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REVIEW ARTICLE

STRATEGIES FOR EFFECTIVE MALE INVOLVEMENT IN FAMILY PLANNING PRACTICE IN WA DISTRICT, UPPER WEST REGION OF GHANA

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ABSTRACT

The effectiveness and success of family planning depends on the involvement of couples (wife and husband) but this hardly happen in most communities as evidenced in the Wa municipality of Ghana. It is the belief, though erroneously among most males that the practice of family planning should be the sole responsibility of the female. This paper examines the factors, which inhibit male active involvement in family planning practice, and the strategies that can be implemented to make males effective and reliable partners in family planning practice in the Wa District of the Upper West region, Ghana. The survey method, using the purposive and simple random sampling techniques was employed. Data for the study were gathered by the use of focus group discussions, structured interview schedules and questionnaire from a sample size of 160 respondents made up of married men and staff of the Reproductive Health unit of Ministry of Health. The findings of the study revealed that men perceive family planning as a preserve for women. The militating factors against male involvement identified include lack of attractive, safe and convenient male contraceptives, female oriented family planning facilities, service providers tend to be mostly females, high premium placed on children, disapproval of modern contraceptives by their religions- the catholic and Islamic faiths, the association of family planning with promiscuity and pressure to have many children by polygamous family. The strategies identified by the study for effective male involvement include intensive education on benefits, misconceptions and rumours based on level of formal education, traditional setting, geographical location and vocation of the people. The target for education should include religious leaders, chiefs and opinion leaders who are custodians of these deep rooted cultural and religious beliefs.

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INTRODUCTION

The most important wealth of every nation is its population, which is not the driving force for national development. It is against this background that every country considers it as its prime responsibility to implement programmes that will enhance its citizen's quality of life through programmes such as family planning. The quality of a nation's human resource primarily depends on the structure and management of its population. It is against this backdrop that Ghana in 1969 adopted an explicit and comprehensive population policy entitled "Population Planning for National Progress and Prosperity" which did not limit itself to only issues affecting fertility and its immediate determinants but also dealt with other demographic variables such as mortality, morbidity and migration, family organization, and girls' education. This policy resulted from a concern that population growth was not in itself a problem, but that the rapid rate of growth was, especially in relation to the nation's planned programme to provide free education, employment for all and free medical

services. The objectives of the policy were to reduce Ghana's rapid population growth rate and give Ghanaians a chance regarding the size of their families. A demographic target of significance which was set in the policy was the reduction of the population growth rate from 2.6 percent at the time to 1.7 percent by the year 2000. It was to reduce the high population growth rate to manageable limits by regulating the fertility rate as enunciated in the population policy that the government launched the National Family Planning Programme in 1970 and a secretariat established a year later, which set targets for the number of contraceptive users. Achievements however fell far short of goals. One of the targets was to recruit about two hundred thousand (200000) contraceptive users within five years but, by 1973, the total number of new acceptors was only one hundred and forty-two thousand (142,000) people. Family planning services were more readily available, patronized and used by urban women than rural women. Though there was apparently little evidence of serious political or religious opposition to family planning, the implementation of the goals of the policy and programme proved more difficult than expected. Notwithstanding the activities of the National Family planning Secretariat, and those of many organisations, both local and international, which undertook intensive

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activities in family planning and other related activities, Ghana continued to have a sustained high fertility rate (TFR) of 6.0 (Kumekpor, 2001). Though some gains were made after two decades of the implementation of the family planning component of the 1969 population policy, there was little to show in terms of the major goal of decisively reducing the high rate of population growth. Contraceptive prevalence rate remained low and fertility did not decline appreciably. On the other hand there had been the doubling of the population due to some shortcomings and problems associated with the policy implementation.

