**SCHOOL OF PUBLIC HEALTH**

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**UNIVERSITY OF GHANA, LEGON**

# MALE INVOLVEMENT IN THE CHOICE AND USE OF FEMALE FAMILY PLANNING METHODS IN THE GA EAST DISTRICT.

**BY**

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# DECLARATION

I, Nita-Tua Esi Coffie do hereby declare that this study is the outcome of my own research carried out in the Ga East District of Ghana by me between May-July 2011 except for other people's research which have been duly acknowledged and this dissertation either in whole or part has not been presented elsewhere for another degree.

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# DEDICATION

I dedicate this work to Mr and Mrs Etse and children, Ann and Emelda Etse, Mr and Mrs Zevor and Mrs Victoria Etse and all those who have a hand in my education.

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With humility, I acknowledge the Almighty God for his grace and mercy. Praise, Honour and Adoration be his name forever.

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# ABSTRACT

**Background**: Studies have shown that men serve as gatekeepers to women's access to reproductive health services. However, reproductive health programmes have traditionally focused on women. The exclusion of men from such programmes considerably undermines its own effectiveness. Most women carry the burden of preventing unplanned pregnancies alone, without the support of their partners. Most of the men rely on their partners to initiate the use of contraceptives to prevent unplanned pregnancies therefore the need to involve men in FP issues.

**Methods:** The study was a cross-sectional study which employed both qualitative and quantitative methods. For the quantitative method, a survey was conducted with a sample of 323 men. In-depth interview were conducted with 15 men for the qualitative interview.

**Results**: It was realised that the knowledge of female family planning was high among respondents of all age groups i.e. 296 (91.6%). The common female family planning method that they knew about was the injectables 112(34.7%) and pills 111 (34.4%). Even though knowledge was high among respondents only a few 84 (26.0%) had their female partners use family planning method. Most of the respondents 220 (68.1%) preferred to discuss family planning with their spouse and to discuss the method that was best for their spouse. Again, some programmes on family planning were organised in the communities and facilities through home visits and church programmes in the district.

**Conclusion**: There is the need for men to be actively involved in family planning programmes and activities since the issues of fertility and reproduction does not solely rely on women.

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## LIST OF ACRONYMS

DHS- Demographic and Health Survey

FP- Family Planning

GSS- Ghana Statistical Service

ICPD- International Conference on Population and Development

IUD- Intra- Uterine Device

JHS - Junior High School

LAM – Lactational Amenorrhea Method

MCH- Maternal and Child Health

PAI- Population Action Internationals

RH- Reproductive Health

RHO- Reproductive Health Outlook

SHS – Senior High School

UN – United Nations

UNFPA- United Nations Population Fund

WHO- World Health Organisation

# CHAPTER ONE

# INTRODUCTION

## 1.0 Background

The poor attitude of men towards maternal health especially in Africa has been greatly attributed to the practice of male dominance, often called "patriarchy". Defined by Kornblun, (2000) cited in Kinanee and Ezekiel-Hart, (2009) as the dominance of men over women, patriarchy describes a family structure or society where the man is, as of right, the head of the family and regarded by the women as the lord and master whose decision about any and all issues, including those of maternal health is final. The practice of male dominance is regarded as unwholesome considering its obvious consequences on human development. Patriarchy implies that women have to depend almost entirely on men for every decision in the family like when to get pregnant, number of babies to have, whether or not to go for antenatal attention, to mention a few, even when they are directly affected by such decisions (Nwokocha, 2008).

The WHO (1971) defined Family Planning (FP) as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about unwanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of the children in the family.

Male involvement is used as an umbrella term to encompass the various ways in which men relate to reproductive health problems and programmes, reproductive rights and reproductive behaviour. Male involvement in reproductive health has two

major facets; the way men accept and indicate support to their partners' need, choices and rights in reproductive health and men's own reproductive and sexual behaviour (UNPFA, 1995).

Male involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context, "male involvement" should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group, which has the objective of increasing the acceptability and prevalence of family-planning practice of either sex (Green and Chens, 2003, cited in Abraham et al., 2010). In the past, FP programmes have focused attention primarily on women, because of the need to free women from excessive child-bearing, and to reduce maternal and infant mortality through the use of modern methods of contraception. Most of the FP services were offered within Maternal and Child Health (MCH) centres, most research and information campaigns focused on women. Family planning has beneficial effects in terms of sustainable socio-economic development and protection of the environment. It also helps improve the future by allowing parents to plan their lives since poverty and lack of education limit the opportunities for individuals and families. Through family planning, individuals can obtain greater prosperity and security for the family because they can have a better chance at receiving an education and devoting more time to earning income (Assefa, 2004).

Reasons for involving men in reproductive health matters are multifaceted. First of all men have their own reproductive health concerns and their involvement should not be seen only as a means to achieve better women's reproductive health. Secondly, men's

sexual and reproductive well-being and behaviours directly affect their partner. Third, decisions on matters of reproductive health occur within relations that affect both men and women (Brehane, 2006).

In recent years, many FP and other reproductive health programmes have become interested in the topic of men and reproductive health. These programmes recognize that men's reproductive health directly affects that of their partner's health. Men play a key role in supporting women's and children's health, preventing unwanted pregnancies, slowing the transmission of sexually transmitted infections, making pregnancy and delivery safer, reducing gender-based violence and also have distinctive reproductive health needs of their own (PAI, 2001). It is shown in some studies that men also serve as gatekeepers to women's access to reproductive health services (RHO, PATH, 2003). However, reproductive health programmes have traditionally focused on women. The exclusion of men from such programmes considerably undermines its own effectiveness (Saha, et al, 2007.). There is an urgent need to involve males in FP programmes since women depend on men almost entirely for decisions concerning reproductive health.

### 1.1 Statement of the problem

Male involvement in FP has become a public health issue in recent times since FP and reproductive health are often portrayed as women's responsibilities, few male contraceptives methods are available and Reproductive Health (RH) services are typically provided through Maternal and Child Health (MCH) programmes. Around the world, men play critical roles in women's ability to seek health care, yet, more often than not, they are uninformed about women's reproductive health needs or their own. Male participation in reproduction has received little attention, as reproduction is considered as a woman's domain.

However, at the International Conference on Population and Development (ICPD) held in Cairo in 1994, representatives from more than 180 countries affirmed that men's understanding of the responsibility for their sexual and reproductive behaviour as well as their social and family rules is essential for bringing about gender equality (UN, 1994). Reproductive health in its broader sense should be a concern for all not for just that of women and reproductive health matters needs the attention of entire family and the society at large (Berhane, 2006).

Historically most reproductive health program focused on family planning and in turn, most family planning program offered their services exclusively to women. Most viewed women as the target group and paid little attention to the role that men might have with respect to women in reproductive health decision-making and behaviour (Reproductive Health Matters, 2009, cited in Abraham et al., 2010).

The introduction of FP in many developing countries have not achieved it desired goal. This is because males have not been involved in most FP programmes until recent times.

One in four currently married women (24%) are currently using some method of contraception and 35% of married women in Ghana still have unmet need for family planning (GSS, 2008). Both husbands and wives have limited alternative of male contraceptives, among the two modern male methods of contraception, vasectomy is only suitable for men who have completed their family size, while use of condom is not often initiated because of diminished sexual pleasure (Hossain, 2003). Most women carry the burden of preventing unplanned pregnancies alone, without the support of their partners. Most of the men rely on their partners to initiate the use of contraceptives to prevent unplanned pregnancies (Shears, 2004). Women often cannot negotiate for safer sex because men violate women's sexual rights. This violation of

women's sexual rights undermines women's position in society and makes them vulnerable to unwanted pregnancies. Literature has shown that throughout the world, the reproductive health behaviours and attitudes of some men seriously jeopardise the reproductive health of women (Weston et al., 2002). Literature on male involvement in family planning suggests that women are vulnerable to STIs and unwanted pregnancies due to men's leading roles in the family and community (Alan Guttmacher Institute, 2003). In Ga East District, the Annual Reports did not document adequate information and statistics on male's helping their female partners to use family planning methods.

The research therefore seeks to investigate the extent to which male involve themselves in the choice and use of female family planning methods which is a problem in the Ga East District and to assess men understanding and support of female family planning methods. The research will such as inform community leaders and also add to existing knowledge.

