KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

DEPARTMENT OF COMMUNITY HEALTH

SCHOOL OF MEDICAL SCIENCES

THESIS

ACCESS AND UTILIZATION OF FAMILY PLANNING SERVICES AMONG MALES IN THE GA-EAST MUNICIPALITY OF THE GREATER ACCRA REGION OF GHANA

SUBMITTED

BY

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M. PH. POPULATION AND REPRODUCTIVE HEALTH

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DECLARATION

I, Selina Ababio, hereby faithfully declare this study, with the exception of the references to the work of others cited, as my own study conducted at Ga East Municipality, while a student at the Department of Community Health, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi.

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Date:

Head of Department:

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Signature:

Date:

DEDICATION

This work is dedicated to the Almighty God whose abundant grace, mercy and love has seen me through the period of my programme.

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My thanks goes first to the Almighty God for the strength, knowledge and understanding given to me in the pursuits of this research. Second, I wish to thank my dear husband Mr. Nortei Ababio for giving me the support I needed.

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I wish to state that I am personally accountable for any shortcoming of this study.

ABSRACT

Family planning is a voluntary prevention of pregnancy and it entails the interruption of a chain of events that leads to conception.

Family planning has been an age long practice, mostly among women. Although men are also included in the utilization of family planning services, practically, most men do not utilize the service. It is important to note that, increase in the usage of the service by men will help guard against unwanted pregnancy, improve child spacing and prevent sexually transmitted infections including HIV by using the appropriate contraceptive. Men's support and commitment to the utilization of family planning is of importance in Africa. This is because of its contribution to the achievement of the millennium development goals (MDG) 5 and 6, which is to improve maternal health, by preventing both maternal and child mortality and also to combat HIV/AIDS, malaria and other diseases.

The study was done in all the four (4) sub-districts in the Ga East District. The topic for the study is access and utilization of family planning among males in the Ga East Municipality. The study design was descriptive cross-sectional. The Sample size was 120 males with ages between 19-59 years. In addition, views about utilization of family planning among men from twenty (20) service providers were obtained to support the study. Interview was the data collection method used and questionnaires, the main tool for data collection. From the study it was discovered that:

- Educational background was a significant predictor of ones knowledge about family planning. In other words, the higher one moves along the educational ladder, the more his knowledge about family planning
- Generally, across the age groups, more people have knowledge about family planning than those who do not have any idea. (80%).
- The majority of the respondents were within the age 19-39years (76.7%).
- The respondents with some level of education are in the majority (91.5%), compared to those without any form of education, among others.

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CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This chapter presents the background information of the study, followed by general overview of the objectives, problem statement, the purpose of the study, general and specific objectives, conceptual frame work and finally, the uniqueness of the study.

1.1 Background Information

Family planning has been an age long issue, recognized for its importance in improving the health of the family. However, Africa has lagged behind other world regions in the adoption and expansion of family planning. Comparing this with the world, the situation in countries on four (4) continents showed that more than sixty (60%) of men expressed willingness to use a new male contraceptive. These men would like to relieve their partners of some of the contraceptive burden in their relationship (Heinemann et al, 2005). Giving the crucial role that African men play in family decisions, their support and involvement are essential for family planning to become more widespread. Traditionally, family planning and reproductive health services have been female focused. In the past, the focus made sense, since most of family planning methods are female dependent, and women are disproportionately affected by negative consequences of unintended pregnancy and sexually transmitted infections (STI). However, since the onset of the AIDS epidemic, reproductive health professionals have recognized the important role that supportive male partners can play in improving the use of contraception and reducing the risk of unintended pregnancies and the spread of STIs. Today, the major focus of male reproductive health is on males' utilization of family planning services and using male methods such as condoms: the one method of family planning that if used consistently and correctly can greatly reduce the risk of unintended pregnancy and STIs including HIV. Other foci include STI testing and treatment, partner communication, gender equity and abstinence, and delay of sexual intercourse. A study done on unmet needs showed that even though increasing access to and use of family planning has no direct bearing on the Millennium Development

Goals, analysis has shown that family planning can make valuable contributions to achieving MDG (5), that is, improving maternal health, by preventing both maternal and child mortality. Family planning also helps in reducing the number of high risk pregnancies that result in high levels of maternal and child illnesses and deaths. Apart from Improving maternal and child health, family planning also promotes gender equity, with male involvement by access and usage of the family planning service.

Further more, with good family planning practice; sexually transmitted infections including HIV/AIDS could be reduced by extending the service to males. This also can contribute to the achievement of Millennium Development Goal (MDG) 6, which is to combat HIV/AIDS, malaria, and other diseases. Extending access and utilization of family planning service to males is very crucial because the number of children born out of wedlock continues to increase, and males with right perception and attitude towards family planning would go a long way to prevent such problem, by using family planning.

Globally, there are over one hundred and twenty million (120 million) couples who do not use contraceptives despite the fact that they want to space child bearing, and an additional three hundred million (300 million) are dissatisfied with most of the family planning methods available. Assessment of available research found that there is still a lack of representative data on male, especially, related to knowledge and attitude towards family planning, as well as data on service for males. Besides, there is no strategic presentation for males and family planning, little systematic documentation, and effective use of research for monitoring male services (Clarke Sam Jr.et al., 2005).In Ghana, knowledge about contraception is good among males however, usage is low. (GDHS, 2005) This study is, therefore, centered on access and utilization of family planning among males in Ga East municipality.

1.1.1 General Overview

1.1.2. Knowledge and Perception of Males about Family Planning

In Ghana, knowledge of contraception is higher among males than females, however, usage is low (GDHS, 2003). As a result the study was done to determine the level of access and utilization of family planning among males, in the Ga East Municipality.

Contraception in general is perceived to be a woman's business and women who use contraceptives are stigmatized and accused of promiscuity by society.

1.1.3 Availability and extent of access to family planning service

The ranges of family planning methods available to males is limited and even the facilities providing the service is also not enough (Wilkinson et .al.,1996). Access to family planning service has been a barrier to its use, and as a result males cannot conveniently reach out for the service. Besides, most of the health facilities are not male user friendly. This testimony is from a man who after having three children, his wife went on the pill for her contraception because they could no longer afford an accident with natural methods they were using. They discontinued the pill due to a number of complications. The man felt it was his duty, too, to take part in the family planning. One morning he went together with his wife to a family planning clinic. According to him, he will never forget how embarrassed he felt when he met a queue of women with their babies, but there was not a single man there. The man felt totally lost because it was a woman's world. This confirms the assumption that no matter how many men want to know about and utilize contraception, most family planning programs have not yet given adequate attention to serving men.

When considering availability of male family planning methods, there has been considerable media attention surrounding a recent breakthrough in the development of a male birth-control pill (MBCP).

The fact of the matter is that, it is still about many years away. It is taking forever for a men's pill to come to the market. The issue is not as simple as it might first appear. There are still some technical hurdles to overcome, but the delay in developing an MBCP has definite political, economic and even discriminatory aspects to it.

Far too many men have gotten comfortable over the idea that birth-control pills are exclusive to women. Most men have not yet realized the implications of having access to a pill of their own.

Consequently, conversations about the male pill have migrated outside the sphere of male interests. Ultimately, however, this is about men gaining fair and equal access to a contraceptive that will finally allow them to have the same control over their reproductive processes as women — an outcome that will greatly benefit male interests.

1.1.4 Level of utilization of family planning service among men

According to a survey conducted in the United States, it was realized that on average, males comprise only 6% of all family planning clinic clientele, who really use the service. (In addition, Ku (1993), At the US-Federally subsidized clinics, males made up only 2% of the total client population, meaning few men patronize the family planning service.

The reasons for the low levels of use of male methods are the way they use what they know and have. Even though men have the knowledge and some positive attitudes, about family planning methods, data on existing facts on usage indicated that men are not interested in the use of male methods of contraceptives.

The extent of male utilization of family planning and the nature of men's role in family planning in developing countries, indicated lack of supply and inadequate information as key reason for insufficient use of male contraception. Strategies suggested for involving men in family planning include policies aimed at increasing male involvement and utilization.

1.2 Problem statement

It has been observed that women patronize most of the family planning service more than men, but family planning today are not only for females but a concern for both males and females (Roudi & Ashford, 1996). Most available studies still point to emphasis being placed on women-fold to the detriment of their male counterpart (Olawepo, 2003). A study done in the US Federally showed that males were made up of only 2% of family planning clients. The existing reality both in the US and Africa is that males do not access family planning in significant numbers. According to GDHS,(2003) usage of family planning among men is low. In the Ga East Municipality, the situation is not different because the Annual reports for the years 2005, 2006, 2007 and 2008 respectively, did not document enough information on utilization of family planning by the males, but rather the report was on how occasionally, the men accompany their wives to the clinic for other reproductive health service. That is there was not enough statistics on male access and utilization of family planning services in the Ga East municipality.

1.2.1 Rationale

Until recently, the main focus has been on increasing male involvement in family planning. This is because little studies have been done on male access and utilization of family planning service among males. Now it has been found that males need to be encouraged and motivated to access and utilize family planning service themselves. This as a result could help child spacing, reduce the number of children born to families, and prevent sexually transmitted infection. Also, it can decrease population growth, by reducing fertility rate among couples and improve quality and cost effectiveness of contraceptive use.

1.3 General objective

To determine access and utilization of family planning service, among males in the Ga East Municipality.

1.3.1 Specific Objectives

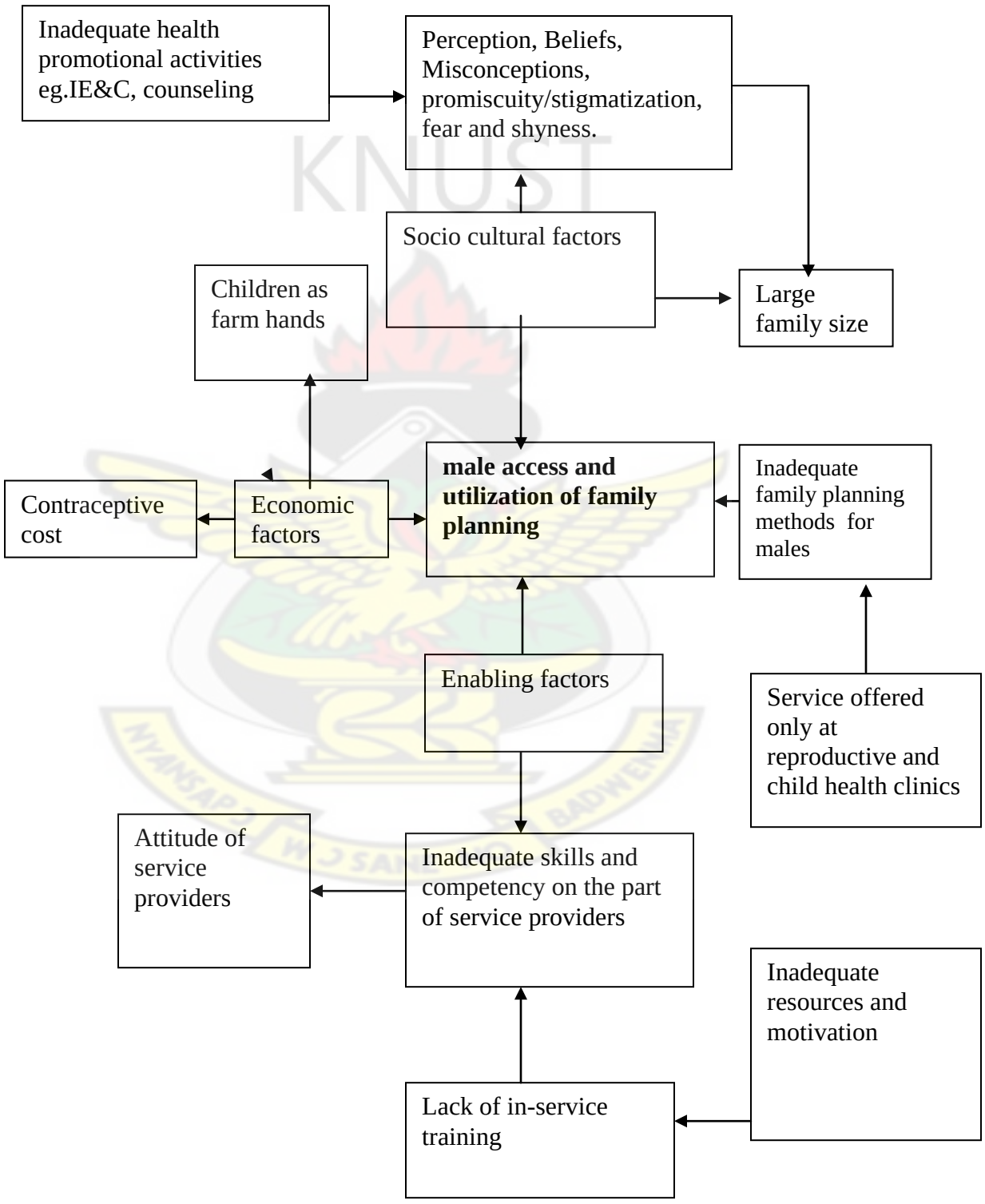
a) To find out the knowledge and perception of males about family planning.

b) To find out the availability and extent of access to family planning service by males.

c) To determine the level of utilization of family planning service, by males.

d) To examine the views of service providers on access and utilization of family planning service by males.

