Research on Humanities and Social Sciences
ISSN (Paper)2224-5766 ISSN (Online)2225-0484 (Online)
Vol.5, No.7, 2015

Male Involvement in Family Planning in Muslem Communities in Wa Municipality, Ghana

Joseph K. Wulifan* Daniel A. Bagah
Department of Administration & Management Studies, School of Business & Law, University for Development Studies, Wa-Campus, WA, Ghana. West Africa
E-mail- joewully1@yahoo.com

Abstract
Background: The scarcity of resources in the face of rapid population growth and unlimited human wants has compelled countries the world over to take a positive stand in checking population growth before it outstrips resources. Also, addressing socio-cultural and religious beliefs surrounding family planning which seeks to control population has been a subject of debate for communities. The issue of family planning has triggered concerns amongst muslem populations regarding acceptability gap and effective use of modern contraceptives. With these varied concerns among the muslem population, some clerics are very cautious in discussing the subject while others have integrated the subject in their teachings by identifying knowledgeable religious leaders who offer religiously sound interpretations on family planning. Notwithstanding these challenges, available evidence on maternal health figures is alarming. According to WHO, over 818 million women of reproductive age from low / middle income countries have unmet need for family planning- they want to limit or space child birth but are not having access to effective contraceptives use. Each year, over 211 million women get pregnant and about one-third of these women end up in induced abortions. These have generated discussions on family planning in Muslem communities. This study therefore sought to find responses among males in Wa Municipality Muslem communities through these questions. Does Islam address family planning? Is contraceptives use permissible in by Islam?***Methods:*** A cross section descriptive study of 120 muslem males in Wa Municipality was carried out from June to September, 2013. Contraceptive use was 24% among subjects. The study identified Age, number of wives and educational level of respondents to be significant with contraceptive use ($P<0.05$). On the other hand, number of children did not show any significant difference with contraceptive use. The most frequently identified contraceptive method were condom, injectables and oral pills.***Conclusion:*** The study identified perfect knowledge and awareness of contraceptives (100%) among subjects but a lag in uptake and non-approval (24% verses 75%).
Keywords: Religious beliefs, Linen sheath, Muslim, family planning, Wa, Ghana.

1. Background to the study

The scarcity of resources in the face of rapid population growth has compelled countries the world over to take a positive stand in checking population growth before it outstrips resources. This view was echoed by Reverend Thomas Malthus (1798), a British Clergyman and intellectual, who warned, in an "Essay on the Principle of Population" of the tendency for population to grow at a rate faster than food supply. He saw a world where human numbers would continually press against available food supply. He ascertained that if nothing was done to check population growth, the world was going to run short of food. To reduce births, he recommended that young men and women delayed or postponed marriage.

Meadows DH et al. 1992, in reviewing the modern day environmentalist view, made the observation that; population growth will lead to shortage of non-renewable resources. It will lead to over use of land and marginal land will be brought under cultivation to engender environmental degradation and entrench poverty. Per Pinstrup-Anderskn & Rajul Pandya-Lorch 1996, also asserted that as the world projects into the future towards the year 2020 and beyond, it must confront three major problems or challenges. These include; eradicating mass poverty, meeting current and future food needs and managing the natural resource base to attain sustainable growth. They said however that the difficulty in meeting these challenges is compounded by the expected addition of almost a 100 million people to the world's population every year for the next 30 years.

The above views point to the fact that rapid population growth as against scarce resources, has been and is presently one of the major problems facing most countries in the world today. As a result, attempts are being made globally to create awareness and find ways of combating it. The widely accepted strategy is controlling or regulating fertility (Abernethy 2002).

In recent years much energy and resources have gone into divesting family planning methods to control population growth. This attempt to research into family planning methods draws inspiration from the Bucharest Conference of 1974 when the issue of family planning emerged (Mauldin et al. 1974). Another conference, the International Conference on Population and Development held in Cairo, Egypt in 1994 involved various African countries in discussing ways of controlling of rapid population growth through family planning (Caldwell 1994). For even though the problem of rapid population growth in relation to development is a global

one, it is more pronounced in less developed countries including Asia, the Latin America and Africa (Nordhaus 1974; Holdren & Ehrlich 1974).

Ghana, in realizing the importance of population in all aspects of planning and its critical role in the development equation, adopted an explicit and comprehensive policy on population in 1969, the third in Sub-Saharan Africa after Mauritius (1958) and Kenya (1965) (Berelson 1974). The main objective of Ghana's population policy was to reduce the high rate of population growth from the estimated, 3%, per annum in 1969 to 1.7% by year 2000. The policy document in 1969 clearly stated that, Ghana did not have problems with its population size, but the growth rate had the potential of frustrating the developmental efforts of government (Abernethy 2002; Gyimah et al. 2011).

To effectively tackle the fertility issues stated in the policy, the government launched the Ghana National Family Planning Programme (GNFPP) in May 1970. The GNFPP Secretariat was established with an implementation plan to work towards the achievement of the fertility reduction objective of the policy (Badasu 2006; Margaret & Owusu 2014; Gyimah et al. 2011).

However, this effort achieved less because the rate of growth was as high as 2.6 per cent in 1984, with a birth rate of 6.5 children per woman as compared to a total fertility rate of 6.7 in the 1960s. To revitalize the policy and to ensure it success, various agencies and organization such as the Ministry of Health, Ministry of Education, National Council for Women and Development, Planned Parenthood Association Ghana (PPAG) are among others who are making Family Planning Services available to Ghanaians nationwide (Gyimah et al. 2011).

All this while, male involvement in family planning was not seen. This is due to the fact that over the past few decades there has been a bias in the design of family planning programmes, which almost excluded men from many programmes simply because most of the services were offered within maternal and child health (MCH) centers (Kabagenyi et al. 2014). Most research and information campaigns focused or women, reinforcing the belief that family planning is largely a woman's business the man playing very peripheral role (Kaida et al. 2005).

Many family planning Associations have now recognized that involving men and obtaining their support and commitments to Family Planning is of crucial importance in Africa because most decisions affecting family and political life are made by men. Men hold positions of leadership and influence from the family unit right through the national level. Their involvement in family planning matters would therefore not only ease the responsibility borne by women in terms of decision making but would also accelerate the understanding and practice of family planning in general (Mosha et al. 2013).