## 1.2 Conceptual framework

**Figure 1 Conceptual framework**

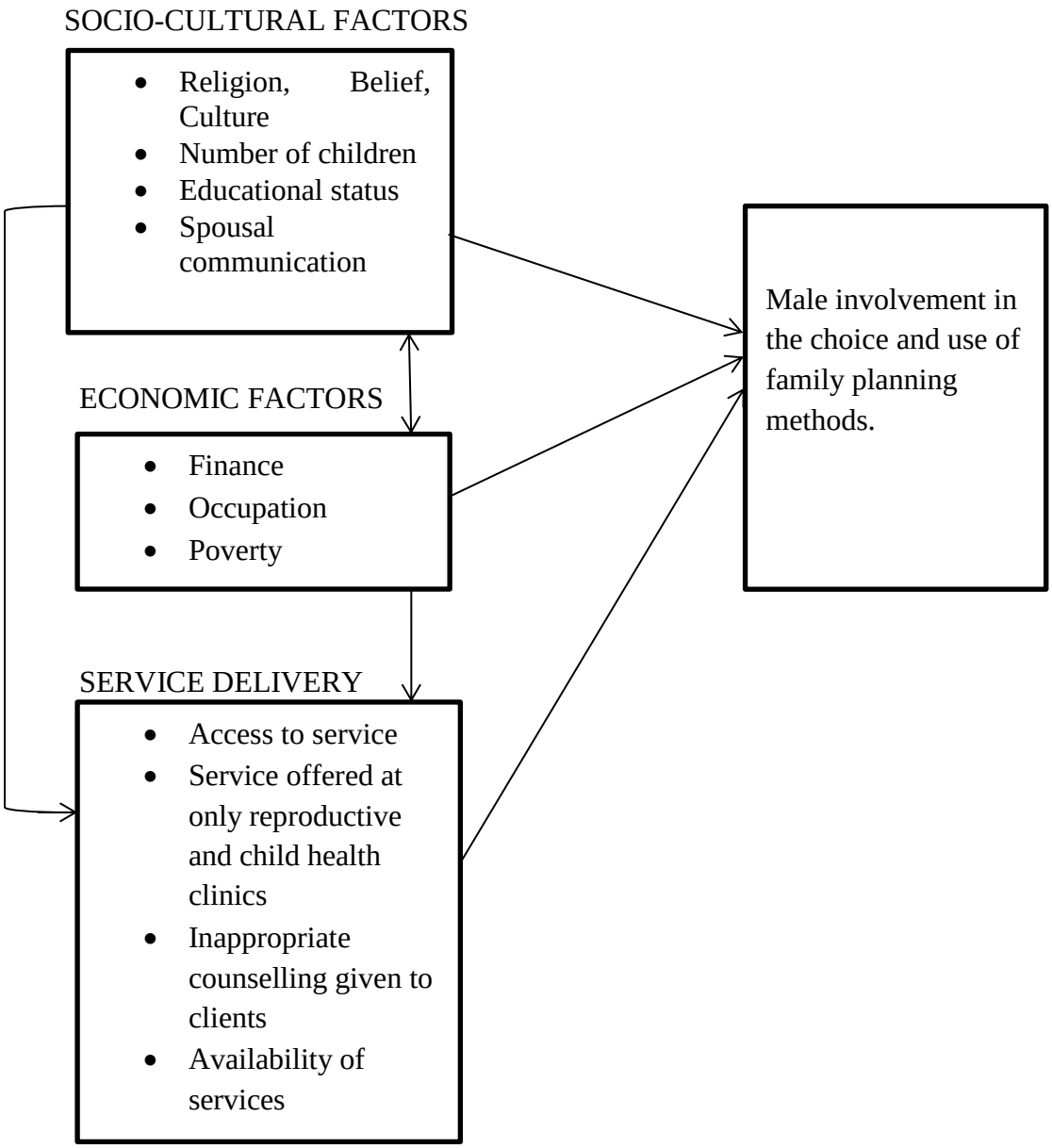


Figure 1 conceptualises some of the factors influencing the choice and use of female family planning methods. This has broadly been classified into socio-cultural, economic and service delivery factors.

Socio-cultural factors are made up of factors relating to society and the way of life of people. These are religion, belief, culture, the number of children that one has, autonomy or prestige of men, and educational status. The economic factors that influence the choice and use of female family planning methods include finance, poverty and occupation. Service delivery factors relate to quality of care provided to men. These include the access to service, campaigns and inappropriate counselling given to client. The above factors influence male participation to help their female partners to choose and use family planning methods.

### 1.3 Justification

Most studies on male involvement in family planning have been focusing on men using modern methods such as vasectomies and male condoms and other traditional methods. But this study seeks to investigate whether men help their female partners to choose and use family planning methods that are available to women. It will help in bringing about improvement in the quality of programme that can be planned for men. If men are brought in to a wide range of reproductive health services in such a way that they are supported as equal and responsible partners, as well as clients in their own rights better outcomes are expected in reproductive health indicators such as contraceptive acceptance and continuation, safer sexual behaviours, use of reproductive health services and reduction in reproductive morbidity and mortality (Pachauri, 2001)

It will bring out knowledge on how men understand female family planning methods which can be used. In conclusion, there is the need for more research into male involvement and the findings of this study will help to inform policy makers.

## 1.4 Objectives

### General objective

To investigate the extent to which men are involved in the choice and use of family planning methods with their female partners.

### Specific objectives

1. To assess men's knowledge of female family planning methods.
2. To assess the extent to which men participate in family planning programmes.
3. To assess the support men provide to their female partners in the use of family planning methods.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

In patriarchal society where men largely make household decisions, the need to include men in all matters that required joint spousal decision is critical in achieving key reproductive health goals. Despite this fact until recent year's men roles in couple's fertility decision making has been ignored however since the past few years demographic studies examined the role of men in family planning and many of them showed the importance of involving husbands for couple's family planning adoption (Medicam, 2004). Since men play a prominent role in reproduction, it is therefore extremely useful to assess and encourage them to be involved in contraception, particularly in developing countries where contraceptive goals has not been reached (Mistik and Nacar , 2003).

## 2.1 Factors influencing family planning method choice and use

### 2.1.1 Knowledge of contraceptive

Knowing about contraceptives is presumed to be the first step in stimulating the desire for its use. Assessment of knowledge about contraceptives therefore does not only determine the extent of awareness and sensitization but further provides the background for which use of the service is further evaluated (Kongney et al, 2007)

Knowledge of contraceptive methods among women age 15- 49 in Ghana has increased substantially over the past two decades, although there has been little or no increase over the past five years. The proportion of all women age 15- 49 who have

heard of at least one method of family planning increased from 76% to 98% in 2003 and 2008. Knowledge of specific methods has shown even more dramatic increases over the 20-year period. For example, the proportions of women age 15- 49 who have heard of Injectables increased from 43 to 86%, the proportions who have heard of the pill increased from 60 to 87%, and the proportions who have heard of the male condoms increased from 49 to 94%. Knowledge of implants among women age 15-49 increased from 4 % in 1993 to 64 %in 2008. The mean number of the methods known among all women, however, decreased slightly from 8.6% in 2003 to 7.8% in 2008. There was a similar trend among men age 15-59, the mean number of methods known decreased from 8.8% in 2003 to 7.7% in 2008 (GSS, 2008).

### 2.1.2 Socio-cultural factors influencing the choice and use of family planning

Socio-cultural factors prevent most men from using contraceptives. These factors are the fear that contraceptives would undermine their authority as the head of the family, fear that contraceptive would encourage their wives to be unfaithful, opposition due to religious reasons and desire to have large family (Matlala, 2010).

There is a desire for large family resulting from positive values attached to family life, marriage and procreation. The desire for a large family is deeply entrenched in the fundamental belief that children are a gift from God, which makes people desire as many children as God grants. This belief is buttressed in dominant religions in the country, lslam and Christianity (Mustapha and Mohammed, 2006).

There are barriers that may impede male involvement in family planning such as poverty, unemployment, religion, cultural and societal norms and education (Engle 2000). Men may be deeply and psychologically involved in family planning but these barriers may not allow them to demonstrate their involvement.

In addition, children in Nigeria are generally valued as economic assets and insurance in old age. Due to this, people tend to have large families with preference for male children, which may delay the usage of contraception by couples who do not have male children. Caldwell's wealth flow theory also emphasises the value of large families in less developed societies. The main reason for high fertility in most developing countries, particularly in the rural agricultural population, is that children are productive agents. Furthermore, the practice of subsistence agriculture with heavy reliance on family labour contributes to high fertility. Due to this large family is a symbol of prestige (Mustapha and Mohammed, 2006).

Most men have negative attitudes about women's choice and use of family planning. Some men fear that family planning will make their wives independent of their control. They fear that their wives will have sex with other men if they are no longer at risk of pregnancy (Population report, U.S.A. 2003). Most men may be unwilling to have their wives adopt family planning they themselves know little about it. Some oppose contraceptive use for religious reasons others think that large families reflect their masculinity or their wives faithfulness in serving them. Traditional, social norms often have required men to maintain the honour and position of their extended family, village, religious group or social organization. Therefore, men feel responsible for the behaviour of their wives and think they have no right to make decision for themselves (Tuloro and Deressa, 2006)

### 2.1.3 Spousal communication and approval on contraceptive use

Inter-spousal/ partner communication is an important intermediate step along the path to adopting a contraceptive method, as well as continuing to use that or other contraceptive methods in the future. Lack of knowledge or discussion of FP may be

related to a number of factors including lack of interest in FP, hostility to the subject of FP, or customary reticence to talk about sex-related matters (GSS, 2008).

Family planning and decision-making programs in the past have focused on women instead of men for several reasons: women bear the risks and burdens of pregnancy and child bearing; most modern contraceptives are for women and many providers have assumed that women have the greatest stake and interest in protecting their own reproductive health (Oladeji, 2008).