1.4 CONCEPTUAL FRAMEWORK



The conceptual framework shows a clear conceptual understanding of some factors that hinder male access and utilization of family planning service. The framework is developed by the investigator, and presented as a model. The framework is not based on any theory nor any empirical evidence, but knowledge specific to a particular issue. Generally, males are known to be a particular group, who show no interest in family planning and use of its commodities. The major barriers to expansion of male programs on family planning include socio cultural consideration, such as fear of losing control of its reproductive goals. Norms favoring large families and restriction of condom to some subgroup of men. Perceptions on the part of service providers that men are disinterested in taking responsibility for family planning and inadequate information on male attitude and practice of family planning. Recent studies suggested that well oriented programs focused on male participation, encourage usage, more responsible sexual behavior, increase contraceptive usage, and better communication between partners (Green C.P.et al 1996).

1.4.1 Inadequate family planning methods for males

In spite of the fact that men play an important role in reproductive health and family planning, studies have shown that there are certain hindrances to male participation in family planning. Also there is limited choice of methods for males and as a result, prevent men from fully participating in fertility regulation (Green Cohen & Ghouayel, 1996). Due to the inadequacy of the male method, there has been considerable media attention surrounding a breakthrough in the development of a male birth-control pill (MBCP) (Dvorsky, 2008). The consensus document of two conferences that is the 1994 ICPD conference in Cairo and the 1995 fourth World conference in Beijing, recognized the need for research into new methods for regulation of fertility for men and also behavioral research into factors inhibiting male participation, so as to find ways of enhancing male involvement and responsibility in family planning. Research is therefore needed, at increasing the range of choices of fertility regulation method available to men. (Nzioka, 2000)

1.4.2 Socio- cultural and economic factors

Studies have revealed that family planning programs in many African societies were unsuccessful because of failure to take into account the power relations between couples and the male - dominated nature of the societies. This male- dominated family structure has great influence in matters of reproduction. African men, generally, desire larger families than their wives. It has been observed that men want to have more children because they gain socially and economically from having a large number of children, to prove their virility and other benefits (Tigray, 2002). Family planning services have been almost been directed at women exclusively, with little attention paid to men. Reliance on female methods has led to the perception that contraception is only for women. Barriers to expansion of reproductive health issues for males include socio cultural considerations such as male's fear of losing control of reproductive goal and contraceptive cost.

1.4.3 Inadequate family planning service for men

While there are many women' health centers for reproductive and child health services there are few or no such facilities for men. The facilities that are available to men often find male services under-utilized. Even those that have made effort to make their services male-friendly, struggle with low patronage, because men in general are less likely to access reproductive health care and often lack accurate information. Recent statistics show that men make up only 2% of the clients in the federally funded family programs (Becker, 1999). Providing an atmosphere in the family planning clinic, that is welcoming to men, and integrating services for men into existing structures to ensure greater sustainability after the services. Many programme managers assume that programmes for men require a separate department with its own staff and budget (Grady W.R. et al., 1996).

1.4.4 Inadequate educational skills, on the part of service personnel

Family planning providers are biased against serving men, and have the preconceived notion that men will not be interested in family planning. Usually, family planning

service offered in settings where service providers' attitudes and knowledge about men involvement in reproductive health may compromise the quality of service delivery, and where the environment itself, from décor to the informational and educational materials, may not reflect men's interest or needs, (Becker, 1999).could result in low patronage of the service. Providing training to make providers more competent working with male clients, including attitudinal management, clinical and sexuality training is very crucial. Studies have showed that only 10% of all staff and 18% of service providers who offer family planning service including counseling have ever discussed family planning with clients (Budapest, 2003). Since most reproductive health efforts have been focused on female clients, providers need additional training to increase their knowledge and skills.

1.4.5 Service provider's attitude

Forest (1987) found that resource restrictions, predominantly female staff, (service providers) negative staff attitudes and a lack of staff training seemed to be major barriers to family planning services for men. It appears that very little is known about how to deliver reproductive health service to men and also training designed specifically on how to incorporate men's reproductive issues is limited.

Although Forest observed negative staff attitude as one of the barriers prohibiting male accessing to family planning services, more recent studies seemed to indicate that managers might not be opposed to involving males in services as previously reported ; (Pleck, 1995).

1.4.6 Inadequate health promotional activity

Lack of support for males reproductive health programs by health officials, including offering of (IE&C) and distribution of information education and communication materials (IE&C) focused on men (Budapest, 2003). In helping increase men's awareness of and support for the family planning and reproductive choices of their partners and using it themselves, education to men on family planning in the various

health facilities and community settings and also providing contraception counseling to men during STI testing diagnosis and treatment, is very important.

1.5 Uniqueness of the study

It has been observed that men are not interested in accessing the family planning services themselves it is only few that access the service. Males have few varieties of family planning methods, few or none existing reproductive health facilities for men, besides, not many studies have been done on access and utilization among males. In addition, few literature are available for review, on the topic and those available were done many years ago and therefore, too old for citation. Until recently, the main focus has been on women only using the family planning service, and male being involved in decision making relating to family planning choice for women. Looking critically, at this issue, men should go beyond making decisions on family planning, because they also have better chance of accessing and using the family planning services themselves. The study is unique because most information related to the study is either little or none existing but with this study, new discovery has been made on access and usage of family planning service among males that is going to add to knowledge.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

In this chapter, the literature was reviewed on views of male access and utilization of family planning service. The literature outlines what is known or works done by others in the research area. It also identifies some of the gaps in existing knowledge in utilization of family planning services among males. The chapter provides fundamental understanding of the theoretical concepts from similar research to direct future research. Literature was reviewed extensively, using the following research database sources from the internet Pub med, Google, annual reports from the Ghana Health Service and Ministry of Health. The literature was organized into variables as per the specific objectives of the study. First was knowledge and perception, followed by availability and access, and lastly utilization of family planning among males. There is limited literature on male access and utilization of family planning among males, globally including Ghana.

2.1 Overview

2.1.1 Knowledge and Perception of men about Family Planning

According to a survey conducted by GDHS (2003), 99% of all men know at least one method of contraception and all women 98%, which means men are more knowledgeable about family planning issues than women. This may be due to the fact that illiteracy level among women is higher than men. Other studies have proved that although men are well informed about family planning service, the same cannot be said of accessing and utilization of the service (NDHS Male Module, 2003). It has further been established that 1 in 3 men considers contraception to be a woman's issue. This is the general view of the individual but the fact is that if the men are encouraged and motivated they will show interest in utilizing the family planning service in Ghana in particular and Africa as a whole. While half of the men felt that women who use

contraceptive may become promiscuous, other men also perceive that although childbirth is a woman's business, husbands support is crucial on matters concerning usage of family planning service. Few men believe that men and women share equal responsibility about contraception (Gray et al., 1996).

A survey conducted in Dan Forth (1999) indicated that overwhelming reliance on female methods of contraceptives has led to the assumption on the part of many men that contraception is only for women. This again is general observation of many people but what is known in literature disagrees with the notion that women are the only people interested in family planning issues. Men, normally, play a role in decision making concerning reproductive health issues including family planning.

According to a survey conducted in Mpigi district in Uganda, it was revealed that, men have limited knowledge about family planning, that family planning service does not adequately meet the needs of men and that, spousal communication about family planning issues is generally poor.(Kaida et al.,2005) Here, one can contribute to the fact that men, both adult and young have favorable knowledge and attitude related to family planning but very few report the use of contraceptives.

Again, another study in the service area of the Jawaharlal institute urban Health Centre showed that most men were aware of most of the family planning methods such as permanent method of sterilization (vasectomy & tubectomy), condoms, abstinence and the other contraceptive devices, even some men prefer particular methods to others (Kumahikupam, 2003). This shows that knowledge and preference play a role in the study, but not utilization of the methods.

According to a study done to investigate men's knowledge, attitude and practice of family planning in Enugu Nigeria, it was revealed that males have some level of knowledge about family planning and modern contraceptives methods but it showed

considerable opposition to their use among males on religious grounds (Obionu, 1996). In contrast, a survey done in Khartoum Sudan showed a strong positive attitude towards family planning services by men, with few actually using a method. Similarly, a study in Danfa in Ghana came out that more than two thirds of rural men approved and accessed family planning services, and that men knew at least one modern method and they also prefer visiting mobile clinics for obtaining condoms rather than buying them in a chemical shop (IPPF, 1984). This situation is common in most of the health centers due to the uncondusive environment and the fact that the health facilities are not male user-friendly.

A survey conducted on men's approval and accessing family planning, Adwoba (2008) established that some factors have significant effect on access and utilization. Another study carried out in Kenya further supports the observation that men's knowledge about family planning correlate with its use. However, despite the fact that men's knowledge of contraceptives is quite high, contraceptive use by men remains uncommon. Men who did not want to use family planning, perceived it to be bad for health, and that it was against their religion. Again due to rumors and misconception about family planning, many men expressed fear about the safety and performance of modern methods. In addition men perceived that contraceptive used by women could threaten their fidelity in marriage. (McGinn, et.al 1989).

According to a research done on men's knowledge, attitude and practice of family planning in Enugu south-eastern Nigeria, the result showed that a high proportion of men had knowledge of and possessed positive attitude to family planning even though, a lesser proportion actually used the methods. The poor utilization pattern was due to many reasons, which includes consequences of such moves as being against God's wish, it also exposes both men and women to sexual promiscuity, as well as exposing people to 'evils' of modernization which brought no respect to sexual and traditional values (Obionu et al., 1996).

Another survey explored the knowledge, attitudes and practice of family planning among men in Ngara district, Tanzania. It was cross sectional, using structured questionnaire and focus group discussion. During the study it was revealed that the male contraceptive prevalence was low and knowledge of male method was also limited. This view is different from what was known about men's knowledge on family planning. Various studies have shown that there is no direct relation between knowledge and utilization of family planning service by men. Besides, men perceived that male methods such as vasectomy is associated with castration while condoms reduce sexual sensation on the part of men. (Ndenzako, 2008) this can easily result in the spread of sexually transmitted infection including AIDS.

According to a study done in Bangladesh, a focus Group Discussion was employed to assess male knowledge and attitude towards family planning, the way they use what they know, and others. It was noted that men have knowledge and positive attitude about family planning methods but are reticent to use it. The reason for which could be attributed to various factors (Dhaka, Bagladesh Population Council, 1996).

A study done in Ouagadougou revealed that sizable number of men knew at least one modern contraceptive method, if they are prompted with a brief description of the method but surprisingly, due to some kind of perception they have about family planning, they failed to utilize it.

Many other studies have showed that females are more knowledgeable than men about family planning issues. This information gap however, still poses relatively, low participation of men in family planning this indicate that only small proportion of men share fertility regulation responsibilities and prevention of sexually transmitted infections including AIDS. This is because of the fact that, men have a very limited choice of contraceptive methods.(Population Council Dhaka, 1998).

According to a study conducted in Pakistan on men involvement and use of family planning methods. The objective of the study was to examine the changes in knowledge

and attitude of men about family planning and estimate the extent to which it affects their contraceptive behavior. The study revealed that men's knowledge and contraceptive use has increased within a certain period. Although men's knowledge about family planning has increased, utilization of the service is not encouraging. (Kiani, 2003).

