive health, particularly FP, male partners have the last word. They have the upper hand in decision-making on reproductive health issues, including FP, in Sub-Saharan African societies because they are viewed as the guardians of their families and communities. Similarly, in the current study, it was shown that the male partners strictly desired that their spouses obtain their consent before using FPS. A cross-sectional survey conducted in Eastern Ethiopia in 2022 reported that male partners' approval of the use of FP is dependent on the level of spousal communication. This means that male partners indeed can positively affect FPS use through proper information and shared responsibility (Kriel et al., 2019).

Furthermore, the study, further unraveled that male partners' influence of FPS use was largely affected by their perceived benefits and perceived risk (fear of side effects). The severity of the impact of having a large family size also influenced their decision as to whether to accept, continue, disapprove, or discontinue the use of FPS.

5.5. Barriers affecting male partner's participation in FP

Concerning the challenges affecting male participation in FP, the study revealed that male partners did not have problems financing their spouses to access FP. They also claimed that they did not have a problem accessing FPS in terms of distance because they had the option to visit any of the CHPS compounds close to them as well as the district hospital to access FPS. However, many factors hindered the interest of the male partners from participating in FP which included failure of contraceptive methods, religious or local beliefs, spouses' previous experience of side effects, perceived side effects, and misconceptions.

The findings of the study uncovered that fear of side effects was the major barrier to male participation in FP. Spouses of some of the participants experienced side effects such as irregular menstrual flow, excessive weight gain, loss of weight, fatigue, infections and excessive menstrual flow. This finding is similar to a study conducted in Sunyani in 2015 which reported that male involvement was low because of side effects which included abdominal pain, infertility, obesity, and shyness (Wiafe, 2015). Interestingly, men whose spouses are not using FP are deterred from participating in FPS due to the experiences of others. For instance, a 43-year-old male partner emphatically said that he will not allow his wife to use FP due to what he has been hearing about the experiences of some community members.

Another finding of this study showed that male partners questioned the efficacy of the contraceptive methods. This is because some of the participants allowed their spouses to use FP but it failed. For instance, a respondent expressed his disappointment in the failure of FPS administered to his spouse. The spouse opted for the implant method but got pregnant before the contraceptive period was due. This came as a shock to the couple and if proper measures such as education were not done, he was not willing to let his wife use it again. This finding was similar to a qualitative comparative study conducted in Tanzania by Mwageni et al., who reported that men were doubtful of the efficacy and safety of modern contraceptive methods including implants and pills (Mwageni et al., 1998).

Again, the study revealed that some male partners do not allow their spouses to use FP because they may live promiscuous lives. Even though few participants had this perception, many of the participants, however, did not agree to the claim. They think women who live promiscuous lives are indeed promiscuous and should not be associated with the use of FP (Ellis, 2014). They also associated promiscuity with young people who are not married and not married women (Garcia et al., 2013).

Also, the findings of the study revealed that there are no home visits and community sensitization on FP. Community sensitization is one of the successful ways to promote family planning. It educates the gives people the opportunity to clear their doubts or any misconception about FP. The participants complained that health professionals do not come around to talk to them (male partners) about FP and what it entails. This prevents them from having firsthand information from the right source (health professionals) which makes them rely on the information given to them by family and friends. Participants from both communities did not experience any form of FP promotion to reduce their misconceptions and anxieties about the use of contraceptives by their spouses.

In this study, because both rural and urban contexts were covered, the findings fairly reflect the two settings. However, this study has some limitations that should be addressed in follow-up studies.

5.6. Limitations of the study

The study consists of interviews of male partners with different demographic characteristics including religion, however, there was no representatives from the Islamic religion resulting in selection bias. This is because the Muslim male partners in the communities refused to take part in the study. Also, because of the study's small number of participants, its results cannot be generalized. Nonetheless, the results will not be considerably different from those of the rest of the population in the area and elsewhere. However, policymakers and other individuals working to advance reproductive health, including family planning, will get more knowledge from this to better develop their policies and carry them out.



CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1. Conclusions

The study revealed that the level of knowledge of male partners about FP was limited thereby decreasing their interest to access FP services. Spouses of most of the participants had used FP once in their lifetime but discontinued usage due to side effects. The finding of the study also revealed male partners' attitudes towards FP was based on individual's own experiences as well as that of others that they have seen or heard. Spousal communication was found to be the major factor that influenced the interest and decision of male partners to allow the continuous or discontinuous use of contraceptives by their spouses. The perceptions of male partners were also influenced by friends and community members with experience in the use of FP.

6.2. Recommendations

Based on the findings, it is recommended that:

1. The DHMT should include male partners in all FP related programs and make some of them play roles in those programs in order to clear the misconception that FP is a woman's business.
2. There should be home visits by community health volunteers or health workers to educate males about their roles in the success of FP.
3. In order to improve male participation in family planning, the District Health Management Team should collaborate with community health volunteers to establish

community-based groups for only to help male partners to overcome shyness associated with the use of FP.