Men play powerful roles in reproductive decisions. Without considering their partner's wishes or the health consequences for themselves or their partners, however, their actions can have unhealthy and even dangerous results (Oladeji, 2008). Couples who talk to each other about family planning and reproductive health reach healthier decisions. These couples are more likely to use contraception and use it wisely and effectively (Beckman, 2002). Shrestha (2000) found in a study in Nepal that spousal communication on FP, and on family size preference are significant predicators of contraceptive use.

Women who do not know whether their husbands approve of FP, or who believe that their husbands disapprove, are less likely to use contraception than those who believe that their husbands approve (Kamal, 2000). The success of contraceptive use depends on the agreement and cooperation of the husband. For instance, Kimuna and Adamchak (2001), using the 1993 Kenya DHS, found that discussion of fertility and FP between spouses and male approval of contraceptive use were important factors that influenced ever use of FP. Effective communication and decision-making empowers people to seek what is best for their good-quality health care (Rimal et al.,

2002). Today's men are becoming interested in FP and decision-making than is usually assumed (Drennan, 2003).

From the survey that was conducted, majority of married women (86 percent) who are using contraceptive said that their husband or partner knows about their use of FP, only 11 percent said that their husband/ partner does not know about their use of contraceptive, and 3 percent were unsure (GSS, 2008).

## 2.2 Service delivery

### 2.2.1 Access to Family Planning (FP) services and information

For all persons to enjoy a choice among contraceptive options, a range of methods must be readily available. Countries differ both in the number of methods offered and the extent to which each is available. Information is therefore needed on how these factors have changed overtime and how they have affected contraceptive use overall and use of individual methods (Ross et al, 2002). Accessible services are a hallmark of high-quality reproductive health programs. To increase access, the ICPD programme of Action recommends making FP information, education, communication, counselling and services available through primary health care systems. This approach would make contraceptive available to clients who need them, and also offers a way of educating clients about new methods. Research indicates that men often care about women's health and want to be involved in FP. However, may programs place little emphasis on men, and the most popular program-based contraceptive methods do not involve men. By nature, the Standard Days Methods encourages programs to view FP as more than a woman's responsibility and to consider the role that men could play in the couple's FP (Gribble, 2003).

Services have been offered in maternal and child health clinics and many men see MCH clinics and their staff as serving only women and children and feel uncomfortable seeking information or services in that setting (Danforth, 2004). Sternberg (2004) has proposed that men should be involved in reproductive issues because their active participation was crucial to the success of family planning programs and to the empowerment of women.

In sum, knowledge about FP is very important to enhance it usage. There is also the need for couples to discuss issues about FP because studies have shown that couples who discuss about reproductive issues including FP are more likely to use it than those who do not. FP programmes also enables people especially men to know about the different methods available to them therefore should not be limited to only women.

# CHAPTER THREE

# METHODS

## 3.0 Study design

The study design was a descriptive cross-sectional one which used both quantitative and qualitative methods. They were used to assess knowledge, female family planning availability and support provided by males to their female partners when they were using any female family planning method.

### 3.1 Study location/ area

The study was done at the Ga East District which has Abokobi as its capital. The district is divided into four main sub-districts which are Madina, Taifa, Danfa and Dome. It is one of the newly created districts and it is located to the northwest of the Greater Accra Region. It is bordered on the north by Akuapim South District in the Eastern Region of Ghana. It is also bordered on it three sides by the other districts in the Greater Accra Region. To the west is the Ga West District, to the south Accra Metropolis District and in the east the Tema Municipal District. The total population of the district is 320,853 as at 2009 - 2010. The total male population is 117,367 of which Madina has a male population of 30,516 and Danfa has 1996 and the rest for the other sub districts as at 2009 -2010.The district has a mixed settlement of both urban and rural areas; it also has thirty- nine (39) health facilities. Out these are two government polyclinics, two health centres and a Community Based Health Planning Services (CHPS) compound. The polyclinics are located in Madina; the health centres are located at Abokobi and Danfa while the CHPS compound is located at Taifa. There are no Public Municipal Hospitals to cater for cases referred from the

polyclinics and health centres. Farming is the major economic activity for the economically active population. The major agricultural activities are crop production and livestock production.

### 3.2 Variables

Variables for this study were divided into dependent and independent variables. The dependent variable measures the ever used and current use of FP by spouse of the respondents. The independent variables which include age, religious affiliation, educational level and marital status of respondents helped to know if they have any influence on the use of FP.

### 3.3 Study population

The study population was men between the ages of 19-59 years. This age group was considered appropriate because it is the reproductive age group for males.

### 3.4 Sampling

Two sub-districts which include Madina and Danfa was selected for sampling. In Danfa, the houses were a bit scattered because the sub-district had different other communities in it, respondents were interviewed from the other communities within the sub-district but some other catchment areas within the sub-district were not included in the study because of the bad nature of the road it was not easily accessible. Different field assistants were sent to the various communities within the sub-district were systematic random sampling was used and every second household was included in the study. In some houses, there were more than one households and the same process was used.

In Madina, which a large population, a pen was spinned which pointed at a particular location after which a systematic random sampling method was used were every third household from that direction was interviewed. Data collection assistants took different directions to represent the north, south, east and west to the area. In houses were there were more than one households, the same method was used. In some cases too only women were found in the house, these houses were also skipped and the next household where a male within the defined age were interviewed.

### 3.5 Sampling method

The sampling units were two sub-districts made up of Madina and Danfa. From each stratum, households were selected using simple random sampling method. In addition to the 323 male included in the study, a total of fifteen men were also interviewed from the two districts. Five male respondents from Danfa and ten male respondents from Madina were selected randomly for the in-depth interview.

### 3.6 Sample size

According to the Ga East annual report of 2010, the contraception acceptance rate was 30% (P=0.30) and with a confidence level of 95% and a margin of error tolerance of 5%, Z= 1.96. Therefore the sample size of 323 was used to answer the questionnaires. One hundred male respondents were included in the study in Danfa because the population of male in Danfa was lesser than that of Madina and 223 male respondents were used at Madina.

$$N = \frac{z^2 p (1-P)}{D^2}$$

$$N = \frac{1.96^2 * 0.30 * 0.70}{}$$

$0.05^2$

$=323$

### 3.7 Data collection technique/ methods and tools

The data collection technique that was used in this study was interview. A structured questionnaire with close ended questions and an in-depth interview guide was used for the respondents to assess how men understand female family planning methods and the support men provide to their female partners in the use of family planning methods. Questions were read out to some of the respondents and the interviewers filled the questionnaires themselves to avoid mistakes. For those who did not understand English, the questions were translated into Twi and then filled by the interviewer.

### 3.8 Quality control

To ensure validity and quality assurance, the following measures were taken:

1. Research assistants were trained with the requisite skills to help in the collection of the data.
2. Data collected on the field was checked each day to ensure that complete information is collected and recorded.
3. The field supervisor at the study area monitored and regularly review questionnaires presented by research assistants for consistency.
4. Questionnaires were numbered to avoid double entry of data by the researcher.
5. Data collected was double entered by different personnel in SPSS version 16.0.

### 3.9 Data processing and analysis

The qualitative data was coded manually using 01 and 02 for respondents from Danfa and Madina sub-districts respectively. Every respondent's questionnaire was numbered, since most of the responses were categorised and pre-coded, the few left were also categorised and coded it was then entered into SPSS version 16.0 and analysed using the same software. For the qualitative data, every respondent was given a code from the two sub-district, 01 and 02 for Danfa and Madina respectively. Their responses were then transcribed and coded manually where responses of respondents were put into themes.

### 3.10 Ethical consideration/ issues

The study proposal was reviewed by the Ethical Review Committee of Ghana Health Service. Permission was also sought from the Ga East Municipal Health Directorate, the opinion leaders at Ga East, explaining the purpose of the study and to assure them of confidentiality. Participants were made aware of the purpose, objectives of the study and they were assured of confidentiality.

Written informed consent was sought from literate participants and verbal informed consent was also sought from illiterate participants. Participants were allowed to decide to be part of the study or to withdraw at any time.

### 3.11 Pre-test

Data collection tools were pre-tested to avoid ambiguity of questions. It also brought out any problem that might be encountered in the main work. The pre-test was done at Teshie-Nungua.

### 3.1 Limitations of the study

1. Due to time and financial constraints, the data was collected from only two of the sub-districts in Ga East that is Madina and Danfa and not all the four sub-district.
2. The study only took into consideration the views of men on the issue of spousal communication since they were the main target.
3. Due to the bad nature of some roads within the catchment areas of Danfa sub-district some catchment areas were not included in the study.

# CHAPTER FOUR

# RESULTS

This chapter includes analysis and findings at Madina and Danfa in the Ga East District.