Even though the 2008 Ghana Demographic and Health Survey (GDHS) revealed that a generally low percentage of couples (24%) were practicing family planning and couple practicing modern contraceptive were (17%), the situation is still worse in the Moslem communities. The low patronage of family planning in typical Muslem dominated settings in Wa Municipality manifest itself in the large family sizes. To narrow or scale down the problem, male Muslems are seen as a potential or even real hindrance to successful practice of modern contraceptives a view held by the general public (Ward et al. 1992; Bawah et al. 1999).

1.1 Problem statement

The problem of rapid population growth is very prominent in Ghana and it signifies a low patronage of family planning through low contraceptive uptake by the general Ghanaian public. This problem is however, quite obvious in the Muslem dominated communities. This can be supported by the marriage pattern and religious perceptions in Muslim communities. There is a common perception that family planning is a western ideology or conspiracy aimed at reducing the size of Muslim population (Finger 1999). Most males are found to be married to at least two or at most four women as Islam permits. There is also this common belief among Muslems that "Allah (God) is the Giver and the Caretaker" therefore, no matter the number of children you have, Allah will on your behalf surely take care of them (Al-Hibri 2000). For this reason, there is the belief that most Muslems, especially the males who are the power wielders and decision-makers in families and communities, are not really interested in family planning programmes (Karmi 1996).

Male involvement in family planning is more than just increasing the number of males using condoms and having vasectomies. It includes narrowing the scientific evidence gap on the number of men who encourage their partners and their peers to use family planning and who influence the policy environment to support the development of male related family planning programmes (Roudi-Fahimi et al. 2012). This study therefore, focused on finding out in general terms the level of involvement of Muslem males is family planning and the development of family planning programmes that focus on Males, specifically to address the following questions in Wa Municipality. Does Islam address family planning? Is contraceptives use permissible in by Islam? Do the male Muslims in Wa Municipal know about family planning? Do they use any contraceptive methods? What factors influence their attitude towards the adoption and use of family planning and contraceptives? What alternative measures can be used to get male Muslems in Wa Municipal develop more interest in family planning and ways of making the programme more popular and acceptable to increase uptake?

2. Conceptual review of family planning

Family Planning (FP), which includes a deliberate effort of couples to regulate the number and spacing of births, aims at improving family life at the micro level and contributing to sustainable development at the macro level. This is influenced through fertility decline among other mechanisms. It allows individuals and couple to anticipate and attain their desired number of children and the spacing and timing of their birth (WHO 2014; World Health Organization & HRP - UNDP/UNFPA/World Bank Special Programme of Research, Development and Research Training in Human Reproduction 1999). Though variables such as education, religion, socio-economic and cultural factors affect the effectiveness of FP Programmes, another factor that deserves attention is the involvement of males in FP programmes. Empirical studies on these variables mentioned above shall be examined, especially the religion, education and male factors in relation to FP programme effectiveness.

2.1 History of contraceptive use and birth control

The use of contraceptive as a means of controlling fertility dates back to 3000 years ago when the Egyptians were using a mixture of Honey and crocodile dung as spermicides and linen sheaths (as male condoms) to protect against disease. Around 1700s, condoms were made by the Ancients from animal intestines (Leatham & Jane Tolerton 2012). The Bush Negro of British Guyana also used okro-like-seed, which was inserted into the vagina as a means of birth control. The Jews used onions and peppermint juice as spermicides to control fertility. The Chinese tried to prevent infection by wrapping oiled silk paper around the penis, and the Japanese had leather and tortoiseshell sheaths. The Romans used tampons that had been dipped in herbs and condoms made of goats' bladders. In the middle ages, the history of condoms in Europe begun in the sixteenth century, when the venereal disease syphilis reached epidemic proportions. In 1564, the Italian doctor Gabriel Falloppio wrote in the book 'Morbo Gallico', that a linen bag drenched in a solution of salt or herbs formed a protection against the disease. In the eighteenth century linen and silk condoms were used, as well as sheaths made of lambs' and goats' gut. To prevent them slipping off, a ribbon on the open end of the condom was tied around the penis. The sheaths made of bladder or gut could be used more than once; in contemporary paintings and prints they are some-times seen hanging on a hook or a clothes line to dry. By 1844, the American Goodyear man (the inventor of Goodyear tyres) called Charles Goodyear invented the reusable male condoms. These condoms were made of rubber and often washed and stored with oily jelly in wooden boxes for reuse (Tammy 2011; Krebs 2004; Sabrina 2014); Jielze Christopher, 1968 – Survey Articles on History of Contraceptive Use and Methods).

For about thousands of years, birth control received little public attention. This is because death rates were extremely high, particularly among infants and children. Large numbers of children were, therefore, necessary to ensure that enough would survive to adulthood and have children of their own to perpetuate families communities, empires and states (Ward et al. 1992). During the 1700's and 1800's however, scientific and technological advances in industrialized countries increased food supplies, controlled disease and made work relatively easier. As a result, the death rates began to drop in these countries and more children survived to adulthood and had more children themselves (Pomeranz 2009). This, new trend of population change in the industrialized countries moved a British clergyman and Economist, Rev. Thomas Robert Malthus to publish his famous 'Essay on the principle of population' in 1798. He argued that human populations tend to increase faster than food supplies. Malthus recommended that young men and women postpone marriage to control births. The result of continuing high birth rates and low death rates has been rapid population growth around the globe especially in Asia, Africa and Latin American. In many of the countries of these continents, far more children are born than can be adequately fed, housed, educated or employed under present conditions. The fear of population growth outstripping food and other resource supplies has spurred interest in birth control or family planning (Encyclopedia Britannia, 1980, pp 378-379). To regulate fertility, in recent years modern methods of contraception have been produced through scientific research and increased knowledge on human reproduction. These methods are believed, among other things, to be satisfactory, well tested and effective. They include permanent and temporary methods. Permanent-female sterilization and vasectomy for males while the temporary methods are; vaginal foaming tablets, condoms, intrauterine contraceptive device (IUD), diaphragm (cervical cap) Norplant Implants, injectables and oral contraceptive pills. There are also natural methods such as Fertility awareness and lactational amenorrhea method (LAM) (Machiyama & Cleland 2013; Igwegbe, O. Anthony et al. 2009).