Study on existing knowledge of male participation in reproductive health including family planning was done; the purpose of the study was to overcome specific obstacles, such as men's disapproval of contraceptive use by their partners and themselves, resulting in low utilization. Also pre-conceptions on the part of the service providers, that men are disinterested in taking responsibility for family planning, and inadequate information on male contraceptives and male attitude is also considerable (Green et. Al 1996)

A study on men's perception done in Mwanza, Tanzania indicated that males are not using the family planning service themselves because they believe it was bad for health, and condom was also perceived negatively for multiple reasons for instance, the method is associated with getting infected, becoming promiscuous and could reduce male sensation and sexual pleasure (Bongaarts,2006).

Similarly, a study has shown that a male method such as vasectomy is considered a form of castration. This is preventing men from using it, but for men to use a particular method there should be intensification on effective information education and communication for men (Nzioka, 2000).

Studies carried out in the sub-Saharan regions has shown that men hold certain traditional beliefs and misconceptions regarding modern contraception which act as barriers to them using these methods or even approving use by their sexual partners. For instance men have been found to think that family planning is woman's issue and also they associate female contraception with increased promiscuity and again think that other methods make women unresponsive during intercourse. This suggest that

men who subscribe to these notions may not approve of their partners use of the service (Fapohunda and Rutenberg, 1999) and even fail to use it themselves.

According to a study conducted on knowledge of and attitudes about family planning and its use by a convenience sample of men in Ghana. It indicated that increase in knowledge has significant effect on the respondents. The study again identified socio-cultural misconceptions resulting from lack of knowledge and education as the main deterrents for the use of different family planning methods including vasectomy (Rhoda Adwoba Akafuah, Marie-Antoinette Sossou 2008).

2.2 Availability and Accessibility of Family Planning Service to Men

Despite the fact that men play an important role in reproductive health, studies have shown that there are certain hindrances to male utilization of family planning service. Range of family planning methods available to men is limited, and this as a result inhibits men's capacity to participate in fertility regulation. (Green et al., 1995). The inadequacy of male method of contraceptives has caused considerable media attention surrounding a recent breakthrough, in the development of a male birth-control pill (MBCP). The fact of the issue is that, production of a new male method of contraceptive is still about 5-10 years away with some technical hurdles to overcome (Duorsky, 2008). Men would use a hormonal male contraceptive, delivered by injection and/or implant, this would be less intrusive method, likely that men will show more interest in using family planning (Heinemann et. al., 2005). Other studies have revealed that there are a lot of choices to make on family planning methods for male, including the traditional methods, but because of certain beliefs coupled with inadequate knowledge of certain methods of contraception some men are against their use with reasons best known to them (Nzoka, 2000). Here, the reality is that family planning services available for men are few and, besides, the facilities providing family planning services are also not enough, even the few available are not male user-friendly.

According to a demographic health survey, done in Ilroin, Nigeria, family planning clinics are oriented to women, therefore, men often feel uncomfortable and unwelcome in these clinics (Olawepo & Okedare, 2006).

According to a survey on approved contraceptive use, men's lack of access to the family planning service is a barrier to its use. Therefore, men cannot share their responsibility on reproductive health, including family planning if they cannot access the service. Most family planning clinics, according to a study mainly cater for women, so men are not comfortable visiting these clinics (Population Report, 1994). This contradicts the findings of a study done in Danfa, Ghana that showed that men can easily access family planning service (IPPF, 1984). The study shows that men even prefer buying the condoms from existing mobile outreach clinics than buying it from drug stores. Similarly, a case study conducted in Khaochakan district in Thailand showed that majority of males knew where the family planning service was available, some know about health centers, others, hospitals whiles some primary health care units and drug stores. Majority of the male clients had to travel for the service at less cost (En, Som-arch, & Kanittha, 2004). The real situation on the ground is that although men are aware of family planning service, access and utilization is low and poor.

According to a Bangladesh Health and Demographic survey which aimed at identifying the factors that influence male involvement and access in family planning, male participation is strongly influenced by demographic, socio-economic, cultural and psychological, communication and service factors (World Population Policies, 2003).

A research was done in Tanzania on condom access and usage, the study indicated that the use of condom is very low, primarily due to limited demand, and accessing the method in particular (Bongaarts, 2006). A survey was again conducted on cultivating men's interest in family planning in the rural EI Salvador. The study identified access to family planning as critical to sustainable development, by reducing the high risk of

unwanted pregnancies that cause maternal and child deaths, besides reducing sexually transmitted infections, including AIDS. (Lundgren, et, .al 2005).

2.3 Utilization of Family Planning Service by Males

According to a survey conducted in the United States, it was found that on average; male comprise only 6% of all family planning clinic clientele (But, Aron & Schack, 1994). This compared to a research carried out in Danfa in Ghana, males prefer visiting mobile clinics for obtaining condoms rather than buying it in a store (IPPF, 1984). This indicates that males patronized the service brought to them at their door step rather than going to the health centers. Another survey revealed that even though there has been some success in trying to increase male utilization of family planning service, the reality remains that most males do not utilize the service and it is evident that while some positive strides have been taken, some negative influence act to inhibit male utilization of family planning service (Sonenstein & Pleck, 1995). GDHS (2003) results of a survey showed that married men and sexually active men who reported having ever used one or more male methods of contraception, which are male sterilization, male condom, periodic abstinence and withdrawal, the most popular male method, the condom has been used by few males, both married and unmarried males. While male sterilization is practically non- existent in Ghana. What is known in literature is that most male methods are used by few males. Of the other two traditional methods, according to studies periodic abstinence is reported as used more than withdrawal by both married and unmarried men (GDHS, 2003).

A study was conducted in northern Nigeria on the linkages between socio-economic characteristics, attitudes and familial contraceptive use. The result disclosed that there is high knowledge of contraceptive but low rate of its utilization. The men who were willing to use contraceptives were more willing to use them for child spacing purposes than for limiting family size (*African Journal Reproductive Health,* 2006).

Other studies were done on programming for men on family planning in Zimbabwe and Kenya. The study showed increased percentage of men who believed, they alone should be responsible for family planning decisions but increase in male approval of contraceptive use was lacking (Report of WHO Regional Advise in Reproductive Health, 2001). This attitude among men is common particularly in Saharan Africa including Ghana. What is known generally is that men are the heads of the family and, therefore, the decision makers, including health issues.

Tigray (2002) Another study on role of men in fertility and family planning in Tigray region showed that most of the family planning programs, moreover, have less attention towards the understanding of men's role in the effective and consistent utilization of contraceptive methods. The methods that require male access and utilization are less used.

Family planning providers in general (both government and private) fail to address men's concern and fears, which are different from that of women. It has been observed that men generally, desire larger families than do their wives. This is because of social and economic gain they derive from having large number of children.

A study done on men's attitudes towards family planning in Ilorin in traditional urban Nigeria revealed that men are either not interested or concerned about family planning or are opposed to it. But the reality of the fact is that, men are really interested, not only allowing their wives, but they themselves participating in its practice (Kamla-Raj 2006).

According to a study done on utilization of family planning services in Zarqa Governorate in Jordan, constraints to utilization at service level are identified based on service observations and the perspectives of providers. Service statistics, clinic observations and focus group discussions were used to compare utilization patterns. Findings showed that family planning provision is still fragmented, and men are needed to increase family planning utilization. (Hasna, 2006). What is known in literature, and

what is generally known, for many years family planning programmes have offered attention largely on women on matters concerning reproduction. This is because of the fact that women bear the physical and emotional strain of pregnancy and childbirth.

A case study was carried out to examine the extent of male use of family planning and the nature of men's role in family planning in the developing countries. The study showed that lack of supply and inadequate information were the two key reasons for insufficient use of male contraception and low levels of utilization. (Polish Population Review 1994) In Ghana for instance, most males are well informed and knowledgeable in reproductive health issues including family planning. But because of certain beliefs, perception and misconceptions, they do not patronize the service.

A study carried out in Bangladesh revealed that low use of male methods is likely to remain static in most of the developing countries. Even though there are high level of contraceptive prevalence in some developing countries the use rate of male methods is very low. Despite the pioneering role played by age –old male methods in the evolution of family planning, the present contribution of male methods (traditional& modern) to the total contraceptive prevalence rate is still low (Hossain, 2003). Here, consultation with men (either alone or as part of a couple) covering a wider varieties of topics on reproductive health issues, using skilled and competent service providers, preferably males will help close the gap between male and female access to family planning service in general.

An interview and Focus Group Discussion was used to carry out a study in Philippines, assessing the status of male involvement in family planning, the study revealed that there is a lack of representative data on men related to knowledge, and attitude about family planning (.Clark, et., al 2008).

Blute and others, (2005) a qualitative study on male perspectives on the use of withdrawal as a method of fertility regulation, the study was carried out in Turkey using in-depth interviews. It was revealed that couples need better access to accurate

information on modern methods provided in a non-threatening, client –friendly environment.

A household survey was conducted in an urban and rural area in Kwazulu-Natal, South Africa. The study shows that knowledge about male family planning such as condom was very high, but few men reported consistent or occasional use (Cleland, 2004).

2.4 Service Providers view on male access and utilization of family planning

According to a study carried out in Cambodia using focus Group Discussion, to assess the views of family planning users and providers. The study showed that there was local misinformation, privacy concerns of users and importance of convincing men to adopt a particular method such as the male condoms for family planning and the need to getting men involved in family planning. Also it was found that when couples did agree to use a method such as condoms, it was the women who pick them from the supply centre for the men. There is an indication that men normally avoid using the family planning service.

For males to be involved in family planning and utilize the service themselves, service providers need some training to boost their competency in delivering the service to men. (Walston, 2005). National Statistics Office, (2004) qualitative evidence derived from using Focus Group Discussion and in-depth interviews in Philippine indicated that men do not use a family planning method for a variety of reasons. Men, along with health personnel, came out that family planning clinics and health centers, including the staff are not friendly to men. Studies have besides, shown that involving men in family planning does not need to be a costly effort and has to be addressed holistically. (Mehta, 1996)

2.5 Knowledge Gap

Research done by the researcher, showed that little is known about men's role in the adoption of family planning methods. Men have often been neglected in family

planning issues. There is the felt need to involve men in family planning, since men are the dominant decision makers in our culture.

Studies have also shown that knowledge and awareness of family planning is widespread among men, yet the rate of contraceptive use by males, especially, couples, is low among males as compared to females (Reddy et al., 2003).

Until recently, the main focus has been on male involvement in family planning, but now studies have again revealed that the males must go beyond just involvement in family planning, but they should also access and utilize the service themselves. This will go a along way to help child spacing, reduce the number of children born to families, reduce the consequence of sexual activities which mostly results in unwanted pregnancies, unsafe abortions, HIV and other sexually transmitted infections. Again it can decrease population growth, by reducing fertility rate among couples and improve quality and cost effectiveness of contraceptive use.

CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter gives a brief description of the study type and design, study area, study population, sampling, sample size, sampling method, data collection, data management and analysis, ethical consideration, limitations of the study.

The main purpose of this study was to determine access and utilization of family planning service among males. Therefore, a cross-sectional study was considered.

3.1 Study Design and Type

The study design was a descriptive cross-sectional one. Both quantitative and qualitative methods were used to assess knowledge, perception, access, availability and utilization of family planning among males. The study was carried out among males within 19-59 years of age. This design was the method of choice, because it fields studies in natural setting, and explains phenomena from the person being studied (Brink & Wood, 1998) and produces descriptive data from the respondent own written or spoken words (Streubert & Carpenter, 1999).

From a philosophical view point, the study of human is deeply rooted in descriptive modes of science, which is concerned with describing the fundamental pattern of human thought and behavior. This type of study is particularly important in situations where there exists little or no information. Men are not homogeneous group of people with the same needs. In every situation, there are internal variations in men's needs, brought about by the fact that men belong to different age set and different socio-cultural and economic backgrounds. The unique needs of each category, therefore, need to be discovered through descriptive cross-sectional study.

