

# **Determinants of men’s perspectives on women contraceptive use in Ghana: An analysis of the 2022 Ghana Demographic and Health Survey.**

**Desmond Klu<sup>1</sup>, Micheal Larbi Odame<sup>2</sup> and Paapa Yaw Asante<sup>3</sup>**

<sup>1</sup> Institute of Health Research, University of Health and Allied Sciences, Ho, Ghana

<sup>2</sup>Department of Water Resources and Sustainable Development, University of Environment and Sustainable Development, Somanya, Ghana

<sup>3</sup> Mental Health Unit, Family and Community Health Department, University of Health and Allied Sciences, Ho, Ghana

## **Extended Abstract**

### **Background**

Male dominance in reproductive health decision-making, specifically regarding family planning and contraceptive use among women, has been argued to have significant influence on Africa’s fertility transition. However, there is a paucity of research evidence on the extent to which men influence contraceptive adoption and the factors shaping their perspectives on contraceptive use among women in Ghana. This study aims to examine the factors influencing men’s perspectives on women’s contraceptive use in Ghana.

### **Methods**

Data for this study was obtained from the 2022 Ghana Demographic and Health Survey (GDHS) conducted between October 17, 2022 and January 14, 2023. A total weighted sample of 7,044 men aged 15-59 was extracted from the men’s data file. Two statements were used to measure men’s opinion on women’s contraceptive use: “Contraception is woman’s business; man should not worry” and “Women who use contraceptives become promiscuous”. Respondents either agree or disagree with these statements. Data was analyzed with SPSS version 27, employing both descriptive and binary logistics regression modeling. Statistical significance was set at  $p<0.05$ .

### **Results**

The results in Figure 1 indicate that 63% of men disagreed with the opinion that contraception is solely a woman’s business, compared to 37% who agreed with that opinion. Additionally, 59% agreed with the view that contraceptive use encourages promiscuity among women, while 41% disagreed with that opinion (see Figure 2). Regarding the factors that significantly influence men’s opinion on contraception being solely a woman’s concern, men with secondary education (aOR=0.69; 95% C.I: 0.57-0.82) and higher education (aOR=0.39; 95% C.I:0.30-0.49) were less likely to agree with such opinions. Moreover, men residing in urban areas (aor=0.77; 95% C.I:0.69-0.86), belonging to other Christians faith (aOR=0.61; 95% C.I: 0.47-0.79), belonging to Ga/Dangme (aOR=0.36; 95% C.I: 0.26-0.52), Ewe (aOR=0.66; 95% C.I: 0.48-0.89) and Mole-

Dagbani (aOR=0.66; 95% C.I: 0.49-0.88) ethnic groups had lower odds of agreeing with such opinions. Conversely, men dwelling in the Coastal ecological zones (aOR=1.49; 95% C.I: 1.25-1.78) were more likely to agree with that view. Concerning exposure to family planning (FP) messages as a predictor of men's perspective on contraception as women's concern, the results show that men who were exposed to FP messages on the radio (aOR=1.25; 95% C.I: 1.12-1.41) and during community durbars (aOR=1.28; 95% C.I:1.14-1.43) had higher odds of agreeing with that opinion. However, men who reported that they were not exposed to FP messages through television (aOR=1.28; 95% C.I: 1.13-1.44), social media (aOR=1.15; 95% C.I: 1.01-1.32), and posters (1.17; 95% C.I: 1.14-1.43) were more likely to agree with that perspective.

Regarding the socio-demographic factors influencing men's perspective on the perception that contraceptive use by women encourages promiscuity, men within the age bracket 20-24 years (aOR=1.15; 95% C.I: 1.12-2.03) and 35-39 years (aOR=1.35; 95% C.I: 1.03-1.76) were more likely to agree with such opinions. Similarly, those dwelling in the Coastal (aOR=1.33; 95% C.I: 1.12-1.58), Middle Belt zones (aOR=1.93; 95% C.I: 1.64-2.28), those cohabiting (aOR=1.77; 95% C.I: 1.39-2.25) and formerly married (aOR=1.62; 95% C.I: 1.21-2.15) had higher odds of agreeing with this perspective. On the other hand, men who attained higher educational levels (aOR=0.49; 95% C.I: 0.39-0.61), resided in urban areas (aOR=0.79; 95% C.I: 0.69-0.86) and were unemployed (aOR=0.84; 95% C.I: 0.71-0.98) were less likely to agree with such perception.

Concerning exposure to FP messages, men who discussed FP with health workers were less likely to agree with the opinion that contraceptive use makes women promiscuous (aOR=0.73; 95% C.I: 0.61-0.87). Again, men who reported not being exposed to FP messages on television (aOR=1.17; 95% C.I: 1.04-1.31) were more likely to agree with such an opinion. Interestingly, men who heard about FP on the radio were more likely to agree with the perspective that contraceptive use encourages promiscuity among women.

