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The Inclusion of Husbands in Family Planning an Explanatory Study in Kwabre East

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Abstract

Over the years; from 1800 to 2011, the world population, as estimated by the United States Census Bureau recorded 6.999 billion with a growing rate of 1.1% or more per annum. In relation to the global rapid growth rate, international family planning initiatives bodies have come out with policies to target the minimization of the high fertility rates triggering the rapid population growth rate in both the developed and developing world. During this time, the development of modern contraception, family planning programmes, and fertility surveys were mainly focused on the female population. Therefore, the study seeks to assess the knowledge and perception of men on contraceptive use. Cross-sectional data were sourced across the inhabitants of the Kwabre East District for the analysis of the problem stated above on contraceptive used with a sample size of 300 marriage couples. The simple random sampling technique was used to select the community for the study and purposive sampling was used to select the respondents to the survey. The research used both qualitative and quantitative approach for data analysis in the study. The study used logit regression for the statistical analysis and presentation of the data gathered. The study revealed that about 90.0% of the respondents, representing the majority, have ever been heard of contraceptive use. On the part of the perception of men on contraceptive use, respondents gave positive responses regarding contraceptive use. The study also revealed a positive correlation between the educational status of the respondents and the use of contraceptive. The study strongly, recommends that the health workers should intensify the education on contraceptive use especially to men in order to correct the misconceptions (i.e. most males were naïve about the use of contraceptives) in order to widen the knowledge base of the males on the use of contraceptive and reproductive decision making. In order to promote male involvement in contraceptive use, which is also the wish of most of the respondents, it is recommended that just like Mother-to-Mother Support Groups are there to promote activities of women, Father-to-Father Support Groups should also be formed to involve men in educating themselves on contraceptive use.

Key words: Explanatory study; Family planning; Modern contraception

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INTRODUCTION

After the prehistoric Stone Age and archaic periods the world experienced a rapid population growth which therefore led to the emergence of the neo-Malthusians and anti-Malthusians theories regarding high fertility and rapid population growth globally. Over the years; from 1800 to 2011, the world population, as estimated by the United States Census Bureau recorded 6.999 billion with a growing rate of 1.1% or more per annum. In relation to the global rapid growth rate, international family planning initiatives bodies have come out with policies to target the minimization of the high fertility rates triggering the rapid population growth rate in both the developed and developing world. During this time, the development of modern contraception, family planning programmes, and fertility surveys were mainly focused on the female population. However, in relation to Levy (2006) arguments, as countries began to complete the

demographic transition and fertility rates started to decline and attributed to the direct delivery of contraceptives through female, population-focused family planning programs and those who believed in progressing to a broader, more holistic approach.

In view of the above, men seem to be side-lined in issues concerning reproduction and fertility. Unlike their female counterparts, men do not have specialized package of health care that is rendered to them (men) only. In the field of medicine, personnel are specially trained to take care of women-related problems involving sexuality, reproduction, and other health problems. These specialists are called gynaecologists and obstetricians. Men do not enjoy such privilege. Health problems of men are taken care of by general practitioners. The situation is not different when it comes to fertility and reproductive issues. Women enjoy the services of specially trained staff.

In the past, the need for contraceptive use or family planning services had been streamlined by a momentous number of women who were craving to die down childbearing. However, in spite this obvious unmet need for contraceptives, very diminutive has been achieved in aggregate fertility reduction. The lack of accomplishment of the family planning resolution (i.e. the failure of the programmes) is ascribed to the reluctances of male indulgence in fertility decision making of marriages. According to Mustapha & Ismaila (2006), women are likely than men to want to discontinue child bearing, however, evidence from including men information of joint preference measure appears to indicate that formative contraceptive demand from women alone leads to gross overestimation of demand due to the neglect of men's role and attributes.

Men are usually sidelined when it comes to receiving counseling on fertility and reproduction. But the role of men in fertility decision making is very crucial especially in a typical Ghanaian society. This study therefore seeks to assess the knowledge level of men on contraceptive use and their perceptions on the use of contraceptives either by themselves or by their spouses.

The main objective of this study is to assess the knowledge and perception of men on contraceptive use. The specific objectives of the study are;

a) To assess the awareness of men in Kwabre East District on contraceptive use

b) To encourage involvement of men in Kwabre East District on issues relating to contraceptive use.

c) To identify the status of contraceptive use by respondents.

d) Use the findings to formulate policies to guide the stakeholders.