## 4.0 Background characteristics

A total of 323 men were involved in the study in the Ga East District. The men were between the ages of 22 years to 59 years. In Danfa, out of 100 respondents, majority of the men were between the ages of 25-29 years that is 26 (26.0% ), this was followed by men who were between the ages 35-39 years of age that is 22 (22.0%). Between the ages 40-44years had 14 (14.0%) respondents while ages 45-49 years had 10 (10.0%) respondents. While in Madina, out of 223 respondents, majority of the respondents, 45 (20.2%) were between the ages of 35-39 and 60 (26.9%) were between the ages of 25-29, 35 (15.7%) respondents were between 20-24 and 30-34 each. For the level of education of the respondents, in Danfa, most of the respondents 39 (39.0%) had Junior High School education, 32 (32.0%) had Senior High School education, 11 (11.0%) had tertiary education and 9 (9.0%) each had primary education and no level of formal education. In Madina, 92 (41.3%) of the respondents said they had Senior High School (SHS) education or its equivalence, 70 (31.4%) of them said they had Junior High School (JHS) education and 30 (13.5%) had tertiary education. About 16 (7.2%) and 15 (6.7%) respondents each said they had no level of formal education and primary level of education respectively.

In Danfa, majority of the respondents 75 (75.0%) were Christians, 15 (15.0%) of the respondents were Moslems, 9 (9.0%) respondents were atheist and 1 (1.0%) belonged

to the Traditional religion. In Madina, 185 (83.0%) were Christians, 27 (12.1%) were Moslems, 10 (4.5%) were atheist and 1(0.4%) belonged to the traditional religion. For Danfa, 34 (34.0%) of the self-employed, 10 (10.0%) each were civil servants and unemployed and 8 (8.0%) each were farmers and drivers. In Madina, 81 (36.3%) were self-employed, 35 (15.7%) were traders, 33 (14.8%) were civil servants while 29 (13.0%) were unemployed. For marital status, in Danfa, 54 (54.0%) of the respondents were married, 34 (34.0%) were single and 8 (8.0%) were co-habiting. In Madina, 100 (44.8%) of the respondents were married, 95 (42.6%) were single while 21 (9.4%) were co-habiting.

**Table 4.1: Background characteristics of respondents**

| Background characteristics | Danfa Number (Percentage %) | Madina Number (Percentage %) | Total for both sub-districts |
|---|---|---|---|
| **Age group (years)** | | | |
| 20-24 | 9 (9.0) | 35 (15.7) | 44 (13.6) |
| 25-29 | 26 (26.0) | 60 (26.9) | 86 (26.6) |
| 30-34 | 12 (12.0) | 35 (15.7) | 47 (14.6) |
| 35-39 | 22 (22.0) | 45 (20.2) | 67 (20.7) |
| 40-44 | 14 (14.0) | 20 (9.0) | 34 (10.5) |
| 45-49 | 10 (10.0) | 7 (7.6) | 27 ( 8.4) |
| 50-54 | 4 (4.0) | 8 (3.6) | 12 ( 3.7) |
| 55-59 | 3 (3.0) | 3 (1.3) | 6 (1.9) |
| **Level of education** | | | |
| No formal education | 9 (9.0) | 16 (7.2) | 25 (7.7) |
| Primary | 9 (9.0) | 15 (6.7) | 24 (7.4) |
| JHS | 39 (39.0) | 70 (31.4) | 109 (33.8) |
| SHS | 32 (32.0) | 92 (41.3) | 124 (38.4) |
| Tertiary | 11 (11.0) | 30 (13.5) | 41 (12.7) |
| **Religion** | | | |
| Atheist | 9 (9.0) | 10 (4.5) | 19 (5.9) |
| Christian | 75 (75.0) | 185 (83.0) | 26 (80.5) |
| Islamic | 15 (15.0) | 27 (12.1) | 42 (13.0) |
| Traditional | 1 (1.0) | 1 (0.4) | 2 (0.6) |
| **Occupation** | | | |
| Farmer | 8 (8.0) | | 8 (2.5) |
| Trader | 6 (6.0) | 35 (15.7) | 41 (12.7) |
| Civil servant | 10 (10.0) | 33 (14.8) | 43 (13.3) |
| Self-employed | 34 (34.0) | 81 (36.3) | 115 (35.6) |
| Mason | 6 (6.0) | 5 (13.0) | 11 (3.4) |
| Driver | 8 (8.0) | 7 (3.1) | 15 (4.6) |
| Student | 2 (2.0) | 2 (0.9) | 4 (1.2) |
| Unemployed | 10 (10.0) | 29 (13.0) | 39 (12.1) |
| Others | 16 (16.0) | 31 (13.9) | 47 (14.6) |
| **Marital status** | | | |
| Single | 34 (34.0) | 95 (95.0) | 129 (39.9) |
| Married | 54 (54.0) | 100 (44.8) | 154 (47.7) |
| Co-habiting | 8 (8.0) | 21 (9.4) | 29 (9.0) |
| Separated/ Divorced | 2 (2.0) | 5 (2.2) | 7 (2.1) |
| Widowed | 2 (2.0) | 2 (0.9) | 4 (1.2) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

### 4.1 Knowledge of contraceptive

Respondents were asked if they knew about female family planning methods in Ga East District. Majority of respondents 296 (91.6%) in Ga East knew about FP. In Danfa, out of the 100 respondents, 92 (92.0%) said they knew about family planning while in Madina 204 (91.5%) said they knew about it and 19 (8.5%) said they did not know about it. Respondents were further asked how they got to know about the female family planning method. A total of 198 (61.3%) respondents in Ga East had heard about FP through the media (radio and television). Majority of respondents in Danfa, 58 (58.0%) said they heard it from the media and 27 (27.0%) said they heard it from health education by providers. In Madina, 140 (62.8%) also heard it from the media and 42 (18.8%) said they heard it from health education providers. Respondents were asked to mention specifically the female FP methods they had heard about. A total of 112 (34.7%) and 111 (34.4%) respondents in Ga East had heard about injectables and oral pills respectively. In Danfa, most of the respondents 41 (41.0%) had heard about the oral pills with 25 (25.0%) who had heard about the injectables. In Madina, 87 (39.0%) respondents said they had heard about the injectables, while 70 (31.5%) said they had heard about the oral pills, with 36 (16.1%) said they had heard about the female condoms, these are show in Table 4.2.

From the in-depth interview, the respondents indicated that they knew a variety of female FP methods as most of them were able to name more than one method. The most common methods mentioned by them were the Injectables and the oral pills. A 40 years old man at Madina said,

*"For the female FP methods I know of the injection and pills."*

Also a 56 years old man with 2 children at Danfa said,

*"For me the female FP methods I know are the pills, injections, female condoms and some others.*

**Table 4.2: Knowledge about female family planning methods.**

| | Sub- districts | | |
|---|---|---|---|
| **Knowledge of contraceptive** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage%) | **Total for both sub-districts** |
| Knowledge | 92 (92.0) | 204 (91.5) | 296 (91.6) |
| No knowledge | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Sources of information** | | | |
| Health education by providers | 27 (27.0) | 42 (18.8) | 69 (21.4) |
| Media | 58 (58.0) | 140 (62.8) | 198 (61.3) |
| Friend/peers | 5 (5.0) | 9 (4.0) | 14 (4.3) |
| School | 2 (2.0) | 9 (4.0) | 11 (3.4) |
| Church | | 4 (1.8) | 4 (1.2) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Female FP methods heard about** | | | |
| Oral pills | 41 (41.0) | 70 (31.5) | 111 (34.4) |
| Female condoms | 19 (19.0) | 36 (16.1) | 55 (17.0) |
| Injectables | 25 (25.0) | 87 (39.0) | 112 (34.7) |
| Intra-Uterine Device (IUD) | 3 (3.0) | 4 (1.8) | 7 (2.2) |
| Implants | 4 (4.0) | 7 (3.1) | 11 (3.4) |
| Non- response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

### 4.3 Use of female FP by spouse

Respondents were asked whether their spouse had ever used any female family planning method, in all a total of 84 (26.0%) respondents had their spouse ever use any female FP in Ga East District. In Danfa31 (31.0%) said their spouse had ever used some before, while in Madina 53 (23.8%) of the respondents said their spouse had ever used a female FP method. A total of 102 (31.6%) of the

respondents spouse had never used any female FP. In Danfa, 31 (31.0%) of the respondents said their spouse had never used a female FP method while in Madina, majority of the respondents, 71 (34.8%) said their spouse had not used any FP before and 5 (5.0%) said they did not know if their spouse had ever used a female FP method while in Madina, 7 (3.1%) said they did not know if their spouse had ever used a female FP method. From the interview conducted, some of the respondents indicated that their wives had ever used a female FP method before but because of the issues attached to the use of FP, their wives stopped using it. A married man with 6 children at Danfa

*"My wife has ever used FP but when she used it she felt sick. I can't tell the one that she used and l cannot remember she used one a long time ago."*

As indicated by a 39 years old man and a father of four at Madina,

*".....but my wife has not used some before because my brother's wife went to do some but she never informed her husband about it so she started falling sick. The rubber got twisted in her abdomen and she died."*

Out of the total of 84 respondents that said their spouses had ever used any female family planning methods in the Ga East district, most of the respondents 46 (14.2%) reported that their spouse had used the Injectables. In Danfa, 16 (16.0%) said their spouse used the Injectables and 12 (12.0%) of the respondents said their spouse used the oral pills. While in Madina 30 (13.5%) of the respondents said their spouses used the Injectables, 16 (7.2%) of the respondents said their spouse used the oral pills, with 4 (1.8%) of the respondents said their spouse used the Intra-Uterine Device.