4. Male partners should be encouraged by community health workers to visit the FP facilities to access FP in order to get information from a credible source and follow instructions. This may help reduce side effects and boost the interest of the male partner to encourage their spouses to continue using FP



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Interview Guide for Male Partners' Participation in FP

I am a Master of Public Health student at the University of Ghana, School of Public Health, Department of Population Family and Reproductive Health. As part of my Masters studies, I

am conducting a study titled Perspectives on male participation in family planning in the Shai Osudoku District. I would be very grateful if you respond to the questions in a short interview. All information provided would be strictly confidential and would be used strictly for research purposes only. Thank you.

To assess the level of knowledge of FPS by male partners in SOD

1. Can you tell me what you know about family planning methods? (*probe for types; traditional and modern*) Give examples
2. What perception does your community members have about FPS? (*probe if it is widely accepted*)
3. How do your community members perceive men who go to the clinics with their partners to assess FPS?

To explore the attitudes of male partners toward FPS

4. Has your partner ever used any of the FP methods and has stopped? (*what happened*)
5. Have you ever followed your wife to the clinic to access family planning methods?
Can you give an account on the situation around that time?
6. How do you feel about your spouse using contraceptives?

To explore the influence of male partners on their female partners to accept FPS.

7. Will you allow your spouse to go in for family planning services? Why?
8. Are you able to support your spouse financially to go in for FPS?
9. What factors influence you to allow your spouse to go in for FPS
10. Do you have discussions with your spouse regarding FP?

To explore barriers affecting male partners towards FPS.

11. What are some of the challenges that FP brings about? (*probe how they cope with challenges*)
12. What recommendation(s) can you give to bring more men on board to support their partners in family planning utilization?
13. Is there an important point that I couldn't talk about?



APPENDIX 2

Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Project Title: Perspectives on Male Partners' Participation in FP Services and use in Shai Osudoku District.

Principal Investigator:

Esther Appiah, Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, P.O. Box 13, Legon.

Mobile: 0542231043

Email: estappiah33@gmail.com Or eappiah124@st.ug.edu.gh

General information about the study

This is a study being undertaken by a graduate student of the School of Public Health, University of Ghana, as part of the requirements for a Master of Public Health degree. The main purpose of the research is to gain a better understanding of male involvement in FP in the Shai Osudoku District. Male involvement in reproductive health is key to the success of FP programs, and the overall improvement in reproductive well-being of couples. There is therefore a need to understand the reasons why there is little male involvement in FP. The objective of this research is thus to examine male partners' participation in FP.

Procedures

Male partners aged 25-59 years respectively who live in the district will be included in the study. The male partner should have at least three children with the same woman. If you are eligible and agree to participate, you will be required to respond to questions on male involvement in FP. We will ask you questions about your background, knowledge of FP, spousal communication on

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FP, your experiences and barriers in FP use, and if you have ever used any FP method. The interview is expected to last within an hour.

Possible Risks and Discomforts

The study may involve some risks. We anticipate some discomfort during the interview process given the sensitive nature of the topic. We will ask you questions about your background FP knowledge and contraceptive use. Some of the questions focus directly on your personal life, and you may feel uncomfortable answering those questions or you may not know the answer to a particular question. You are free to skip any questions you are not comfortable answering.

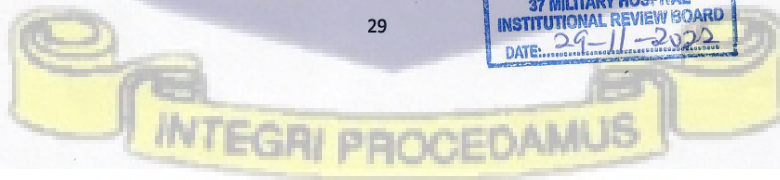
Possible Benefits

There is no direct benefit to the participants of this study. However, the information you will provide will contribute to the overall knowledge about male involvement in FP. This information will help us in identifying the barriers to male involvement in FP in the Shai Osudoku District. Overall, the study will not only deepen our understanding of male involvement in FP but ultimately help improve the contraceptive use by women in Shai Osudoku and Ghana as a whole.

Voluntary Participation

Your participation in this study is absolutely voluntary. You have the option to refuse to answer any questions during the interview that you do not want to. Additionally, you have the freedom to end the interview or the study at any time. However, we will urge you to participate and respond to the questions because your viewpoints are crucial to understanding how men engage in FP.

Confidentiality



We would like to reassure you that any information you share with us will be treated in complete confidence, used only for research, and never be used against you. To maintain anonymity, data analysis will be done at the aggregate level. No report containing your name or other information that could be used to identify you will be released. Although some members of the study team may occasionally review the research records, your information won't be accessible to anyone not approved by you.

Compensation

There is no reward for taking part in this study. However, we will sincerely appreciate your time to answer our questions and contribute to our knowledge of men's FP practices in the Shai Osudoku District.