1. MATERIALS AND METHODS

Cross-sectional data were sourced across the inhabitants of the Kwabre East District for the analysis of the problem stated above on contraceptive use. The study was conducted in some selected communities in the District which includes Mamponteng, Ntonso, and Kasaam where most divorce and newly marriages are recorded annually. The target group was couples in the districts. The simple random sampling technique was used to select the community for the study and purposive sampling was used to select the respondents to the survey. Focus group discussions (FGDs), interviews with key informants and questionnaires were used for the data collection. The research used both qualitative and quantitative approach for data analysis in the study. The study used regression for the statistical analysis and presentation of the data gathered. The statistical criteria used for the evaluation of the research viability were both P-values and student Z-values. STATA and SPSS software were used for the data entry and the analysis.

2. MODEL DESIGN

The Logit model has come into a fairly wide use as a framework for analyzing responses that comprises dummy or binary responses (Beggs, Cardell, & Hausman, 1981) since the use of contraceptive is coded as a binary, the probit approach is used for estimating the regression function as in the equations below,

General function: $Y=F(\text{ EDU, Age, GN, NCHN, INC})$.

Specific Function

$Y= \Phi (\beta_0+\beta_1 \text{EDU}+\beta_3 \text{Age}+\beta_4 \text{GN}+\beta_6 \text{NCHN}+\beta_7 \text{INC} + \varepsilon)$.

Where,

Y= Qualitative dependent variable (The use of contraceptives; Dummy: if yes =1, No=0)

EDU= Education level (Dummy variable thus from JHS to Tertiary =1, otherwise =0).

Age = Actual age of the respondents.

GN= Gender (Dummy variable) thus Male= 1 and Female =0.

NCHN= Number of Children.

INC= Income/Earnings.

3. STUDY'S HYPOTHESIS

In relation to the logit model regarding the use of contraceptives among male's, based on the theoretical expectation, there is a positive relationship between the use of contraceptives and the educational level, income, age and high number of child bearing. However, there is also a negative relationship with the use of contraceptives and sex especially among males. Thus males always feel reluctant to partake in the use of contraceptive than their female counter- parts since males always fancy child bearing and never give up to forth-brings which therefore exhibit a negative relationship.

4. RESSULTS

4.1 Descriptive Analysis

Figure 1 shows the marital status of respondents. About 82.0% of the respondents were married, 16.67% of the respondents were single while 0.7% each of the respondents were divorced and separated respectively.

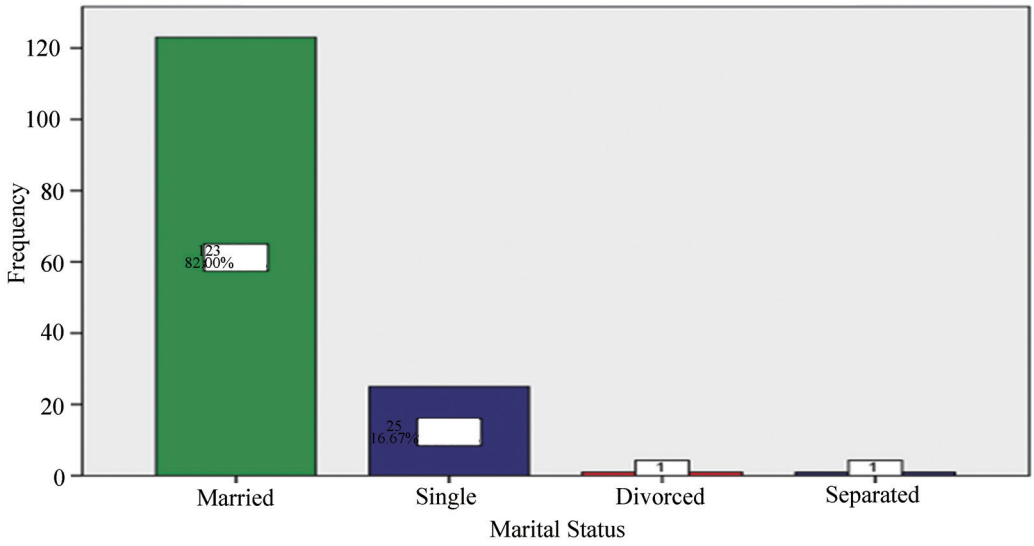

Figure 1
Marital Status of Respondents
Source: Field Data, January, 2011.