Most of the respondents in Ga East District knew what FP was. In Danfa, 36 (36.0%) of the respondents said FP was used to help space the children, 32 (32.0%) said it helped prevent unwanted pregnancy when they were asked what

they knew about FP, with 17 (17.0%) of respondents said it was used to delay pregnancy. While in Madina, 82 (36.8%) of the respondents said FP was used to prevent unwanted pregnancy when they were asked what they knew about FP, 70 (31.4%) said it was used to help space the children, 34 (15.2%) said it was used to delay pregnancy, and 13 (5.8%) said it was used to plan the number of children they wanted to have. The knowledge of FP was very common among most of the respondents. Of all the men interviewed in Ga East District, in Danfa and Madina, most of them had different and various knowledge about FP. As indicated by a 45years old man who was married with six children at Danfa,

*"I have heard about FP, l heard that you can use it to prevent pregnancy."*

A 40 years old man who was married with 4 children said at Madina

*"I know FP helps you to plan the number of children you want to have"*

Out of a total of 296 men interviewed in the Ga East District, in Danfa 82 (82.0%) said their spouse will receive female family planning service at the hospital, 4 (4.0%) of the respondents said their spouse will receive service from the pharmacy, 3 (3.0% ) each said it will be the private clinic and did not know where their spouse will receive female family planning services. While in Madina161 (72.2%) said their spouse will receive female family planning service at the hospital, 11 (4.9%) of the respondents said their spouse will receive service from the pharmacy, 3 (1.3%) said it will be the private clinic and 29 (13.0%) said they did not know where their spouse will receive female family planning services. These are indicated in Table 4.3 below.

**Table 4.3: Spouse ever used any female family planning.**

| | Sub- districts | | |
|---|---|---|---|
| **Spouse ever used any female FP** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage %) | **Total for both sub-districts** |
| Spouse ever used | 31 (31.0) | 53 (23.8) | 84 (26.0) |
| Spouse never used | 31 (31.0) | 71 (31.8) | 102 (31.6) |
| I don't know | 5 (5.0) | 7 (3.1) | 12 (3.7) |
| N/A | 25 (25.0) | 73 (32.7) | 98 (30.3) |
| Non- response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223(100.0) | 323 (100.0) |
| **Female FP spouse used** | | | |
| Oral pills | 12 (12.0) | 16 (7.2) | 28 (8.7) |
| Intra-Uterine Device | 1 (1.0) | 4 (1.8) | 5 ( 1.6) |
| Female condom | | 1 (0.4) | 1 (0.3) |
| Injectables | 16 (16.0) | 30 (13.5) | 46 (14.2) |
| Implants | 2 (2.0) | 2 (0.9) | 4 (1.2) |
| Non-response | 69 (69.0) | 170 (76.2) | 239 (74.0) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **What FP is** | | | |
| Prevent unwanted pregnancy | 32 (32.0) | 82 (36.8) | 114 (35.3) |
| Help space the children | 36 (36.0) | 70 (31.4) | 106 (32.8) |
| Delay pregnancy | 17 (17.0) | 34 (15.2) | 51 (15.8) |
| Plan the number of children to have | 6 (6.0) | 3 (5.8) | 19 (5.9) |
| Minimize birth | 1 (1.0) | 5 (2.2) | 6 (1.9) |
| Non- response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Receive female FP** | | | |
| Hospital | 82 (82.0) | 161 (72.2) | 243 (75.2) |
| Private clinic | 3 (3.0) | 3 (1.3) | 6 (1.9) |
| Pharmacy | 4 (4.0) | 11 (4.9) | 15 (4.6) |
| I don't know | 3 (3.0) | 29 (13.0) | 23 (9.9) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

### 4.4 Discussion of FP with spouse

From Table 4.4, in Ga East a total of 220 (68.1%) said they would discuss family planning choice with their spouse. In Danfa, 70 (70.0%) said they would discuss family planning choice with their spouse, and 20(20.0%) said they would not discuss family planning choice with their spouse. In Madina sub-district, 150 (67.3%) of the respondents said they would discuss family planning choice with their spouse, while 45 (20.2%) said they would not discuss family planning choice with their spouse. According to some of the respondents who had discussed FP with their spouses in Ga East, man at Danfa said,

*"She raised the issue of family planning once but I told her I was not in favour of it now but after the 5 children she can go in for it."*

According to a man at Madina, who had discussed the use of FP with his spouse he said,

*"We both discussed that if she does the family planning it will help all of us to have resources to look after our six children"*

As indicated by some who had not discussed the use of FP with the spouse before the responses are, at Danfa a man said,

*"My wife and I have never discussed family planning issues before because it is not something that I will say has ever crossed my mind and I am okay with the children I have."*

According to some who had not discussed the use of FP with the spouse before their responses are below.

*"We have heard about family planning before but my wife and I have not sat down to discuss it before because I don't like it. I don't just like it."*

Respondents were further asked what they would discuss with their spouse concerning FP. Majority of the respondents in Ga East 200 (61.9%) said they

would prefer to discuss the best method. In Danfa, 65 (65.0%) said they would prefer to discuss the best method with their spouse, 5 (5.0%) said they would prefer discuss the affordable method. While in Madina, 135 (60.5%) said they would prefer to discuss the best method with their spouse, 15 (6.7%) said they would prefer discuss the affordable method.

Out of a total of 296 respondents interviewed in Ga East, in Danfa 64 (64.0%) of the respondents said they talked about FP with their partner more often, 22 (22.0%) said they had never talked about FP with their partner and 6 (6.0%) said they had once talked about FP with their partner. While in Madina, 153 (68.6%) of the respondents said they talked about FP with their partner more often, 13 (5.8%) said they talked about FP with their partner once and 38 (17.0%) said they had never talked about FP with their partner. Again, in Danfa 63 (63.0%) of the respondents said they had discussed FP practice with their friends, neighbours and relatives while 29 (29.0%) said they had not discussed FP practice with their friends, relatives or neighbours while in Madina, 122 (54.7%) of the respondents said they had discussed FP practice with their friends, neighbours and relatives while 82 (36.8%) said they had not discussed FP practice with their friends, relatives or neighbours. Furthermore, respondents who said they had discussed FP with their friends, neighbours and relatives were asked to mention specifically those that they discussed FP with. In Danfa, Majority of the respondents, 34 (34.0%) said they discussed FP practice with their friends, and 20 (20.0%) said they discussed it with their wives and in Madina 80 (35.9%) said they discussed FP practice with their friends, 23 (10.3%) said they discussed it with their wives, and 6 (2.7%) said they discussed it with other people like the church members.

**Table 4.4: Discussion of family planning choice with spouse**

| | Sub- districts | | |
|---|---|---|---|
| **Discussion of FP with spouse** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage %) | **Total for both sub-districts** |
| Discussion | 70 (70.0) | 150 (67.3) | 220 (68.1) |
| No discussion | 20 (20.0) | 45 (20.2) | 65 (20.1) |
| I don't know | 2 (2.0) | 9 (4.0) | 11 (3.4) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Issues to discuss** | | | |
| The best method | 65 (65.0) | 135 (60.5) | 200 (61.9) |
| Affordable method | 5 (5.0) | 15 (6.7) | 20 (6.2) |
| Non-response | 30 (30.0) | 73 (32.7) | 103 (31.9) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| Talked about FP | | | |
| Never | 22 (22.0) | 38 (17.0) | 60 (18.6) |
| Once | 6 (6.0) | 13 (5.8) | 19 (5.9) |
| More often | 64 (64.0) | 153 (68.6) | 217 (67.1) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Discussion of FP with close relative and friends** | | | |
| Discussion | 63 (63.0) | 122 (54.7) | 185 (57.3) |
| No discussion | 29 (29.0) | 82 (36.8) | 111 (34.4) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Whom they discussed with** | | | |
| Wife | 20 (20.0) | 23 (10.3) | 43 (13.3) |
| Mother | 5 (5.0) | 5 (2.2) | 10 (3.1) |
| Sister | 2 (2.0) | 3 (1.3) | 5 (1.5) |
| Brother | 2 (2.0) | 5 (2.2) | 7 (2.2) |
| Friends | 34 (34.0) | 80 (35.9) | 114 (35.3) |
| Others | | 6 (2.7) | 6 (1.9) |
| Non- response | 37 (37.0) | 101 (45.3) | 138 (22.9) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