2.2 Islam and contraception

The Holy Quran, which serves as a guide to Muslims in all aspects of life, is ambiguous and implicit with regard to contraception. However, Mussalam, an Islamic Theologian and scholar in 1993 noted that when the Quran is ambiguous on any particular issue, Muslim scholars will usually turn to analogic reasoning (Qiya) or consensus (Ijima). Therefore since the Quran is not explicit on the use of contraceptives there has been diverse views as to the permissibility of contraceptive use for fertility regulation. For instance, according to Sheik Abu Sohra (1965)

as discussed in Lyle Saunder (1997), "the primary end of marriage in Islam is procreation". Hence, it is therefore a sin against nature and biological disposition to control births or prevent conception through the use of contraceptives. Contraception, according to Abu Sohra, would undermine public morale and encourage promiscuity (Lee 2011).

A thorough review of the Hold Quran reveals no text (Nuss) prohibiting the prevention of conception or diminution of the number of children but there are several traditions (Hadiths) of the Holy Prophet of Islam (peace be upon him) that indicate its permissibility. According to the Hadiths the close associates of the prophet of Islam were practicing coitus interrupts (al-azl). A majority of the Islamic jurists in the legal schools (Madhalib) agree with the permissibility of 'al-azl; where the husband withdraws and ejaculates outside his wife's vagina during copulation (Abdel Rahim Omran 2003) UNFPA/Abdel-Rahim Omran, 1992).

At the 1994 Cairo International Conference on Population and Development, there was a worldwide upsurge in religious opposition to specific forms of contraception and birth control. Several conservative Islamic countries; Saudi Arabia, Iran and Sudan joined the Vatican, to register opposition to women's increasing access to contraceptives (Amin and Hossain, 1995). Earlier in 1968, Pope Paul VI referred to artificial birth control method as immoral because they separate the two purposes of intercourse in marriage; conjugal love and the procreation of children. The Pope added the 'Each and every marriage act must remain to the transmission of life'. The Roman Catholic Church however, considers natural FP as acceptable. The Hanafi Islamic jurists made clear distinction between prevention of conception and abortion, permitting the former and prohibiting the latter. By analogous reasoning (Qiya) alternatives methods of contraception can be allowed in Islam as long as the purpose is to prevent pregnancy, and in so far as it would not lead to permanent loss of fecundity. The Hanafi jurists went further to extend permission to blocking the mouth of the uterus (cervix) with the husband's consent. This indicates the acceptance and possible use of some modern artificial contraceptives.

2.3 Involvement of muslem males and religious leaders in family planning

Although studies concerning male Muslims and FP are rare, some, few related studies reveal some patterns of beliefs and attitudes among males and Muslim religious leaders. These studies are carried out in Jordan, Ethiopia and Nigeria. With the Jordanian study, the context is as follow: Muslim religious leaders are often viewed as real or potential obstacles to FP. Their beliefs about FP and how they differ from those held by the general public (Akbar 1974). Also in Two nationally representative surveys of one 1000 married women aged 15-49, and the other of 1000 men married to women aged 15-49 and a census of all religious (Muslims) leaders in Jordan collected information on knowledge, attitudes and beliefs regarding FP and the sources(s) of information about FP. 80 percent of women, 82 percent of male religious leaders and 98 percent female religious leaders believe that FP is keeping with the tenets of Islam. Among the religious leaders, 36 percent reported that they had preached in support of FP in the year preceding the survey. 75 percent of women and 62 percent of men in the general public said they had discussed FP with their spouse. On a scale of 0-10 measuring agreement with statements regarding the benefits of FP (with 10 being complete agreement), women averaged 9.4 and female religious leaders 7.2 (Mehryar et al. 2000).

Among the general public, 74 percent of women and 58 percent of men said that deciding to practice contraception is a joint decision between husband and wife. However, about 90 percent of the religious leaders agreed that decisions on contraception should be taken jointly by the husband and wife. Only 26 percent of men in the general public cited interpersonal communication as a source of FP information, compared to 66 percent of women, 73 percent of male religious leaders and 89 percent of female religious leaders. The study also revealed that three-quarters of both women and men want to know more about FP. From the data collected in the study, females in Jordan strongly approve of FP. Men in the general public generally accept FP as being beneficial. This study did not however specify the methods approved of or accepted and being used.

In a study of FP attitudes and practices of Ethiopian elites was conducted with a sample of 86 Muslim religious leaders. It was found that 80 percent of the religious leaders had heard about FP. 92 percent of this number was married but only 26 percent practiced FP. The religious leaders were found to be less favorably disposed toward FP than other elite groups such as teachers and community leaders. The authors did not however, specify the method of contraception used by those who practiced contraception. They did not also compare the responses of the male elites and religious leaders to those of the general public (Underwood 2000; Amin & Hossain 1994).

In a related study, 40 Muslim religious leaders (all males) in Yoruba communities in South Western Nigeria were interviewed regarding FP. It was found that 78 percent reported or responded as having preached publicly against FP. Questions as to knowledge level and practice were not included in the study and again their responses were not compared to those of the general public or the larger society (Isah & Nwobodo 2009).

2.4 Relevance and implications of literature

The literature has revealed some degree of conditional religious opposition to contraception and for the matter

some contraceptive methods. That is, most of the religious advocates approved of those means of contraception, which are not permanent despite the diverse views expressed.

Results of the above three studies revealed varied responses from women, men and religious leaders regarding contraception and FP in general. While the Jordanian study revealed a generally satisfactory level of knowledge, approval and a fair degree of practice, the Nigerian study revealed a high degree of opposition of FP among religious leaders even though the Nigerian sample was not nationally representative.

The Ethiopian study also revealed that the degree of enlightenment in terms of education directly impacts on one's disposition towards FP programmes and practice. The level of education of the male Muslims in Wa Municipality would be included in the survey. The results of the studies imply that access to information and communication influences FP uptake, hence the sources of information regarding FP are going to be explored in the Wa Municipality. Equally, the Jordanian study explored decision-making regarding FP and since males are supposedly the wielders of power in most communities, the males should involve their wives in taking decision with respect to FP and contraceptives.

Even though the three studies did not directly explore male involvement in FP in Muslim communities the Jordanian study has shown some level of male involvement despite the fact that the females are more favourably disposed toward FP. The Wa municipal's survey was to find out the causes of low involvement of males as compared to females in FP programmes and suggest how FP programmes could be packaged to receive the patronage of male Muslims. With reference to the Jordanian survey, the Wa municipal survey concentrated on married male Muslims aged 15-49 who are active in terms of reproduction.

