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# Perspectives of Married Men and Women on Access and Use of Contraceptives in Obuasi-East District in Ghana

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**Abstract:** Family planning and the use of contraceptives have been introduced in Ghana to control the fertility rate and ensure the prevention of unplanned pregnancies. The study examined the perceptions of married men and women on the use of contraceptives, their access to information and the effects of mass media on the use of contraceptives in the Obuasi-East District. The research adopted a qualitative approach using the phenomenological case study design. Purposive and convenience sampling techniques were used to sample 15 married men and women for the study. The data was collected using interviews and presented through thematic analysis. The study revealed that participants had in-depth knowledge of contraceptives and male and female participants held different perceptions. Married men have knowledge of the types of contraceptives peculiar to both sexes. The women were familiar with condoms used by men and various types of contraceptives used by women. The most common contraceptive known and used by married men is a condom because of its effectiveness, ease of use and accessibility. The married women preferred injectables. The frequency of information from the mass media has reduced significantly compared to previous years. The study concluded that mass media has an effect on the use of contraceptives among married men and women and recommends that mass media frequently educate the general public on the use of contraceptives. Besides, information on contraceptives and their use should be diversified by media houses in the form of drama, poems, books and music to attract married couples.

**Keywords:** Accessibility, Contraceptives, Ghana, Education, Information, Married, Men, Women, Perception

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## 1. Introduction

The fertility rate of a country is of great concern to its government and citizens. This is because of the effects it can have on the country's population. The size, structure and makeup of the population of a country are critically determined by the fertility rate [1]. A country with a high fertility rate is likely to have a high population growth rate. High population as a phenomenon on its own has diverse effects which may be either positive or negative on the socio-economic development of the country. Hence, governments need to pay attention to it. Studies show that population increase, income growth, and savings produce outcomes that influence economic growth [2]. Population forms the basis of any economy and underlies it. This brings to light the fact that the population growth rate of a country has a great impact on the economic aspects of the country and further translates into socio-economic development.

The world has been faced with the issue of a high fertility rate which results in high population growth. Several solutions were devised to curb the issue and to some extent, the outcome was successful in some European countries. However, the issue was not the same for African countries and some Asian countries. Ghana as one of the sub-Saharan

African countries was no exception. According to the National Population Council, the government of Ghana has taken different actions to control the situation of high population growth [3]. According to the council, Ghana took a step by introducing the National Population Policy in 1969 which was reviewed in 1994 to accomplish several goals. The goals to be achieved encompassed a decrease in the total fertility rate from 5.5 to 5.0 by the year 2000 and a reduction further to 3.0 by the year 2020. To achieve this set of goals, the government of Ghana introduced a family planning policy. Concerning this policy, the Ghana Ministry of Health posits that Ghana's population undercurrents can be "turned into valuable demographic dividends only if investment is made in family planning and reproductive health programmes to promote population change through a lower fertility rate and more balanced structure" [4].

The World Health Organisation (WHO) defines family planning as the planning that "allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births" [5]. Family planning includes the provision of education on the methods and practices to space births, limit family sizes and prevent unwanted pregnancies. The motive of family planning is to reduce fertility rates [6]. WHO explains that family planning can be accomplished through the dissemination of information and educating the general public on contraception [5]. Contraception can be seen as the prevention of pregnancy by interfering with the normal process of ovulation, fertilization and implantation [7]. The prevention of pregnancy can help individuals and couples decide how many children they give birth to and the spacing between them. Contraception is one of the "most important tools for enabling couples and individuals to exercise the right to decide freely and responsibly the number and spacing of their children" [8].

The use of contraceptives is paramount to prevent unwanted pregnancies which calls for abortion. WHO in the year 2014 estimated that 20 million unsafe abortions take place each year resulting in 67,000 deaths annually mostly in developing countries [5]. From studies conducted on access to voluntary family planning and the use of contraceptives, it has been established that family planning is one of the positive benefits that can help prevent the effects of early unplanned and unprotected sexual activities [10]. In Ghana, a study by the Ghana Ministry of Health in 2015 suggests that family planning and the use of contraceptives decrease maternal and newborn deaths, especially in women outside the optimal biological age for pregnancy, and unintended pregnancies among others [4]. Other researchers also highlight the fact that maternal death is "1.8 times higher in women without modern contraceptive use compared to users" [11].

On the health benefits, a study asserts that the use of contraceptives among the young and old, male and female supports health and well-being [12]. The study further explains that this affects individuals socially and it has economic, environmental and social benefits to families and communities [12]. Again, the "utilization of modern contraceptives among reproductive-aged women could have important policy and healthcare cost implications for poverty reduction and socio-economic development in developing countries" [11]. This means that the use of contraceptives for pregnancy prevention not only has health implications but also acts as a facilitator for economic growth and development in the country.

"Globally, on average people have fewer children today than in the past. The global fertility rate has declined from 3.2 live births per woman in 1990 to 2.5 in 2019" [13]. It is expected that there will be further declines in the future. However, the fertility rate in Ghana has remained fairly constant and has not been declining much over the past 26 years. It has declined from 6.4 children in 1988 to 4.2 children in 2014. The current fertility rate in Ghana stands at 3.745 from 3.795 in 2020 [14]. From the statistics provided, it can be seen that there has been a small decline in the fertility rate which still makes it a problem. The reduction in Ghana's fertility has been accompanied by a rise in the use of modern contraception, a move away from early marriage and a shortening of postpartum

insusceptibility. The government recognized family planning as a multi-sectorial issue with benefits that go beyond health and hence took action. The implementation of family planning through the use of contraception methods was primarily introduced to reduce the fertility rate. Maternal mortality was also declared a national emergency across the country.

According to the Ghana Ministry of Health, the government was “committed to increasing the Contraceptive Prevalence Rate (CPR) to 30% among married, and 40% among unmarried, sexually active women by 2020” [4]. The Ghana Family Planning Costed Implementation Plan (GFPCIP) was therefore introduced in the country [4]. It is believed that the “full implementation of GFPCIP will increase the number of women in Ghana currently using contraception from approximately 1.5 million users in 2015 (baseline) to 1.9 million in 2020” [4]. Among the efforts put in place by the government to achieve its aim is the education of the general public on the use and advantages of contraceptives to achieve family planning. The sensitization on the effect of family planning is mostly done by health workers, schools and mass media.

The mass media is an essential tool in the dissemination of information to the general public. The mass media comprises print and electronic media. Mass media are those establishments which make use of copying technologies to propagate communication [15]. There are other forms of mass media which are mostly outdoor and include billboards, posters and fliers. The great promise of mass media campaigns lies in their ability to disseminate well-defined behaviour-focused messages to large audiences repeatedly, over time, in an incidental manner and at a low cost, per head [16]. The use of mass media to promote family planning and contraceptive use dates back to the 1970s [17]. They aver that the government of Ghana over the past years has employed the office of the mass media in the quest to reduce fertility and increase the prevalence and use of family planning and contraceptives in the country. The mass media in Ghana makes use of dramas, skits, and advertisements among others to educate and communicate the issue of contraceptive use.

A study made mention of the “enter-educate” approach which is sensed to be attractive to all [18]. This approach has to do with the use of songs and drama to sell the intended messages. It is expected that the exposure of family planning and the use of contraceptives through the mass media will help increase the prevalence and use of contraceptives in the country [18]. This, to a large extent, helps achieve sustainable goal 3 specifically target 3.7 which calls on the government to ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, into national strategies and programmes by 2030 [19].