In Ga East District, only a total of 75 (23.2%) respondent's spouses were currently using FP. In Danfa, 27 (27.0%) said their wife's were currently using FP and 65 (65.0%) said their wife's were not currently using contraceptive. While in Madina, 48 (21.5%) and 156 (70.0%) respondents said their wife's were not currently using contraceptive. Also, out of the 75 respondents whose wife's were currently using FP in Ga East District, in Danfa, 21 (21.0%) said it was a joint decision, 4 (4.0%) respondents said it was mainly wife's decision and only 2 (2.0%) said it was mainly husband's decision. While in Madina, 33 (14.8%) respondents said it was a joint decision and 15 (6.7%) said it was mainly wife decision. This is shown in Table 4.5,

**Table 4.5: Spouse currently using FP methods.**

| | **Sub- districts** | | |
|---|---|---|---|
| **Using FP methods currently** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage %) | **Total for both sub-districts** |
| Currently using | 27 (27.0) | 48 (21.5) | 75 (23.2) |
| Not currently using | 65 (65.0) | 156 (70.0) | 221 (68.4) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |
| **Decision about FP** | | | |
| Mainly wife decision | 4 (4.0) | 15 (6.7) | 19 (5.9) |
| Mainly husband decision | 2 (2.0) | | 2 (0.6) |
| Joint decision | 21 (21.0) | 33 (14.8) | 54 (16.7) |
| Non-response | 73 (73.0) | 175 (78.5) | 248 (76.8) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

**4.5 Female family planning availability and programmes to involve men.**

Respondents were asked whether if they knew FP services available to women in the communities in Ga East. Majority of the respondents knew that there was

FP services available, in Danfa 59 (59.0%) the respondents said health education was the FP services available for women in the community, 5 (5.0%) said counselling was the service available for women while 28 (28.0%) said they did not know the FP services available for women in their community. While in Madina, according to 114 (51.1%) the respondents said health education was the FP services available for women in the community, 5 (2.2%) said counselling was the service available for women and 85 (38.1%) said they did not know the FP services available for women in their community. Again in Danfa, 70 (70.0%) said family planning methods are provided by health worker, 6 (6.0%) said the chemist shops provide family planning methods and 16 (16.0%) said they did not know who provided family planning methods when they were asked who provided FP methods in their community. However, in Madina 140 (62.8%) said family planning methods are provided by health worker, 18 (8.1%) said the chemist shops provide family planning methods and 46 (20.6%) said they did not know who provided family planning methods when they were asked who provided FP methods in their community. Furthermore, respondents were asked if female FP services were available when needed. About 51 (51.0%) respondents said they were available, 2 (2.0%) said they did not know if they were available and 39 (39.0%) said they did not know if they were available while in Madina, 117 (52.5%) respondents said they were available, 8 (3.6%) said they did not know if they were available and 79 (35.4%) said they did not know if they were available.

From the data gathered in Ga East, majority of the respondents did not know whether programmes were organised. In Danfa, 57 (57.0%) of the respondents said programmes were organised in the health facilities/ communities, 25

(25.0%) said respondents there were no programmes organised in health facilities/communities and 10 (10.0%) said they did not know if the programmes are organised in health facilities/ communities. While in Madina, 100 (44.8%) of the respondents said programmes were organised in the health facilities/ communities, 75 (33.6%) said respondents there were no programmes organised in health facilities/communities and 29 (13.0%) said they did not know if the programmes are organised in health facilities/ communities. Respondents were also asked the FP programmes available to involve men the Ga East District. Majority 192 (56.7%) respondents did not know if programmes were organised for men. In Danfa, 31 (31.0%) of the respondents said the FP programmes available to men was education and 2 (2.0%) said the FP programmes available to men was counselling, and 59 (59.0%) did not know which FP services were available to men and in Madina 66 (29.6%) of the respondents said the FP programmes available to men was education and 5 (2.2%) said the FP programmes available to men was counselling, and 133 (59.6%) did not know which FP services were available to men. As to how often these programmes were organised, out a total of 104 respondents in the Ga East District, in Danfa 16 (16.0%) said that the programmes were organised once a while, 9 (9.0%) of the respondents said the programmes were organised monthly, 6 (6.0%) of the respondents said the programmes were organised weekly and 2 (2.0%) of the respondents said the programmes were organised yearly while in Madina, 46 (20.6%) said that the programmes were organised once a while, 16 (7.2%) of the respondents said the programmes were organised monthly, and 9 (4.0%) of the respondents said the programmes were organised weekly.

For FP programmes organised in the communities In Ga East which involves men, some of the men said the health workers pay them home visits to talk to they and their wives about FP as said by a man at Danfa,

*"The nurses pay us visits in our home to talk to us about family planning. They come once a while. When they come, they sit both my wife and I down to educate us on the different methods and also encourage us to visit the facility to have one done."*

As said by a man at Madina,

*"Sometimes, if there are some activities by some churches, they come to teach us about family planning but other times the nurses from the Kekele Polyclinic come to give some education about it. These educations are only given to women but not men and they come once a while for such education."*

Others could not tell if there programmes organised in their communities on family planning to involve men as most of them did not usually stay in their homes, according to a man at Danfa,

*"It was only once that I met a nurse in my house that came to talk to us about family planning because for me I don't usually stay in the house. I am on the farm most of the time but when I return my wife has been telling me that some nurses came to talk to her about family planning."*

According to a man at Madina,

*"I have not heard about any programmes been organised for family planning in this community. I have already told you that I'm not interested in it so even if they organised it, I don't know."*

**Table 4.6: Female FP service available and programmes available for men**

| | Sub- districts | | |
|---|---|---|---|
| **Services** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage %) | **Total for both sub-districts** |
| Health education | 59 (59.0) | 114 (51.1) | 173 (53.6) |
| Counselling | 5 (5.0) | 5 (2.2) | 10 (3.1) |
| I don't know | 28 (28.0) | 85 (38.1) | 113 (35.0) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Providers of FP** | | | |
| Health workers | 70 (70.0) | 140 (62.8) | 210 (65.0) |
| chemist shops | 6 (6.0) | 18 (8.1) | 24 (7.4) |
| I don't know | 16 (16.0) | 46 (20.6) | 62 (19.2) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Availability of female FP services** | | | |
| FP services are available | 51 (51.0) | 117 (52.5) | 168 (52.0) |
| FP services are not available | 2 (2.0) | 8 (3.6) | 10 (3.1) |
| I don't know | 39 (39.0) | 79 (35.4) | 118 (36.5) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Programmes organised in health facilities/communities** | | | |
| Programmes are organised | 57 (57.0) | 100 (44.8) | 157 (48.6) |
| Programmes are not organised | 25 (25.0) | 75 (33.6) | 100 (31.0) |
| I don't know | 10 (10.0) | 29 (13.0) | 39 (12.1) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Available to involve men** | | | |
| Education | 31 (31.0) | 66 (29.6) | 97 (30.0) |
| Counselling | 2 (2.0) | 5 (2.2) | 7 (2.2) |
| I don't know | 59 (59.0) | 133 (59.6 ) | 192 (57.6) |
| Non-reponse | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Often use FP** | | | |
| Once awhile | 16 (16.0) | 46 (20.6) | 62 (18.6) |
| Weekly | 6 (6.0) | 9 (4.0) | 15 (4.6) |
| Monthly | 9 (9.0) | 16 (7.2) | 25 (7.7) |
| Yearly | 2 (2.0) | | 2 (0.6) |
| Non-response | 67 (67.0) | 152 (68.2) | 219 (67.8) |
| Total | **100 (100.0)** | **223 (100.0)** | 323 (100.0) |

### 4.6 Support provided by males to their female partners

In Ga East District, most men 216 (66.9%) said they would support their wives if they were using any female FP. In Danfa 73 (73.0%) said they would support their wives if they were using any female FP method and 19 (19.0%) said they would not support their wives if they were using any FP method while in Madina, 143 (64.1%) said they would also support their wives. Out of a total of 216 respondents that said they would provide support to their wives, in Danfa, 66 (66.0%) said they would provide financial support and 7 (7.0%) of the respondents said they would provide emotional support. Also, in Madina 119 (53.4%) of the respondents said they would provide financial support while 24 (10.8%) of the respondents said they would support their wives emotionally. According to a man at Danfa,

*"I have been supporting her by giving her money to go to the clinic to do the FP."*

A man at Madina said,

*As I have said already, now I'm not in favour of it but after my target of 5 children if she wants to go and do it I will support her. I'll give her some money to go and do it because that is the most important but if I have the time, I will go with her."*

In Ga East district, only a few men said they would not support and encourage their wives to use any female FP method for various reasons. Some of the reasons given for not encouraging them are that they will be flirting with other men and religious affiliations can also prevent them from encouraging their spouses to use FP. A man at Danfa said,

*"I won't encourage and support my wife to use FP now because she will be flirting with other men if I allow her to do it."*

Another at Madina said,

*"I won't allow her to do FP and I don't want her to do it because I'm not interested in it and it is against my religion. It is abortion in disguise."*