3.2 Study Area

The geographical scope of the study covers the Ga East Municipality, with total population of 294,121 of the year 2008 at a growth rate of 4%. The municipality is made up of four (4) sub districts-Madina, Danfa, Taifa, and Dome. There are fifty nine (59) communities, which are mixed settlements, urban, peri-urban, and rural areas, Two thirds of the municipality, are peri –urban and rural. The municipality has a total number of thirty nine (39) health facilities, clinics and maternity homes. Public health facilities constitute only 12%. Thirty one of the thirty nine health facilities are private, one CHAG and one quasi government health facility. Total staff population of family planning service providers is 225. The municipality among others renders reproductive and child health service. Most of the health facilities provide curative care and preventive services. The District Health Management Team (DHMT) works in collaboration with some of the private health facilities, related agencies such as Ghana education service, agriculture sector, local government and Ghana Water Company. Prevailing health problems in the area includes malaria, tuberculosis and malnutrition. Low utilization of family planning service among males is another health concern in the Ga Municipality. Males aged between 19-49 years form 27% of the total population, which is 79,413.

3.3 Study Population

Population is the entire number of people or element available for a study. The study population for this study was men between the ages 19-59years. This age group was selected, because it is considered to be the reproductive age group. In addition, family planning providers, specifically, nurses who provide reproductive health services, in the Ga East municipality were also selected to support the study.

3.4 Sampling

A multistage sampling technique was used to select the subjects for the study. .

All the four (4) sub-districts in the Ga municipality, which include Danfa, Madina, Taifa and Dome, were selected for sampling.

3.4.1 Sample Size

All the four sub-districts were selected for sampling because it would give true representation of the population. Computation of the sample size came out with 120 males by using family planning prevalence rate of 25%, confidence interval of z=1.96, degree of accuracy desired d=0.10, response rate=80%, non-response rate=20%, of the sample size. Relative risk was 1.00. Calculated sample size was 120 respondents. One hundred and twenty (120) subjects were used for the study. That is 120 males, within the reproductive age group were interviewed, from the urban, the peri-urban and the rural areas of the municipality that is ninety (90) subjects were from the urban/peri urban areas- Madina, Taifa, Dome and thirty (30) subjects were from the rural segment - Danfa. Besides, twenty (20) service providers, were interviewed to illicit their views on access and utilization of family planning among males, to support the study.

3.4.2 Sampling Method

The sampling units were all the four sub-districts made up of Madina, Danfa, Dome and Taifa. All these areas were selected for the study, using cluster sampling. The first 10 households within each sub district were selected randomly by spinning a pen which pointed to a particular direction. The remaining nine households were selected by serial proximity. This was done in all the four (4) sub districts. From the selected households, stratified sampling was used to divide the male population into distinct subgroups according to age. Then simple random sampling was used again to select three (3) males' respondents from the subgroup, in each of the ten households making thirty for each of the four sub districts. In all, a total of hundred and twenty (120) males of age between 19-59 years, were selected and interviewed. That is, 10 households were selected randomly, and from each household 3 males were interviewed. Thirty (30) respondents were from the 10 households selected from each sub district making 120 respondents.

Besides, twenty (20) service providers were also selected, using the purposive sampling technique. In this case, service providers who were available were selected and interviewed.

3.5 Data Collection

The method of data collection employed was interview. Questionnaire was designed for that purpose. The questionnaire was both open-ended and closed ended and also exploratory in nature, (see appendix 1&2) to help respondents easily share their views. An interview was conducted for the respondents in their own environment (household), using local language, specifically, the Twi, and the Ga languages after pre-testing the questionnaire. Privacy and confidentiality was ensured, by dealing with the respondents individually. The information collected includes age, marital status, educational background, and knowledge about family planning, perception about family planning, access, utilization and availability. The service providers were interviewed, to give their views about access and utilization of family planning service among males. .Also as part of the preparation for data collection, a day was used to train two (2) research assistants in data collection skills, to help with the data collection.

Both quantitative and qualitative methods were used because variables were measured numerically. Also qualitative was used because aspects of the human experience related to values, culture and relationships cannot be described fully using quantitative research methods (Thorne, 1997).

For objective one, which is on knowledge and perception, about family planning, questionnaire and interview was used, to obtain the information from respondents.

For objective two, questionnaire and interview were employed to collect data on availability and access to family planning service.

For objective three, also questionnaire was used to elicit information on the level of utilization of family planning service from the respondents.

With the service providers, interview guide was used to obtain the information from them.

3.6 Data Management and Analysis

Data analysis was done after data had been collected and checked for completeness and accuracy.

A sample of one hundred and twenty (120) questionnaires was taken, and all the answers for a particular question were arranged according to the questionnaire number. The answers were categorized and coded. The answers were again listed and grouped, putting those with the same code together. The SPSS soft ware was used to analyze the data. Multivariable tables were generated. Further, these tables were edited and re-framed in MS-word. The qualitative data through interview guide were analyzed by the investigator manually.

3.7 Ethical consideration

Ethical clearance was obtained from the Municipal Director of Health Service Ga municipality, on behalf of the key informants in the various sub districts, before the data collection. Site approval from the various heads (Key informant) of the health facilities in the Ga municipality was also sought. In addition, we entered the communities through the opinion leaders, specifically, the assembly men from the various sub districts. We met a couple of them and discussed the purpose of the study, and the benefits of the study to the communities. Their consent was then sought to use the communities for the study. Informed consent that is the permission to involve them in the study was also obtained from all the respondents before interviewing them. The purpose and the objectives of the study, and any potential risk or benefits inherent in the study were explained to the respondents. The respondents were given an opportunity to ask questions about the study at any stage, and to withdraw from the study at any time. Privacy and confidentiality were ensured by dealing with the respondents on individual basis.

All information provided by a respondent was kept under lock and key. It would be accessible to only the researcher and the supervisor of the Department of Community Health - Kwame Nkrumah University of Science and Technology.

3.8 Limitations of the Study

- Subjectivity which could result in bias, in an effort to relegate my values and beliefs to the background, when dealing with the respondents.
- Few non-response rates.
- Financial constraints because funds were not readily available for the research.
- Access to some parts of Danfa catchments area, within the study area was very difficult due to the bad nature of the road.

These limitations did not have any negative influence on the validity of the findings because appropriate measures were introduced which served as a guide and support. Some of the measures taken were:

1. The researcher was objective in dealing with the respondents
2. Financing of the study was from the researcher's own resources
3. The researcher managed to get to the catchments areas by her own means of transport.

CHAPTER FOUR

RESULTS

4.0 Introduction

This research is a cross-sectional study and the results are presented as follows:

- Frequency and percentage distributions were calculated for all variables.
- Significance of the relationship between the independent variables of interest and dependent variables was tested by chi-square test.
- Level of statistical significance was at 0.05
- Binary logistic regression analysis used for prediction

4.1 Background characteristics of respondents

4.1.1 Age

Planning with males has no age limit. Since most males can still reproduce after the reproductive age.

Table 4.1: Agedistribution of respondents

	Frequency	Percent	Cumulative Percent
19 - 29	**45**	**37.5**	**37.5**
30 - 39	**47**	**39.2**	**76.7**
40 - 49	**16**	**13.3**	**90.0**
50 - 59	**11**	**10.0**	**100.0**
Total	**119**	**100.0**	

Source: Fieldwork, June 2008

The age distribution of the respondents is presented in Table 4.1. Majority of the respondents were within the age group of 30-39, this represents 45% of total number of 120 respondents, followed by 19-29 age group with 40% of respondents. Collectively,

the people in the 19-39 age groups carry 76 .7% and these are the most sexually active. They are also in the majority. The mean age was 39years with minimum age of 19 and maximum age 59years.

4.1.2 Marital Status

Marital Status

	Frequency	Percent	Cumulative Percent
Single	40	33.3	33.3
Married	61	50.8	84.2
Divorced/Separated	16	14.2	98.3
Widowed	2	1.7	100.0
Total	119	100.0	

Source: Fieldwork, 2008

.

With reference to Table 4.2, the Married forms the majority of the respondents, that is 61 out of the 120 respondents, representing 50.8%. This means that most respondents were married couples. There were 40 respondents who were singles, representing 33.3% of total respondents interviewed.

4.1.3 Educational Background

Table 4.3 Education Background

Educational level	Frequency , n=120*	Percentage
None	10	8.4
Elementary/JHS	38	31.9
Secondary/Senior High School	43	36.1
Tertiary	28	23.5
Total	119	99.9

Source: Fieldwork, June 2008

* Missing values excluded

The educational backgrounds of the respondents as tabulated in Table 4.3 shows that of the 119 people who responded. 10 (8.4%) had no formal education. The remaining 109, representing 91.5%, had gone through some form of education. Meaning those who had received some level of education are more than those without, any forms of education.

4.1.4 Occupation

Table 4.4 Occupation

Occupation	**Frequency , n=120***	**Percentage**
Farmer	10	8.7
Trader	37	32.2
Civil Servant	43	37.4
Unemployed	21	18.3
Private sector	4	3.5
Total	115	100.1

Source: Fieldwork, June 2008

In relating occupational status to family planning, one may like to know whether this can influence the individual's (males) ability to pay for the service.

Table 4.4 depicts the occupational status of the respondents. Four respondents did not respond to the question on occupational status. Looking at the table, as high as 21 respondents were unemployed representing 18.3%. Invariably, majority (81.8%) of them were gainfully employed, either as civil servant, self employed or they were in farming business. This means that most of the respondents can access the family planning service financially, without much problem.

4.1.5 Religion

Table 4.5 Religion

Religion	Frequency , n=119*	Percentage
Christian	96	80.0
Moslem	17	15.0
Traditionalist	4	3.3
Don't go to Church	2	1.7
Total	119	100.0

Source: Fieldwork, June2008

Considering religion and family planning, the study sought to find out, whether religion has influence on family planning, or not.

As shown in Table 4.5, about 117 (98.3%) of the total respondents have some form of religion. While the remaining 2 (1.7%) do not belong to any religious persuasion.

4.1.6 Number of Children

Table 4.6: Number of children

	Frequency	Percent	Cumulative Percent
None	**41**	**34.2**	**37.6**
1 - 2	**32**	**26.7**	**67.0**
> 3	**36**	**30.0**	**100.0**
No response	**10**	**9.2**	
Total	**120**	**100.0**	

Source: Fieldwork, June2008

Looking at parity in relation to family planning, the researcher wants to determine whether parity has effect on practice of family planning by men.

Table 4.6 referred to the number of children the respondent's have. While as many as 36 respondents representing 30% said they have more than three (3) children, 32 that is 26.7% had either 1 child or 2 children. Here the respondents with certain number of children still need health education on the importance of family planning service. Those who do not have children at all were 41 respondents representing 34.2%. These people can also use family planning service to prevent unwanted pregnancy, and protection from sexually transmitted infection.

4.1.7 Intention for more Children

Table 4.7 Intention for more Children

Intention for more Children	Frequency , n=120*	Percentage
Yes	66	55.5
No	53	44.5
Total	119	100.0

Source; Fieldwork, June2008

The decision by respondents to have more children is very important to the researcher. Hence, the study tried to find out whether desire for more children has influence on utilization of family planning among men. During the interview, sixty six (66) of the people representing 55.5% of the total respondents said they will like to have more children in future. Fifty three (53) of them representing 44.5% said they were not willing to have more children. Interestingly, of the 36 respondents who have three (3) or more children might have expressed the desire to have more .The thirty two (32) respondents who have one or two children will also like to have more children, while the forty one (41) who have none will like to have children in future, Tables 4.6 & 4.7 above.

4.2 Knowledge and Perception

4.2.1 Idea about Family Planning

Table 4.8 Do you have any idea about family planning?

Idea about Family Planning	Frequency , n=120*	Percentage
Yes	96	81.4
No	23	18.6
Total	119	100.0

Source: Fieldwork, June 2008

During the interview, the respondents were asked whether they have any idea about family planning, this was to find out how, family planning is perceived, among males. With reference to Table 4.8 as high as 96 people representing (80%) answered yes to whether they have any idea about what family planning is and 23 respondents, constituting 18.6%, answered in the negative.

4.2.2 Knowledge about Family Planning

Table 4.9 What do you know about Family Planning

What do you know about Family Planning	Frequency , n=120*	Percentage
Child Spacing	44	37.3
Few Children	24	20.3
Prevention of Pregnancy	33	28.0
Use of Contraceptive	14	11.0
Nothing	4	3.4
Total	119	100.0

Source: Fieldwork, June 2008

The respondents apart from having an idea about family planning were further probed, to find out what they actually know about family planning, and as to whether knowledge about family planning, among men has influence on utilization.

