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Male Involvement in Family Planning at Tema General Hospital, Ghana

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ABSTRACT

Male involvement in the family planning in Ghana is not very much encouraging as most men see family planning as a woman's activity or responsibility. The main objective of the study was to assess the involvement of males in family planning at Tema General Hospital. The study design for this research was the cross-sectional study design. A total of 110 participants were recruited for the study, out of which 100 were men in the community and 10 were staff of the Family Planning unit of Tema General Hospital. Attendance register was also reviewed from 2015 – 2017. It was seen that attendance of males to FP clinic have been increasing gradually over the years – 596 (2015) to 695 (2017). Factors that were indicated to influence FP attendance were spear-headed by shyness and low level of knowledge and then followed by negative family perception. It can be concluded that, male involvement in family planning is not encouraging despite a gradual increase over the past three years.

INTRODUCTION

Family planning is the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception (WHO, 2017). The World Health Organization (WHO) estimated in 2012 that 287,000 maternal deaths occurred in 2010 with 56% occurring in Sub-Saharan Africa (WHO, 2017). The report continues that men's general knowledge and attitude concerning the ideal family size and spacing between child births and contraceptive use greatly influence women's preferences and opinions.

Male involvement however in developing countries is not encouraging as most men see family planning as a woman's activity or responsibility (Adelekan *et al.*, 2014). Although women are the ones that bear the children and modern contraceptives are mostly women centred, childbearing has an impact on men too. The impact can be financial and social and if the children are negatively affected health wise or socioeconomically, the burden falls back on the father as well (Vouking *et al.*, 2014). Furthermore, the health of the wife is also the responsibility of the man.

Males have good general knowledge on family planning and some of the modern methods but in Ghana, some men have misconstrued perception about it stating it will make them impotent and most importantly it is an escape route for wives to have extra marital affairs (Boamah, 2005). There is very little communication about family planning between men and their female counterparts leading to a big gap between knowledge and practice of family planning among men (Boamah, 2005).

One of the very few family planning methods for men and also the most widely used which is the male condom (WHO, 2017) is popular not because of its role in planning the family but because of its ability to prevent the spread of sexually transmitted infections (STIs) (Boamah, 2005).

The benefits of family planning is clear and numerous including reducing rate of unsafe abortions, reducing infant mortality, promoting child education, empowering women, slowing population growth, making social amenities sustainable and accessible (WHO, 2017). These benefits are enjoyed by the mothers, the families of which the man is the head, the society and the country as a whole. National development will therefore be progressive in countries with good knowledge and practice of contemporary family planning methods (WHO, 2017).

Problem Statement

The Ministry of Health, with the assistance from John Hopkins University in 1997 launched educational campaign programmes in all the regions of Ghana focusing on male involvement in family planning (GDHS, 2006). The post-campaign findings indicated a significant increase in men's family planning knowledge and practice. The issue now is how to move them beyond mere increased knowledge to changed attitudes and increased practice. Even though family planning awareness is high, its uptake is as low as 15% in 2004 (GDHS, 2006). There are barriers that may impede male involvement in family planning such as poverty, unemployment, religion, cultural and societal norms and education (Ezeh *et al.*, 2000). Men may be deeply and psychologically involved in family planning but these barriers may not allow them to demonstrate their involvement. Inadequate male involvement in family planning has been identified as the major factor affecting family planning acceptance in Africa in general (Vouking *et al.*, 2014). Despite a reported appreciable knowledge in family planning nationwide, in some areas, male involvement is not encouraging and a barrier to even females' acceptance and practice of family planning (GSS, 2012). The study therefore seeks

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to ascertain why male involvement, approval and practice of family planning are low and how men can move from the high level of knowledge and awareness to a high level of support, involvement and practice of family planning.

General Objective

The main objective of the study is to assess the involvement of males in family planning at Tema General Hospital.

To determine the level of involvement of males in family planning at TGH

To assess the perception of males towards family planning

LITERATURE REVIEW

Family planning is the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception (WHO, 2017). The World Health Organization (WHO) estimated in 2012 that 287,000 maternal deaths occurred in 2010 with 56% occurring in Sub-Saharan Africa (WHO, 2017). Male involvement however in developing countries is not encouraging as most men see family planning as a woman's activity or responsibility (Adelekan *et al*., 2014).. The benefits of family planning is clear and numerous including reducing rate of unsafe abortions, reducing infant mortality, promoting child education, empowering women, slowing population growth, making social amenities sustainable and accessible (WHO, 2017). These benefits are enjoyed by the mothers, the families of which the man is the head, the society and the country as a whole. National development will therefore be progressive in countries with good knowledge and practice of contemporary family planning methods (WHO, 2017).