3. Methodology

3.1 Location and size

The study area is the Wa Municipality. Wa is the regional capital of the Upper West Region of Ghana. It gained Municipal status in 2004 as part of the government's decentralization policy of bringing governance closer to the ordinary people. The Wa Municipality is bordered to the north by the Nadowli District, to the east by the Wa East District, to the west by Wa West District and to the South by Sawla-Tuna-Kalba Districts in Northern region. The Wa town lies within latitude 1º40' and 2º45'N and longitude 9º32' to 10º20'W thus covering an area of approximately 1,180 square kilometers which is about 32% of the region and 2.56% of nation`s land mass respectively. The population of Wa Municipality is 107,214 (female 54,218 / Male 52,996) and 18,891 households. It has an average growth rate of 2.8% per annum and 4.0% in the urban centers (Ghana Statistical Service 2012; Ghana Statistical Service 2013)

3.2 Sample size estimation

With 20,425 households in Wa, the sample size was calculated using the mathematical formula as follows;

Formula: $$n = \frac{N}{1+N(\alpha)^2}$$ where

n= Sample size**,** ***N***= Sampe frame/taget population (total number of households in Wa), α^2= represented the margin of error which is ***0.05*** with confidence level of ***95%.*** By substituting 20,425 and 0.05 into the formula, **n=392** approximately. Also, 49% of the population of Wa Municipal constitutes the male population and again 65.9% of the male population is Muslim (Ghana Statistical Service 2012). Therefore, calculating the respective proportions, a sample size 120 was approximately selected. Wa Municipal has 31 communities (Electoral Areas). We purposively selected 6 Muslim dominated communities (Limanyiri, Nayiri, Fogo, Dondoli, Kabanye and Sokpayiri) and randomly interviewed 20 Muslim males from each community. Participants not willing to respond to the questionnaire after requesting and ensuring confidentiality were excluded.

3.3 Study design and tools

A cross sectional descriptive study was used to collect data from Muslim males between June and September, 2013. The study tools were semi-structured question guides. It was only one set of question guide for the entire respondents. The question guide had four sections. In module A, the question guide investigated the background of the respondents; module B sought information on sexual transmitted diseases (STDs) including HIV/AIDS. Module C looked at knowledge and perception on FP/ contraceptive use while Module D focused on the challenges with family planning.

3.4 Data analysis

Data entry and analysis was done using Stata 12. We also employed frequencies and charts to make data presentation meaningful. Chi square test was used to test the significant associations between variables (explanatory and outcome) at P-value of 0.05 and 95% CI.

3.5 Limitations of the study

In undertaking the study there was unwillingness on the part of the respondents to answer questions asked them. The study was undertaken during the Muslim fasting month (Ramada) and since most of them were fasting they initially did not want to co-operate. Some also saw it as a waste of time. Nonetheless, the study received 100% response as the tools were patiently self-administered by the data collectors.

4. Results and discussion

4.1 Socio-demographic characteristics of the respondents

The information shows the relationship between socio-demographic parameters and contraceptive use (figure 1). Age of the subjects was found to be statistically significant with contraceptive use ($p<0.05$). This means there is difference between the age strata and contraceptive use. The age group 35-44 (10%) are among the highest contraceptive users with group 45-54 (31%) being non users. Across all age categories, 24% use one form of contraceptive with 76% indicating nonuse. This shows there is significant difference between age of the Male Muslims and contraceptive use. The data further shows, there is significant difference between the number of wives a Muslem respondent has and contraceptive use. 12% of married respondents with one wife use contraceptives while 34% who are married to 2 wives do no use contraceptives. None of the respondents with 4 wives use contraceptives. Respondents with secondary education who use contraceptives were 10% while those without any formal education were among the majority (35%) who do not practice contraception. Level of education and contraceptive use was significant ($P<0.01$). Association between contraceptive use and number of children was not significant ($P>0.05$). In 1996, a study of FP attitudes and practices of Ethiopian elites was conducted with a sample of 86 Muslim religious leaders. It was found that 80 percent of the religious leaders had heard about FP. 92 percent of them were married but only 26 percent practiced FP.

Table 1: Socio-demographic characteristics of the respondents

Socio-demographic characteristics	**Contraceptive use (N=120)**		**P-value**
	Yes (%)	**No (%)**	
Age			
20-34	7	11	0.05
35-44	10	15	
45-54	4	31	
55-64	3	12	
65+	-	7	
Number of wives			
1	12	12	0.04
2	8	34	
3	4	23	
4	-	2	
Respondent Education			
Illiterates	7	35	0.01
Primary	5	26	
Secondary	10	12	
Tertiary	2	3	
Number of children			
1-2	8	18	0.06
3-4	9	20	
5-6	4	21	
7+	3	17	
total	**24**	**76**	