Table 1
Religion of Respondents

		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)
Valid	Christian	250	83.3	83.3	83.3
	Muslim	16	5.3	5.3	88.7
	Traditionalist	34	11.3	11.3	100.0
	Total	300	100.0	100.0	

Source: Field Data, January, 2011.

From Table 1, about 83.3% of the respondents were Christians, 11.3% of the respondents were traditional worshipers while 5.3% of the respondents were Muslims.

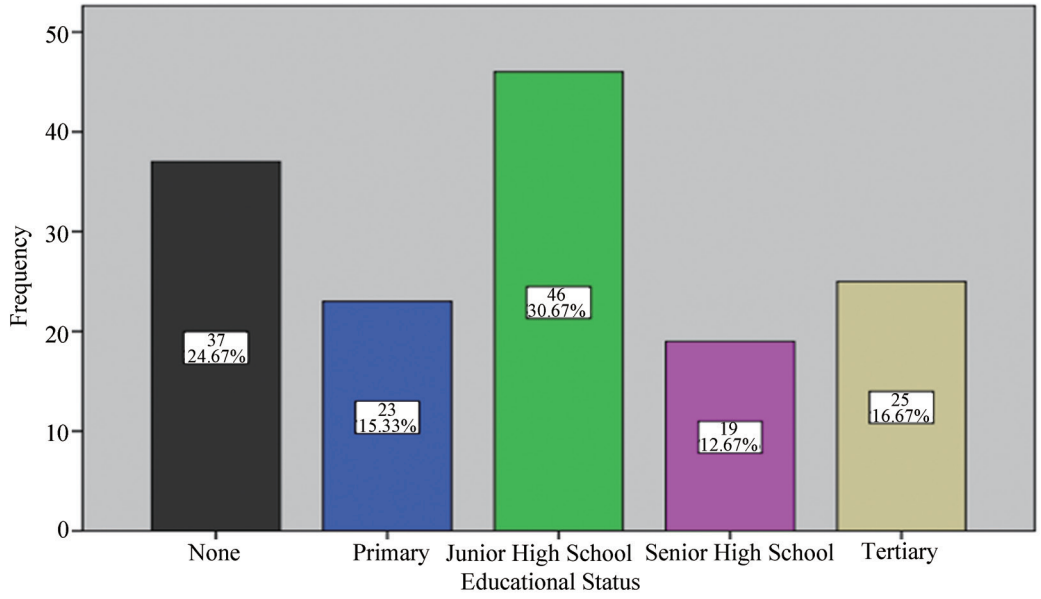

Figure 2
Educational Status of Respondents

With regards to Figure 2 above, about 60% of the respondents had attained education status from junior high school to the tertiary level. However, 24.7% of the respondents had no educational background while 15.33% of the respondents had only basic education up-to primary level.

4.2 Knowledge of Respondents on Contraceptive Use

Table 2 shows the sources from which respondents first heard of contraceptive method(s). From the table, 50.0% of the respondents said they first heard of contraceptive use on the **Radio**. About 6.0% of the respondents said they first heard of contraceptive use from the **Television** while 32.0% of the respondents said they first heard of contraceptive use from a **Health Worker**. Again about 1.3% of the respondents said they first got contraceptive information from a **Poster** while 0.7% of the respondents said he read it from a **Newspaper**. About 10% of the respondents gave "**no response**" because the question was not in congruence with their previous response to a question.

Table 2
First Source of Contraceptive Information

		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)
Valid	Radio	150	50.0	50.0	50.0
	Television	18	6.0	6.0	56.0
	Health worker	96	32.0	32.0	88.0
	Poster	4	1.3	1.3	89.3
	Newspaper	2	0.7	0.7	90.0
	No response	30	10.0	10.0	100.0
	Total	300	100.0	100.0	

Source: Field Data, January 2012.

From Figure 3, majority i.e. 78.67% of the respondents believe that contraceptive use does not mean the individual (i.e. the user) cannot give birth again. However, 4.67% of the respondents believe that contraceptive use means the individual (i.e. the user) cannot give birth again (will be barren). But, 16.67% of the respondents said they don't know whether it will make the individual unable to give birth or not.