With reference to Table 4.9, 115 (96.6%) of the respondents, had different views about what family planning is, while a few of them claimed to know nothing about family planning. Here, majority of the people appeared to have some level of knowledge about what family planning is, and vise versa.

4.2.3 Importance of Family Planning

Table 4.10 Importance of family planning

Importance of Family Planning	Frequency , n=120*	Percentage
Yes	90	75.6
No	29	24.4
Total	119	100.0

Source: Fieldwork, June2008

By finding out how the people perceive family planning, they were interviewed to solicit information, as to whether family planning is important or not, and also whether its importance affects practice among men. From Table 4.10 ninety (90) people representing (75.6%), responded in the affirmative, that it is very important while, (24.4%) said they do not think family planning is important. The responses given here is consistent with the response in the question that sought to find out their ideas of what family planning is.

4.2.4 Health Facilities Providing Family Planning Service

Table 4.11: Where can you receive family planning service in this community?

	Frequency , n=120*	Percentage
Hospital	70	58.3
Health centre	42	35.8
Private clinic	1	.8
Maternity homes	3	2.5
Pharmacy/Drug store	3	2.5
Total	119	99.9

Source: Fieldwork, June 2008

Respondents were asked to produce information on facilities, from which family planning service can be accessed. This also gives an idea as to whether the respondents have knowledge, and interest about family planning issues.

As shown on Table 4.11, almost all the one hundred and twenty respondents (120) knew where to get family planning service in their communities.

4.3 Availability and extent of access

4.3.1 Family Planning Service Available

Table 4.12: What family planning services are available in this community?

	Frequency , n=120*	Percentage
Counseling	63	52.9
Health education	51	42.8
Screening	5	4.2
Total	119	99.9

Source: Fieldwork, June2008

Again, the target group for the study was interviewed on the type of family planning service available in their various communities, which also from the researcher's point

of view, determines the knowledge of the respondents, on other family planning matters.

From Table 4.12, according to the respondents, the family planning service available to them in the community include, but not to be limited to the ones mentioned here, which are; counseling, Health education and screening, all recorded, 119 (100%) responses given by respondents.

4.3.2 Family Planning Methods available to Men

Table 4.13: What methods are available for men

	Frequency , n=120*	**Percentage**
Condon	106	89.1
Vasectomy	5	4.2
Natural method	5	4.2
Others	3	2.5
Total	119	100.0

Source: Fieldwork, June2008

Knowledge was assessed on the types of family planning methods available for men. This study was conducted to ascertain whether men are conversant with the few male methods of contraceptive that are available. Looking at Table 4.13, the majority of the people recorded 106 for male condom, representing 89.1%. They mentioned condom as the method available for men. Besides, 5 respondents forming 4.2% mentioned vasectomy and natural methods respectively.

4.3.3 Preference for Particular Method

Table 4.14: Do you prefer a particular method to others?

	Frequency , n=120*	**Percentage**
Yes	73	64.0
No	41	36.0
Total	114	100.0

Source: Fieldwork, June2008

When asked if there is a method respondents preferred as opposed to other methods, Table 4.14 shows that seventy three (73) people that is 64.0% answered in the affirmative, and invariably, forty one (41) representing 36.0% said no as tabulated above. Five people however did not respond to this question.

4.3.3 **Providers of Family Planning Service**

Table 4.15: Who provides family planning service in this community?

	Frequency , n=120*	**Percentage**
Nurses	73	60.8
Midwives	16	13.3
Medical Assistant	3	2.5
Chemist	21	18.3
Community Health Worker	5	4.2
Don't know	1	.8
Total	119	99.9

Source: Fieldwork, June2008

Concerning people who provide family planning service in the various communities, the investigator was interested in whether service providers have influence on patronage of family planning service by men. Table 4.15 presents the list of family planning service providers as given by the respondents. 73 (60.8%) of the people, recognized nurses and midwives mainly as service providers, followed by the Chemist, 22 (18.3%).

4.3.5 Availability of Family Planning Service to Men

Table 4.16: Is family planning service easily available for men in your community?

	Frequency , n=120*	**Percentage**
Yes	67	56.3
No	52	43.7
Total	119	100.0

On availability of the family planning service, the study determined to find out whether family planning service is readily available to men, in their community and if, availability has effect on its use, among men. With reference to Table 4.16, 67 respondents representing 56.3% said family planning service is readily available, other respondents 52 (43.7%) stated otherwise.

4.4 Access

4.4.1 Impression on Access

Table 4.17: What are your impressions on access to family planning service?

	Frequency , n=120*	**Percentage**
Good	75	63.6
Bad	44	36.4
Total	119	100.0

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Table 4.17 shows the impressions of respondents on access to family planning. From the data provided on the table, quite a large number of respondents, about 75 (63.6%) had good impression on access to family planning. While forty three (43) respondent representing 36.4% stated that their impression about family planning is not all that good.

4.4.2 Convenient to Accessing Family Planning Service

Table 4.18: Is it convenient to access family planning service?

	Frequency , n=120*	**Percentage**
Yes	78	66.7
No	39	33.3
Total	117	100.0

It is also important to know if barriers to access have effect on usage of the service. In all, 78(66.7%) said it is convenient to access the service while, 39 (33.3%), said, it

difficult to reach out for the service, as shown in Table 4.18. Two respondents did not respond to this question.

4.4.3 Payment of Family Planning Service

Table 4.19: Do you pay for the family planning service?

	Frequency , n=120*	**Percentage**
Yes	80	69.6
No	30	26.1
Don't know	5	4.3
Total	115	100.0

The study found it important to find out whether payment has any influence on family planning utilization. For payment of the service, 80 respondents representing 69.6% said they pay for the family planning service while 30 people forming 26.1% said they do not pay for the service, Table 4.19. Four respondents did not, however, respondent to this question.

4.4.4 Distance to the Facility

Table 4.20: How far is the facility from your home?

	Frequency , n=120*	**Percentage**
<2km	70	60.3
2 – 10 km	27	23.3
>10km	19	16.4
Total	116	100.0

Again, distance was taken into consideration, as to whether it also, has effect on utilization of family planning. Table 4.20, showed that 70 (60.3%) of the respondents cover less than 2km to access family planning service which means for the majority, the service is close to them. Twenty seven (27) representing 22.5% cover between 2 and

10km while 19, that is 15.8% cover more than 10km to access family planning service. Three respondents did not respond to this question.

4.4.5 Effect of Distance on Utilization

Table 4.21: Does distance affect utilization of the service?

	Frequency , n=120*	Percentage
Yes	52	43.7
No	67	56.3
Total	119	100.0

Considering the effect of distance and utilization of family planning service, and whether distance has influence on practice of family planning among men. 52(43.3%) of the people agreed that distance has effect on utilization. On the other hand, 67 (55.8%) respondents think distance does not affect utilization of family planning. This is shown in Table 4.21.

4.4.6 Ability to get to the Facility

Table 4.22: Does ability to get to the facility affect utilization?

	Frequency , n=120*	Percentage
Yes	57	47.9
No	62	52.1
Total	119	100.0

The ability to get to the facility, and also use the family planning service gives an idea as to whether there is a relationship, between ability to get to the facility and usage. From Table 4.22, the ability to get to the facility does not seem to overwhelmingly affect utilization, since 62 (52.1%) of the 120 respondents think so, and 57 (47.5 %) of the people believe that ability to get to the facility affects utilization of family planning service.

4.4.7 Means of Getting to the Facility

Table: 4.23 Do you walk or take transport to the facility?

	Frequency , n=120*	Percentage
Yes	87	91.6
No	8	8.4
Total	115	100.0

Table 4.23 depicts the responses as follows; Here the responses shows that 87 respondents representing 91.6%, either walk or take transport to the facility because the health facilities are in the community and, therefore, they are within reach, while 8 (8.4%) do not use any of the facilities. Four respondents did not respond to this question.

4.5 Utilization of family planning service

4.5.1 Places Where People Seek Family Planning Service

Table 4.24: Where do people go for family planning?

	Frequency , n=119	Percentage
Hospital	76	63.9
Clinic	23	19.3
Chemist shop	14	11.8
RCH	5	4.2
CHW	1	.8
Total	119	99.9

The respondents were specifically asked about places where family planning service is given. The idea may be to find out whether men are interested in using family planning service. Table 4.24 depicts the response as follows; majority of the people said hospitals and clinics are the facilities which mostly, render family planning service. Others made mention of chemist shops.

4.5.2 Availability of Family Planning Service When Needed

Table 4.25: Are family planning services available when needed?

	Frequency , n=119	Percentage
Yes	84	71.2
No	32	26.3
Don't know	3	2.5
Total	119	100.0

Regarding the question on availability of family planning service when it is needed, provides an idea as to whether lack of family planning service has effect on acceptance and utilization among men.

For as many as 84 (71.2%) of the respondents said family planning services are always available when needed, but 32 (26.3%) of the respondents did not agreed to that, by saying that it is not available when needed, as shown in Table 4.25.

4.5.3 Those that Have Used Family Planning Before

Table 4.26: Have you once used the family planning service?

	Frequency , n=117	Percentage
Yes	68	58.1
No	49	41.9
Total	117	100.0

With those who have used family planning service before, it is important to know whether it is likely, that they will use it again or not.

With reference to Table 4.26, 68 (58.1%) of the respondents agreed that they have used family planning services before, while 49 (41.9%) have not used any of the methods at all, whereas two respondents did not respond to the question.

4.5.4 Impression about Family Planning

Table 4.27: What was your impression about the service?

	Frequency , n=120*	Percentage
Excellent	26	24.5
Good	53	50.0
Bad	11	10.4
No idea	16	15.1
Total	116	100.0

Respondents were asked to state their impression about the family planning service. As shown in Table 4.27 Seventy nine (79) respondents representing 74.5% rated family planning as excellent. Fifty three (53) respondents representing 50.0% said it was good, while 11 (10.4%) assessed it as bad, most likely due to their perception about family planning. Three respondents did not respond to the question.

4.5.5 Still Users of Family Planning Service

Table 4.28: Do you still use family planning service?

	Frequency , n=120*	Percentage
Yes	56	48.7
No	57	49.6
No idea	2	1.7
Total	115	100.0

The interviewees were asked whether they still use family planning service, this was to determine whether, men attach importance to utilization of family planning service, or not, Table 4.28. Of the respondents who said they have used family planning service before, 56 (48.7%) still use family planning, while 57 (49.6%) were not using it. Three respondents did not respond to this question.

4.5.6 When Family Planning Method is Used

Table 4.29: When do you use family planning service?

	Frequency , n=119	Percentage
After child birth	16	13.7
Before sex	51	43.6
Always	9	6.8
Have not used one	42	35.0
When needed	1	.9
Total	119	

The respondents were asked, as to when they normally use family planning service, in order to know whether they were familiar with the use of a particular family planning method. With reference to Table 4.29, majority of the men, representing 51 (43.6%) said they use whatever method before sex, while 16 (13.7%) use it after childbirth.

4.5.7 How Often Family Planning is Used

Table 4.30: How often do you use family planning service?

	Frequency , n=120*	Percentage
Yearly	13	13.3
Monthly	30	30.6
Weekly	24	24.5
Every day	10	10.2
Not used one before	22	21.4
Total	119	100.0

Table 4.30 depicts the various responses from the respondents, on frequency on family planning use as follows: 30 (30.6%) use their choice monthly, 24 (24.5%) of them use it weekly, 13 (13.3%) use the method yearly, while 10 (10.2%), use theirs every day.

4.5.8 Decision to Family Planning Service in Future

Table 4.31: Do you intend using family planning service in future

	Frequency , n=119	Percentage
Yes	69	58.5
No	50	41.5
Total	119	100.0

The respondents were interviewed on as to whether they plan using family planning in the future. This will give the idea as to whether men are interested in the usage of family planning or not.

As shown in table 4.31, most of the people, forming 69 (58.5%) said they intend to use family planning. while, 50 (41.5%) did not show interest in using it in the near future

4.5.9 Intention of Motivating Others to Use the Service

Table 4.32: Would you encourage other men to use the service?