## **Conclusion**

The study underscores the importance of men's socio-demographic characteristics and their exposure to FP messages shape their perspectives on women's contraceptive use. Policy implications highlight the need to involve men in the role of promoting safe sexual and reproductive health decision making and practices in order to achieve universal access to sexual and reproductive health services by 2030.

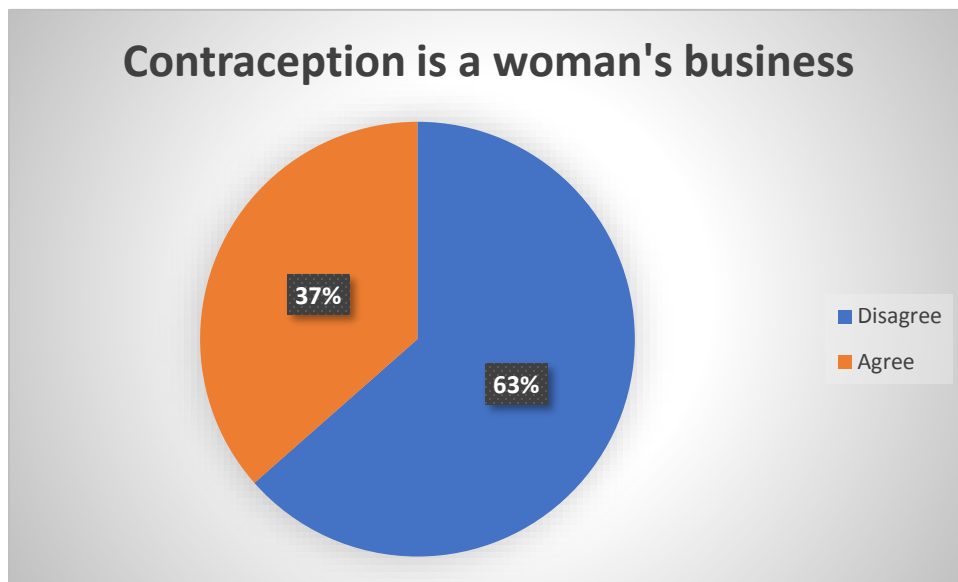


Figure 1: Men's opinion on contraception as a woman's business

Source: *Computed from 2022 Ghana Demographic and Health Survey (GDHS)*

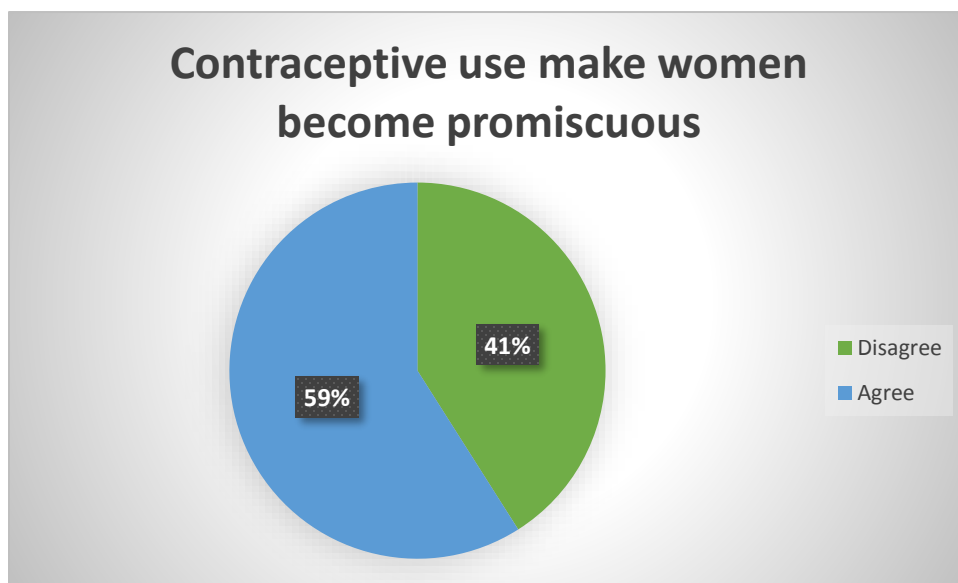


Figure 2: Men's opinion on contraceptive use making women become promiscuous

Source: *Computed from 2022 Ghana Demographic and Health Survey (GDHS)*

**Table 1: Binary logistic regression of factors influencing men's opinion on contraceptive use by women in Ghana**

	Model I aOR [95% CI] Contraception as woman's business	Model II aOR [95% CI] Women contraceptive use encouraging promiscuity
<b>Individual factors</b>		
<b>Age</b>		
15-19	0.96[0.70-1.31]	1.34[0.98-1.82]
20-24	1.00[0.74-1.35]	<b>1.51**[1.12-2.03]</b>
25-29	0.84[0.63-1.12]	1.22[0.92-1.61]
30-34	0.81[0.61-1.07]	1.05[0.80-1.37]
35-39	0.97[0.73-1.27]	<b>1.35*[1.03-1.76]</b>
40-44	0.87[0.66-1.15]	1.11[0.85-1.46]
45-49	0.83[0.62-1.12]	1.12[0.84-1.49]
50-54	1.10[0.81-1.49]	0.98[0.73-1.32]
55-59	Ref	Ref
<b>Educational Level</b>		
No Education	Ref	Ref
Primary	0.87[0.71-1.08]	1.02[0.83-1.27]
Secondary	<b>0.69***[0.57-0.82]</b>	1.01[0.84-1.21]
Higher	<b>0.39***[0.30-0.49]</b>	<b>0.49***[0.39-0.61]</b>
<b>Place of Residence</b>		
Urban	<b>0.77***[0.69-0.86]</b>	<b>0.77***[0.69-0.86]</b>
Rural	Ref	Ref
<b>Ecological Zone</b>		
Coastal Zone	<b>1.49***[1.25-1.78]</b>	<b>1.33**[1.12-1.58]</b>
Middle Belt	0.89[0.75-1.05]	<b>1.93***[1.64-2.28]</b>
Northern Zone	Ref	Ref
<b>Religion</b>		
Orthodox	0.78[0.61-1.00]	0.92[0.72-1.19]
Pentecostal/Charismatic	0.83[0.66-1.05]	0.93[0.73-1.18]
Other Christians	<b>0.61***[0.47-0.79]</b>	1.00[0.77-1.30]
Islam	0.88[0.68-1.14]	0.95[0.73-1.23]
Traditional/Spiritualist	0.85[0.61-1.18]	0.98[0.70-1.38]
No Religion	Ref	Ref
<b>Ethnicity</b>		
Akan	0.88[0.66-1.17]	1.04[0.78-1.39]
Ga/Dangme	<b>0.36***[0.26-0.52]</b>	1.06[0.76-1.48]
Ewe	<b>0.66**[0.48-0.89]</b>	1.01[0.75-1.37]
Mole-Dagbani	<b>0.66**[0.49-0.88]</b>	1.13[0.85-1.50]
Grusi	0.84[0.61-1.15]	1.05[0.76-1.44]
Other	Ref	Ref
<b>Marital Status</b>		
Not Married	Ref	Ref
Currently Married	0.90[0.75-1.07]	0.96[0.81-1.14]
Cohabiting	1.05[0.84-1.32]	<b>1.77***[1.39-2.25]</b>
Formerly Married	0.93[0.70-1.23]	<b>1.62**[1.21-2.15]</b>
<b>Employment Status</b>		
Unemployed	1.06[0.94-1.25]	<b>0.84*[0.71-0.98]</b>

Employed	Ref	Ref
<b>Family Planning related factors</b>		
<b>Current contraceptive use by method</b>		
No method	1.08[0.94-1.25]	1.05[0.91-1.21]
Traditional method	0.85[0.63-1.14]	1.29[0.98-1.69]
Modern Method	Ref	Ref
<b>Discussed FP with Health worker</b>		
No	Ref	Ref
Yes	1.01[0.84-1.22]	<b>0.73***[0.61-0.87]</b>
<b>Heard FP messages on radio</b>		
No	Ref	Ref
Yes	<b>1.25***[1.12-1.41]</b>	<b>1.14*[1.02-1.28]</b>
<b>Seen FP messages on TV</b>		
No	<b>1.28***[1.13-1.44]</b>	<b>1.17*[1.04-1.31]</b>
Yes	Ref	Ref
<b>Read FP messages in Newspaper</b>		
No	Ref	Ref
Yes	0.83[0.68-1.03]	0.96[0.79-1.17]
<b>Heard FP messages by text on mobile phone</b>		
No	<b>0.69***[0.58-0.82]</b>	<b>1.27**[1.07-1.50]</b>
Yes	Ref	Ref
<b>Seen FP messages on social media platforms</b>		
No	<b>1.15*[1.01-1.32]</b>	0.97[0.85-1.11]
Yes	Ref	Ref
<b>Seen FP messages on poster, brochure</b>		
No	<b>1.17* [1.02-1.34]</b>	<b>0.60***[0.52-0.69]</b>
Yes	Ref	Ref
<b>Seen FP messages on outdoor sign, billboard</b>		
No	Ref	Ref
Yes	0.93[0.82-1.06]	1.13[0.99-1.28]
<b>Heard FP messages at community meetings</b>		
No	Ref	Ref
Yes	<b>1.28***[1.14-1.43]</b>	1.04[0.93-1.17]

Source: Computed from 2022 Ghana Demographic and Health Survey (GDHS)

\*P<0.05, \*\*P<0.01, \*\*\*P<0.001; aOR=Adjusted Odds Ratio

Model I= Opinion on contraception being a woman's business

Model II=Opinion on contraceptive use by women make them promiscuous