One of the significant limitations of the policy has been the non-involvement of males in family planning either as users or supporters of their partners in the use of family planning methods. Almost all, if not all family planning methods or programmes were women-oriented with very few aimed at involving men both as users and supporters. The reasons for placing greater emphasis on women instead of men were that since women bear the risks and burden of pregnancy and childbearing, they should have the greatest stake and interest in protecting their own reproductive health. It was against this background that most of the modern family planning methods developed since 1960, such as the Pill, Intra-Uterine Device (IUD), Injectables, Diaphragm/Foam/Jelly and Norplant were focused on women. The only methods for men are limited to Condoms and Vasectomy (Population Reports, Vol. XXVI, 1998). It is also important to state that the clinic-based service delivery designed for family planning has made it difficult to include men. Services have often been offered in maternal and child health (MCH) clinics. It is based on this that many men see these clinics and their staff as serving only women and children and thus not male-friendly and convenient. In view of this men feel uncomfortable seeking services in that setting. The active involvement of men will undoubtedly increase their commitment and joint responsibility in all areas of sexual and reproductive health. The ignorance of males (husbands and partners of female clients) of family planning was a large constraint on the success of family planning efforts when women were the only targets. It was to address this shortcoming that in the revised National Population Policy of 1994, emphasis was placed on male involvement. It was stated in the policy that special emphasis on information, education and communication programmes should be provided to reach the male population. Also, family planning services specifically directed at males shall be vigorously pursued.

Varied reasons have been adduced why the practice of family planning has not witnessed the desired impact in developing countries especially Ghana as far as reducing the rapid population growth rate and governments' planned programme to provide free education, employment and free medical services to all are concerned. Among them are the value placed on children especially the male child in Africa and for that matter in most communities in Ghana a factor responsible for male non involvement in family planning. Ernterz (1990) stated that in Africa, it is unusual to find adults who are more interested in limiting than in increasing their offspring. Children are prized and recognized as a source of wealth, labour, income and insurance against the disabilities of old age. Also, a report on a workshop on Population, family life and family planning held at Mole Game Motel (Ghana) in

1994 supported this statement and went further to add that male children are especially important though girls are highly valued. This could therefore result in a couple having more children than desired in an attempt to have a son. In Africa especially Ghana, the man plays very important roles when it comes to decisions affecting family life including sex. Within marriage, the commonly held belief is that the wife should satisfy the husband sexually. The payment of bride wealth, which is a necessity in many African societies, requires the transfer of wealth from the prospective husband's family to that of the future wife's to basically compensate the latter for the loss of her reproductive and productive capacity. This also implicitly means the transfer of decision making authority to the husband and the family. In this regard, the wife may be required to produce as many children as the husband may desire though she would have wished to practice family planning. (Toure 1996).

In the Ghanaian society, men are considered not only as leaders and family heads but decision makers in all aspects of life including contraceptive use. Thus, it is the man who decides the family size. He also decides whether the search for the male or female child should continue or not. It is the man who decides on his own wishes whether there should be intimacy between the couple and it is the responsibility of the woman to satisfy the sexual desire of her man at all costs and times without getting pregnant. It is against this background that all efforts are made to actively involve men in family planning issues since the success of any family planning programme depends to a greater extent on the involvement of both the wife and husband. Regrettably, this does not seem to be the situation in the Wa District where most men believe ignorantly that the practice of family planning should be the sole responsibility of the woman and not the man and hence their minimal or non-involvement in family planning practice.

## Literature Review

For the purpose of this study, literature is reviewed to provide an insight into the concept of family planning and male involvement in family planning.