	Frequency , n=120*	Percentage
Yes	85	73.3
No	31	26.7
Total	116	100.0

The respondents were asked whether they will encourage other men to use family planning services, or not. Here, the investigator wanted to know if men are committed to family planning. 85 people representing 73.3% of the respondents responded in affirmative while, 31 (26.7%) did not agree to support, the use of family planning service among men.Therefore, the table shows that men are committed to family planning, Table 4.32. Three respondents, however, did not respond to this question.

4.6.0 Testing for associations between background characteristics and some selected Variables

Classification of Variables Using Chi-square .The classification tables
That is table 4.33 to table 7.1 indicates chi-square analysis with cross tabulation output.

Table 4.33: Association between age and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Age	19 – 39	**71**	**19**	**90**
		78.9%	**21.1%**	**100.0%**
	40 – 59	**25**	**3**	**28**
		89.3%	**10.7%**	**100.0%**
Total		**96**	**22**	**118**
		81.4%	**18.6%**	**100.0%**

Table 4.34: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	**1.522**[a]	**1**	**.217**		
Continuity Correction[b]	**.914**	**1**	**.339**		
Likelihood Ratio	**1.676**	**1**	**.195**		
Fisher's Exact Test				**.275**	**.170**
Linear-by-Linear Association	**1.509**	**1**	**.219**		
No. of Valid Cases	**118**				

Generally, across the age groups, more people had an idea about family planning than those who did not. There was, therefore, the need to test whether there is any association between knowledge about family planning and age. In the associated chi-squared analysis the frequencies in the cells were mostly less than five (i.e. 5) and so the age groups had to be recoded in order for the chi-squared analysis to be valid,(reference to Table 4.33 and Table 4.34). It was found that there was no association between age and one's idea about family planning (p=0.217) at 95% confidence level.

In other words, knowledge of family planning does not depend on age, as to whether one is young or old.

Table 4.35 Test of association between marital status and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Marital Status	Single	**31**	**9**	**40**
		77.5%	**22.5%**	**100.0%**
	Married	**48**	**11**	**59**
		81.4%	**18.6%**	**100.0%**
	Divorced/Separated/ Widowed	**17**	**2**	**19**
		89.5%	**10.5%**	**100.0%**
Total		**96**	**22**	**118**
		81.4%	**18.6%**	**100.0%**

Table 4.36: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**1.218[a]**	**2**	**.544**
Likelihood Ratio	**1.320**	**2**	**.517**
Linear-by-Linear Association	**1.126**	**1**	**.289**
N of Valid Cases	**118**		

In all, more than half of the people who were married had some idea about family planning. It was important, therefore, to test whether there is any association between knowledge of family planning and marital status. In the chi-squared analysis, (reference to Table 4.35 and Table 4.36), it was discovered that there was no significant association between marital status and knowledge about family planning.(p=0.544) at 95% confidence level. In other words, knowledge of family planning was not related to marital status.

Table 4.37: Test of association between educational background and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Educational background	None/Elementary/ JHS	**35**	**13**	**48**
		72.9%	**27.1%**	**100.0%**
	Secondary/SHS	**35**	**7**	**42**
		83.3%	**16.7%**	**100.0%**
	Tertiary	**26**	**1**	**27**
		96.3%	**3.7%**	**100.0%**
Total		**96**	**21**	**117**
		82.1%	**17.9%**	**100.0%**

Table 4.38: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**6.487**[a]	**2**	**.039**
Likelihood Ratio	**7.650**	**2**	**.022**
Linear-by-Linear Association	**6.403**	**1**	**.011**
N of Valid Cases	**117**		

The majority of the respondents had got one form of education or the other. However, the higher one moves along the educational ladder, the more the knowledge about Family planning. There was, therefore, the need to test whether there is any association between knowledge of family planning and educational background of respondents. In the accompanying chi-squared analysis, (reference to Table 4. 37 and Table 4.38), it was found that education has significant association with knowledge about family planning (p=0.039) at 95% confidence level.

Table 4.39: Test of association between occupation and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Occupation	Civil Servant	**39**	**4**	**43**
		90.7%	**9.3%**	**100.0%**
	Unemployed	**15**	**5**	**20**
		75.0%	**25.0%**	**100.0%**
	Private Sector	**39**	**11**	**50**
		78.0%	**22.0%**	**100.0%**
Total		**93**	**20**	**113**
		82.3%	**17.7%**	**100.0%**

Table 4.40: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**3.448**[a]	**2**	**.178**
Likelihood Ratio	**3.698**	**2**	**.157**
Linear-by-Linear Association	**2.440**	**1**	**.118**
N of Valid Cases	**113**		

Generally, among the respondents who were employed, majority of them had an idea about family planning than those who did not. It is, therefore, important to test if there is any association between idea about family planning and occupation. The earlier cross tabulation computed contained too many under-five frequencies, hence the 'occupation' variable had to be recoded in order to have a valid chi-squared analysis. In the chi-squared analysis, (reference to table 4.39 and Table 4.40), it was realized that there was no significant association between occupation and knowledge about family planning. (p=0.178) at 95% confidence level.

Table 4.41: Test of association between religion and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Religion	Christian	**78**	**17**	**95**
		82.1%	**17.9%**	**100.0%**
	Moslem	**15**	**2**	**17**
		88.2%	**11.8%**	**100.0%**
	Other	**3**	**3**	**6**
		50.0%	**50.0%**	**100.0%**
Total		**96**	**22**	**118**
		81.4%	**18.6%**	**100.0%**

The majority of the people who had some form of religion or the other appeared to have some idea about family planning than others. There was, therefore, the need to test if there is any association between knowledge of family planning and religion. Here, it was not possible to compute chi-squared analysis to confirm the finding just made because the computed chi-squared analysis was not valid to draw conclusions on.

Table 4.42: Test of association between number of children and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Number of children	None	**31**	**9**	**40**
		35.6%	**45.0%**	**37.4%**
	1 – 2	**26**	**5**	**31**
		29.9%	**25.0%**	**29.0%**
	> 3	**30**	**6**	**36**
		34.5%	**30.0%**	**33.6%**
Total		**87**	**20**	**107**
		100.0%	**100.0%**	**100.0%**

Table 4.43: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**.613[a]**	**2**	**.736**
Likelihood Ratio	**.603**	**2**	**.740**
Linear-by-Linear Association	**.436**	**1**	**.509**
N of Valid Cases	**107**		

Generally, with regard to parity greater number of respondents who had children know about family planning. It is, therefore, very important to test whether there is an association between knowledge of family planning and parity. In the associated chi-squared analysis, with (reference to Table 4.42 and Table 4.43), it was discovered that there was no significant connection between parity and knowledge about family planning (p=0.736) at 95% confidence level.

Table 4.44: Test of association between intention to have more children and knowledge of family planning

		Do you have any idea about family planning?		
		Yes	No	Total
Do you intend to have more children?	Yes	**49**	**16**	**65**
		75.4%	**24.6%**	**100.0%**
	No	**46**	**6**	**52**
		88.5%	**11.5%**	**100.0%**
Total		**95**	**22**	**117**
		81.2%	**18.8%**	**100.0%**

Table 4.45: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	**3.236**[a]	**1**	**.072**		
Continuity Correction[b]	**2.436**	**1**	**.119**		
Likelihood Ratio	**3.364**	**1**	**.067**		
Fisher's Exact Test				**.096**	**.058**
Linear-by-Linear Association	**3.208**	**1**	**.073**		
N of Valid Cases	**117**				

Concerning the idea about family planning and intention to have children, quite a number of the people know about family planning, than those who do not know. There was, therefore, the need to test if there is any association between knowledge of family planning and intention to have children. In the chi-squared analysis, (reference to Table 4.44 and Table 4.45), it was realized that there was a significant relationship established between the intention to have children and knowledge about family planning (p=0.072) at 90% confidence level. This strongly implies that people's intention or decision to have more children is not based on ignorance.

4.7 Binary Logistic Regression Analysis

A Binary logistic regression was used to predict one's knowledge of family planning based on his/her age, marital status, educational background, occupation, religion, number of children he has, any effect of distance on utilization of family planning services, any effect of ability to get to the facility on utilization, means of access to the facility, availability of family planning service when needed, and whether one has ever used the family planning service, (Table 8 & Table 8.1). The classification table

indicates that about 88% of the variability in the dependent variable (idea about family planning) is explained by the independent variables. This implies that the module is very good when it comes to prediction.

Table 4.46: Classification Table

Observed		Predicted		
		Do you have any idea about family planning?		Percentage Correct
		Yes	No	
Do you have any idea about family planning?	Yes	**70**	**2**	**97.2**
	No	**8**	**3**	**27.3**
Overall Percentage				**88.0**

Only educational background was a significant predictor (p=0.052) of one's knowledge of family planning, at 90% confidence level. All the other independent variables were not predictors of one's knowledge of family planning. Thus, as per model 1 below, for every one level increase in education, the odds of knowing family planning (against not knowing family planning) decreases by 1.281. This could also go to imply that people with higher levels of education appear to have very little interest in issues related to family planning and vice versa.

Table 4.47: Variables in the Equation

	B	S.E.	Wald	Df	Sig.	Exp(B)
Q27	**-2.111**	**1.491**	**2.004**	**1**	**.157**	**.121**
Q28	**2.551**	**1.605**	**2.527**	**1**	**.112**	**12.822**
Q29	**-16.767**	**14115.308**	**.000**	**1**	**.999**	**.000**
Q31	**1.638**	**1.002**	**2.674**	**1**	**.102**	**5.144**
Q32	**.160**	**1.098**	**.021**	**1**	**.884**	**1.174**
Q1	**-1.032**	**.637**	**2.624**	**1**	**.105**	**.356**
Q2	**.506**	**.708**	**.510**	**1**	**.475**	**1.658**
Q3	**-1.281**	**.658**	**3.788**	**1**	**.052**	**.278**
Q4	**-.294**	**.462**	**.403**	**1**	**.525**	**.745**
Q5	**.116**	**.823**	**.020**	**1**	**.888**	**1.123**
Q6	**-.453**	**.636**	**.508**	**1**	**.476**	**.636**
Constant	**16.997**	**14115.309**	**.000**	**1**	**.999**	**2.408E7**

The accompanying model therefore is

In (odds) = -0.281*Educational background (1)

Where

odds = (likelihood of having an idea about family planning)/[1 – (likelihood of having an idea about family planning)]

Q1 is Age,

Q2 is Marital status,

Q3 is Educational background,

Q4 is Occupation,

Q5 is Religion,

Q6 is Number of children,

Q27 is any effect of distance on utilization of family planning services,
Q28 is effect of ability to get to the facility on utilization,
Q29 is means of access to the facility,
Q31 is availability of family planning service when needed, and
Q32 is ever used the family planning service

In a second binary logistic regression to predict one's current use of family planning services based on his age, marital status, educational background, occupation, religion, number of children he/she has, any effect of distance on utilization of family planning services, any effect of ability to get to the facility on utilization, means of access to the facility, availability of family planning service when needed, and whether one has ever used the family planning service, (Table 4.48 & Table 4.49), the classification table below indicates that about 81% of the variability in the dependent variable (current use of family planning services) is explained by the independent variables.

Table 4.48: Classification Table[a]

Observed		Predicted		
		Do you still use family planning service?		Percentage Correct
		Yes	No	
Do you still use family planning service?	Yes	**36**	**6**	**85.7**
	No	**9**	**29**	**76.3**
Overall Percentage				**81.3**

However, in model 2, compared to model 1 where only educational background was a significant predictor (p=0.052) of one's knowledge of family planning, at 95% confidence level, Marital status (p=0.053 at 90% confidence level), availability of family planning services when needed (p=0.021 at 95% confidence level) and one's ever use of family planning services (p=0.000 at 90% confidence level) were the only significant predictors of one's current use of family planning service. All the other

independent variables were not predictors of one's current use of family planning services.

Therefore, as per model 2 below, given that marital status was coded as single, married, divorced/separated and widowed, in that increasing order, for every one level increase in a person's marital status, the odds of currently using family planning services (against not using family planning services) decreases by 1.145 units, all other independent variables held constant. This could imply that as people get married and later on in life, they get widowed, etc, they make little or no use of family planning services and vice versa.