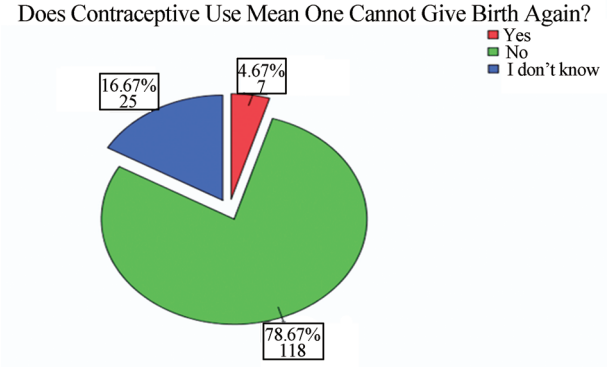

Figure 3
The Relationship Between Contraceptive Use and Child-bearing
Source: Field Data, January, 2012.

Table 3 shows the knowledge of respondents on contraceptive use by number of contraceptive methods known. From Table 3, about 10% of the respondents do not know any of the contraceptive methods. About 10.6% of the respondents know only one method while 54.2% of the respondents, representing the majority, know two to three contraceptive methods. About 25.4% of the respondents knew between four and six methods.

Table 3
Knowledge of Respondents on Contraceptive Use by Number of Methods Known by Respondents

	Frequency	Percentage (%)
None	30	10.0
Only one (1) contraceptive method	32	10.6
Two(2) to three (3) methods	162	54.2
Four (4) to six (6) methods	76	25.4
Total	300	100.0

Source: Field Data, January 2012.

Table 4 shows the various contraceptive methods used in the past by respondents with their partners. From Table 4, 18.0% of the respondents have used the Pills with their partners in the past while 19.3% of the respondents have used the injectables with their partners in the past. About 38.0% of the respondents alleged they have used the Male Condom with their partners. Also about 0.7% of the respondents have used the Female Condom and the Spermicides respectively with their partners in the past. However, about 23.3% of the respondents made no response, because the question was not applicable to them due to answers provided for some previous questions.

Table 4
Contraceptive Methods Used by Respondents in the Past With Their Partners

		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)
Valid	Pills	54	18.0	23.5	23.5
	Injectables	58	19.3	25.2	48.7
	Male condom	114	38.0	49.6	98.3
	Female condom	2	0.7	0.9	99.1
	Spermicides (foaming tablets)	2	0.7	0.9	100.0
	Total	230	76.7	100.0	
Missing	No response	70	23.3		
	Total	150	100.0		

Source: Field Data, January 2012.

Table 5 shows the various contraceptive methods the respondents are using currently. From Table 5, about 50% of the respondents, representing the majority, are using the injectables with their partners currently. About 23.7% of the respondents are using Pills, while 15% of the respondents are using Male Condoms. About 11.3% of respondents made no response to this question because it was not applicable to them due to answers they provided for previous questions in the same questionnaire.

Table 5
Current Use of Contraceptive Methods by Respondents With Their Partners

		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)
Valid	Pills	78	23.7	27.2	27.2
	Injectables	110	50.0	58.3	85.4
	Male condom	65	15.0	14.6	**100.0**
	Total	253	88.7	100.0	
Missing	No response	47	11.3		
	Total	300	100.0		

Source: Field Data, January 2011.

Table 6 shows the reasons respondents gave for choosing their contraceptive methods. From Table 6, about 34.7% of the respondents chose their current method(s) "Because it is private (people may not know that you are using it)". About 23.3% of the respondents chose their methods because of Reliability and Safety while 5.3% of them chose their methods because of "Availability at pharmacy shops". About 3.3% of the respondents are using their current methods because they are "Easy to use or comfortable". About 2.0% of the respondents are using their current methods with their partners because 'a health worker advised them and their partners'. About 31.3% of respondents made no response to this question because it was not applicable to them due to answers they provided for previous questions in the same questionnaire.

Table 6
Reasons for Choosing Current Contraceptive Methods With Partner

		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)
Valid	Availability at pharmacy shops	8	5.3	7.8	7.8
	Reliable or safe	50	23.3	34.0	41.7
	Because it is private (people may not know that you are using it)	72	34.7	50.5	92.2
	Easy to use or comfortable	5	3.3	4.9	97.1
	A health worker advised me and my partner	3	2.0	2.9	100.0
	Total	93	68.7	100.0	
Missing	No response	69	31.3		
Total		300	100.0		

Source: Field Data, January, 2012.