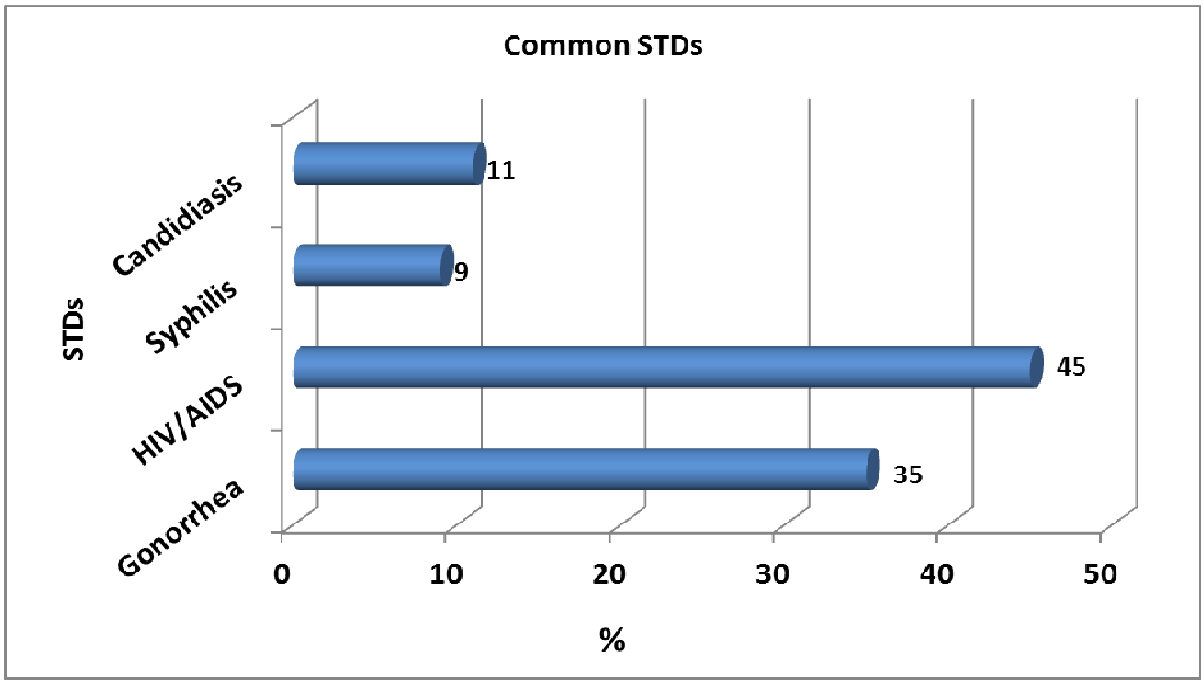
Source: Field Survey, 2013

4.2 Knowledge on sexual transmitted diseases (STDs)

With regards to the knowledge of STDS, all the respondents questioned had a fair knowledge about its existence. In the assessment, respondents were asked to mention at least 2 STDs and those who were able to mention at least 2 STDs are coded as being aware of the existence of STDs. From the responses, all respondents have knowledge on STDs. This can be attributed to the numerous outreach campaign programmes organized to disseminate information on STDs including HIV/AIDS all over the country. The common STDs mentioned are shown in figure 1. The data throws more light on the responses of respondents on the various types of STDS. As far as Male Muslims in Wa municipal is concern, 35% of the people mentioned Gonorrhea. Nearly half of the respondents (45%) mentioned HIV/AIDS. 9% mentioned syphilis whereas 11% each of the respondents

identified candidiasis. The awareness on HIV/Aids could be the vigorous nationwide campaign on the devastating effect of the disease. The use of condom as a means of controlling disease dates as far back as 3000s in literature when condoms made from linen sheaths and animal intestines were used to protect Disease infection (Leatham & Jane Tolerton 2012).

Figure 1: Common STDs identified by respondents



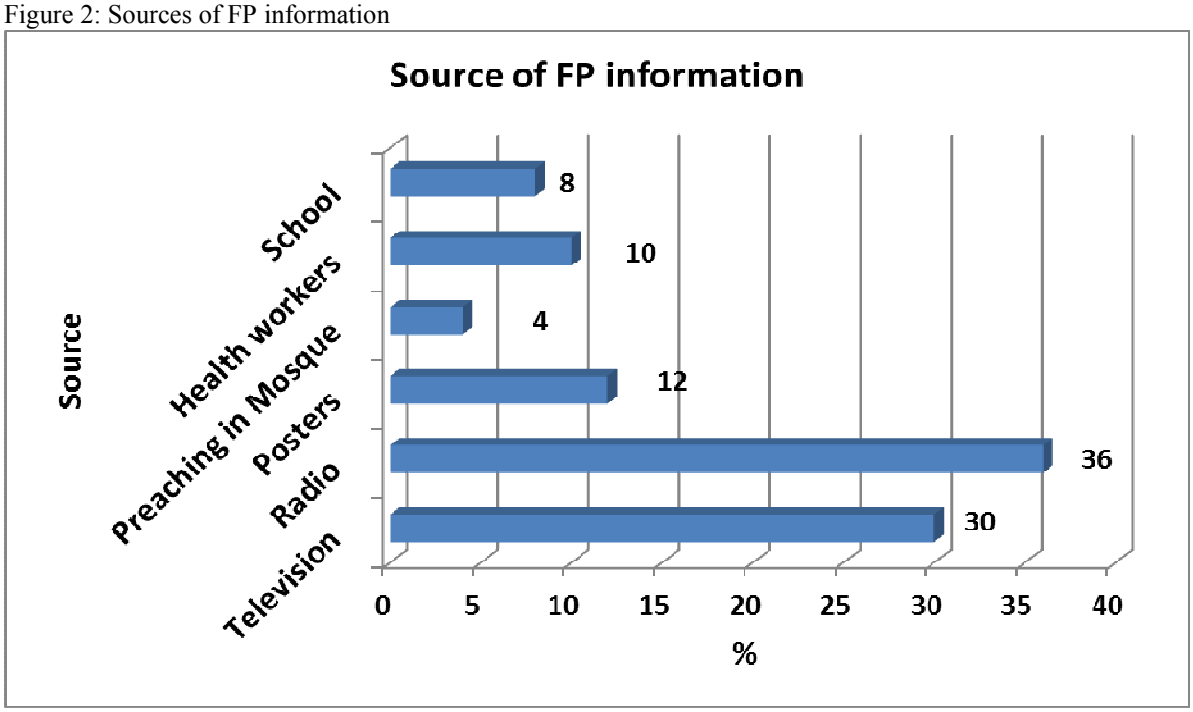
Source: Field Survey, 2013

4.3 Knowledge and attitudes regarding family planning

4.3.1 Source of family planning information

The results show that radio (36%) as a means of communication is the most frequent source from which respondents hear FP issues. Radio could be the most reliable means of spreading information on family planning in the Wa Municipality. The second most common source is the TV, which also represents 30% of the respondents as their source of information. Apart from the radio and TV being the main source of information, some also made mention of health workers represented 10% as their source of information on family planning methods. From figure 2, 12% had family planning information from posters. School accounts for (8%) while 4 % indicated the mosque as their source of information on family planning. This is consistent with the Jordanian survey among the religious leaders, 36 percent reported that they had preached in support of FP in the year preceding the survey. 75 percent of women and 62 percent of men in the general public also said they had discussed FP with their spouse (Mehryar et al. 2000).