Also, as one has one more child, he makes one more use of family planning services and vice versa. This presupposes that the more people deliver, all other factors held constant, the more they also utilize family planning services. Likewise, as family planning services are available, one is likely to make three times use of the services and vice versa, all other independent variables held constant. This also explains the fact that people's utilization of family planning services, to a large extent, is engendered by the availability of family planning services. Finally, if one has used a family planning service once before, he is about four times more likely to use it again, and vice versa, all other factors held constant. This also clearly explains that persons who have utilized family services before are four times more likely to use it again. Hence, the challenge faced by family planning providers is how to get people to utilize family planning service for the first time. The moment they are committed to utilizing such services for the first time, people are more likely to go on utilizing them on their own.

Table 4.49: Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Q27	**1.808**	**1.220**	**2.195**	**1**	**.138**	**6.099**
Q28	**-.440**	**1.044**	**.177**	**1**	**.674**	**.644**
Q29	**.470**	**1.220**	**.148**	**1**	**.700**	**1.599**
Q31	**2.575**	**1.114**	**5.337**	**1**	**.021**	**13.125**
Q32	**3.921**	**1.064**	**13.585**	**1**	**.000**	**50.468**
Q1	**.625**	**.424**	**2.175**	**1**	**.140**	**1.869**
Q2	**-1.145**	**.592**	**3.746**	**1**	**.053**	**.318**
Q3	**.090**	**.370**	**.059**	**1**	**.807**	**1.094**
Q4	**.250**	**.369**	**.459**	**1**	**.498**	**1.284**
Q5	**-.763**	**.853**	**.800**	**1**	**.371**	**.466**
Q6	**1.020**	**.540**	**3.564**	**1**	**.059**	**2.773**
Constant	**-12.305**	**4.336**	**8.053**	**1**	**.005**	**.000**

4.8 Views of Service Providers on Access and Utilisation of Family Planning among Males

As part of the study on access and utilization of family planning among males, in-depth interviews were conducted on about twenty service providers in the Ga East municipality of the Greater Accra Region.

The respondents were asked whether they provide family planning services for both men and women or not. In response to that, Nineteen out of the twenty respondents responded in the affirmative that family planning services are provided for both men and women. While some of them added that "… but males do not access the family planning service, as compared to the women". Men prefer buying the male

contraceptives from stores, chemist shops etc". A study done in the United States confirms this which showed that males made up only 2% of the total client population (Ku, 1993). This view was also shared by the only female respondent who responded in the negative and that was why she never provides family planning services to males.

Respondents were also asked about some of the factors that promote male utilization of family planning. Among the responses listed, were home visits and follow up, health education, durbars, family planning programs targeting men only, intensification of health education, introduction of counselling section for men on the importance of family planning, health talks and sometimes organizing family planning programme for some particular groups within the churches, like men's fellowship, by creation of awareness etc. Others also listed organisation of durbars and stressed on the need for men to utilize the family planning service by themselves, health education in schools, churches, etc. There were some other unusual responses such as "… there should be more family planning methods for men such as the pills because the methods available for men are few". This supports Green et. Al (1996) that there is limited choice of methods for males and as a result men cannot fully participate infertility regulation. Some further said "… information, education and counselling will help men become responsible towards fertility regulation". Some said the males should make themselves available for the family planning services while others were of the view that service providers' commitment also counts in this matter. According to them service providers should be innovative enough in targeting the men by themselves. This agrees with Walston (2005) that service providers need some training to boost their competency in delivering the service to men.

Some of the service providers were also of the view that building the competency of service providers through in-service training, improving providers attitude, information, education and counselling, health education in schools, churches, mosques and other organizations targeting the men and male groups would go a long way in enhancing their potentials in accessing the men effectively. This compares well with Walston's (2005) assertion that for males to be involved in family planning and utilize the service,

the service providers need some training to boost their competency in delivering the service to men. They also said provision of male friendly facilities, strict counselling, health education, service providers' knowledge and competence in reproductive health issues that concern men were some of the qualities and demands for effective service provision target at men.

In view of the afore-stated views of the respondents, they were asked what some of the factors that prevent male utilization of family planning service are. Whereas some said fear, shyness and lack of knowledge about the importance of family planning, others stated that men have the perception that Family Planning is a women's issue and also the unconducive environments at the health facilities, etc., others also said health facilities were not made user friendly. Some, however, said that lack of competency on the part of service providers, lack of correct information, fear of stigmatization, insecurity, the fact that male methods are just few, lack of privacy and confidentiality on the part of service providers as well as providers' attitude towards their work, e.g. gossip disclosure of secrets etc. were some of the factors that hindered men from utilising family planning services the way their female counterparts do.

Respondents were also asked whether men use family planning services regularly or not. Whereas all of the twenty respondents who were interviewed answered in the negative, they gave possible reasons for the men not patronising family planning services regularly as including their not feeling comfortable to mix up with the women, most men don't see the need for it, etc. However, some of the respondents intimated that the males sometimes follow their wives to the clinic on other issues. A few of the respondents were however quick to add that the men rarely visited their facilities.

Those respondents who said some of the men rarely visited their facilities were asked how many men were attended to at a time, and in response, some said up to three or four men were attended to in a month.

When asked what they think could be done to improve utilization of family planning services in the Ga East municipality of the Greater Accra Region, respondents listed several measures including intensification of health education to men groups such as

men's fellowships, carpenters, tailors' associations etc., through campaign. Others include counselling to be done on one-on-one basis, the need for service providers to be sensitized on the importance of getting men involved in family planning themselves, service providers must know how to handle men when dealing with them, organising of special programmes involving men such as durbars, health talk in churches targeting the men groups, regular home visits, more male family planning methods should be devised, more male service providers should be trained and involved in service provision, reaching out to the men in their homes and work places with the family planning service.

Some of the respondents also called for the intensification of health education, service providers showing competency in dealing with men on family planning issues, redesigning of the facilities to make them male-friendly, continuous health education (i.e. health education must be ongoing) attitudinal change on the part of the service providers towards male utilization of the family planning service, etc. Some other service providers suggested that health personnel who are males should be engaged in providing the family planning service for men, and that this will cause the men to use the service. They said it will also make the men more comfortable and feel at home with the service. They also said the health facilities should be made male-friendly by creating a back door, for privacy sake, for the males. They were also of the view that there should be health policy by the government and the health directorates on access and utilization of family planning services among males. This is also in line with Grady W. R. et. Al., (1996) with the finding that providing an atmosphere in the family planning clinic that is welcoming to men, and integrating services for men into the existing structures or services for men, require a separate department with its own staff and budget.

Respondents were also asked what their opinions about men and women using the same facility. Some of them said in response that it is not encouraging for both men and women to use the same facility given that there is the need to provide privacy at all levels. Some also said it would have negative impact on males using the service

effectively. While others also said there is nothing wrong with that if privacy will be maintained. A respondent said "… men and women using the same facility is not encouraging because it serves as a barrier for effective patronage of the service".

In response to earlier responses provided by respondents on an earlier question posed to them on their opinions about men and women using the same facility, they were asked how those responses affected utilization of family planning service. Their general response was that it would bring about low utilization of family planning services. Some respondents said "… men do not feel comfortable to share the same facility with the women, hence this causes low access and utilization". One respondent interestingly said it has no negative effect and that it would rather improve utilization of the service. He added that it can help promote access to the family planning service for both men and the women.

Respondents were asked about their views on male involvement in family planning service. Some of them said male involvement in family planning is good, and must be encouraged to make men responsible. A respondent said "…for my facility, male involvement is somehow encouraging but the males refuse to use the service themselves". Others were also of the view that male involvement should be encouraged by the service providers. The general consensus, however, was that male involvement in family planning needs to be improved in their facilities, since it is a very good development. They also said that male involvement in family planning is good and must be encouraged, given that men are the decision makers in the family. In addition to the afore-said, the service providers also said that male involvement in family planning would reduce the load on the women because the men will also have a part to play in fertility regulation. They were also of the view that some men accompany their wives to the reproductive health activities, antenatal clinics including family planning. They also discovered that male involvement in family planning services is very good because as a result of its introduction, men support for their wives/partners improves. A service provider said, in response to the question on her view concerning male involvement in family planning services, that male involvement is very encouraging in

her community and must be encouraged. Another respondent remarked, “It is very good and it must be improved upon. Male involvement in family planning is good for the men to help the women, because it takes two (2) to make children”. Another respondent also remarked “… male involvement is good but I think men should be encouraged to use the family planning service themselves. Male involvement in family planning services will make the men more responsible towards reproductive health issues. It is also good for the women because it makes the men responsible”.

CHAPTER FIVE
DISCUSSION

5.0 Introduction

In recent decades, there has been a tremendous advancement in the development of safer and more effective contraceptives, and in the provision of affordable and accessible family planning services. Yet, millions of individuals and couples around the world, including Ghana, are unable to plan their families as they wish and should. It is estimated that over 120 million couples do not use contraceptives, despite the fact that they want to space or limit childbearing (WHO, 2008). Various studies have found that family planning adoption is likely to be more effective for women, when men are actively involved.

5.1 Background characteristics

It was discovered in the study that generally, across the age groups, more people have an idea about family planning than those who do not have any idea. It was also found that males in the 19-39 age groups were in the majority. This means that, family planning with males has no age limit, since most males can still reproduce, even after the reproductive age. The majority of the respondents fell within the age, 19-39years, and these are the sexually active and, therefore, will need family planning service. After significant relationship between variables of interest was tested by chi-square test, it was found that there was no association between age and one's idea about family planning ($p=0.217$) at 95% confidence level..

With regard to marital status, the married represent 50.8%. Apart from this, more than half of the males who were married, had some idea about family planning, but there was no significant association between marital status and knowledge about family planning ($p=0.544$) at 95% confidence level.

Educational background and family planning gives an idea as to whether level of education has an influence on family planning acceptance among men. It was revealed

that, those who had received some level of education are in the majority, compared to those without any form of education. However, the higher one moves along the educational ladder, the more knowledge about family planning, the person has. There was, therefore, the need to test whether there is an association between knowledge of family planning and educational background of the respondents. In the accompanying chi-squared analysis, it was found that education has significant association with knowledge about family planning (p=0.039) at 95% confidence level.

The binary logistic regression analysis, predicted only educational background as a significant predictor (p=0.052) of one's knowledge of family planning at 90% confidence level. All other independent variables were not predictors of ones knowledge, for every one level of increase, in education, the odds of knowing family planning (against not knowing family planning) decreases by 1.28%. This could also imply that men with higher level of education appear to have very little interest in issues related to family planning and vise versa.

Concerning occupational status, as high as 81.8% were gainfully employed, either in the civil service or were self employed. Invariably, 18% of the people interviewed, were unemployed. Generally, among the respondents, who were employed, majority of them had an idea about family planning, than those who do not. It is, therefore, important to test, if there is any association between idea about family planning and occupation. In the chi-squared analysis, it was realized that there was no significant association between occupation and knowledge about family planning (p=0.178) at 95%, confidence level.

Considering religion, majority of the people have some form of religion. The people who had some form of religion or the other appeared to have some idea about family planning than others. As a result, there was the need to test if there is any association between knowledge of family planning, and religion. Here, it was not possible to compute chi-square analysis to confirm the finding made because, the computed chi-squared was not valid to draw conclusion on.

With parity, as many as 56.7% of the respondents had between 1-3 children, and even more. Those without children were few. Generally, a greater number of the respondents who had children knew about family planning. It is, therefore, very crucial to test whether there is any association between knowledge of family planning and parity. In the associated chi-square analysis, it was discovered that there was no significant connection between parity and knowledge about family planning (p=0.736) at 95% confidence level.

The decision by respondents to have more children is very important to the investigator. Therefore, the study sought to find out whether intention by respondents to have more children has influence on family planning service. During the interview, majority of the people expressed interest for more children. The desire to have more children supports a study done in the region of Tigray which showed that African men generally, desire to have more children because of social and economical benefits derived from them. (Tigray, 2000). Concerning the idea about family planning and intention to have more children; it was disclosed that quite a number of people who desire to have more children know about family planning. There was, therefore, the need to test for association between knowledge of family planning, and intention to have children. In the chi-squared analysis, it was realized that there was a significant relationship established between the intention to have children and knowledge about family planning (p=0.072) at 90% confidence level. This strongly implies that the decision to have more children is sometimes not based on ignorance.