Nabi and Oliver assert that the media plays a major role in influencing individuals and public health due to the great power it has [20]. They further postulate that “the media shapes important knowledge resources about health literacy at individual and public levels.” The media through its influence has provided education on the use and benefits of contraception. However, the rate of prevalence of use is less than expected as few men and women who are aware of the existence of contraceptives seem not to use it leading to a high fertility rate in the country. Obuasi-East District is found in the Ashanti Region of Ghana. The population of the district stands at 94,182 with about 62% falling within the age gap of 15-64. This gives evidence of a major population being sexually active and expected to use contraceptives. Again, the people in the district have access to both print and electronic media as well as other forms of mass media such as social media. It is believed that they have access to information and knowledge on family planning and contraceptive use through the media. However, there seems to be the existence of large family sizes as couples give birth to many children.

There have been several studies conducted on family planning and the use of contraceptives. For instance, Machiyama and Cleland looked at the unmet needs for family planning; trends and determinants in Ghana when it comes to the use of

contraceptives [21]. Other studies focused on the influence of mass media on the use of contraceptives [22, 23, 24].

Though there are several studies done to ascertain the effects of mass media on the use of family planning methods, these studies are mostly done quantitatively on women and adolescents neglecting men who also have a shared responsibility about fertility. For example, a study was conducted on the “exposure to mass media and its impact on the use of family planning methods by women in Western India” [22]. There seems to be less research conducted on the married which includes both married women and men as the participants. In the Ghanaian context, married men dominate in all decision-making including issues related to childbirth hence their inclusion equally like their female counterparts in the efforts to reduce the number of childbirths is paramount to the achievement of that goal. For this purpose, the study sought to examine the perceptions, access to information and education of married men and women on the use of contraceptives in Obuasi-East District of Ghana.

The study was guided by the following research questions: What are the perceptions of married men and women on the use of contraceptives in the Obuasi-East District? How do married women and men access information and education on contraceptives in the Obuasi-East District? The scope of the research was limited to ascertaining the perspectives of married men and women on the use of contraceptives, analysing their access to information as well as examining the effects of exposure to mass media and the use of contraceptives in the Obuasi- East District.

### **1.1. Theoretical Framework**

This study was structured within the framework of the Media Dependency Theory (MDT) which was propounded by Sandra Ball Rokeach and Melvin Defleur in 1976 [25]. MDT is “grounded in the classical sociological literature positing that media and their audiences should be studied in the larger social systems” [26]. Highlighting some details related to their theory, researchers opine that the more an individual is dependent on the media the higher the power or influence of media on the individual [25]. In their view, there exists a structural dependency between mass media, audiences, and social entities. The media dependency theory underlines the effects and power that the media has on society [25]. According to them, the kind of effects that occur enlarges people’s belief systems, change people’s attitudes, motivate delicate shifts in individual or collective sentiment as well as other kinds of society-wide changes. The theory talks about behavioural effects resulting from cognitive and affective effects. However, media activates or deactivates certain behaviours due to information received from the media [27]. The originators of this theory believe that the power of mass media is more evident and greatly felt in populations that are less pluralised and have limited information sources like interpersonal communication. In their view, the population’s dependency on media is low where other sources of information are available to them. Other researchers are also of the belief that “the more alternatives there are for an individual, the lesser the dependence on and influence of a specific medium” [28]. These theorists further highlight that the absence of an alternative source of information is not only responsible for the individuals’ over-reliance on media but also the effects of the message on the audience. That is when the media provide content of information that is attractive, comprehensive and in entertainment form fulfilling their need for information [29]. The intensity of media dependence hinges on the perceived media satisfaction of needs [25].

The MDT was adopted because it provides insights into the perceptions and access to information on contraceptives of married men and women. Through the information, the mass media has the power to influence attitude and behaviour change. These attitudes and behaviour changes may influence the use of contraceptives and family planning. Studies have justified that “exposure to mass media can increase knowledge and influence attitudes on the use of contraceptives and family planning” [30, 31]. Mass media creates a

culture where people are dependent on media information for their understanding which can change behaviour and attitudes [32]. The various types and forms of mass media are widely available to a large number of people in both rural and urban areas and are accessible to a large number of audiences as the major source of information.

With regards to mass media and family planning, information through mass media can be highly effective in countries where the doctor-patient ratio is relatively low as compared to developed countries [33]. In such instances, information on health-related issues becomes very relevant to the population. For instance, Ghana's doctor-patient ratio stands at 1 doctor to 8000 patients and that of nurses stands at 1 nurse to 22 patients which is above the standard of the World Health Organization which is 1 doctor to 1,320 patients and 1 nurse to four (4) patients respectively [34]. This gives a clear case of the usefulness of the mass media to the public about health-related information access; hence, the media influence and power are strong, especially for developing countries [34]. Similarly, a survey by the UNAIDS in 2014 also reveals that about 70% of health-based knowledge and information is obtained from the media [35]. Mass media affects the perception of health risks and sexual behaviours [36].

### *1.2. Concept of Contraception*

Contraception as a concept has been defined severally by different scholars and authorities. These definitions are to a large extent similar as they explain the same thing. A study defines "contraception (birth control) as the prevention of pregnancy by interfering with the normal process of ovulation, fertilization, and implantation" [37]. This gives a scientific view of the concept. Literature from the field of reproductive health has also given varied views on the usage of the term contraceptives. "Contraception is the intentional prevention of conception using various devices, sexual practices, chemicals, drugs, or surgical procedures" [37]. Effective contraception allows a physical relationship without fear of unwanted pregnancy and ensures freedom to have children when desired. In their view, "any device or act whose purpose is to prevent a woman from becoming pregnant can be considered a contraceptive" [37]. In the same light, contraception is the deliberate use of techniques to prevent pregnancy [38]. Contraception is the prevention of pregnancy by the use of different methods aside from the use of the withdrawal method [39]. They further explained that contraceptives are the preventive, permanent or non-permanent methods employed in achieving contraception. Contraception which in another context is referred to as contraceptive involves the use of drugs, methods, or objects for the prevention of unwanted pregnancy [40].

A study uses the term "Modern Contraceptives" and proposes a new definition as products or medical devices that interfere with reproduction from acts of sexual intercourse. Many authors classify certain methods of contraception as "modern" and others as "non-modern" [40]. The fertility awareness method is a non-modern and other form of modern contraceptives [40]. Researchers criticise this definition and the concept of "modern" and "non-modern" contraceptives. They give a few reasons to back their criticisms. First of all, they believe that the concept and definition of "modern" is misleading and arbitrary as the term "modern" refers to up-to-date techniques, ideas and equipment. According to them, the definition of "modern" makes categorizing the various methods of contraception problematic [41]. For instance, WHO classifies the fertility awareness methods as "modern methods" and the withdrawal and calendar method as "traditional" or "non-modern" which contradicts the categorization by Habacher and Trussel in 2015 [5]. Within the same context, the reason for the use of the terms "modern" and "non-modern" is to ensure easy categorization of the various types of family planning methods. They rather believe that contraceptives are already classified based on different features such as effectiveness, reversibility, hormonal or non-hormonal as well as mode of action; hence, they do not need to be classified as "modern" and "non-modern". They are also of the view that classification into "modern" and "non-modern" can be confusing

for users as they may think that “modern” will be seen as effective while “non-modern” is ineffective [41].