Figure 4 shows respondents sources of contraceptive services. From Figure 4, 78.85% of the respondents, representing the majority, go to the CHPS Compound for their contraceptive services. 9.62% each of the respondents go to the Health Centre and Pharmacy Shop respectively for their contraceptive services. Only 1.92% of the respondents said they get their contraceptive services from the Health Volunteers.

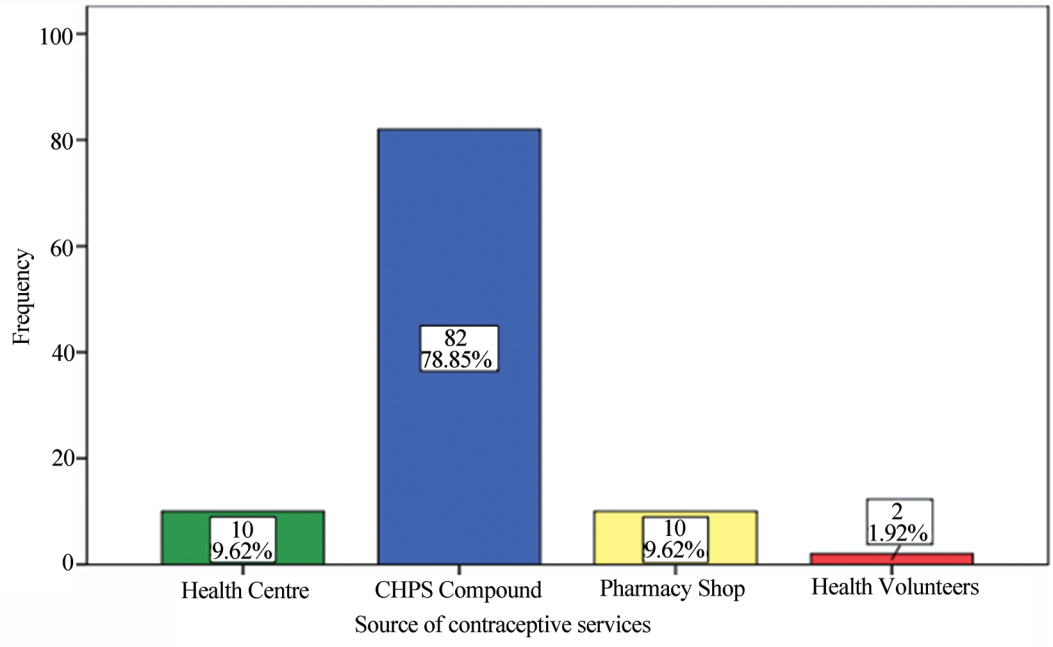

Figure 4
Respondents Source of Contraceptive Services
Source: Field Data, January 2012.

Table 7 shows the regression results of the logit model for the use of contraceptives among male couples in the Kwabre East District. In relation to the model, about 77% of the variation in the use of contraceptive among males are explained by the independent variables such as age, gender, income, number of children and educational level.

Table 7
Regression Results of the Logit Model for the Use of Contraceptives

Variables	Coefficients	Standard error	*Z*-values	*P*-values
Education	0.9347174	0 .6646495	2.41	0.006
Age	2.743521	0.6676561	4.11	0.000
Number of children	1.101032	0.7215658	0.67	0.505
Gender	-0.4266585	0.1640079	-3.47	0.001
Income	2.538998	0.7200887	3.53	0.000
R-squared			0.766	
Number of observation			300	

In the model estimation, the number of children possessed by males was not statistically significant for the equation at 5% significance level since the associated *p*-values (0.505) is greater than 0.05.

The gender as a variable which takes into accounts the males as the treatment group and the females as the control group exhibit a negative significant impact on the use of contraceptive as compared to the control group (females). -*This implies that males are always feeling reluctant to use contraceptives, meaning that as more and more males are taken into consideration to be tested, the lower the use of contraceptives*. This is due to the lower income earnings among the females in a society.

The income status of a marriage couple tends to have a positive relationship with the use of contraceptives. There is a positive significant impact of income on the use of contraceptive since its associated *p*-value (0.000) is less than 0.05, which therefore implies that as one income earnings go up _ all other things being equal_ the purchasing power of the individual goes up and leads to an increase in the demand and consumption of contraceptives.