5.2 Knowledge and Perception

The idea about family planning among men was to determine, how family planning is perceived among them. During the study 80% of the people claimed to have an idea about family planning. Apart from just having an idea, majority of the respondents seemed to have some level of knowledge about what family planning is. This confirmed a study done by GDHS, (2003) which disclosed that knowledge about family planning is high among males, and that, majority of men know at least one method of

contraception. As to whether men have knowledge and interest about family planning issues, surprisingly, most of them know where to get the service in their various communities, when and how to use family planning methods. This assertion is in line with Demographic Health Survey statistics from 15 countries, mostly in Africa. It was observed that, more men are more likely than women to report knowledge and use of contraception (USAID, 1996). It also supported a study conducted in Nigeria which confirms that although males are well informed about family planning, when it comes to accessing the service, they are found wanting (NDHS Male Module 2003).

The study showed that most of the men are familiar with the few male methods available, and even have preference for some methods than others. Preference for a particular method was because it is sometimes available and accessible. Jawaharlal institute of urban health center found that most men are aware of most of the family planning methods, such as male sterilization, male condom, abstinence and other contraceptive device, with preference for particular method. This again compares with Kumanikupam, (2003) findings that preference plays a role in the use of family planning among men. As to whether family planning is important or not, and also whether its importance influences usage among men, 75.6% of the people perceived family planning as important while the others said otherwise , due to various reasons. This result is similar to a study on men's knowledge, attitude and practice of family planning, done in Enugu in Nigeria, which showed that men's perception about family planning includes being against Gods wish; besides, it exposes both men and women to sexual promiscuity and many others (Obionu, C.N. 1996). This makes family planning not an important issue to some men.

5.3 Availability and extent of Access

On availability of family planning service, the study determined to find out whether family planning service is available to men when needed. Only 56% of the respondents claimed its availability, while 66% stated that it is convenient to access it. This confirmed a study done in New York, on male involvement in reproductive health, which showed that, the range of family planning methods available, to men is

sometimes limited and as a result, prevents men from fully participating in fertility regulation (Green et, al, 1995). In terms of access, most men know where to go for the family planning service but they do not access it themselves. This agrees with a demographic health survey done in Ilroin, Nigeria, that family planning clinics are oriented to women, therefore, men often feel uncomfortable and unwelcome in these clinics (Lawepo & Okedare, 2006). As to what type of family planning service is available for men, according to the respondents, the service was mainly counseling/health education. Distance to the facility and payment of the service was also considered, to help find out whether, these have influence on practice and utilization of family planning among men. While some respondents claimed that distance to the facility was manageable, others saw it as a problem. Besides, 69.6% of the people pay for the family planning service. Here, it was discovered that both geographical and financial accessibility has little or no influence on practice of family planning among men/males.

5.4 Utilization

For those who have used family planning before, it was necessary, to know whether it is likely they will use it again. According to 58% of the respondents, they had once used the service and 48.7% still use it. The majority of the respondents were not using the service. A similar study carried out in the United States confirms that, on the average, male comprise only 6% of all family planning clinic clientele (Aron & Schack, 1994). Another survey conducted, in an urban and rural area in Kwazulu-Natal South Africa, also revealed that knowledge about family planning is very high among males, but few men reported consistent or occasional use. (International family planning perspective, 2005). As to whether they have any intention to use it in future, for some, they have decided either to start or continue using it while, others did not show interest in using it. This is in line with a study done in Bangladesh that showed low use of male methods, which is likely to remain static in most of the developing countries with low prevalence (Hossain, 2003).

Binary logistic analysis of the study showed that, availability of family planning services when needed (p=0.021) at 95% confidence level, and one's ever use of family planning service (p=0.000) at 90% confidence, were significant predictors of ones current use of family planning service. Also, when family planning service is available, one is likely to make three times use of the service, and vise versa. This also explains the fact that men's utilization of family planning services, to a large extent, depends on availability of the service. Besides, if one has used a family planning service before, he is about four times, more likely, to use it again, and vise versa, all other factors held constant. This again clearly explains that persons, who have utilized family planning service before, are four times more likely to use it again. It is important then, for family planning providers, to reach out to men to utilize the family planning service, for the first time. This is because the moment they are committed to utilizing such services, for the first time, they are more likely to continue utilizing them on their own.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This section deals with conclusions and recommendations of the study. This study has given the investigator the opportunity, to determine the level of access and utilization of family planning among males in the Ga east municipality. The investigator used a sample size of 120 males within the reproductive age. Structured questionnaire was the main data collection tool, used for the study.

6.1 Conclusions

6.1.1 Knowledge and perception

From the study, it was discovered that educational background was a significant predictor of ones knowledge about family planning. This is because according to the study, the higher one moves along the educational ladder, the more his knowledge about family planning. It was also established that knowledge about family planning is high among the respondents, but utilization of the service is low. Surprisingly, men with higher level of education appear to have very little interest in issues related to family planning. Still on knowledge of family planning among males, it was realized that there was a significant relationship established between the intention of the men to have more children and knowledge about family planning. This implies that decision by men to have more children sometimes is not based on ignorance. With regard to perception about family planning, most of the men perceived it as important, while others think likewise, for various reasons, most importantly it is perceived to be for women.

6.1.2 Availability and extent of Access

According to the study, about half the number of respondents claimed availability and convenience of accessing the family planning service. They also indicated that both geographical and financial access has little influence, on family planning practice among males.

6.1.3 Utilization

Although, most of the respondents have a level of knowledge about family planning, they do not use it. It was also observed that utilization of family planning service by men to a large extent depends on availability of the service. Besides, discovery was made that a person who has utilized family planning before, is about four times more likely to use it again.

6.2 Recommendations

In view of the study, it appears generally, across the target group, more people have an idea about family planning, but utilization is very low.
The following suggestions are recommended:

6.2.1 Policy makers

Consequently, there is the need to achieve a goal by improving the standard of living, and quality of life of families, through fertility control policies, to reduce large family size and in effect decrease population growth in general.
The government should extend free family planning service to men.

6.2.2 Health Directorate

The health directorate at various levels should make resources both human, financial and material, available for reproductive health programmes, including family planning.

Also resources for training of counselors, to interact with men about the importance of men's involvement in reproductive health, should be included in the health agenda.

6.2.3 Service Providers

They should be aware of the fact that the clients are becoming knowledgeable and aware of issues concerning their health, hence the need to be mindful of their roles.

- Need to be trained as information disseminators and health educators in gender sensitivity because adequate information needs to be supplied to a wide audience.
- Rearranging hours of clinic to accommodate men's reproductive health needs.
- Reorganizing facilities so that there is private counseling space for men and couples.
- Making the environment of the facilities, welcoming for men.
- There are still some people in the communities who have no or little idea about family planning; hence there is still the need for intensification of health education.
- Consultation with men and covering a wider variety of topics, on reproductive health issues, using skilled and competent service providers, preferably, males will help close the gap, between male female access to family planning service in general.

6.2.4 Chiefs /Key Informant

Traditional rulers and other key informant need to be sensitized on male reproductive health issues through seminars, conferences and workshops.

6.2.5 Other Stakeholders

The various Ministries, Department, Agencies, non-governmental organizations, and the media should integrate and spearhead the promotion of male reproductive health issues, including family planning.

6.2.6 Males

Low level of contraceptives use is attributed to factors such as price, inadequate education, availability and accessibility, culture, religion and economic conditions. Male contraception could be enhanced with availability of the male method of contraception and the provision of appropriate information for changing beliefs and negative perception about family planning among males.

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APPENDIX ONE

QUESTIONNAIRE FOR MALES IN THE REPRODUCTIVE AGE

This is an MPH student at the Department of community health, School of medical Sciences Kwame Nkrumah University of Science and Technology. I am conducting a study on Access and Utilization of family planning among males in the Ga East Municipality. The other people involved in the study are two research assistants, and a supervisor. The purpose of the study is to improve health care delivery system in the Ga East Municipality. I would expect respondents to cooperate and help to make the study a success. Please kindly, answer the questions below. All information provided would be strictly confidential and restricted to the research purpose only. Thank you.

SECTION A: BACKGROUND CHARACTERRISTICS

1. Age:-
   - 19-29 ☐
   - 30-39 ☐
   - 40-49 ☐
   - 50-59 ☐

2. Marital status:-
   - Single ☐
   - Married ☐
   - Divorced/separated ☐
   - Widowed ☐

3. Educational background:
   - None ☐
   - Elementary/JHS ☐
   - Secondary/SHS ☐
   - Tertiary ☐

-

4. Occupation:-
   - Farmer ☐
   - ☐

Trader ☐
Civil servant ☐
Unemployed

5. Religion:- Christian ☐
Moslem ☐
Traditionalist ☐

6. Number of children none ☐
1-2 ☐
>3 ☐

7. Do you intend to have more children? Yes ☐
No ☐

SECTION B:-KNOWLEDGE AND PERCEPTION

8. Do you have any idea about family planning? Yes ☐
No ☐

9. What is it? ……..

10. What are the common health problems in this community? ……..

11. What do you know about family planning? Child spacing ☐
Few children ☐
Prevention of pregnancy ☐
Use of contraceptives ☐

12. Is family planning important? Yes ☐
No ☐

13. Where can you receive family planning service in the community?

Hospital ☐
Health centre ☐
Private clinic ☐
Maternity homes ☐

14. What is your personal view(s) about family planning? ……

15. Give reasons for your answer ……

SECTION C:- AVAILABILITY AND EXTENT OF ACCESS

16. What family planning services are available in this community?

Counseling ☐
Health education ☐
Screening ☐
Referral ☐

17. What methods are available for men? Condom ☐
Vasectomy ☐
Natural method ☐
Others specify ☐

18. Do you prefer a particular method to others? Yes ☐
No ☐

19. What are the reasons for your preference? ……

20. Who provides family planning service in this community?

Nurses	☐
Midwives	☐
Medical assistant	☐
Chemist	☐
Community health worker	☐

21. Is family planning service easily available to men in your community? Yes ☐ No ☐

22. What are your impressions on access to family planning service?

Good	☐
Bad	☐

23. Explain your choice in question 23 above ……

24. Is it convenient to access family planning service Yes ☐ No ☐

25. Do you pay for the family planning service? Yes ☐ No ☐

26. How far is the facility from your residence?

< 2km	☐
2-10km	☐
> 10km	☐

27. Does distance affect utilization of the service? Yes ☐ No ☐

28. Does ability to get to the facility affect utilization? Yes ☐ No ☐

29. Do you walk or take transport to the facility? Walk ☐

Take transport ☐

SECTION D:-UTILIZATION

30. Where do people go for family planning? Hospital ☐

Clinic ☐

Chemist shop ☐

RCH ☐

CHW ☐

31. Are family planning services available when needed? Yes ☐

No ☐

32. Have you once used the family planning service? Yes ☐

No ☐

33. What was your impression about the service? Excellent ☐

Good ☐

Bad ☐

34. Do you still use family planning service? Yes ☐

No ☐

35. When do you use family planning method? After child birth ☐

Before sex ☐

Always ☐

Have not use one ☐

36. How often do you use family planning method? Yearly ☐
Monthly ☐
Weekly ☐
Every day ☐

37. Do you intend using family planning service in future? Yes ☐
No ☐

38. Give reasons for your response ……

39. Would you encourage other men to use the service? Yes ☐
No ☐

40. Give reasons for your views about question (39) ……..

41. Any other comment about utilization of family planning among males? ……

APPENDIX TWO

INTERVIEW GUIDE ON VIEWS OF SERVICE PROVIDERS ON ACCESS AND UTILIZATION OF FAMILY PLANNING AMONG MALES

Department of Community Health, School of Medical Sciences, Kwame Nkrumah University of science and Technology. The topic of the study is on access and utilization of family planning among males. The purpose of the study is to improve usage of family planning among men in the Ga East district. Please kindly, answer and respond to the questions below. All information provided would be strictly confidential and restricted to the research purpose only. Thank you.

1. Do you provide family planning service for both men and women?

2. What are some of the factors that promote male utilization of family planning?

3. What are some of the factors that prevent male utilization of family planning service?

4. Do men use family planning service regularly?

5. How many men are attended to at a time?

6. What do you think could be done to improve utilization of family planning services in the Ga East District?

7. What are your opinion about men and women using the same facility?

8. How do these affect utilization of the service?

9. What are your views on male involvement in family planning service?