Males and Family Planning in Ghana

Males have good general knowledge on family planning and some of the modern methods but in Ghana, some men have misconstrued perception about it stating it will make them impotent and most importantly it is an escape route for wives to have extra marital affairs (Boamah, 2005). There is very little communication about family planning between men and their female counterparts leading to a big gap between knowledge and practice of family planning among men (Boamah, 2005).

Adongo *et al*, (2006) studied men's concerns about reproductive health services in a rural Sahelian setting (Zurugelu) of northern Ghana and found out that community mobilization and male outreach was not sufficient for introducing behavioural change. Uptake of contraceptive services was greater and more sustained among the Zurugelu when combined with Community-Based Health Planning and Services (CHPS) and Community Health Officers (CHO) services, than when Zurugelu lacked supporting CHO. Introducing CHPS and the services of CHO, to focus on men in the Zurugelu community, sustained and significant improved reproductive change among the Sahelian of northern Ghana (Adongo *et al*., 2006). Again, Adongo *et al.* (2006) investigated elements of the social system and found out that women opting to practice contraception must do so at considerable risk of social ostracism or familial conflict. Few women view personal decisions about contraceptives as theirs to make. Although children are highly valued for a variety of economic, social, and cultural reasons, mortality risks remain extremely high.

Family Planning Methods

There are five main modern methods of family planning as outlined in the World Health Organization's Guide to Family Planning Document for Public Health in 2012 (WHO, 2012) and they are elaborated below.

- Natural Methods: These help a woman to know when she is fertile so that she can avoid having sex at that time or have a safe sex.
- Barrier Methods: These prevent pregnancy by blocking the sperm from reaching the egg.
- Hormonal Methods: These prevent the woman 's ovary from releasing an egg. And also keep the lining of the womb from supporting pregnancy.
- Intra Uterine Devices (IUDs): These prevent the man 's sperm from fertilizing the woman's ovum.

Permanent Methods: These are operations which make it impossible for a man or woman to have any children.

Types of Natural Family Planning

- Basal Body Temperature (BBT): BBT involves daily taking and recording of a woman 's lowest body temperature immediately when she wakes up in the morning, and using the information to identify her fertile period so as to abstain from sex. Around ovulation period the temperature goes slightly high.
- Cervical Mucus (Billing's or Ovulation) Method: Cervical mucus method involves identification of fertile period based on changes in the quality of cervical mucus. During ovulation period the cervical mucus becomes clear, slippery and stretchy. A woman should avoid sexual intercourse at this time to prevent getting pregnant or have a safe sex.
- Calendar Method (Rhythm): Calendar method uses calendar charting to calculate or identify the onset and duration of the fertile period. The number of days is calculated based on previous cycles, about 6-12cycles.
- Combined or sympto-thermal method (STM): STM uses a combination of methods. It uses changes in the cervical mucus and cervix (symptoms) and the basal body temperature (thermal) to identify the fertile period so as to avoid sexual intercourse at that time. This is also referred to as multi- index (WHO, 2012).

Barrier Methods The barrier methods are contraceptives that establish physical barrier between the sperm and the egg. They do not change the man's or the woman's body works and they cause very few side effects. There are two (2) types of the barrier methods:

Mechanical Barrier Methods

Male Condom, Female condom and Diaphragm Cervical

cap
Chemical Barrier Methods; Spermicides such as conceptrol and neo sampoon.
Condom The condom is a narrow bag made of thin rubber or latex that is worn during sexual intercourse to prevent semen from entering the vagina. The male and female condoms are designed differently, but have the same mechanism of action (WHO, 2012).

The Diaphragm
The diaphragm is a soft dome-shaped rubber cup with a flexible rim that a woman inserts into her vagina to cover the cervix before sex.
There are different types which are available in a range of sizes. It is an effective method and works best when used with spermicides (WHO, 2012).

MATERIALS AND METHODS
The sample size used for this study was 110, out of which 100 were males drawn from the community and 10 were staff of the family planning unit of Tema General Hospital. Inclusion criteria were males within the Tema community and healthcare workers at the Family Planning Unit of Tema General Hospital. Healthcare workers not working at Family Planning Unit were excluded from the study.
Records from the family planning unit of Tema General Hospital were collated to know the number of both males and females who have attended clinic within the past three years. This retrospective aspect of the study helped in determining the number (percentage per total attendance) of males who patronized the unit. Convenience sampling was used in recruiting participants due to ease of access and availability. A well-structured questionnaire for males was distributed to each participant that was met in the community and qualified for the study based on the inclusion criteria. Also, on arrival at the Tema General Hospital, a structured questionnaire was distributed to the staff who met the inclusion criteria for the staff.

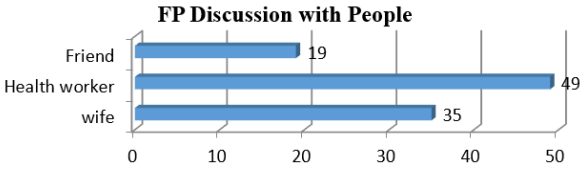

Figure 1: Family Planning Discussion
Source: Field Survey 2025

It is observed from the table that male involvement in the area of family planning comes from health workers. It can be stemmed from the fact that men have trust in the health workers concerning family planning.
The health workers are in the position to explain the best method as far as planning of the family is concerned. This scores 49% as presented in the table above. Men also take advice from their wives as they are taking care of the children together and that is 35%.
Friends also contribute to the discussion of the family planning constituting 19 %

Rating of Male Involvement
From the table below, 40% of the staff participants rated male involvement in FP as average (5/10), 1(%) rated a little above average (6/10), 2(20%) and 3(30%) rated below average.

Table 1: Staff Rating of Male Involvement In FP

Ratings	Frequency (f)	Percentage (%)
2	3	30.0
4	2	20.0
5	4	40.0
6	1	10.0
Total	10	100.0

Source: Field survey 2024

Therefore, half of the staff rated the male involvement in FP services in the facility to be below average.

Motivation Strategies to Increase Male Participation in Family Planning
The staff participants listed a number of strategies that had been put in place to encourage and increase male involvement in family planning.

1. "Giving them early services with no queue" and "Public education on the need for males involvement in family planning.
2. FP". "Women who come with their husbands do not join queues" and that "staffs are friendly to them".
3. The study also revealed that "Home visiting" was part of the strategies to whip up male involvement and support in the family planning process
4. It was observed that males are taken through "counselling" to encourage them to increase their interest in family planning process.

Therefore, the staff participants pointed out four (4) strategies to motivate or encourage male in FP.

CONCLUSION
Family planning service is an essential service as it structures the family; the basic unit of society. It ensures that families are able to achieve their goals and live their life to fulfilment with less stress. Planning is key in business, nation building, and raising children, therefore family planning is a key component of culture and nation building. As such, more attention should be directed towards it and male involvement is critically needed. Men are heads of family and decision makers and therefore their sound understanding and acceptance of family planning will go a long way to affect its effectiveness and patronage in our communities. Although, the perception of most males toward family planning is good, factors which included shyness, busy work schedule, negative community reaction and the likes, seem to influence their patronage of the FP services.

Recommendations

Nursing services at the hospital is very key to promote health of the people. Most experiences of individuals who visit the hospital is based mainly on their interaction with nurses. It is therefore very key to enhance the delivery of nurses at the hospitals. The nurses at Tema General Hospital Family Planning Clinic are doing well to enhance male involvement in the delivery of their services.

Their motivational strategies are well informed and planned. This should be encouraged at all family planning clinics. There were no complaints about the attitude of the nurses when the males visited the clinic and that is a positive factor that should also be highlighted among all family planning centres. Aside the perceptions that people hold, the next major contributing factor that influences male attendance to the family planning clinic is the service delivery at the clinic by nurses.

The participants also stated that male participation should be motivated and this was affirmed by the health workers' interview that the motivational strategies were effective in giving rise to male involvement in family planning process. The health workers recommended follow-up visits to those who seek family planning services and even from community education. This will lead to more personalised care and ability of the hospital or health worker to address private concerns of the family more appropriately.

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