For more information, you may contact;

Esther Appiah, Department of Population, Family and Reproductive Health, University of Ghana School of Public Health, College of Health Sciences. Mobile 0542231043 Email: estappiah33@gmail.com. OR

Dr. Agnes Kotoh, Department of Population, Family and Reproductive Health, University of Ghana School of Public Health, College of Health Sciences. Mobile: 0208088267 Email: nyamikye@yahoo.co OR

37 Military Hospital Institutional Review (37MH-IRB) between the hours of 7:30am-2:00pm through the Office mobile phone: 0591759506 or email addresses: irbmilhosp@gmail.com

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INTEGRI PROCEDAMUS

APPENDIX 3

Informed Consent Form

INFORMED CONSENT FORM

The above document describing the benefits, risks and procedures for the research title:
“Perspectives on Male Partners’ Participation in FP Services and use in Shai Osudoku District”
has been read and explained to me. I have been given an opportunity to have any questions about
the research answered to my satisfaction. I agree to participate as a volunteer.

Date Name and signature or mark of volunteer

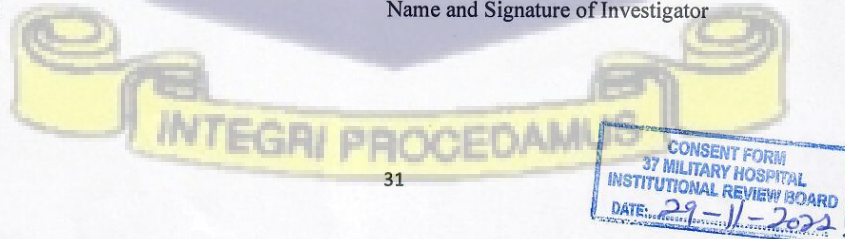
If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions
were answered, and the volunteer has agreed to take part in the research.

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with
participating in this research have been explained to the above individual.

Date Name and Signature of Investigator



APPENDIX 4

Ethical Clearance Letter



Institutional Review Board

37 Military Hospital
Neghelli Barracks
ACCRA

Tel: 059 1759506

Email: irbmilhosp@gmail.com

29 November 2022

ETHICAL CLEARANCE

37MH-IRB/MP/IPN/658/2022

On 22 November 2022 the 37 Military Hospital (37MH) Institutional Review Board (IRB) approved your protocol.


TITLE OF PROTOCOL: Perspectives on male participation in family planning services and use in S.l.ai Osudoku district.

PRINCIPAL INVESTIGATOR(s): Esther Appiah

Please note that a final review report must be submitted to the Board at the completion of the study.

Please report all serious adverse events related to this study to 37MH-IRB within seven (7) days verbally and fourteen (14) days in writing.

This certificate is valid till 21 November 2023.


DR EDWARD ASUMANU
(37MH-IRB, Vice Chairman)



Cc: Brig Gen AG Bugri
Commander, 37 Military Hospital

INTEGRI PROCEDAMUS

APPENDIX 5

Code Book for Male Participation in Family Planning

Themes	Interpretation
<p>Knowledge and perception of male partners</p> <ul style="list-style-type: none"> • Source of information • Methods • Community Perception • Individual Perception 	<p>This refers to the information male partners have on FP and their thoughts about the intervention.</p> <p>It involves the various ways participants get their information.</p> <p>This refers to the knowledge people have on the FP options available.</p> <p>It includes all the facts and thoughts of the community members as a whole about FP based on their experiences and personal sentiments.</p> <p>This refers to individual's own opinion about FP based on personal beliefs, experiences, influence from the community.</p>
<p>Attitude of male partners towards FP</p> <ul style="list-style-type: none"> • Feelings about FP 	<p>This includes all behaviors male partners portray towards the use of FP</p> <p>This involves how male partners feel about FP and their willingness to uptake, continue and discontinue usage.</p>
<p>Male Partner's Influence</p> <ul style="list-style-type: none"> • Spousal Communication 	<p>Refers to all the means male partners use make their spouses to either uptake, continue or discontinue FP use.</p> <p>Refers to the interaction spouses have about FP to arrive at a decision whether to accept, continue or discontinue use.</p>

<ul style="list-style-type: none"> • Financial Assistance • Physical Assistance • Perceived Benefits • Perceived Susceptibility 	<p>This involves the financial support male partners provide to their spouses in order to access FP service.</p> <p>This involves accompanying spouses to the FP clinics to access the services.</p> <p>This refers to the reasons why male partners involve in FP as a way of convincing their spouses.</p> <p>This refers to how male partners influence their spouses due to how susceptible they are to have many children while they (male partners) are barely able to cater for the family.</p>
<p>Challenges of Male Participation in FP</p> <ul style="list-style-type: none"> • Local/Religious Beliefs • Perceived Risk • Accessibility • FP Promotion 	<p>This includes all the setbacks in male participation in FP</p> <p>Refers to all the religious beliefs and/or the local beliefs people have about FP that prevents them from participating in FP.</p> <p>This refers to all uncertainties male partners have they want to involve themselves in FP.</p> <p>Refers to the proximity of the FP clinic from to the homes of the people.</p> <p>Refers to the inadequate awareness creation FP to the people (Male partners).</p>
<p>Recommendation</p>	<p>This refers to the suggestions given by the participants to increase the participation of men in FP</p>