In Ga East, majority of the respondents 227 (70.3%) said they would not support and encourage their wives to use any female FP method without their approval for various reasons. In Danfa, 67 (67.0%) of the respondents said they would not support and encourage their wives to use any female FP method without their approval for various reasons. In Madina, 160 (71.7%) also said they would not support their wives to use FP without their consent. Some of the reasons given for not encouraging them are that they will be flirting with other men and religious affiliations can also prevent them from encouraging their spouses to use FP. A man at Danfa said,

*"If my wife goes to have FP without my consent then l will think that she wants to be flirting with other men, that is why she went for it. I will never help my wife to do FP because if I do that then it means she can go out to see other men without my knowledge."*

As said by a man at Madina,

*"If my wife is using family planning without my consent then she will leave my house and go to the person who gave her the money to do the family planning. It also means that she has a bad motive because she knows that she will not get pregnant, she will be roaming and having affair with other men."*

**Table 4.7 Support provided by males to their female partners**

| | Sub-district | | |
|---|---|---|---|
| **Provide support** | **Danfa** Number (Percentage %) | **Madina** Number (Percentage %) | **Total for both sub-districts** |
| Support | 73 (73.0) | 143 ( 64.1) | 216 (66.9) |
| No support | 19 (19.0) | 49 (22.0) | 68 (21.1) |
| I don't know | | 12 (5.3) | 12 (3.7) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| **Support to provide** | | | |
| Financial | 66 (66.0) | 119 (53.4) | 185 (57.3) |
| Emotional | 7 (7.0) | 24 (10.8) | 31 (9.6) |
| Non-response | 27 (27.0) | 80 (35.9) | 107 (33.1) |
| **Approval to use family planning** | | | |
| With consent | 25 (25.0) | 44 (19.7) | 69 (21.3) |
| Without consent | 67 (67.0) | 160 (71.7) | 227 (70.3) |
| Non-response | 8 (8.0) | 19 (8.5) | 27 (8.4) |
| Total | 100 (100.0) | 223 (100.0) | 323 (100.0) |

### 4.7 Associations between background characteristics and some selected variables by sub-districts.

In both sub-districts, since there was high knowledge of female contraceptives, it was important to test the association between the age, level of education and marital status of respondents and discussion of FP with spouse. With the chi-square analysis it was realised in Danfa, there was no association between age and the discussion of FP with spouse (p= 0.712) but in Madina, there was an association between age and discussion of FP with spouse (p=0.042). Also, majority of the respondents had one form of education or another therefore it was important to find out whether the level of one's education was associated with discussion of FP with spouse. From the chi-square test it was found that in both sub-districts one's level of education has no significant association with

their spouse ever using any female FP method (p=0.376 for Danfa and Madina p=0.167). Marital status has also no significant association between with the discussion of FP with spouse in Danfa (p=0.794) but there was a significant association between marital status and discussion of FP with spouse Madina (0.013). This is shown Table 4.8,

**Table 4.8: Test between background characteristic and discussion of FP with spouse by sub-districts**

| **Danfa sub - district** | Value (pearsons Chi- Square | df | P-value |
|---|---|---|---|
| Age group | 10.663 | 14 | .712 |
| Level of education | 8.612 | 8 | .376 |
| Marital status | 6.252 | 10 | .794 |
| **Madina** | | | |
| Age group | 24.327 | 14 | .042 |
| Level of education | 11.660 | 8 | .167 |
| Marital status | 22.444 | 10 | .013 |

There was also the need to find out whether there was an association between ages of the respondents and ever use of female FP method by respondents spouses in both sub-districts. In both Danfa and Madina, it was indicated there was a significant association (p= 0.000) between the age of a person and the ever used of female method FP by respondent's spouse**.** Since most of the respondents were married, some co-habiting and a few separated, divorced and widowers, it was important to test if there was association between marital statuses of respondent and ever used of female FP method by respondents spouse. It was discovered in both Danfa and Madina sub- districts that there was a significant association between marital status of respondent and the ever used

of female FP by respondents spouse (p=0.000). It can be said that for a spouse to have ever use any female FP depends on their marital status.

Majority of the respondents had one form of education or another therefore it was important to find out whether the level of one's education will influence one to allow his spouse to ever use any female FP method. There was therefore the need to test for association between the level of education of respondents and the ever use of female FP by respondent's spouse. From the chi-square test, in Danfa it was found that one's level of education has a significant association with their spouse ever using any female FP method (0.007) but in Madina, there was no significant association (p=0.196). Also all the respondents belonged to one religion or the other, therefore, it was important to test whether one's religion can influence them to allow their spouse to ever use any female FP method. With the chi-square test in Table 4.9, it was realised that there was a significant association between one's religion and ever used of FP method by respondents spouse (p=0.001) in Danfa while in Madina, there was no significant association (p=0.162).

**Table 4.9: Test between background characteristics and ever use of female FP methods by spouse by sub-districts.**

| Background characteristics | Value (pearsons chi | df | P-value |
|---|---|---|---|
| Age group | 73.019 | 21 | .000 |
| Marital status | 82.036 | 15 | .000 |
| Level of education | 27.103 | 12 | .007 |
| Religion | 27.049 | 9 | .001 |
| **Madina** | | | |
| Age group | 1.211E2 | 21 | .000 |
| Marital status | 1.883E2 | 15 | .000 |
| Level of education | 15.904 | 12 | .196 |
| Religion | 13.022 | 9 | .162 |

**Table 4.10: Test between discussion and use of FP by sub-districts**

| **Discussion and currently using** | **Value (pearsons chi)** | **df** | **P-value** |
|---|---|---|---|
| Danfa | 15.055 | 4 | .005 |
| Madina | 18.117 | 4 | .001 |
| **Discussion and ever used** | | | |
| Danfa | 21.966 | 6 | .001 |
| Madina | 27.900 | 6 | .000 |

From the chi-square test in both sub-districts it was discovered that there was a significant association between the discussion of FP with spouse and currently using of any female FP method. Again there was also a significant association between discussion of FP with spouse and the ever used of any female FP method by spouse.

# CHAPTER FIVE

# DISCUSSION

## 5.0 Introduction

This chapter seeks to discuss the major findings of the study in the Ga East District and also look at some of the similarities and differences in Danfa and Madina sub-districts. There was high level of knowledge of female FP among the respondents in both sub- districts. The high one moved on the educational ladder the more knowledge one had about FP but knowledge of FP did not mean that the respondent's spouse had ever used FP. Most of the FP programmes organised in the community and facilities did not involve men Male discussion of FP issues with spouse was paramount as those who discussed it with their spouses had ever used or were currently using any female FP method. Most men would support their spouses financially if they were using any female FP methods.

## 5.1 Knowledge of contraceptive

From the study conducted in Ga East District, more men knew about female FP methods because they were able to mention at least one method than those who did not have any knowledge about it. This means that the knowledge about female FP had no age limit since most of the respondents in districts were between the ages of 22- 59 years. In an associated chi-square analysis, it was discovered that in both sub- districts there were no association between age and knowledge of female FP methods. It is also worth noting that out of about ten female FP methods, the most common once mentioned among men of the two sub-districts were oral pills, female condoms, injectables, IUD and implants while others like female sterilization, diaphragm, emergency contraception, foam tablets and jelly and Lactational Amenorrhoea

Method (LAM) were not mentioned. According to the Ga East 2010 annual report, the most preferred FP method is the Injectables which contributed 48% of the total FP methods. This is supported by the DHS data on men that 90% of men or more know of a contraceptive method (Population Reports, 2004) and also by GSS (2008) that knowledge of contraception is higher among men that is 99% know of at least one method of contraception. Also in Ga East District, most of the respondent had heard about the female methods through the media. This means that the media could be the most effective and best way to target males if it comes to the issues of FP. According to GSS (2008), the media is seen as an effective means to disseminate family planning information. Radio is the most frequent source of FP messages for both women 77% and men 86%.

**5.2 Male discussion of family planning with spouses**

In Ga East district, majority of the respondents said it was important to discuss FP choice with their spouse and what they would discuss was the best method that their spouse could use. This means that men in the Ga East District had interest in FP issues concerning their spouses. It is also interesting to note that in the district most men talked about FP issues more often with their friends or peers rather than with their spouses. This may be due to the fact that they are more comfortable talking about FP issues with their friends than their spouses. According to GSS, (2008) inter-spousal communication is an important intermediate step along the path to adopting a contraceptive method, as well as continuing to use that or other contraceptive methods in the future. Also, in Ga East district, 23.2% of the respondents said they were currently using FP and most of the respondents from the district said the decision to use FP currently was a joint decision between the both spouses. In an associated chi-square analysis, it was noted that in both sub-districts there was an association

between discussion of FP between spouses and the currently using of FP and likewise the ever used of any female FP by spouse. This means that the ability of both spouses to talk and discuss FP issues can influence the use of any FP method and the success of contraceptive use depends on the agreement and cooperation of the husband. This is also supported by Kimuna and Adamchak, (2001), where they found that discussion of fertility and FP between spouses and approval of contraceptive use were important factors that influenced the use of FP. Also, it was realised that the decision to use FP was largely influenced by the decisions of the couples and close relatives. From the study it was also realised that those who were married had their spouse ever use FP than those who were single.