Figure 2: Sources of FP information

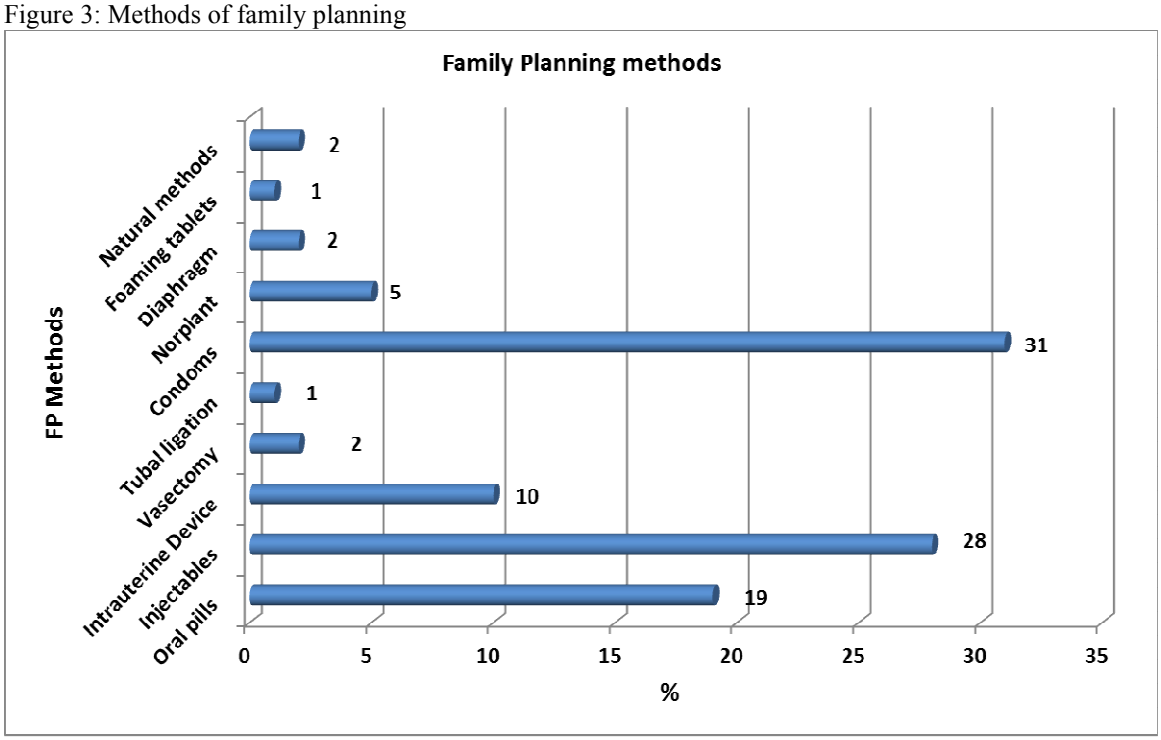


Source: Field Survey, 2013

4.3.2 Knowledge on FP methods

Regarding respondent's knowledge on FP methods, all respondents were able to mention at least one method of contraception (100%) which formed the basis for assessing knowledge on contraceptives. The most popular and most frequently known family planning method in the Wa Municipality is the condom. As indicated in figure 3, 31% of the respondents mentioned condom. Injectables recorded the second highest with 28%. Only 1% each mentioned the use of female sterilization and the use of diaphragm. In the literature, condoms were among the first known birth control method in Egypt around the 3000 B.C. Ancient Egyptians used a mixture of Honey and crocodile dung as spermicides by 1700s, condoms were made by Ancients from animal intestines (Leatham & Jane Tolerton 2012). The Bush Negro of British Guyana also used okro-like-seed, which was inserted into the vagina as a means of birth control. The Jews used onions and peppermint juice as spermicides to control fertility (Tammy 2011; Leatham & Jane Tolerton 2012). To regulate fertility, in recent years modern methods of contraception have been produced through scientific research and increased knowledge on human reproduction. These methods are believed to be better effective. They include permanent and temporary methods. Permanent-female sterilization and vasectomy for males while the temporary methods are; vaginal foaming tablets, condoms, intrauterine contraceptive device (IUD), diaphragm (cervical cap) Norplant Implants, injectables and oral contraceptive pills. There are also natural methods such as Fertility awareness and lactational amenorrhea method (LAM) (Machiyama & Cleland 2013; Igwegbe, O. Anthony et al. 2009).

Figure 3: Methods of family planning

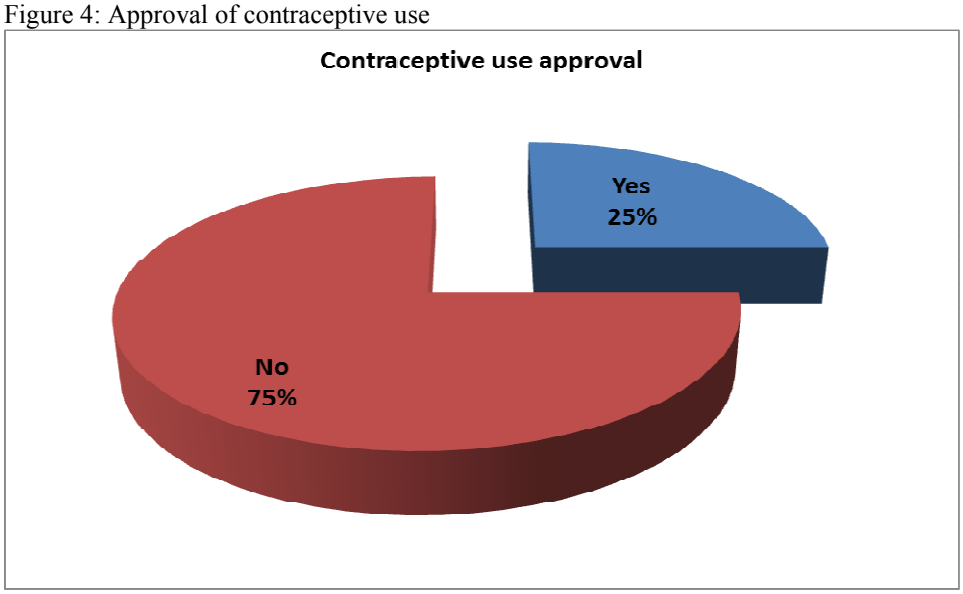


Source: Field Survey, 2013

4.3.3 Respondent's approval of contraceptive use

The results as shown in the table reveals that 25% of the respondents approved of family planning methods, where as 75% of the respondents registered their disapproval to the use of family planning. This can be attributed to the benefits that could be realized from using the family planning methods. According to literature, the Hadiths being close associates of the prophet of Islam were practicing coitus interrupts (al-azl). A majority of the Islamic jurists in the legal schools (Madhalib) agree with the permissibility of 'al-azl; where the husband withdraws and ejaculates outside his wife's vagina during copulation (Abdel Rahim Omran 2003) UNFPA/Abdel-Rahim Omran, 1992) this study was however silent on modern contraceptive use. According to Al-Kawthari MA (2006), Islam deals with family planning through birth spacing. It is important to note birth limiting is not permissible in Islam. Birth limiting through population control legislations which stipulates couple ton to have one or two children or smaller families is not permissible is it contradicts Islamic teachings on creation. There is however consensus among Islamic scholars based on a verse in the Qur'an which encourages distance between children. The verse states among others that, "mothers to allow their children two whole years if the father desires" (Qur'an 2: 233).