## The Concept of Family Planning

In the opinion of Rogers, (1973), the term 'family planning' is difficult to define. This might be due to the fact family planning is an euphemistic term in the sense that the words do not imply directly what they mean and, moreover, there are a number of specific activities usually included in family planning programmes. To Rogers, family planning is the idea, programme or act of preventing births and of avoiding their consequences. By this definition, abortion could be considered a part of family planning, although it often is not. Assistance is sometimes also provided to achieve intended, wanted births but this is usually a minor part of a family planning programme, and even this is rare in less developed countries. Essentially family planning is synonymous with 'birth prevention', 'birth control', and 'planned parenthood' and in fact has been used as an euphemistic replacement for the latter two terms. Roger(1973) further states that by 'family' 'we usually mean the parents in a nuclear family of father, mother and children while by 'planning', we mean the designing and

decision-making of the parents about the number of births they will have, plus their behaviour in achieving this number. In addition, Kwafo (1975) stated that family planning is a delicate and controversial subject in both the developed and developing countries. It is a delicate subject because, in his view, there is some element in all human beings, however open minded they might be, that frowns against open discussion of matters related to sex. Kumekpor (2001) notes that while the idea of family planning or fertility limitation came to the now developed countries in the wake of socio-economic development and therefore did not require governmental involvement, conditions in the developing countries today demand that family planning has to be planned to be effective. She, however, cautions that family planning or fertility control has a better chance of acceptability and success if it is incorporated into a welfare programme in general.

Sharing the views of Rogers and Kwafo, the National Research Council (1993) stated that family planning is a euphemism that is rather ambiguous in its real meaning. First, the term does not clarify whether the family is being planned or is doing the planning or both. If it is the former, we might better speak of 'birth planning' and if it is the latter, we actually mean parents in a nuclear family rather than family, which might include children or kin. Lastly, by planning, we really mean deciding on the number of births desired including taking action such as using contraceptives, to ensure that these plans are realized. The Mass Media Support for Adult Population Project(1996) defined family planning as making a conscious decision about how many children to have, when to have them ,and how best to achieve these goals. The project went on to state that family planning is a way to have the number of children that can be catered for adequately with regard to personal resources. From the above , one may conclude that activities such as the prevention of unwanted births, child spacing, reduction in the number of children desired and even, assistance to couples with fertility problems are all within the gamut of the family planning programme.

### Male Involvement in Family Planning

Verme (1996) argued that the use of the term "male involvement" or a similar term always provokes strong reactions that are undoubtedly about more than those two words. The current language of male involvement raises more questions than it answers. The 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women both argued strongly as to what was and what was not implied by certain words pertaining to the concept of male involvement. Notwithstanding these arguments, the consensus was reached that it is important to acknowledge male involvement in reproductive health. In this regard, terms like 'male involvement', 'men's responsibility', and 'men as partners' continue to gain currency in the field of family planning though the term 'men as partners' is agreed upon as the appropriate term. Verme *et al.* (1996) contended that the term 'involvement' by itself connotes participation or engagement. However, it implies that men are uninvolved. More importantly, others question whether involvement is necessarily a constructive act. The argument is sometimes raised that men are already too involved in reproductive health as policy makers, service providers or husbands and therefore

many women question the wisdom of increasing the potential role of men. The issue even becomes critical when one considers the claim by some people that men are obstacles to the use of reproductive health service or contraception. They think that women should have the freedom to take their own decisions when it deals with their own health and reproductive rights, which they have fought so hard to gain. It is however important to state that if the issue of family planning is to become a reality there is the need for both men and women to be active in it and reproductive health for that matter. This will surely contribute in no small measure to making men share the burdens of women such as the burden of preventing sexually transmitted diseases and unwanted pregnancies, and the burden of dealing with these eventualities, should they come to pass.

As regards the term 'men's responsibility, Verme *et al.* described it as a desired role for men in reproductive health. They argued that 'responsibility' might have broader implications for men to take additional responsibility for childbearing and to participate actively in family life. Moreover, specifying men responsibility may be construed as paternalistic, implying that women need to have men to take charge. Another term used in place is 'men's programmes'. The fact that reproductive health services usually rest in maternal –child health programmes that exclude men by omission or commission, focusing on men's programmes may appear in a way to draw policy and service providers' attention to the need to reach this traditionally overlooked population in reproductive health. The term 'men's programmes' in the view of Verme *et al.* (1996) suggests segregation of men and women services, however with no opportunity for shared or intersecting interests or need, and seems to rule out the possibility of attending to the couple. Moreover "men's programmes" portends an oppositional force to women's programmes that is alienating or threatening to many women's health advocates. The fear is that men's programmes may compete or take away resources devoted to women's health. Men's interest may dominate women's in all aspects of life including reproductive health long fought and hard won.

It is however important to remark here that the fear of these women's health advocates can be allayed if they are made to appreciate the fact that the success of the family planning or reproductive health programme will to a large extent ,depend on the active involvement of both men and women. It is the view of Danforth and Jezowski (1994), Greene and others (1997) that increasing men's participation involves more than programme activities conveniently associated with men such as preventing and treating sexually transmitted diseases, promoting condom use or opening male clinics. It also involves encouraging a range of positive reproductive health and social behavior by men to help ensure women and children's well being. Besides, Roudi and Ashford (1996), in their study on 'Men and Family Planning' stated that the importance of family planning programmes could not be over-emphasised when viewed against the backdrop that not only do they contribute to improving the health of women and children but also lead to reduction of population growth rates. Regrettably, however, when it comes to the adoption and expansion of family planning, Africa as a whole, has lagged behind. They also argued that the exclusion of men from family planning programmes might contribute to low levels of

use among couples and deny men an opportunity to exercise their reproductive responsibility. With the AIDS epidemic, the importance of involving the male in family planning cannot be over-emphasized.

Men's involvement will be essential in not only condom promotion but also other disease prevention activities. The 1994 International Conference on Population and Development (ICDP) and the 1995 Fourth World Conference on Women underscored the importance of men's roles in eliminating gender inequality and easing women's domestic burdens. It is in recognition of this fact that the newest generation of population policies and programmes is placing increasing emphasis on encouraging men to take an active role in all aspects of family life, including family planning. This calls for the urgent need for policy makers and programmes planners to give increased attention to including men in counseling services, and information, education and communication (IEC) programmes. In studies on 'Responsible Fatherhood and Birth Planning', Oppong(1983) stated that in the past family planning programmes, like studies of child – care and fertility, have focused on mothers, and that fathers and potential fathers have often been undervalued or neglected when it comes to issues on parenting and responsibilities and contributions to child –care and maintenance. Rosen and Benson (1982) in their reviewed research on the male role in family planning decision making , have concluded that the bulk of studies have concentrated upon women ,even prior to the development of the pill and intra-uterine device.

Tuore (1996) in studies conducted on 'Male Involvement in Family Planning 'stated that male involvement in family planning means more than increasing the number of men using condoms and having vasectomies. Male involvement also includes the number of men who encourage and support their partners and their peers to use family planning and who influence the policy environment to be more conducive to developing male –related programmes. 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 have the objective of increasing the acceptability and prevalence of family planning practice of either sex. Tuore (1996) is of the view that involving men and obtaining their support and commitment to family planning is of crucial importance in the African region, given their elevated position in the African society. Men make most decisions that affect family life; men make most decisions that affect political life. Men hold positions of leadership and influence from the family unit through the national level (IPPF 1994). The involvement of men in family planning would therefore not only ease the responsibility borne by women in terms of decision –making for family planning matters, but would also accelerate the understanding and practice of family planning in general. Tuore (1996) stated that men's support or opposition to their partners' practice of family planning has a strong impact on contraceptive use in many parts of the world, Africa not an exception. Within marriage in Africa, men typically have more to say than women in the decision to use contraception and in the number of children that the couple will have.

In Ghana,' despite the independent nature of some marital relationships, recent evidence indicates that men have the primary decision-making powers in matters of family planning'. Both Demographic Health Survey data and focus group research reveal that the husband is usually the effective decision- maker about fertility. Furthermore, those of their wives usually do not influence husbands' family planning attitudes and fertility goals. And, when partners disagree on whether to use family planning, the man's preference usually dominates (Tuore, 1996). Tuore (1996) is also of the view that men's lack of access to services has been a barrier to family planning. Men cannot share responsibility for reproductive health and family planning if services and information do not reach them. Most family planning clinics cater for women, so men are uncomfortable about going to these clinics. Men must be reached in other ways. The assumption is that no matter how many men want to know about and utilise contraception, most family planning programmes have not yet given adequate attention to serving them

Also,

8) stated 199

that barriers that discourage males from using traditional family planning clinics include the predominantly female staffs and the female-oriented culture of most clinics. As a result, an important opportunity to educate males about sexually transmitted diseases and pregnancy prevention, as well as other risk taking behaviours and general health issues is forfeited. In Ghanaian society, many men have the final say when it comes to decisions on whether or not to use contraceptives, the type of contraceptive to use, the number of children to have and when to have them. Despite their role, family planning programmes have overlooked men in the past. Considering men's primary role in decision-making, the failure of service providers to target them hinders male access to such services and also limits women's ability to utilize fully reproductive health services (Sexual Health Exchange, 1998). Khan and Patel (1997) argued that one major difference between the concerns for increasing male participation in family planning till the late 1980s and now is the conceptual shift in the objectives. Earlier, the main concern was increasing contraceptive use and achieving demographic goals. In contrast, the Cairo Declaration demands the participation of men in family planning and reproductive health in terms of gender equality and fulfilling various reproductive responsibilities.

The Planned Parenthood Association of South Africa Repro News Vol. 1, 1997 asserts that due to the spread of HIV and AIDS and sexually transmitted diseases as well as the fact that in most families, men are the decision makers when it comes to family size and the use or non- use of contraceptives, people working in the field of reproductive and family planning have come to realize that this issue can no longer be seen as a woman's issue. It is the view of the association that men have to be brought into the picture. Men have to be informed and educated and services should accommodate their reproductive health needs. Male and female co-operation in family planning and men's acceptance of barrier methods, such as male condoms, are very important components of the fight against STDs and HIV and AIDS virus.

It is thus evident that males have not been actively involved in family planning as a result of certain factors. The fact still remains that almost all the family planning methods and services are targeted at women to the exclusion of men. Secondly, the settings where family services are provided are not male friendly since almost all staff members are women. Thus, men consider themselves as 'unwanted guests' to these family planning services center. It is based on this background that it is significant that males are made the target of family planning services. This would contribute to the advantage of increasing their knowledge of the various methods and eventually improve their attitude and enhance their family planning practice. Above all, it would enable men not only to appreciate the essence of encouraging their partners in decisions regarding sexual and reproductive health but also champion the campaign to change the unfavourable attitude of males towards the concept of family planning in general

### Objectives of the Study

The objectives of the paper are to examine the factors which influence male involvement in family planning practice and the strategies that can be implemented to motivate males accept and practice family planning.

### Methodology of the Study

The research design employed was survey of both the descriptive and analytical types. The population of the study comprised married men and Ministry of Health Staff in charge of reproductive health in Wa District. In all a total of eight (8) Focus Groups Discussions were held – two (2) in each of the four (4) selected communities namely Charia, Ponyentanga, Busa and Dondoli. Each focus group was made up of ten (10) discussants of men aged between 24 to 65 years. In order to make the discussions lively the men were divided into two major classifications. Four of the groups were made up of persons aged between 24 and 40 years and the other four from 40 years to 65 and above. The difficulty in selecting these age groups in the communities was that many of them did not know their actual ages so sometimes used specific categories like the age of the first child or their relations to segregate them. Of the four groups also, two of them were literates for the youth groups while on group of the above forty years was a literate group. Literacy was here defined as the ability to communicate in the English language. Of the non-literate group the local dialects of Waale and Dagaare was used. All the eighty men were married. The purposive and simple random sampling techniques were used to select the subjects of the study. Four (4) communities were selected randomly from sixteen (16) communities of the Wa District. Having picked the first house at random from a community, every other house thereafter was selected for the study until the required sample size of eighty (80) was obtained (twenty respondents per community). The respondents from the various households were selected by employing the purposive technique to reach the male married respondents. The primary data for the study was gathered from the field using unstructured interview schedules for the focus group discussions. The Focus Group Discussion technique was found to be suitable for the collection of qualitative data for insight and in-depth understanding of participants' attitudes,

perceptions, beliefs and feelings akin to the topic under consideration, which is sensitive in nature.

## RESULTS AND DISCUSSION

Participants were aware and knowledgeable about family planning, as indicated by 93 per cent. Their level of awareness / knowledge is illustrated by their views, ability to identify various family planning methods, where to get them and the benefits, misconception and rumours associated with family planning.

### Family planning practice

Men still continue to regard family planning as the responsibility of only women notwithstanding their high level of awareness and knowledge. This is evidenced by participants' responses in the Focus Group Discussion when asked why they were not using any family planning methods.

- "I only encourage my wife to go to the clinic for family planning."
- "Since it is the woman who becomes pregnant, she needs to use the family planning method and not I."
- "Have you ever heard of a man getting pregnant,? it is always the woman and so she must do family planning "
- "Since I was born it is always women who go for family planning and not men, and for that matter I see family planning as women affair"
- "The women have so many family planning methods to use than the men and as such they should be doing it "
- I use the condom more often as my wife likes it.

Others think that it is for only women and not men. Findings from the study showed that only few men are using a male method. The young men were found to be using the condom than the older men. Also, many of the participants in the literacy focus group were using the condoms than the non-literate. Most men stated that they support their partners by asking them to go for the necessary family planning method. The men feel they should have a major role in decision making on family planning issues but when it comes to the practice, it lies with the woman.

### As evidenced from two focus groups

- I entreated my wife to visit the family planning clinic to choose a method she likes. She chose the injection because she felt with the pill she might one day forget to take it. I was happy she chose what pleases her (middle age man, literate)
- I asked her to choose the injection which can take her at least a month to three months to do it again. I cannot use the condom as I may not feel very comfortable with it as my friends had already indicated. It is sometimes messy (Oldman and non-literate)

As to why men are not using any method, they stated that the available male contraceptives are not attractive, safe or convenient to use as evidenced by the following statements:

- “The condom reduces friction and as such I don’t like using it.” (middle aged man, literate)
- “If I use the condom, my wife will suspect me of infidelity”(Young man, non-literate)
- “By using the condom my wife will think I don’t trust her.” (Older person, literate)
- “Using the condom is like taking your bath in a raincoat” (middle age man, literate)
- “The condom isn’t reliable and that is why I don’t want to use it at all” (middle age man, non-literate)

The above statements underscore the need for the intensification of more education on family planning and the various methods. Men need to be educated to understand that condoms play the dual role of preventing unwanted pregnancies and protecting one against sexually transmitted infections (STIs) and HIV. As regards decision making in relation to family planning, the majority of men groups indicated that they consult their partners on family planning issues. Though similar to other findings, it does not necessary mean couples reach decision together and it is always the man who takes the decision. The majority of the men stated that they would not allow their wives to use any family planning method without them being informed. This brings to the fore the status of the Ghanaian man in issues concerning family planning. Men in Wa District like many parts of Africa are decision makers in all facets of life. These findings fall in line with other studies where in Africa the man is considered the head of family and responsible for all family planning and reproductive health issues. For example, a Focus Group Discussion conducted by Zimbabwe National Family Planning Counsel and a Private Research Agency suggested that men were the ultimate decision makers in family size and other family planning matters in Zimbabwe.

As regards the factors militating against male involvement in family planning in the study area, the value placed on children more particularly the male child in Africa and most communities in Ghana is an important issue. Children are prized and recognized as a source of wealth, labour, income and insurance against the disabilities of old age. This is reflected in males’ responses about the importance of children. The majority of them stated that children constituted a source of labour especially on the farms. Others saw children as symbol of wealth, honour and respect in society.

### Religion and family planning

In a study conducted by Badu-Nyarko (1992) in Axim and Tarkwa areas of Western Region of Ghana, he found out that religion does not prevent people from practicing family planning. It is rather the methods adopted that differ. Thus for this study the evidence indicates otherwise for some members of the community, The strong Islamic influence makes most of its adherents believe erroneously that the religion is against family planning and male involvement. Statements by Moslem participants in the different focus group discussions produced such issues as

- “Islam encourages Moslems to give birth to more children”
- “Islam says that we should fill the world with Moslems”

- “The prophet encourages Moslems to give birth to more children to help in his work”
- “The prophet encourages us to give birth to more children so that on judgment day his followers would be the majority”
- “Family planning is a ploy to decrease Moslems population”

The above are in tune with the long –term held belief among some Moslems that their religion does not support family planning, and such people will always continue to have negative views about family planning. They do not see family planning as a means of spacing birth or making sure the right number of children to cater for is done. Also, the hardly consider the national economy and future development.

The practice of polygamous marriage in the study area is another issue which militates against male involvement in family planning. Though most males may have favourable attitudes towards family planning, pressures by their wives for more children as a way of winning their love and attention could affect male practice of family planning. This is not surprising when viewed against the backdrop that about 64 per cent of the study area population is of the Islamic faith, which coincidentally approves the practice of polygamous marriages among its adherents.

### Misconceptions and rumours

Lack of adequate knowledge, misconceptions and rumours associated with family planning and the various methods is evidenced by the responses on their inability to use any family planning methods. Some of the responses include:

- “I only encourage my wife to go to the clinic for family planning”
  - “Since the woman becomes pregnant she needs to use the family planning methods and not I.”
  - “Family planning is for women and not men.”
- As regards misconceptions or rumours associated with family planning, participants expressed the following:
- “Family planning encourages prostitution or promiscuity”
  - “Family planning can also lead to barrenness”
  - “It is an indirect way of abortion”
  - “It is acting against God’s wish since it is only God who can provide and take away children”
  - “Men who practice family planning by using condoms do not love their wives”

The fact that only women and wives and not their men and husbands are always counseled by family planning providers make the many males very ignorant about the subject due to little information about it. In essence any little information about the subject is derived from wives, girlfriends and relatives. Hence, the males have serious misunderstanding about family planning and not encouraged to practice it.

### Use of Male contraceptives

The paucity of attractive, safe and convenient male contraceptives is yet another factor that affects male

involvement in family planning. According to the participants of the discussions the only available methods are the condom, vasectomy, rhythmic and periodic abstinence. Most males do not use the condom because of certain reasons which include:

- Condoms reduce friction thereby reducing sexual satisfaction.
- it creates suspicion by partners of infidelity
- the use of condoms also brings about lack of trust or love for the partner.

The male participants stated that all the family planning facilities are female oriented meant to satisfy the needs of only women. The services are held at the maternal and antenatal and child clinics which are not male friendly. Therefore the males consider themselves as unwanted visitors to these facilities.

The fact that almost all the family planning service providers are females makes it inconvenient or uncomfortable for most males to patronize their services. This is because most men consider their functions as geared toward satisfying only the female clients. Others expressed the notion that they may be exposed to ridicule when found out.

### **Sexuality and family planning**

The issue of mistakenly associating family planning with sex is also a hindrance to male involvement in family planning. This is because society frowns on open discussion of matters relating to sex and any discussion of such issues with one's partner is considered a taboo. Some of the major religions disapproval of some modern family methods such as the condom also militates against male involvement in family planning. The Christian religion in particular the Catholic denomination abhors the use of modern contraceptives such as condoms. This affects male involvement in family planning as far as the use of modern contraceptives is concerned. The negatively held view that women who practice family planning are promiscuous or prostitute also act as a disincentive to most men to get involved either by supporting or actively participating in family planning services. These and others are the reasons why males are not actively involved in the practice of family planning in Wa District.

### **Conclusion and Implication of the Study**

The widely held view is that if the issue of family planning practice is to become a reality, there is the need for both women and men in particular to be actively involved. This is because it will certainly contribute in no small measure to making men share some of the burden of women in preventing sexually transmitted infections and unwanted pregnancies and the burden of dealing with these eventualities when they occur. The fact that most males are not actively participating in family planning due to lack of adequate knowledge, misconception and rumours associated with it in addition to the male methods had adversely affected male involvement. Also many of the educational campaigns are focused on the benefits, misconceptions and rumours associated with family planning. To address these issues it must target males especially in the rural areas. These should be vigorously undertaken by the relevant organizations such as Ministry of Health, NGOS and others engaged in family planning. When

males become aware of and understand the economic and other related benefits of family planning, they will be more than willing to actively participate in family planning issues.

The mass media especially the electronic should serve as the channel for such educational campaigns. This is against the backdrop that the main sources of information and education for the people in most communities in Ghana and especially in the Upper West Region are through the local Frequency Modulation (FM) Radio and health personnel. This therefore calls for the dissemination of information by FM Radio stations and other health-related NGO's in rural communities to reach out to the people with population related information. Also, the expansion of male family planning service must include variety of male methods and comprehensive information about the specific methods and its relevance to the society by policy makers. It is suggested that the establishment of male family planning clinics to be manned by male service providers with functions like the provision of counseling services, skills in couple communication with the provision of family planning information and service. This is important because of the typical strong influence of men in decisions relating to contraceptives

In view of the erroneous belief held by some Moslems that Islam disapproves of family planning and the Catholic Church abhorrence of the use of condoms, it is very significant to involve religious leaders in family planning activities. They should be trained in family planning issues and as part of their regular sermons or preaching to educate their congregation especially the males on the importance and benefits of family planning to the man, family and society as a whole. In addition resource persons ought to be invited to places of worship to share with the congregation issues on family planning. This will motivate followers to have a positive view of the programme once their leaders now lead the crusade. There is also the need for the various religious denominations to institute compulsory marriage counseling services for their members before they marry. This will prepare them adequately to understand issues concerning marriage and more importantly child spacing and the ability to care for them. Closely linked up with the above is also the need for men fellowships to be formed in the various churches and mosques to support in efforts aimed at educating their members on the benefits and other related issues on family planning. In view of the fact that chiefs and community leaders command a high level of respect and trust among their subjects, involving them in family planning issues will contribute greatly to male involvement in the programme. Apart from these opinion leaders given training in family planning issues to educate their male members of the community, they could also invite resource persons from the relevant organizations to their communities during festivals and other important occasions to educate the people, especially the males.

Agricultural Extension Staff who deal mostly with farmers in the rural communities could also be trained in family planning issues. This will enable them to provide both agricultural extension services and family planning education to the farmers especially the males in the rural areas. Males should be trained within the various communities as Community Based Agents with the sole responsibility of educating their fellow males on the benefits of family planning and providing

other related services. This is important when viewed against the background that most males are not active participants of the programme due to the female -oriented settings of the facilities and the staffing. Thus, most males will feel comfortable dealing with their fellow men instead of the opposite sex. The Ministry of Education and its related agencies should come out with guidelines that will make family planning and reproductive health a compulsory course in schools especially secondary and tertiary level curriculum. This will equip students with the relevant information and knowledge to enable them serve as worthy ambassadors of the programme in their various homes and communities, especially the males

The Ministry of Health should come out with a policy which requires men to be present at the maternity or delivery wards when their wives are in labour. This will afford them the opportunity to witness and appreciate the pain and anguish wives go through during child birth and whether it is worthwhile to put them in such situations at the least opportunity without considering their interest and health.

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