### 5.3 Female family planning availability and programmes to involve men.

During the study in the district it was discovered that most men knew that the FP services available to women was through health education organised by the health workers through home visits and other church activities within their various sub-districts. Most men in the district were also aware of FP programmes in their communities but as to whether these programmes involved men, most of them did not know. From the data gathered, it can be said that even though men knew about the various types of female FP methods and programmes available, they themselves were not interested for various reasons. This may be due to the fact that most these FP programmes are only directed towards women and the men are also not interested because they think basically that it is a woman's issue.

### 5.4 Support provided by males to their female partners

From the study in the Ga East district, it was found that most men would support their spouses financially if they were using FP. It was realised from the study that some men would not support and encourage their spouses to use FP for reasons such as it

would encourage them to flirt with other men and against their religion. Similar to Matlala (2010) factors such as fear that contraceptive would encourage their wives to be unfaithful and opposition due to religious and desire to have large family prevent men from allowing their spouses to use FP.

Also in the district, most of the respondents would not encourage their spouse to use FP if they realised that they were using it without their consent. The reason given by some respondents were that their spouse would flirt with other men. Other men would also like to have their desired number of children before they would support their spouse to use FP without their consent. This goes to support GSS (2008), that one in three men (35%) consider contraception to be woman's business, while roughly half of the men (53%) feel that women who use contraception may become promiscuous.

# CHAPTER SIX

# CONCLUSION AND RECOMMENDATIONS

## 6.0 Conclusion

In sum, from the study in Ga East District, there was high knowledge of female FP methods among male respondents across all ages through the media in both sub-districts. The most common methods that they knew about were the injectables and the pills. Most of the respondents discussed FP choice with their peers more often. It was realised that even though most of the men knew the FP services that was available to women and that FP methods were provided by the health workers, usage of FP was still low. But when it came to programmes organised for the men themselves, most of them did not know if FP programmes were organised for them. This may be due to the fact that most men think FP services are meant for women and not men.

In both sub-districts, most of the men reported that they would support their spouses financially if they were using any female FP method but they were not going to encourage their spouse to use any female FP methods without their consent for various reasons.

## 6.1 Recommendations

1. There is the need for health workers within the FP Unit in the Ga East District to involve men in FP activities organised in the communities by involving male opinion leaders in their radio, home visits, outreach and reproductive health programmes.

2. There is the need to encourage inter- spousal communication on FP to increase the use of FP methods.
3. There is the need for healthcare facilities in Ga East to make them more male-friendly so men can know when and where FP programmes are organised.

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## APPENDIX ONE: CONSENT FORM

I am Nita-Tua Esi Coffie, a student of the School of Public Health, University of Ghana conducting a research on MALE INVOLVEMENT IN THE CHOICE AND USE OF FEMALE FAMILY PLANNING METHODS in the Ga East District. The study aims to gather information to assist the reproductive health system and gives recommendations for addressing the issue.

Any information concerning your personal life will keep confidential and will be disclosed only with your permission or as required by law. Any report of this study will not use your name. There are no risks involved in taking part in the study.

You are NOT obliged to be part of the study or answer any question that you are not comfortable with. If you agree to be interviewed please sign/ thumbprint below. If you have any question, please ask us and if you have any further questions you can call me on 0242844763. A copy of this form will be given to you.

YOU ARE MAKING A DECISION TO PARTICIPATE OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED.

Participant sign/thumbprint …… Date ……

Researcher sign …… Date ……

Address: School of Public Health

University of Ghana

Accra

# APPENDIX TWO: QUESTIONNAIRE FOR MALES

I am a student from the School of Public Health (University of Ghana, Legon) conducting a research on "Male Involvement in the choice and use of female family planning method in Ga East District". I kindly ask you to cooperate and help me to gather information for my dissertation. Kindly answer the questions below and all information provided will be strictly confidential and will also be used for research purpose only. Thank you.

**For the researcher/ field assistants: Please tick the appropriate sub-district.**

Danfa [01] Madina [02]

**Background characteristics of respondents**

Please tick where appropriate and fill in the blank

1. Age [ ]
2. Level of education 1) None [ ] 2) Primary [ ]
   3) JHS [ ] 4) SHS [ ]
   5) Tertiary [ ]
3. Religion 1. Christianity [ ] 2. Islamic [ ]
   3. Traditionalist [ ] 4. Other (specify) ……
4. Occupation 1. Farmer [ ] 2.Trader [ ] 3. Civil servants [ ]
   4. Self-employed [ ] 5.Unemployed [ ]
5. Marital Status
   1. Single [ ]
   2. Married [ ]
   3. Co-habiting [ ]

4. Separated [ ]

5. Divorced [ ]

6. Other (specify) ……..

**Knowledge of contraceptive**

8. Do you know about any female family planning methods?

1. Yes [ ] 2. No [ ]

9. How did you get to know about female family planning methods?

1. Health education by providers [ ]
2. Radio [ ]
3. Television [ ]
4. Friends/peers [ ]
5. Other (specify)……

10. Which female family planning methods have you heard about?

1. Female sterilization [ ]
2. Pill [ ]
3. Intra-Uterine Device (IUD) [ ]
4. Female condom [ ]
5. Diaphragm [ ]
6. Emergency contraception [ ]
7. Injectables [ ]
8. Implants [ ]
9. Foam tablets and jelly [ ]
10. Lactational Amenorrhoea Method (LAM) [ ]

11. Has your spouse ever used any female family planning method? (If no skip to question 13)

1. Yes [ ] 2. No [ ]

12. Which one did she use?

1. Female sterilization [ ]
2. Pill [ ]
3. Intra-Uterine Device (IUD) [ ]
4. Female condom [ ]
5. Diaphragm [ ]
6. Emergency contraception [ ]
7. Injectables [ ]
8. Implants [ ]
9. Foam tablets and jelly [ ]
10. Lactational Amenorrhoea Method (LAM) [ ]

13. What do you know about family planning?

1. To prevent unwanted pregnancy
2. To help space children
3. To delay pregnancy
4. Other (specify) ……..

14. Where will your spouse receive family planning service in the community?

1. Hospital [ ]
2. Private clinic [ ]
3. Maternity homes [ ]
4. Others (specify)……..

15. Will you discuss family planning choice with your spouse? (If no skip to question 17)

1. Yes [ ] 2. No [ ]

16. What will you discuss with her?

1. The best method to use [ ]
2. Affordable method [ ]
3. I don't know [ ]
4. N/A [ ]
5. Other (specify) ……

17. Is your wife currently using family planning methods? (If no, skip to question 19)

1. Currently using [ ]
2. Not currently using [ ]

18. If your spouse is currently using contraception, would you say that using contraception is?

1. Mainly wife decision [ ]
2. Mainly husband decision [ ]
3. Joint decision [ ]
4. Other (specify) [ ]

19. How often have you talked to your partner about family planning in the past year?

1. Never [ ]
2. Once [ ]
3. More often [ ]

20. Have you discussed the practice of family planning with your friends, neighbours, or relatives? (If no skip to question 22)

1. Yes [ ] 2. No [ ]

21. With whom?

1. Husband [ ]
2. Wife [ ]

3. Mother [ ]

4. Father [ ]

5. Mother-in-law [ ]

6. Father-in-law [ ]

7. Sister [ ]

8. Brother [ ]

9. Friends [ ]

10. Other (specify) …….

**Female family planning availability and programmes to involve men**

22. What family planning services are available in the community for women?

1. Health education [ ]

2. Counselling [ ]

3. Others (specify) ……..

23. Who provides family planning methods in the community?

1. Health workers [ ]

2. Chemist shops [ ]

3. Others (specify) …….

24. Are female family planning services available when needed?

1. Yes [ ] 2.No [ ]

25. How often does your spouse use female family planning method?

1. Yearly [ ]

2. Monthly [ ]

3. Weekly [ ]

4. Everyday [ ]

5. N/A [ ]

26. Are family planning programmes organised in the health facilities/ communities?

1. Yes [ ] 2. No [ ]

3. I don't know [ ] 4. N/A [ ]

27. Do these programmes involve men? (If no, skip to question 30)

1. Yes [ ] 2. No [ ]

3. I don't know [ ] 4. N/A [ ]

28. What family planning programmes are available to involve men?

1. Education [ ]

2. Counselling [ ]

3. Other (specify)……..

29. How often are these programmes organised?

1. Weekly [ ]

2. Monthly [ ]

3. Yearly [ ]

4. N/A [ ]

5. Others

(specify)……

## APPENDIX THREE: INTERVIEW GUIDE FOR MEN

1. What do you know about family planning?
   Probe)
- which female family planning methods do you know off?
- Has your spouse ever used one?
- Which one did she use?
- Why?
- Where did she get it?
  - Did you discuss with you
  - What did you discuss with her
2. In your community, what family planning programmes do men participate in?
   Where?
   When?
   How?
3. What support will you provide to your partner if she is using family planning methods?
   How?
   Why?
4. What support will you give to your spouse if you realise she is using family planning without your concern?
   Why?