There seems to be the issue of knowledge and practice gap as most women know the types and purpose; however, they are not using or practising its use [42]. Some researchers believe that the knowledge may be a greater cause for the failure of oral contraceptives and unwanted pregnancies. The use of contraceptives is embedded in the reproductive rights of all individuals in the world. Other rights are related to help attain reproductive rights [43]. According to the Centre for Reproductive Rights, women's and adolescents right to information and services are “grounded in the internationally recognised human rights with other rights such as the right to life, the right to the highest attainable standard of health, the right to decide the number and spacing of one's children, the right to privacy, the right to information, and the right to equality and non-discrimination” [44]. Reproductive rights became a Fundamental Human Right after the Programme of Action from the International Conference on Population and Development was held. The Centre for Reproductive Rights suggests that governments should strategize and take affirmative action to ensure that women and adolescents get access to all the varieties of contraceptives in terms of law and practice. According to them, certain factors which hinder women from accessing and using contraceptives should be removed. These factors may be legal, financial, and cultural among others [44].

The Convention on the Elimination of all Forms of Discrimination against Women guarantees “women equal rights in deciding freely and responsibly on the number and spacing of their children and to have access to information, education, and means to enable them to exercise these rights” [45]. The Convention on the Elimination of all Forms of Discrimination against Women suggests that to make knowledgeable decisions about safe and reliable contraceptive measures and their use, there should be guaranteed access to sex education and family planning services. As a right, the requirement of a third party who can be a spouse or family before rendering family planning services or accessing contraceptives is a breach of one's reproductive right [44]. The prevalence and use of contraceptives aid the couple and individuals to realise their basic right which entails deciding freely and responsibly towards the birthing and spacing of children [46]. The literature reviewed shows that contraception has to do with the conscious decision and actions taken to prevent pregnancy in women with the use of contraceptives. Contraceptives therefore become devices, drugs as well and methods used to prevent pregnancy. The use of contraceptives is a reproductive right that must be enjoyed by all.

### ***1.3. The Concept of Mass Media***

The term “mass media” comprises two distinct words which are “Mass” and “Media”. These words have distinct meanings that come together. An author defines mass as “a large, heterogeneous, assorted, anonymous audience” [47]. He further defines mass media as “the channels of communication that produce and distribute news, entertainment content, visuals and other cultural products to a large number of people” [47]. Mass media entails the use of technology to reach a mass audience. Mass media is a vehicle or channel of communication that circulates “information from the source to the target public and any media intended for the larger society” [48]. “Mass media as communication devices which can be used to communicate and interact with a large number of audiences in different languages” [49]. Mass media has the intention of reaching the general public. Mass media is used for various reasons and purposes. Information transmitted may be to one or a specific group, few people to no particular audience [50]. Mass media is the primary means of communication for the general public on a grand level of media campaigns based on duration and links [48]. According to them, media campaigns can be of a longer or shorter duration, be unaided or linked to other programmes. From the definitions given, it can be deduced that mass media is a channel

of communication that reaches a large audience of a population through the use of technology.

#### *1.4. Perspective of Married Men and Women on the Use of Contraceptive*

The prevalence and use of contraceptives are relatively low in Sub-Saharan Africa [51]. This problem can be associated with several factors including risk perception, lack of knowledge, partner barriers and health services limitations [52]. Researchers conducted a study on the “knowledge, perceptions and use of contraception among women in the Ga East District of Ghana.” The sample size consisted of 332 women between the ages of 15-49. The research brought to light that there is universal awareness of at least one of the various contraceptive methods. The majority of the women thought that their male partner should be involved in the decision to choose to use a particular family planning method [52]. Men and women have different perceptions towards the use of contraceptives which is a major contributing factor to the numerous disagreements about the relevance of contraceptives [53]. Some women require the permission of their husbands before the use of contraceptives [54]. A study found out that men and women in South East of Nigeria had the perception that modern contraceptives have a link with spiritualism as they believed witches take advantage of the use of contraceptives by some women to make them barren [55]. Another study conducted in Ibadan, Nigeria on married men’s perception of spousal use of modern contraceptives adopted a focused group discussion guide as an instrument of data collection. The findings of their study brought to light different perceptions that men have about the spousal use of modern contraceptives. First of all, some participants have the perception of the use of modern contraceptives as a better way to control the number of children couples can have. On the other hand, the majority were contrasting the idea of women commencing the use of contraceptives or even initiating its discussion. The study showed that the majority of the men were of the perception that giving women the opportunity to use contraceptives can breed infidelity on the path of the women. On the contrary, a good number also believed that certain values such as love, truthfulness, and trust among couples can limit some of the misgivings raised [53]. A study looked at the perception of family planning and contraceptive practices in a marital dyad. Their study adopted a cross-sectional descriptive design with a sample of 389 married couples in Ethiopia. Descriptive statistics, chi-squared test, t-test, and Pearson correlation were used for the data analysis. The study found that men and women have significantly different perceptions about contraceptive knowledge and its use. The study also brought to light the fact that the perception of wives on family planning influenced their knowledge and use of contraceptives as well as that of their husbands. The perception of men on family planning on the other hand did not have any influence on their knowledge and use of contraceptives but rather influenced that of their wives [56].

A study conducted) on perceptual analysis on tubectomy and other family planning services analyse the perceptions of women’s rationale for the use of sterilization, whether it is a matter of choice or not their thoughts on temporary forms of contraceptives available and their perspectives on male sterilization [57]. The study indicated that participants knew about tubectomy from various sources like health care workers, friends, relatives and the media. The study also indicated that women had a positive perception of tubectomy as they believed they were more efficient and harmless than the other forms of temporary contraceptives available. Again, economic incentives did not support the motivation to opt for the tubectomy procedure [57]. Male sterilization as a permanent contraceptive among men was generally not accepted among the participants because it was perceived that it could lead to sexual weakness among their partners. The study recommended that there should be a variety of educational strategies to erase misconceptions related to the use of contraceptives [57].

Another study concentrated on the “knowledge and attitude of married men towards vasectomy in an urban slum in Navi Mumbai.” Descriptive cross-sectional analysis was done with 121 married men aged between 21 and 50 sampled randomly. The study’s purpose was to understand the factors responsible for the gap in the demand for as well as the knowledge and attitudes toward vasectomy. It was confirmed that married men knew about vasectomy (72% of respondents). It was indicated that media, friends, family, and doctors were the sources of information. The majority of the respondents did not support vasectomy among men giving the reasons that sterilization and contraceptives should be left for women, Vastectomy can lead to impotencies, reduce their strength in engaging in energetic activities, as well as a phobia associated with surgery. A few of the respondents, however, believed and supported vasectomy [58]. A similar study has been conducted on “married men and vasectomy in an urban community in Ghana.” It was on commercial driver’s beliefs and attitudes towards vasectomy. The study was conducted qualitatively in an explorative manner with a sample of twelve (12) married men through a focused group discussion. The participants related vasectomy to castration which comes with negative effects. The low patronage of vasectomy was a result of negative perceptions, future uncertainties and the permanent nature of vasectomy. They suggested that appropriate strategies must be put in place by stakeholders targeting behaviour change to deal with the negative effects and perceptions about vasectomy among men [59].

A study was also conducted on the “knowledge, attitudes and beliefs towards contraceptive use among women and men in the Ho Municipality in the Volta Region, Ghana.” The study used the cross-sectional survey design using a total of 340 randomly selected respondents who were both males and females. Their study revealed that the knowledge level was high among men and women however, such knowledge did not translate into their use of contraceptives. The study also showed that participants had the belief that contraceptives were harmful to the womb and could lead to weight gain and infertility [60]. A study discovered that the use of contraceptives is limited in marriages. The married find it difficult to use condoms as they have the perception that it is only applicable outside marriage as it cannot be used to prevent unwanted pregnancy. “The use of contraceptives by men makes up a relatively small subset of the prevalence of contraceptive use” [61]. The modern contraceptive methods for men are limited to male condoms and sterilizations [5]. It is very necessary to promote men’s engagement in reproductive health issues since tackling health problems like Sexually Transmitted Diseases (STDs), sexuality and fertility requires the efforts of both men and women. Men are involved in decision-making therefore, encouraging their participation in family planning issues will enable them to support their spouses in selecting the best family planning option [62].

The issue of male involvement in family planning and the use of contraceptives has been low and its impact has been neglected. Male involvement plays a significant role in women’s reproductive health. They add that “men’s preferences should play a major role in their perception of the importance of family planning and the need for reproductive health services” [63]. Women are seen as the main focus and target in terms of discussing and implementing reproductive health and family planning as it is assumed that they play the most important role [31]. Males’ involvement can be seen as equally important and they are expected to be encouraged to use a variety of contraceptives available to them as they take part in decision-making regarding its use.

## 2. Materials and Methods

The study was based on the interpretivist philosophy. The interpretive philosophy stands on the worldview that meanings derived from experiences and the meanings directed toward objects and things are varied and multiple which leads to complexity of views and ideas instead of limiting them to narrow categories [64]. This philosophical

position helped the researchers to collect and analyse data from the viewpoint of participants looking at their views, experiences and the interpretation they make out of it. The study employed the qualitative research approach.

The study employed the case study as the appropriate research design. The case study design has an enquiry characteristic that hinges on the development of an in-depth analysis of a case, a programme, an event, a process and an individual(s) [64]. The phenomenological type of case study was used focusing on the phenomenon of the use of contraceptives. This phenomenological case study design is exclusively established to aid health professionals in learning from the experiences of others [65]. This type of case study was used to enable the researchers to give much consideration to the structure of meaning and to understand subjectively the individual experiences of participants when it comes to the use of contraceptives. This design is appropriate as the study intended to have an in-depth understanding of the views, opinions and experiences of married men and women on the use of contraceptives.

The setting was the Obuasi-East District in the southern part of the Ashanti Region of Ghana. According to the Ghana Statistical Service (2021), the district has a population of 92,401 comprising 44,927 males and 47,474 females. Obuasi-East District has about 62% of its population being between the ages of 15-64 years which is classified as the active section and 37% between the ages of 0-14 years. It can be deduced from the age distribution that the majority of the population can be classified as sexually active and are involved in various sexual activities. Also, from the age distribution of children, it can be asserted that the fertility rate of the district is relatively high. The target population of this study were married couples who lived in households in the Obuasi-East District. The accessible population were married couples who had biological children. Out of the accessible population, a sample size of 15 participants was drawn from 8 households in the Obuasi-East District. The principle of point of saturation was employed in the number of participants chosen.

In selecting the households, the researchers used a judgemental sampling technique. The members of the households were expected to have stayed in the area for more than a year. The convenient sampling technique was employed in selecting couples in the households. This sampling technique was deemed appropriate because of the uncomfortable nature of the issues to be discussed. Participants were therefore allowed to willingly accept to partake in the study.

The study employed interviews as the instrument for data collection. An interview guide consisting of semi-structured interview questions was used as the instrument for data collection. The questions were derived from the research questions. The interview gave the participants room to thoroughly express themselves based on their points of view, emotions, thoughts and experiences. In the process of data analysis, the researchers coded the data collected. The findings were organized according to themes drawn from the data. The themes and ideas that were generated were linked with theoretical concepts to establish the interconnectedness and differences. Excerpts from participants were used to buttress the findings.

Ethically, participants were made aware of their rights which include the right to not grant the interview, stop the interview, and avoid answering or talking about certain questions and issues when they find it uncomfortable or inconvenient. The issues of anonymity and confidentiality were also addressed. The participants were assured that their true identity would not be disclosed. To this effect, in the analysis and interpretation of data, pseudonyms were used instead of their real names. The recorded interviews were protected and used only for academic purposes. To ensure trustworthiness the researchers ensured credibility, transferability, confirmability and dependability of the data and the entire work.

### 3. Results and Discussion

This section presents the findings on the perceptions of married men and women on contraceptives their use, and their access to information and education on mass media. The data was collected during a face-to-face, one-on-one interview session. The findings were presented and discussed thematically. The following were themes and sub-themes that emerged mainly from the data collected hinging on the research questions.

#### 3.1. Perceptions of Married Men and Women on Contraceptives

The study had the objective of ascertaining the perceptions of married men and women on contraceptives and their use. The perception of an individual on a particular phenomenon or object is mostly influenced by the knowledge and awareness level of the individual concerning it. The use or interaction with the said phenomenon generates an experience that can inform one's perception. Therefore, the knowledge and awareness of participants were assessed as well as the prevalence of the use of contraceptives among married men and women. This brought forth sub-themes, which included knowledge and awareness, prevalence of contraceptive use, perspectives on the use of contraceptives as well as the advantages and disadvantages derived from the use of contraceptives.

##### 3.1.1. Knowledge and awareness of contraceptives

Participants were asked questions to assess their knowledge of contraceptives. Questions such as "Have you ever used a contraceptive? In your view, what are contraceptives? What are the various types of contraceptives you are familiar with?" all the participants gave positive answers and agreed that they have in one way or the other heard of contraceptives. When asked to explain contraceptives in their own words and views, once again, all the participants were able to define and explain contraceptives in their own words. Some participants explained contraceptives as follows:

*My understanding is that contraceptive helps space childbirth and protect yourself in terms of giving birth. That is to prevent getting pregnant quickly (Participant 2, Field data, 2022).*

*Oh! I know that women use some pills, others are injections, implanted or inserted in the shoulder to space their childbirth. That is to prevent them from giving birth to ensure good space between the children (Participant 4, Field data, 2022).*

*They are medicines and devices that are used to space childbearing or prevent pregnancy for some time. It is used before or after having sexual intercourse (Participant 7, Field data, 2022).*

The excerpts from the data showed that contraceptives are not aliens but rather known to the married men and women in the Obuasi-East District. It can also be seen that the primary purpose of contraceptives is to prevent pregnancy. It can be inferred from the participants that they have similar views on contraceptives with other authors who posit that "any device or act whose purpose is to prevent a woman from becoming pregnant" [66].

The participants were also asked to mention some contraceptives they were familiar with. This is about their knowledge to confirm whether or not they know its primary purpose and also the types, devices and examples of contraceptives. From the data, all participants were able to mention at least two types of contraceptives. The data indicated that male participants were able to mention types of contraceptives peculiar to both sexes that is male and female. For instance, Participant 9, a male when asked to mention some types of contraceptives he is familiar with said:

*Mmm! We have the pills, condoms, natural methods and IUDs. Yes, I am familiar with these though I believe there are other types of contraceptives available to both males and females (Field data, 2022).*

Another male, Participant 10 also stated:

*Okay. Mostly I know of condoms, some family planning tools like the ones they insert in their reproductive organ or the shoulder, and some drugs. However, I don't go near the drugs (Field data, 2022).*

Again, Participant 4, another male said:

*There are pills, injections and those that are planted in the arm. To me, there are three types. These are the most common and known contraceptives but there may be others which I do not know or heard of (Field data, 2022).*

Female participants when asked the same question, gave similar responses and said:

*I know of injections and the pills but if you are tested (medically) and they realize that the injection will not help you, they will recommend the pill for you (Participant 6, Field data, 2022).*

*I am familiar with IUDs, pills and one called DEPO which is inserted in the shoulder and also the natural method. I know there are several other types but I only know these (Participant 13, Field data, 2022).*

From the responses, most female participants were knowledgeable about the contraceptives used by females, however, one woman mentioned contraceptives for both males and females. Participant 2, a female said:

*I know of injections, those that are implanted in the arm, condoms for both males and females as well as those that are inserted through the vagina. I am only familiar with these (Field data, 2022).*

This prompted the researchers to further ask the female participants if they knew condoms were contraceptives. They all affirmed they knew but it was for males. Participant 8 when asked stated:

*I know of male condoms, I think condoms are for men. It is men who mostly use condoms. I have not seen the female condom before, not talking about using it (Field data, 2022).*

Participant 6 also said:

*Yes, I know of condoms but I have never used them. My husband often uses it so I think it is for men. For a woman to use it, I think it will be very uncomfortable. I heard you will have to insert it yourself. This is why I have not thought about looking for it or even using it (Field data, 2022).*

Participants indicated their familiarity with contraceptives and mentioned some common contraceptives including condoms and injections. The study showed that condoms were the most common contraceptive known to men as injections were for women. This affirms the findings of a previous study that the contraceptive methods

assessed in the Volta Region of Ghana [67]. The study showed that injectables were common to women, while condoms were common to men.

### 3.1.2. Prevalence of contraceptive use

This theme dealt with the frequency of contraceptive use among married men and women in the Obuasi-East District. Participants were asked during the interview whether they use or ever used contraceptives, how often they use them, the type they use and the rationale for their preference for a contraceptive. The data showed that most participants have ever used contraceptives in their time of marriage. These included both male and female participants. Most of the participants still use them to prevent pregnancy.

A few participants on the other hand, which were all males have never used contraceptives. When asked what their reason for not using them was, they gave reasons that contraceptives should be for women since they get pregnant, and they should find ways to prevent pregnancy.

Participant 1 who has four children also said:

*Well, you know it is a fact that a man does not get pregnant so, there is no need for me to use them. My wife is the one that uses and she usually goes for injections but I don't use any contraceptives. I do not intend to use any as far as spacing childbirth and pregnancies are concerned (Field data, 2022).*

To add to total abstinence from the use of contraceptives, some participants who are females have all stopped using contraceptives in totality for quite a long time while others resort to the traditional method. Some reasons given include:

*The last time I used a contraceptive was in 2007. Personally, it didn't help me while I was using it. I was having problems when I was using it so I didn't continue to use it and I haven't used any contraceptive to date (Participant 5, Field data, 2022).*

*I have stopped using it for a very long time. When I bought the pills to take after my fifth child because I didn't want to give birth again, I didn't even finish one box. I still haven't used contraceptives again (Participant 6, Field data, 2022).*

These female participants had 6 and 5 children respectively. It can be deduced that the major reason for the stoppage of the use of contraceptives among women was related to the negative side effects associated with their use. Also, it can be seen that these participants who have never used contraceptives or stopped using them have given birth to a lot of children than those who use them.

Various types of contraceptives are used by most males and females. Their choice of a particular contraceptive is dependent on the factors of preference and the rationale behind it. Participants were asked in the process of the interview their preferred contraceptive and the reason for their choice of it. From the responses, all male participants who confirmed that they use contraceptives preferred the use of condoms. The natural method which is coitus interruptus and fertility window were also considered by the male participants when necessary. Some of their views are:

*The frequent ones I use are condoms and the natural method. The natural method is mostly dependent on my wife's menstrual cycle. That is the safe and unsafe periods. I use condoms on her fertile days while I don't use any during her infertile period (Participant 9, Field data, 2022).*

*I mostly use condoms whenever I am having sex and I know I am not ready to have another child at any point in time. I used the withdrawal method in the past but it*

*failed me once and so I opted for the use of condoms. However, there are days that I don't use contraceptives at all, especially when I know my wife is not ovulating (Participant 11, Field data, 2022).*

*Well, we are not sure of the natural safe period given by God. God prepared everything and we are to apply all in wisdom for our benefit. So, when I want to have sexual intercourse with my partner and she is not safe at that moment that is when I use a contraceptive. Even with that, if it has passed the safe period by five days, then she takes the pills (Participant 7, Field data, 2022).*

Just as the most common contraceptive is a condom among men, it also happens that it is the most used contraceptive among the male participants. When asked what informed their preference for condoms, several reasons came out. These reasons include its effectiveness, ease of use and ease of availability.

Most contraceptives usage particularly condoms, among men results from the rationale of its effectiveness. It is noteworthy that most of the participants believed that condoms could largely prevent pregnancy. To them, it has a lesser failure rate. For instance, Participant 11, a male said:

*You see, condoms are very effective in the use of contraceptives, though there are times that they may fail. It, however, rarely happens and so able to prevent pregnancy (Field data, 2022).*

This assertion corroborates the view of a similar study that the use of condoms as a method is 95% effective if used correctly [66]. Another reason for the use of condoms has to do with the ease of availability of condoms to its users. Condoms are always available at the nearest drugstore. These are some views expressed by the Participants;

*Condoms are easily accessible at the pharmacy or drug stores. Most often I use the natural method... If she is in her ovulation that is when I use the condom... As for condoms, you will get them at the nearest pharmacy shop (Participant 9, Field data, 2022).*

*I prefer the use of condoms. You know that condoms are readily available at the drug store. Drug stores are quite many in this town. It is not expensive in terms of price; it is affordable at all times. It is also portable and very easy to handle (Participant 10, Field data, 2022).*

*I always use condoms because I do not know of any other contraceptives available to me. Also, with condoms, I can get them at any available time and anywhere without going through much trouble (Participant 7, Field data, 2022).*

The ease of use of contraceptives is one of the reasons given for the use of condoms among men. For example, Participant 3 when asked why he uses contraceptives said:

*The male condom is very easy to use and it helps a lot in protecting ourselves from Sexually Transmitted Diseases. That is why I like using that particular one (Field data, 2022).*

This shows the dual purpose for the use of condoms as mentioned by the WHO (2014) that condoms have dual protection from pregnancy and Sexually Transmitted Diseases (STDs). From the responses given by participants on the type of contraceptive they preferred, it can be seen that vasectomy which happens to be a permanent contraception

method for men was not mentioned among them as a contraceptive they use. When asked if they ever considered vasectomy, these were some of their responses:

*Oh yeah, but the effect of vasectomy is dangerous due to the lack of qualified and specialized doctors to perform such surgeries. The surgery is complicated and takes place in the duct. It is quite a risk to choose such a method (Participant 7, Field data, 2022).*

*No! That will make me infertile as there are a lot of things involved in it. I heard there will be surgeries. I can't go for it. It is too risky. Besides, I have only one child and I still intend to give birth again so vasectomy won't help me. I will just stick to condoms and be free (Participant 3, Field data, 2022).*

*No, no! I have never considered it because I don't want to be infertile and not be able to perform sexually. What if I change my mind and want to give birth all over again, I can't go back because it is permanent. It is a risk I can't bear (Participant 10, Field data, 2022).*

From the comments, the male participants are vehemently against the use of permanent contraceptives such as vasectomy with the reason that it is too risky as it involves surgery. They had a perception that vasectomy would make them infertile and less of a man. Also, they had the intention of giving birth again and so did not want to regret when they wanted more children. Younger people who use the methods of sterilization may regret when there is a change in marital status or partners. The findings are also similar to an earlier study that the poor attitude towards vasectomy is a result of the perception that vasectomy can lead to impotence, reduction in strength of men as well as the phobia associated with surgeries [58].

The study once again showed that men have a limited variety of contraceptives available to them to choose from and also have less information and education on contraceptives. This goes a long way to approve the statement of WHO that “modern contraceptive methods for men are limited to male condoms and sterilizations” [5].

When it comes to female participants, they have a variety of contraceptives available to them to choose from. The female participants were asked to talk about the type of contraceptives they use or their preferences. They mentioned several contraceptives. For instance, Participant 2 who is still using contraceptives said:

*Okay... after my second born, I went for the five-year implantation. I realised my stomach was becoming bigger so I reported it and they said it would not help me. So, I was advised to go for the three-month injection. Also, with the three-month injection, I wasn't menstruating monthly. I reported again to the hospital and they did a few tests and therefore suggested the one-month injection. After one month, I didn't experience any problems. That is what I have been using to space my children. The fourth child is five years old now (Field data, 2022).*

Participant 13 also had this to say:

*Yes, I mostly use the natural method. With the modern, I have used the Norplant which is put in the arm. It didn't help me as I experienced a lot of side effects that had to do with my health (Field data, 2022).*

Another participant who for some time now has stopped using contraceptives stated:

*I used the injection because I wasn't sure of the consequences. I used the injection as a trial due to its easiness. The date for the injection is written on the card. So, I get to know the day when I look at my card and I go for it again. I have stopped using it (Participant 5, Field data, 2022).*

The data collected showed that most women have used different types of contraceptives at a point in time. The most common types of contraceptives among female participants were injectable (all types), pills, IUDs and the natural method. When they were asked their reason for the use of the preferred contraceptives, some of the female participants shared their views and stated:

*The reason why I use the one-month injection is that, when I implanted the five-year one, it was making my stomach big so I went to remove it. I used it for the first five years but when I went for another one for the next five years, I didn't like it so I went to change it. So, the one-month type is the most effective for me. That is why I have chosen to use it (Participant 2, Field data, 2022).*

*I was educated on the various types of contraceptives at the hospital. I liked the three-month injection. The three-month injection was effective for me as I did not experience any negative side effects (Participant 8, Field data, 2022).*

*When I first took the pills, I had to stop because I had a problem with my abdomen. Also, I went for the one-month injection but I stopped using it when I started having problems with my menses. Again, I went in for the one implanted in the shoulder. I faced the same problem with some dizziness. I went to the hospital to get it removed. I tried the three-month injections and it was effective without any side effects. I do menstruate every month without any problem so that's why I am using it (Participant 12, Field data, 2022).*

*Okay, to be frank with you, I was scared to use the other ones but I was very okay and comfortable with the injections. I was scared because I saw the negative side effects that some people were experiencing (Participant 14, Field Data. 2022).*

From the comments, it can be seen that the female participants have used multiple types of contraceptives in their lifetime. The reason for their use of a particular type of contraceptive is not only based on their preference but other factors beyond their control such as compatibility of a contraceptive with their body systems and the effectiveness of it. The issues of easy accessibility and ease of use were not considered when choosing a particular contraceptive to use.

Moreover, just like the male participants, none of the female participants has ever considered the use of a permanent contraceptive such as a tubectomy. Those who said they had already given birth to their desired number of children still did not accept the idea of female sterilisation. For instance, Participant 12 who said she has given birth to four children was against tubectomy as she said:

*Hmm, you know I don't want to give birth again but what if my mind changes and I decide to give birth again? I can't undo it so I'll just stick to the non-permanent ones. I don't want any trouble. I want to be able to go back to my fertility as and when I want (Field data, 2022).*

Participant 2 who has also given birth to the number of children she wanted said:

*I support the use of contraceptives but it is too much to go for a permanent one. I even heard it is done through surgery. I can't go through all that ooo! What if I lose one child and want to give birth again? I prefer the type of contraceptive I can stop using or change when necessary (Field data, 2022).*

It can be seen that when it comes to going for a permanent contraceptive, the female participants shared a similar view with the male participants. They were, however, mostly concerned with not being able to give birth again. This is similar to the finding of a study conducted on the perception of women on female sterilisation. Their study's finding is similar to this as their study indicated that the need for a child in future hinders women from going for a permanent contraceptive [57].

The data showed that most of the participants both males and females have ever used contraceptives and are still using one form of contraceptives at the moment. It can be realised that as the knowledge and awareness level is high among the participants, the case is different with the prevalence of use because some participants have never used a contraceptive or have stopped using contraceptives. This confirms the findings of a previous study that there are high level of knowledge and awareness of modern contraceptive use, however, there is still low use of contraceptives in the country [24]. This implies that there is a low prevalence of the use of contraceptives despite the high level of knowledge among married men and women in the Obuasi-East District.

### 3.1.3. Perspective of married men and women on the use of contraceptive

Participants were asked to share their perspectives on the use of contraceptives. It was important to know their perspectives because of how it affects their use of it. Both male and female participants held different perspectives. Three main tenets of perception were brought to the fore as data was analysed. The first tenet believed that contraceptives were good and advantageous and hence had a positive attitude toward their use. This is what participants who shared this view said:

*My general perception is that it is good when you are using it to protect yourself, especially against Sexually Transmitted Diseases. I am very interested in the use of contraceptives especially condoms as they can prevent diseases which are mostly dangerous and can lead to loss of life. With that, I will say it is good (Participant 15, Field data, 2022).*

*I see it to be good if I use it and it works for me. If it can help me to space my children. As we all know, spacing of childbirth comes with a lot of benefits that will be enjoyed by all especially if it works well (Participant 6, Field data, 2022).*

*I think it is good as it protects us. For instance, I have decided to give birth to only four children. This means I will not give birth again. It has helped me to maintain the four children and not pick a seed again (Participant 12, Field data, 2022).*

From these comments, it can be deduced that people considered contraceptive usage as good and advantageous. These perceptions were based on their experience. Their perception is influenced by the fact that the contraceptives they use can serve the intended purpose of preventing pregnancy and spacing their children. Hence, these participants still use contraceptives because they have a positive perception. Other researchers supported the findings of this current study that the majority of the respondents have positive perceptions towards the use of contraceptives especially the most commonly used contraceptives [38].

Some participants also had a different perception that the use of contraceptives should be discontinued as their negative effects are more than the advantages derived from their use. For instance, Participant 5 said:

*Personally, contraceptives didn't help me while I was using them. I was having problems so, I didn't continue to use it. It did not help me. I will not recommend it to a fellow woman because of the health implications. So, I don't think it is good (Field data, 2022).*

Participant 1 who does not use contraceptives said:

*Okay, in the advantage aspect, it is good. However, the disadvantage is that my wife has headaches and there is one that is implanted in the shoulder which she used but it also gives her headaches always.*

He continued and said:

*The disadvantages are more than the advantages so it is not good (Field data, 2022).*

Another participant also said:

*At first, I thought it was very helpful to the women but with time most of them realised it was not helping. They were giving different complaints about the negative effects that they experienced after using a particular type of contraceptive. This influenced my perception of change. It is not helpful anymore (Participant 4, Field data, 2022).*

The perspectives of a few participants indicated a negative health-related effect, which is seen as a major issue. Participants with this perception have stopped using it themselves or their partners have stopped using it. This has reduced the prevalence rate of its use. It can then be said that their perception has limited their use of contraceptives. This confirms the findings of another study that factors restricting the use of contraceptives among men and women include perception of risk and barriers [52].

The last group of participants were not sure whether the use of contraceptives was good or bad. They believed contraceptives have two sides to it. For instance, one participant said:

*You see with contraceptives, there are different types and from personal experience, some have negative effects and some are very effective. So, there are two sides to it as it can help and also harm you. You just have to look for the right one which can help you (Field data, 2022).*

Another female participant said:

*I think it is good and helpful. On the other hand, I see that if you have never given birth and you use it, you may find it difficult to have a child when you are ready. However, if you have ever given birth, then that will not be a problem but some people say continuous use of it may result in difficulty in giving birth (Participant 8, Field data, 2022).*

Participant 11 had this to say:

*I think that contraceptives are like a two-sided coin. As it has good sides where it helps to prevent pregnancy, in the same vein it can also be dangerous as some women*

*complain of side effects. You will have to decide and weigh the advantages and disadvantages (Field data, 2022).*

Partner's perception about the use of contraceptives is very important as the decision to use contraceptives involves the couple. Participants were asked what their partners' perception was about their use of contraceptives. The data indicated that most partners shared the same or similar perceptions with them. That is, participants who had a positive perception about the use of contraceptives mostly had their partners sharing the same perception and vice versa. For instance, one female participant, Participant 6 who had a positive perception of the use of contraceptives said:

*He also likes it and is in support of me using it. He said it was good. He even recommended the one that lasted for five years for me to use. This is because it is less stressful and we do not need children anytime soon (Field data, 2022).*

Another female participant said:

*He has the same perception as I do. He also supports the decision of not giving birth again, since we have the desired number of children, we planned to give birth to. So, he believes when we continue using it, we will prevent pregnancy and we will be able to cater for the children well (Participant 12, Field data, 2022).*

A male participant who believes in the use of contraceptives when asked what his partner's perception was said:

*Well, we are both using it so we have the same mind and perception towards it. I use condoms most of the time and she sometimes goes for the pills when necessary... Even she sometimes buys packets of condoms for me to use. So, she doesn't have a problem at all (Participant 10, Field data, 2022).*

Participants with negative perceptions said this about their partners' perceptions.

*She was using it but at a point, she realised it was not good so she stopped using it. It was giving her different kinds of illnesses. Sometimes, she has headaches, her menstruation ceases which has its effects, which is not good. So, to her, she has the perception that it is not good (Participant 4, Field data, 2022).*

*Due to the disadvantages that had to do with the negative health-related side-effects she experienced, she stopped using it and she buys my idea that it is not good. We do not know what might happen to her if she continues to use it. We both now share the same belief (Participant 1, Field data, 2022).*

There were cases of exception where participants' partners had either an opposite perception of them or they were neutral and did not care whether their partners used contraceptives or not. For instance, Participant 2, a female viewed contraceptives in all positivity in terms of perception of the use of contraceptives said this on her husband's perception.

*For him, all he does is to ask whether you have gone for the injection or the implantation. That is all he asks. He doesn't care. He is mostly not around and does not have to take care of the children so he believes it is my responsibility because I carry the children in my womb (Field data, 2022).*

Another participant who believed that contraceptives are good said this about his wife's perception.

*For her, she is not all that interested in it. She does not use any contraceptives. I am the one that makes an effort to use condoms. She has no interest in contraceptives at all because of the negative effects of contraceptives she has heard from her peers (Participant 3, Field data, 2022).*

*Well with him, he sees the use of contraceptives for example injections and others to cause some sicknesses so he is not too convinced when it comes to contraceptives. He is not in support of the artificial types of contraceptives but the natural method. Another participant said (Participant 13, Field data, 2022).*

Participants were further asked if their partner's perception influenced their use of contraceptives in one way or the other. The study showed that some participants considered the opinions of their partners before they used it. These participants were mostly women. Their partners' objection or acceptance of the use of contraceptives could stop or encourage them to use contraceptives. For instance, a female participant whose husband had a neutral perception of the use of contraceptives when asked if her husband's opinion could affect her use said:

*It could influence my use of contraceptives. If he doesn't like it, I won't use it. It will affect my child-bearing decisions. So, we will all suffer (Participant 2, Field data, 2022).*

Other women also had this to say:

*I would have still used contraceptives if my husband was against it. You see I am the one in the house catering for the children always so I know the consequences of having a lot of children, but luckily, he doesn't have a problem with it so, I use it anyway (Participant 8, Field data, 2022).*

The case of the male participant was somehow different as their partner's perception did not in any way affect their use. They rather influence them. For example, a male participant who used contraceptives said:

*She uses it because of me but for her, she is not interested. She knows I am very concerned about the number of children we give birth to. I personally also use contraceptives. Her perception does not affect my use of it (Participant 3, Field data, 2022).*

*For me using a contraceptive, I don't think she has a problem. The problem is me. I don't want to use it often. I use it as and when I want, though seldom. Her perception doesn't influence me at all (Participant 9, Field data, 2022).*

From the various comments from male and female participants, it can be deduced that the perception of male partners influenced their partners when it comes to the use of contraceptives. The decision for a woman to use contraceptives mostly came from their husbands. The case is different as most men do not consider the perception of their wives when they want to use contraceptives. This affirms the assertion of a similar study that some women require the permission of their husbands before they use contraceptives [54]. Among some couples, there is a consensus in decision-making among the couple as they support each other in the use of contraceptives. This is parallel to the opinion of another

study that men are involved in decision-making, encouraging their participation in family planning issues will enable them to support their spouses in selecting the best family planning option [62].

### 3.2. Accessing Information and Education on Contraceptives

Information and education on contraceptives are very important as they help their recipients to make informed decisions. This theme looked at sources of information and education and how often these sources provide information on contraceptives. The mass media having the primary method of disseminating information was given more attention. According to the media dependency theory, media effects can enlarge people's belief systems, change people's attitudes, and motivate delicate shifts in individuals and society at large.

#### 3.2.1. Mass media as a source of information and education on contraceptives

The study showed that all participants had heard of contraceptives. Participants were asked about their sources of information on contraceptives. All participants mentioned at least two sources of which one was a type of mass media. For instance, Participant 15 said:

*I read about it and listen to programmes on the television. On the radio too as well as books. I also get information from those who have ever used it. I ask about how best they can be used (Field data, 2022).*

Another Participant also said:

*I heard about contraceptives on the television, hospital and the radio. When I was in Cape Coast, there was a group called Planned Parenthood Association, Ghana (PPAG) that went on radio stations to educate the general public on contraceptives (Participant 14, Field data, 2022).*

The male partners had limited access as compared to the female participants. For example, Participant 10, a male said:

*Okay, I mostly hear of it on television, sometimes on Adom TV where they invite doctors to educate the citizens about contraceptives, the use of it as well as the importance derived from its use ...on the radio also, they sometimes talk about contraceptives (Field data, 2022).*

Participant 7 also said:

*I heard of it mainly in school. However, there are health adverts and talks on television where they discuss issues on contraceptives. Also, contraceptives are advertised on both radio and television (Field data, 2022).*

A few participants also mentioned social media as a source of information for contraceptives. One of such participants was Participant 9. When asked if he accessed information on contraceptives from social media such as Facebook, and WhatsApp. He said:

*Sometimes, some contraceptives are advertised on social media like Facebook. However, the wide mediums they mostly use are radio and television (Field data, 2022)*

Another Participant stated:

*I am not a fan of social media so I don't visit those platforms often. I mostly hear of it on radio and television (Participant 10, Field data, 2022).*

From the statements, it can be inferred that women have access to information on contraceptives from other sources of information such as peers and at the hospital aside from the mass media. Relating this to the media dependency theory, the more alternatives there are for an individual, the lesser the dependence on and influence of a specific medium [28]. Most male participants, however, mentioned the media as their major source of information. The study also showed that though participants had access to most types of mass media, the common sources of information on contraceptives were radio and television. The finding is similar to a previous study which revealed that the majority (85%) of the respondents knew about family planning with television internet and radio being the major sources of information on family planning [62].

Information on contraceptives from the mass media is mostly in diverse forms such as programmes, advertisements, drama, and written texts among others. This necessitated the need to establish the forms of contraceptive information available to participants from social media. Participants were asked in what form their education on contraceptives was. The study indicated that information was mostly in the form of programmes and adverts on both radio and television. The Participants shared their views and stated:

*Sometimes, it will be in the form of adverts and also programmes. For instance, on UTV, sometimes they educate and explain things, especially on days set aside for celebrating women or about childbirth. I usually watch those programmes on UTV and I'm encouraged to use contraceptives (Participant 2, Field data, 2022).*

*It was a radio programme. That was health-related. They discussed contraceptives, how to use them, and the various types such as male condoms, pills and others. The guest speakers were health professionals from hospitals. I learn a lot from such programmes (Participant 3, Field data, 2022).*

*I listen to it mostly on the radio. One time, there was a programme where they invited a nurse who give a talk on contraceptives. She educated the public on the uses and issues surrounding it. The same thing applies to what I heard from the television (Participant 5, Field data, 2022).*

### **3.2.2. Other sources of information on contraceptives**

The Mass Media Dependency Theory posits that there are other sources of information aside from the mass media in a country [25]. This is confirmed as the participants mentioned other sources they listen to for information on contraceptives. Participants mentioned sources such as hospitals, maternal centres, peers, community centres as well as workplaces. Participants had these to say:

*They educate us when we go for "weighing". When we go for the 40-day injection for children that is when they start educating us to come for contraceptives for free but most women refuse with the excuse that it will make them sick (Participant 2, Field data, 2022).*

*A friend introduced me to it. It was in a conversation that she mentioned contraceptives and what it was used for and also the negative effects. At the hospital, nurses do educate us about it and I heard of it during the antenatal period (Participant 5, Field data, 2022).*

*Okay! Aside from TV and radio, there were times when some nurses visited the school to educate the students. As we organize the students for such talks, we also listen to their information as well. They, however, do not visit us often but once in a while (Participant 10, Field data, 2022).*

*Yeah, sometimes people discuss it in a conversation among their peers. Among us as friends, we do talk about it. Also, sometimes, at the hospital, we are educated by nurses and other health workers who invite us to come for some of the contraceptives which are distributed freely (Participant 14, Field data, 2022).*

It can be inferred from the views that aside from mass media, there are other sources of information available to the participants. These sources include hospitals, in a conversation among peers and friends as well as through health talks. Information obtained from hospitals is mostly available to women who have just given birth. This makes married couples depend more on the media for information on contraceptives. This confirms the assertion of earlier research that the power of the media is evident and great when the population has limited information sources, this makes them depend greatly on media to fulfil their needs [25]. As the different sources of contraceptive-related information were established, there was the need to ascertain the frequency and rate at which they were exposed to this information, especially from the mass media.

### **3.2.3. Frequency of information on contraceptives in mass media**

The frequency of information on contraceptives is important as it can affect changes in behaviour among its audience. Participants were asked how often they accessed information on contraceptives from various sources of media. They shared their experiences and said:

*There was much education at the earlier stage of its introduction in the country. It became very popular in those days when it was heard often on the radio and television. The education also took place in the communities, and market squares among others. That was in the 2000s... For some time now, I have not heard much of it (Participant 4, Field data, 2022).*

*At first, it was very often talked about and advertised on radio and television especially when it was first introduced in the country but as time went on it reduced. I don't hear of it often. Once in a while, you hear of an advert or a programme (Participant 15, Field data, 2022).*

*I have not heard of it recently. It is not so often mentioned maybe once in a while, you get to hear of an advert on a particular brand or type of contraceptives. There is no specific programme for it. So that you observe and notice the time and tune in to get educated on the issues of contraceptives (Participant 5, Field data, 2022).*

From this theme, participants were of the view that various types of mass media gave frequent information and education on contraceptives in the past as compared to recent times. This implies that the frequency at which participants accessed contraceptive-related information has reduced considerably with time and hence it can be said that the mass media currently provides less information on it.

### **3.3. Accessing Contraceptives**

Aside from the traditional methods of contraceptives, all other types of contraceptives have to be accessed in different places and venues. The study sought to explore the means of accessibility to contraceptives. For this purpose, participants were

asked questions during the interview session on how they access contraceptives in their community. This led to the generation of a sub-theme discussed subsequently.

### 3.3.1. Means of accessibility of contraceptives

Participants when asked how they accessed contraceptives in their community gave different responses. The study showed that all male participants who were using contraceptives currently accessed them from the drug store or pharmacy shops in their communities. For instance, Participant 7 who showed high acceptance of contraceptives said:

*Yes, I go to a licensed chemical shop popularly called the drug store to buy contraceptives. There is one that is close to where I live. So, I just go there to grab one when the need arises (Field data, 2022).*

According to Participant 11:

*It is very common at the pharmacy shop closer to me at the point of need (Field data, 2022).*

Participant 9 simply said:

*At the drug store (Field data, 2022).*

The case is different when it comes to female participants. Most of the female participants accessed contraceptives from hospitals, health centres and drug stores or pharmacy shops. For example, Participant 2 said:

*I go to the government hospital at Amangoase. Sometimes, I access it at the weighing centres in my community. The nurses come there to give the injections. They also come there to distribute other types of contraceptives such as condoms (Field data, 2022)*

*Back in the days when I used to patronise contraceptives, I used to go to a particular clinic for an injection every three months. It is a clinic called WART (Participant 5, Field data, 2022).*

Again, Participant 14 said:

*Well, I didn't face any difficulty in accessing it. My elder sister was a pharmacist so I went for the injection at the pharmacy. Yeah, I go to the hospital and sometimes I receive it from the PPAG group (Field data, 2022).*

From the foregoing outcomes, it can be deduced that most female participants had at one point in time sought medical advice from professional health workers. They usually go to the hospital or access prescriptions from nurses before they use it. From the data, the most common means of accessing contraceptives were hospitals, postnatal centres, pharmacies and drug stores. The study once again showed that male participants used contraceptives without seeking professional advice and prescriptions.

## 4. Conclusions and Recommendations

There are different perspectives held by married men and women towards contraceptives and their use. These perspectives are influenced by the disadvantages and advantages experienced or heard of by married men and women. The negative effects of

the use of contraceptives have to do with negative health implications as well as the rate of failure. The study further concludes that condoms are popular among married men, while women prefer injectable. The frequency of information and education on mass media has significantly reduced compared to when contraceptives were first introduced in Ghana and this influences the use of contraceptives. Radio and television are the major sources of information on the use of contraceptives though there are other types of mass media especially social media which is available to married men and women.

It is recommended that stakeholders such as the National Commission for Civic Education (NCCE), Ghana Health Service and other non-governmental organisations should be actively involved in disseminating information on the use of contraceptives. They should use various mass media in addition to radio and television to disseminate information on contraceptives. As education using the mass media and other platforms is intensified on the importance and effects of the use of contraceptives among married men and women, the hostile and negative thoughts held by the general public regarding contraceptives and their use will be changed. It is also recommended that stakeholders involved in mass media make conscious efforts to increase discussions and advertisements about contraceptives and their use. Information on contraceptives and their use should be diversified by media houses in the form of drama, poems, books and music to attract married couples.

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