The educational level of a marriage couple tends to have a positive relationship with the use of contraceptives. There is a positive significant impact of the educational level on the use of contraceptive since its associated *p*-value (0.006) is less than 0.05, which therefore implies that as one's educational level improves, all other things being equal, it will improve the knowledge base of the individual on contraceptive use; and in effect leads to an increase in the demand and consumption of contraceptives over time.

The age variable of the marriage couples tends to have a positive relationship with the use of contraceptives. There is a positive significant impact of age on the use of contraceptive since its associated *p*-value (0.000) is less than 0.05, which therefore implies that as individuals age or get older they seek for more health care, all other things being equal, the age will increase their demand and consumption for contraceptives to restore their health.

DISCUSSION

The study revealed that about 90.0% of the respondents, representing the majority, have heard of contraceptive use. It was found that the mass media contributed significantly in the provision of contraceptive information to respondents. Thus 50.0% of the respondents foremost heard of contraceptive information from the Radio and 6.0% of the respondents heard the information on Television as their first source of contraceptive information and lastly 0.7% of the respondents heard their first information on contraceptive in the Newspaper.

On the part of the perception of men on contraceptive use, respondents gave positive responses regarding contraceptive use. About 74% of the respondents deem that contraceptive use is good (it prevents STIs and unwanted pregnancies). However, 14.0% of the respondents argued that "it's women's affair" and 6.7% believe that it is a sin to use contraceptives. 7(4.7%) of the respondents believe that contraceptive use makes women unable to give birth (barren) and 2(1.3%) of them also said it should not be used at all.

The study also revealed a positive correlation between the educational status of respondents and the use of contraceptive. This implies that as an individual's level of education improves, the higher the likelihood of such an individual demanding and practicing contraceptive use for protection.

With regards to the involvement of men on contraceptive use, the study reveals that, majority of the respondents gave positive responses. Thus about 70% of the respondents said they would like to accompany their partners to the health facility for contraceptive services in order to serve as an incentive to motivate their partners. Close to two-thirds of the respondents were of the notion that, they would wish to be involved in contraceptive programmes organized by health workers.

RECOMMENDATIONS

Based on the findings of this study, the following measures are recommended for consideration by the Ministry of Health, Ghana Health Service, and other stakeholders and population policy makers:

a) The study strongly, recommends that the health workers should intensify the education on contraceptive use especially to men in order to correct the misconceptions (i.e. most males were naive about the use of contraceptives) in order to widen the knowledge base of the males on the use of contraceptive and reproductive decision making.

b) In order to promote male involvement in contraceptive use, which is also the wish of most of the respondents, it is recommended that just like Mother-to-Mother Support Groups are there to promote activities of women, Father-to-Father Support Groups should also be formed to involve men in educating themselves on contraceptive use. If Father-to-Father Support Groups are already available in the Kwabre East District, then the study strongly recommends that their activities should be enhanced to promote contraceptive use and reproductive decision making.

c) The study findings revealed that men do not like asking questions concerning contraceptive use. According to the findings, 90(60%) of the respondents said they have never asked anyone on issues concerning contraceptive use. It is obvious from the study that men have unanswered questions concerning contraceptive use and these questions need to be addressed. Therefore, men need to be motivated to be responsible in contraceptive decision making by asking questions that bother their minds about contraceptive use. It is therefore recommend to the Ministry of Health, Ghana Health Service, and other stakeholders to provide material incentives for men who confront health workers with questions concerning contraceptive use and reproduction. These incentives can be extended to involve men who accompany their partners to the health facility for contraceptive services and other reproductive services. This can serve as a magnetic force to attract men to be involved in contraceptive and other reproductive activities.

d) For the purpose of this study, respondents were asked whether they have ever heard of any contraceptive method in order to assess their knowledge on contraceptive use. "Ever heard" was used to obtain the results on the knowledge of respondents on contraceptive use. This gives an extremely limited picture of the *actual* knowledge on contraceptive use as complained by Levy (2006). Therefore, it is recommended that further research should be done in this area in order to assess in-depth

knowledge of men on contraceptive use regarding the mechanism of action, side effects, and contraindications of the various contraceptive methods.

CONCLUSION

In conclusion, this study has come out with some conclusive findings which may help to add up to the available knowledge base of men's perception on contraceptive use. Though the sample size was not large enough, and the study was faced with some challenges, the findings could help in generating some useful information on that vital topic.

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