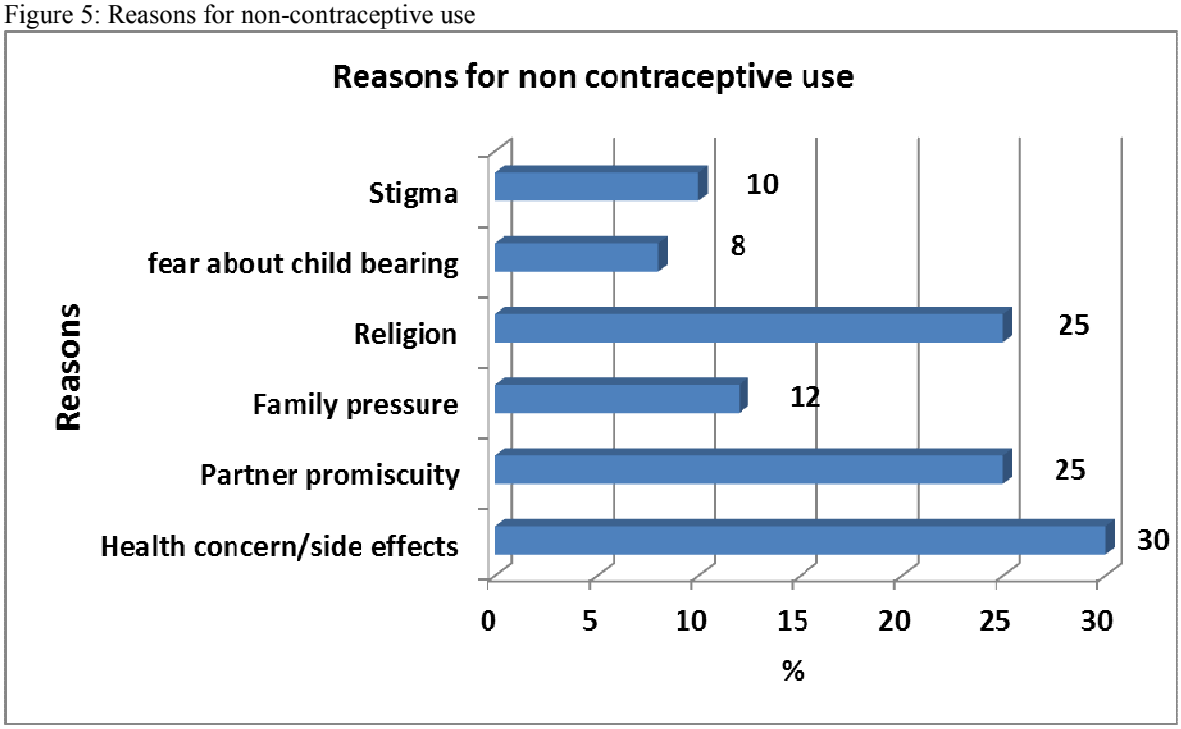
Figure 4: Approval of contraceptive use



4.3.4 Reasons for disapproval of contraceptive use

Health concern and side effects (30%) were among the frequently identified reasons for disapproval of contraceptive use. 25% respondents equally fear their partners could be promiscuous by engaging in extra-marital affairs outside home. The same proportion (25%) attributed non-contraceptive use to religious beliefs while 10% indicated the societal negative stigma often associated to contraceptive use. 12% mention family pressure while 8% feared they could not give birth to babies in future due to use. These factors are often a major challenge in family planning programmes that lead to unplanned pregnancies. The data showed there was excellent knowledge on family planning (100%) but significant lag in contraceptive use (24%) among the Muslim males in Wa Municipal.

Figure 5: Reasons for non-contraceptive use



Source: Field Survey, 2013

5. Summary, conclusions and recommendations

5.1 Summary of finding

The objective of the study was to examine the level of knowledge, approval and practice of family planning among male Muslems in Wa Municipal. The research also tried to find out the types of preferred contraceptives available, the sources of information on contraceptives and reasons for non-contraceptive use.

The study revealed that, the level of knowledge on family planning among male Muslems in Wa is high (100%). For the approval of family planning, respondents showed lag in approval (25% approval verses 75% disapproval). For practice, however, 24% of the respondents were practicing various types of family planning methods. Out of this number, 30% were using condoms. From the research, the most preferred contraceptive to the male Muslems in Wa is the condom.

The study also revealed that male Muslems in Wa municipal receive most family planning information through radio, television and the posters. 36% respondents, 30% and 12% mentioned radio, TV and posters respectively as their sources of family planning information.

5.2 Conclusion and recommendations

Efforts should be taken to correct the myths and perceived misconceptions associated to contraceptives use as well as the familial and societal barriers to FP uptake. It is therefore recommended that;

- ✓ family planning should be advocated during Muslems gathering and sermons;
- ✓ male Muslems should be encouraged to discuss family planning with friends and spouses;
- ✓ peer educators should be recruited in Muslem communities to disseminate family planning information and
- ✓ programmes should be designed to sensitize male Muslems that, family planning is not only a woman's matter.

5.3 Suggestions for further studies

The study was limited to only male Muslems in Wa to find out the level of Muslem male involvement in family planning. To generalize the findings therefore, the researchers suggests other studies should be carried out in Muslem dominated communities in all regions and districts in the country. Other researchers could study the perception of male Muslems on family planning as compared to males in general.

References

Abdel Rahim Omran, (2003). Family Planning in the Legacy of Islam. Barnes & Noble. Available at: http://www.barnesandnoble.com/w/family-planning-in-the-legacy-of-islam-abdel-rahim-omran/1101525936.

Abernethy, V.D., (2002). Population Dynamics: Poverty, Inequality, and Self-Regulating Fertility Rates. Population and Environment, 24(1), pp.69–96.

Akbar, K.F., (1974). Family planning and Islam: A review. Hamdard Islamicus, 17(3), pp.234–38.

