



Male involvement in family planning in Krachi-Nchumuru District, Volta Region, Ghana: a cross-sectional study

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ABSTRACT

Background

Family planning has been predominantly associated with women in Sub-Saharan Africa but, over the past few years, there has been an increasing focus on including men in an attempt to achieve better health outcomes for families. Despite these efforts, contraceptive use remains low in many high fertility countries, including Ghana. Men's role in reproductive decision-making remains an important but neglected part of understanding fertility control in high- and low-income countries. This study examined the factors that contribute to low male involvement in reproductive health services in Krachi-Nchumuru District, a rural region of Ghana.

Methods

A cross-sectional descriptive study was carried out among 164 men, aged between 20-59 years (considered to be representative of reproductive age), in three local communities in Krachi-Nchumuru District, Volta Region of Ghana. The target communities were Chinderi, Zongo Macheri and Kornado. Study participants were randomly selected based on their availability at the time of data collection. Data was analysed using SPSS version 22.0.

Results

The majority (39.6%) of participants were between 20 and 29 years of age; 28% were aged 30-39; 20.7% were aged 40-49 and 11.6% were 50-59 years of age. Most (69.6%) of the respondents had some formal education (basic, secondary or tertiary) while 30.4% participants had no formal education. Christianity was the most commonly followed religion (46.3% of the study participants). Just over two thirds (68%) of the respondents had some knowledge of family planning, with 37% reporting the source of their knowledge to be health facilities. Nearly all of the respondents (94%) who reported knowledge of family planning had discussed this with their partners. About half (49%) of all respondents said they had never used any form of family planning methods however, with half (50%) of these attributing their non-usage to religion, while the rest (50%) cited cultural taboos, cost and distance to health facilities as the main barriers.

Conclusion

Despite the increasing knowledge and availability of family planning services in rural Ghana, utilization of these services remains low among the men surveyed in this study. Sociocultural factors, including religious objections, are mostly responsible for non-patronage. Involving men in reproductive health decision-making and providing adequate support to families can enhance utilization of these services. This will help to achieve safe motherhood and improve the overall wellbeing of individuals, families and their communities.

Keywords: Family planning, Contraceptives, Ghana, Male culture

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INTRODUCTION

Male involvement in family planning (FP) entails more than merely increasing the number of men who practice FP methods; male involvement also includes encouraging and supporting partners, peers and other relations to adopt these methods for the overall benefit of the population. In developing countries such as Ghana, many women spend the greater portion of their reproductive years either pregnant, lactating or both. This leads to poor health outcomes, especially for rural dwellers where access to good social amenities including hospitals and schools are lacking. Utilization of family planning is being increasingly prioritized by many countries and by international health-related organizations such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Agency (UNFPA) due to the detrimental effects of high population growth rates on developing countries.¹ Despite efforts by governments and health authorities to improve the uptake of family planning, patronage is still low in Sub-Saharan Africa, however; men, who are often the family gatekeeper to healthcare access, have little interest in FP.² For FP to achieve its goal of enhancing sustainable reproductive health outcomes, men's involvement cannot be overlooked. Until recently, however, family planning has been mostly targeted at women only, which has partly contributed to the poor involvement of males.³

There is evidence that men's knowledge of FP is increasing in some countries, including Ghana⁴, but their utilization of FP services is still low. Evidence points to men's knowledge and attitudes, especially towards birth spacing and family size, influencing women's choice of FP methods⁵. As gatekeepers for their families, men are expected to ensure that each member of their family remains healthy and contributes to the overall growth of the family unit – this needs to include supporting women to make appropriate FP choices. It may not necessarily be the case that men in Ghanaian rural communities are not interested in FP but currently, studies focussing on the awareness and attitudes of this group are limited. The aim of this study was to assess the knowledge and extent of patronage of FP services among men in three rural communities in Ghana.

METHOD AND MATERIALS

A cross-sectional descriptive study was carried out among 164 men, aged 20–59 years, in three local communities in the Krach-Nchumuru district, Volta Region of Ghana: Chinderi, Zongo Macheri and Kornado. Study participants from the target age group were randomly selected based on availability at the time of data collection. The instrument for data collection – a multiple choice questionnaire – was pretested to ensure validity and reliability. Sample size was determined using the Krejcie and Morgan sample size determination table⁶. Questionnaires were read out in English and interpreted into local languages to facilitate data collection. Data was analyzed using SPSS version 22.0 software package.

Ethical considerations

Ethical approval for the study was obtained from the University of Cape Coast Ethical Review Board. Permission was also obtained from the District Health Directorate. Chiefs and opinion leaders in the respective communities were consulted and the purpose of the study was explained to them. Participation in the study was solely by individual choice and codes were used to anonymize respondents. Participants were free to opt out of the study at any point should they wish to do so.

RESULTS

Demographic characteristics of study participants

The majority of men who took part in the study (88.3%) were below 50 years of age. Nearly half of the respondents (43.9%) came from the Chinderi community with the rest split nearly evenly between the other two communities, with 26.8% coming from Kornado and 29.3% from Zongo Macheri.

The majority of the study participants had some form of education, but of these 41.4% had completed only basic education (primary and junior secondary school level) and 30.4% had no formal education. Just under half (46.3%) of the study participants were Christians, 25.6% were Muslim and 28.0% practiced traditional African religions. Men from the Konkomba tribe formed 41.5% of the entire study group, with 28.6% from the Nchumuru tribe, 25.0% from the Kotokoli tribe and 4.9% from others.

Knowledge of family planning

The researchers were interested in understanding the respondents' knowledge of family planning methods. A majority of the study participants – 112 (68%) – reported having some knowledge of family planning methods but 32% claimed to have no knowledge.

Source of knowledge on family planning

The respondents who had some knowledge of family planning had obtained this most commonly from health facilities (37%), followed by schools (28%), the media (21%) and peers (14%).

Discussing family planning with spouse

The researchers were interested in knowing whether the men who had knowledge of FP discussed this with

their partners. The majority of respondents (94%) said they had discussed FP methods with their partners, with only (6%) reporting that they had not done so.

Family planning usage among men

Just under half (49%) of study participants reported they have never used an FP method; 40% of respondents have used at least one FP method in the past; and 11% (18 respondents) were unsure whether or not they had ever utilized an FP method.

Reasons for not using family planning

Out of the 80 men who said they never used any FP method, half (50%) attributed their non-utilization to religious factors, 29% to culture, 15% to cost and 6% to distance to health facilities.

Table 1 Biographic data of respondents

	Characteristics	Frequency	Percentage
Age	20–29	65	39.6
	30–39	46	28.0
	40–49	34	20.7
	50–59	19	11.6
	Total	164	100.0
Community	Chinderi	72	43.9
	Zongo	48	29.2
	Kornado	44	26.8
	Total	164	100.0
Education	Basic	68	41.4
	Secondary	22	13.4
	Tertiary	24	14.6
	None	50	30.4
	Total	164	100.0
Occupation	Farming	98	59.7
	Trading	27	16.5
	Government employee	39	23.8
	Total	164	100
Religion	Christian	76	46.3
	Islamic	42	25.6
	African traditional	46	28.0
	Total	164	100.0
Tribe	Konkomba	68	41.5
	Nchumuru	47	28.6
	Kotokoli	41	25.0
	Others	8	4.90
	Total	164	100.0

DISCUSSION

This study aimed at determining the extent of men's utilization of FP services in rural communities and the sociodemographic factors that influence their participation. The majority of the study respondents knew about the FP services (Table 1). Despite this, utilization remains low, suggesting that knowledge of FP services does not guarantee patronage. Similar results have been observed in Talensi, Ghana⁷ and Nigeria⁸. Lack of knowledge can clearly hinder the utilization of FP services in Sub-Saharan Africa, though current evidence does suggest awareness is increasing. In Ghana, the introduction of Community Based-Health Planning and Services (CHPS) as part of primary healthcare⁹ has facilitated an increase in rural communities' knowledge of the available primary healthcare services, including FP.

Findings from this study also indicate that the majority of men who know about FP services do discuss it with their partners. Past studies of FP have focused mainly on women, viewing men as partners only¹⁰ but targeting men in reproductive health policies has proven to be extremely effective. Men have pivotal roles in decision-making and can lead FP discussions.¹¹ Men discussing FP and reproductive health services with their spouses should be considered a positive step as such discussions can yield positive outcomes, particularly when combined with counselling from a healthcare professional. Counselling sessions can not only help to demystify such services but will also inform the couple of support services available to individuals and families who want to patronize FP services.

Sociocultural factors have long contributed to the non-utilization of health services.^{12,13} In the current study, religion, culture, distance to health facilities and cost were identified as the main causes of non-patronage. In rural Ghana, where childbirth is seen as a blessing from God in both a cultural and religious context, adhering to policies that contravene this natural phenomenon and beliefs are often perceived as sacrilegious. This is consistent with findings from a similar study in Tanzania that explored the role of gender and perception dynamics relative to their influence on the utilization of FP services.¹⁴

The primary healthcare system in Ghana is a cost-effective service within the wider Ghana Health Service but distance to these services and the associated cost can deter families from seeking healthcare. This matches findings from a similar study in Ghana which found that rural families are less likely to seek healthcare if services are more than 5km away from their home.¹⁵ Easy access is important to improving and expanding community utilization of FP services. As identified by previous studies¹⁶, traditional attitudes remain a barrier to the utilization of FP services in Ghana. For healthcare policies to achieve optimal outcomes, the target population must be willing to adopt them. This can be enhanced by improving communication between policymakers and their target communities.

CONCLUSION

Despite increasing knowledge and access to family planning services in rural Ghana, utilization of these services remains low, particularly among men, with sociocultural factors the biggest barrier to non-patronage. Involving men in reproductive health decision-making and providing adequate support to families can enhance utilization of these services in order to achieve safe motherhood and improve the overall wellbeing of individuals, families and their communities.

RECOMMENDATIONS

1. Healthcare practitioners who work in primary healthcare must be informed of FP policies in order to pass relevant information to families.
2. Religious leaders and influencers in communities should be frequently engaged in policy making to enhance education and community utilization.
3. Incentives should be given to men who accompany their spouses to seek family planning services.
4. The researchers also recommend that further studies be conducted, involving both men and women, to determine gender-based factors that hinder the utilization of family planning services.

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REFERENCES

1. Bongaarts, J. (2014). The impact of family planning programs on unmet need and Demand for Contraception. *Studies in Family Planning*, 45(2), 247-262.
2. Vouking, M. Z., Evina, C. D., & Tadenfok, C. N. (2014). Male involvement in family Planning Decision making in sub-Saharan Africa-what the evidence suggests. *The Pan African Medical Journal*, 19.
3. Olawepo, R. A., & Okedare, E. A. (2006). Men's attitudes towards family planning in a Traditional urban centre: an example from Ilorin, Nigeria. *Journal of Social Sciences*, 13(2), 83-90.
4. Ghana Statistical Service, I. C. F., Macro. (2009). Ghana Demographic and Health Survey Report 2008. Calverton, Maryland: Ghana Statistical Service and ICF Macro.
5. Oyediran, K. A., Ishola, G. P., & Feyisetan, B. J. (2002). Factors affecting ever-married Men's contraceptive knowledge and use in Nigeria. *Journal of biosocial Science*, 34(4), 497.
6. Apanga, P. A., & Adam, M. A. (2015). Factors influencing the uptake of family planning services in the Talensi District, Ghana. *Pan African Medical Journal*, 20(1).
7. Adelekan A., Omoregie P., and Edoni E. (2014): Male Involvement in family planning: Challenges and way forward. *International Journal of Population Research* Volume 2014.
8. Ghana Health Service: The national strategic plan for Community-Based Health Planning Services (CHPS). 2005, Accra: Ghana Health Service.
9. Olugbenga-Bello Adenike, I., Asekun-Olarinmoye Esther, O., Adewole Adefisoye, O., Adeomi Adeleye, A., & Olarewaju Sunday, O. (2013). Perception, attitude and involvement of men in maternal health care in a Nigerian community. *Journal of Public Health*, 5(6), 262-270.
10. Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., & Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. *American journal of public Health*, 101(6), 1089-1095.
11. Tey, N. P., & Lai, S. L. (2013). Correlates of and barriers to the utilization of health services For delivery in South Asia and Sub-Saharan Africa. *The Scientific World Journal*, 2013.
12. Cheptum, J. J., Gitonga, M. M., Mutua, E. M., Mukui, S. J., Ndambuki, J. M., & Koima, W. J. (2014). Barriers to access and utilization of maternal and infant health services in Migori, Kenya.
13. Mosha, I., Ruben, R., & Kakoko, D. (2013). Family planning decisions, perceptions and Gender Dynamics among couples in Mwanza, Tanzania: a qualitative study. *BMC Public Health*, 13(1), 1-13.
14. Eliason, S., Awoonor-Williams, J. K., Eliason, C., Novignon, J., Nonvignon, J., & Aikins, M. (2014). Determinants of modern family planning use among women of reproductive Age in the Nkwanta district of Ghana: a case-control study. *Reproductive health*, 11(1), 65.
15. Machiyama, K., & Cleland, J. (2014). Unmet need for family planning in Ghana: The Shifting Contributions of lack of access and attitudinal resistance. *Studies in Family Planning*, 45(2), 203-226.