Al-Kawthari M A (2006) Birth Control and Abortion in Islam. Santa Babara, CA: White Thread press; 13-68.

Amin, S. & Hossain, S., (1994). Women's reproductive rights and the politics of fundamentalism: a view from Bangladesh. Am. UL Rev., 44, p.1319.

Badasu, D.M., (2006). Implementation of Ghana's Health User Fee Policy and the Exemption of the Poor. Problems and Prospects. African Population Studies Supplement A, 19, pp.286–302.

Bawah, A.A. et al., (1999). Women's Fears and Men's Anxieties. The Impact of Family Planning on Gender Relations in Northern Ghana. Studies in Family Planning, 30(1), pp.54–66.

Berelson, B., (1974). An Evaluation of the Effects of Population Control Programs. Studies in Family Planning, 5(1), pp.2–12.

Caldwell, J.C., (1994). The International conference on population and development held in Cairo, Egypt.

Finger, W.R., (1999). Unmet need affects millions. Network, 19(4), pp.16–8.

Ghana Statistical Service, (2013). 2010 PHC-REGIONAL ANALYTICAL REPORT-Upper West Region, Ghana.

Ghana Statistical Service, (2012). PHC_U/W-Regional_Analytical_Reports_Upper_West_Region.pdf.

Gyimah, O.S., Adjei, J. & Coffie, N., (2011). Ghana's Family Planning Policy. Available at: http://thinkafricapress.com/ghana/family-planning-policy [Accessed March 15, 2015].

Al-Hibri, A.Y., (2000). FAMILY PLANNING AND ISLAMIC JURISPRUDENCE. Available at: https://www.google.de/?gws_rd=cr&ei=gwHdUuTdGsGJyQOwu4D4DA#q=islam+and+family+planning+pdf.

Holdren, J.P. & Ehrlich, P.R., (1974). Human Population and the Global Environment: Population growth, rising per capita material consumption, and disruptive technologies have made civilization a global ecological force. American Scientist, 62(3), pp.282–292.

Igwegbe, O. Anthony, Joseph, O.U. & Emmanuel, N.M., (2009). Prevalence and Determinants of Unmet Need for Family Planning in Nnewi, South-East Nigeria. International Journal of Medicine and Medical Sciences, 1(8), pp.325–329.

Isah, A.Y. & Nwobodo, E.I., (2009). Family planning practice in a tertiary health institution in north-western Nigeria. Nigerian Journal of Clinical Practice, 12(3). Available at: http://www.ajol.info/index.php/njcp/article/view/51913.

Kabagenyi, A. et al., (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. Reproductive Health, 11(1), p.21.

Kaida, A. et al., (2005). Male Participation in Family Planning. Results From a Qualitative Study in Mpigi District,Uganda. Journal of Biosocial Science, 37, p.18.

Karmi, G., (1996). Family planning in the legacy of Islam. (United Nations Population). Bulletin of the School of Oriental and African Studies, 59(03), pp.564–564.

Krebs, R.E., (2004). Groundbreaking Scientific Experiments, Inventions, and Discoveries of the Middle Ages and the Renaissance, Greenwood Publishing Group.

Leatham, R. & Jane Tolerton, (2012). Contraception and sterilization - Early 20th-century methods. Available at: http://www.teara.govt.nz/en/object/26972/sheep-intestine-condom .

Lee, A., (2011). The Natural Law Argument Against Procreation. Daylight Atheism. Available at: http://www.patheos.com/blogs/daylightatheism/2011/08/the-natural-law-argument-against-procreation/.

Machiyama, K. & Cleland, J., (2013). Insights into Unmet Need in Ghana. Available at: http://r4d.dfid.gov.uk/Output/192780/Default.aspx [Accessed November 5, 2013].

Margaret, B., Delali & Owusu, K., Stephen, (2014). Population Studies: Key Issues and Contemporary Trends in Ghana, Sub-Saharan Publishers.

Mauldin, W.P. et al., (1974). The World Population Conference and the Population Tribune in Bucharest.

August 1974. Studies in Family Planning, 5(12), pp.357–395.

Meadows DH, Meadows DL & Randers J, (1992). Beyond the limits: confronting global collapse, envisioning a sustainable future, Westview Press.

Mehryar, A.H. et al., (2000). Repression and Revival of the Family Planning Program and its Impact on the Fertility Levels and Demographic Transition in the Islamic Republic of Iran. In Economic Research Forum for the Arab Countries, Iran & Turkey. Available at: http://www.erf.org.eg/CMS/uploads/pdf/2022.pdf.

Mosha, I., Ruben, R. & Kakoko, D., (2013). Family Planning Decisions, Perceptions and Gender Dynamics Among Couples in Mwanza, Tanzania. A Qualitative Study. BMC Public Health, 13, p.523.

Nordhaus, W.D., (1974). Resources as a Constraint on Growth. The American Economic Review, 64(2), pp.22–26.

PER PINSTRUP-ANDERSKN & RAJUL PANDYA-LORCH, (1996). Food for all in 2020: can the world be fed without damaging the environment?

Pomeranz, K., (2009). The Great Divergence: China, Europe, and the Making of the Modern World Economy: China, Europe, and the Making of the Modern World Economy, Princeton University Press.

ROUDI-FAHIMI, B.F. et al., (2012). Women's need for family planning in Arab countries. Population Reference Bureau.

Sabrina, N., (2014). The History of Birth Control. prezi.com. Available at: https://prezi.com/oy0a55y_trp1/the-history-of-birth-control/.

Tammy, M., (2011). History of Contraceptives. Available at: http://www.contracept.org/articles/contraception/history-of-contraceptives.

Underwood, C., (2000). Islamic precepts and family planning: The perceptions of Jordanian religious leaders and their constituents. International Family Planning Perspectives, pp.110–136.

Ward, V.M., Bertrand, J.T. & Puac, F., (1992). Exploring Sociocultural Barriers to Family Planning Among Mayans in Guatemala. International Family Planning Perspectives, 18(2), pp.59–65.

WHO, (2014). Ensuring human rights in the provision of contraceptive information and services. WHO.

World Health organization & HRP - UNDP/UNFPA/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, (1999). Kenyan Men Interested in Family Planning, but Can the Available Services Address Their Needs? Social Science Research Policy Briefs, 1(1), pp.1–2.

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: http://www.iiste.org/journals/ All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Academic conference: http://www.iiste.org/conference/upcoming-conferences-call-for-paper/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar