



Misconceptions and Rumours About Family Planning Among Moslem Males in Tamale Metropolis, Ghana

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Abstract

The practice of modern family planning since time immemorial has been associated with only women. It is, however, now becoming very clear that for any family planning programme to achieve the desired impact, it will need the active and full participation of both the wife and husband. Unfortunately, however, this is not the reality in the Tamale metropolis of Ghana. This is the result of misconceptions and rumors associated with family planning as most men especially Moslem men have been very reluctant in practicing family planning. This paper therefore discusses the misconceptions and rumors associated with family planning, which serve as a hindrance to the participation of Moslem men and the measures to be employed in changing their negative attitudes towards family planning practice in the Tamale metropolis in the Northern region of Ghana. The study employed the survey research design with the aid of purposive and simple random sampling techniques to pursue its objectives. Data for the study were generated from a sample size of 240 married Moslem men by the use of focus group discussion (FGD) and structured interview schedules. The study revealed that though Moslem men have some level of awareness and knowledge about family planning, they were not using any of the methods. This situation was attributed to a large extent to misconceptions and rumors as well as religious and cultural beliefs. The measures identified for effective participation of Moslem men in family planning include intensive and adequate education in both print and electronic media based on accurate and relevant information to deal with not only the benefits but also the unfounded misconceptions and rumors. The focus should be on religious, traditional and other opinion leaders who constitute the reservoir of these religious and cultural belief systems.

Key words: Moslem men, family planning, misconceptions, rumours, cultural and religious beliefs.

Introduction

It is an undeniable fact that the importance of every nation's population cannot be over-emphasized when viewed against the background that it serves as its wealth. It is therefore in the light of this that governments all over the world implement programmes such as family planning to improve its citizens' quality of life. It is therefore not coincidental that Ghana was one of the first countries in sub-Saharan Africa to adopt an explicit and comprehensive population policy in 1969. The main aim of the policy was to reduce the high rate of population growth in order to facilitate socio-economic development. Thus, the National family planning programme was established in 1970 to co-ordinate all activities in relation to family planning. The programme however achieved minimum success due to its over-concentration on the supply side of the family planning component and the lack of institutional co-ordination among the organisations involved in population-related matters (Badu-Nyarko 1992; Sakara 2005; Hodgbe, 2010).

In view of this and other emerging issues, the policy was revised in 1994. The new policy places emphasis on systematic integration of population variables into development planning, with a renewed focus on fertility reduction through family planning programmes. A very significant goal of the revised policy was to reduce the total fertility rate from 5.5 to 5.0 by the year 2000, to 4.0 by 2010, and to 3.0 by 2020 through increased contraceptive use. Accordingly, various government and non-governmental organisations actively participated in the promotion of family planning to ensure fertility regulation and enhance reproductive health outcomes. It is important to note that some achievements were recorded as a result of the interventions of these organisations. The 2008 Ghana Demographic and Health Survey shows that knowledge of any contraceptive method is almost universal in Ghana, with 98% of all women and 99% of all men knowing at least one method of contraception. Thus, between 1988 and 2008, the use of any family planning method almost doubled (from 13% to 24%) while the use of modern methods more than tripled (5% to 17%) (GLSS, 2010). Within the same period, Ghana's TFR dropped from 6.4 to 4.0 making the country's TFR one of the lowest in sub-Saharan Africa. Ghana was thus clearly on the road to achieving its fertility target set forth in the revised National Population policy of 1994. Notwithstanding the universal awareness and knowledge about family planning methods, when it comes to their usage, it is quite low. It is even very low as far as men especially Moslem men are concerned (Sakara 2005).

The minimal or sometimes non-involvement of men in family planning either as users or supporters of their partners is one of the major factors for the low level of men in the patronage of family planning methods. Almost all the family planning methods and programmes were women-focused with very few aimed at involving men either as users or supporters. Much emphasis was placed on women instead of men because the belief was that women bear the risks and burden of pregnancy and childbearing and as such should have the greatest responsibility in protecting their reproductive health. It is therefore not coincidental that most of the family planning methods developed since 1960, such as the pill, Intra-uterine Device (IUD), injectables, Diaphragm/Foam/Jelly and Norplant were women-focused. The only methods for men are limited to condoms and vasectomy (Population Reports, vol. XXVI, 1998). It is also significant to remark that the clinic-based service delivery designed for family planning has made it unattractive to involve men. Services have mainly been offered in maternal and child health (MCH) clinics. This explains why many men consider the clinics and

their staff as concerned with protecting the interest and welfare of only women and children and therefore not male-friendly and attractive. It is, however, important to acknowledge the fact that the active involvement of men will in no doubt increase their commitment and joint responsibility in all areas of sexual and reproductive health. One other factor responsible for the minimal success of family planning with women as the only target was the ignorance of males (husbands and partners of female clients).

A lot of factors may be assigned why the practice of family planning has not witnessed the desired impact in developing countries especially Ghana. The price placed on children especially the male child in Africa and for that matter most communities in Ghana is one of the reasons Ernterz (1990) made a remarkable statement that in Africa, it is not usual to find adults who are more interested in limiting than in increasing their offspring. Children are valued and seen as a source of wealth, labour, income and insurance against the disabilities of old age (Badu-Nyarko, 1992). Also, in Africa especially Ghana the man exercises very important roles when it comes to decisions affecting family life including sex. Within marriage, the commonly held belief is that the wife should satisfy the husband sexually. The payment of bride wealth, which is a necessity in many African societies, requires the transfer of wealth from the prospective husband's family to that of the future wife's to basically compensate the latter for the loss of her reproductive and productive capacity. This also indirectly means the transfer of decision making authority to the husband and the family. Based on this, the wife may be required to produce as many children as the husband may desire though she would have wished to practice family planning (Adoo-Adeku, 2013; Sakara 2005).

The important role men play in the Ghanaian society cannot be over-emphasized when viewed against the backdrop that they are not leaders and family heads but also decision makers in all facets of life including contraceptive use. Thus, it is the man who decides the family size. He also decides whether the search for the male or female child should continue or not. It is the man who decides on his own wishes whether there should be intimacy between the couple and it is the responsibility of the woman to satisfy the sexual desire of her man at all costs and times without getting pregnant.

Rumors and Misconceptions

In a study conducted by Briesen et al (2010) in Kenya to explore why some patients refuse to receive surgery or other treatment for their eye care, it was revealed that their actions were based on rumors and misconceptions. While those who opted for the free surgery had heard of a good outcome from another person, those who refused claimed to know of someone whose sight had worsened or who had been blinded by surgery. The study also revealed that many people in Kenya believed that surgery involves the replacement of the human eye with the eye of an animal such as a goat or sheep. There was yet another rumor that the patient's vision will be destroyed by students who are not properly trained. And that because the doctors or physicians were foreigners they may try to intentionally ruin their vision because they are from different areas. The repercussions of these rumors and misconceptions are that it denied the patients the opportunity to derive the benefits that would have come along with treatment. One effective way to deal with the situation is the appropriate agency or agencies to provide adequate information to the general population about the eye illness and its treatment.

The issue of polio eradication in Nigeria also provides another situation where the issues of rumor and misconceptions have contributed negatively to thwart efforts aimed at eradicating this health condition. According to a New York Times article in 2006 "as is often the case with rumors, they appeared based on distortions of fact amplified by an alarmist media and by politicians and clerics absorbed in a religiously divisive presidential election.

According to Dugger and McNeil (2006), many Nigerians had the belief that the polio vaccine contained the hormone estrogen, which is considered highly scandalous because 'estrogen' was being considered synonymous with 'birth control'. There were other false rumors about the harm of vaccines. Thus many persuasive arguments against polio vaccinations were formulated thereby convincing a great of Nigerians to see the vaccine as evil. This situation created a harmful lasting impact, and thereby creating a fertile ground for the polio disease to thrive.

One effective way of counteracting these rumors is for the appropriate agencies to launch an effective awareness campaign on the benefits of the vaccine. Such education should involve opinion leaders such as religious and political who wield influence in the society.

Another clear case of rumor and misconception which affected health delivery is the Neonatal tetanus in Cameroon. The rumor was that public health employees were administering a vaccine to women and girls that would sterilize them. In reality, the vaccine was meant to eradicate neonatal tetanus. This rumor gained grounds since it coincided with the time that contraceptives were being legalized thereby giving credence to the apprehensions and rumors that the public health sector was a threat to human fertility.

In a study conducted by Feldman-Savelsberg, Ndonko and Schmidt-Ehry (2000) to explore the rumors associated with the vaccine, it was revealed that the rumor springs from the fact that the women and girls were not given any background information about the vaccination before its implementation thereby making them unsure of its purpose. Furthermore the technologies being used were novel and not familiar to the women. To counteract these rumors, it is necessary for public health officials to implement their interventions on the local level taking into view that community members are well informed and comfortable with the procedures.

There is therefore the need for comprehensive and effective health education taking into consideration the complex social and political situation in the community.

A regards rumors and misconceptions associated with family planning a lot abound. In a study conducted by Nakato in Uganda in 1994 on rumors associated with contraceptives, it was revealed that there exists a lot of widespread distortions and misrepresentation of information regarding family planning. It is believed by some people that contraceptives cause nausea, promiscuity and generally are publicly offensive. The other rumors are that contraceptives 'burn up' all of the women's eggs or raise the blood pressure to dangerous levels. Condoms, according to some people can circulate, falls off and get stuck inside the woman. Vasectomy is also thought to render men either impotent or mentally challenged.

A study by Ali and Ushijima (2005) on the perceptions of men on role of religious leaders in reproductive health issues in rural Pakistan shows that it is mostly religious leaders who are against family planning and that involving them proactively in community education is extremely important to promote contraception use. In another study by Azmat (2011) on male opinion leaders/ support for family planning to improve family planning in Pakistan, it was revealed that religious leaders who had more knowledge about contraception methods actually approved of family planning services, and that religious leaders from more educated provinces had positive views about family planning methods as compared to provinces with lower literacy rates.

A qualitative descriptive study by Khan and Shaikh in Rawalpindi district, Pakistan in 2012 to find out the reasons for the low utilization of intrauterine contraceptive device, indicated that one of the main reasons had to do with myths and misconceptions associated with the device and for that matter family planning. Some of the misconceptions include ‘the IUCD might travel through the women’s body, maybe to her heart or even her brain’, ‘the IUCD may rust in women’s body’ and that ‘IUCD causes infertility’. Though this study focused on women, the findings are as relevant to men when one considers the fact that they do not only occupy important positions in society, but also wield a lot of power when it comes to issues in the family and more particularly, sexual issues. Some of the ways of ensuring that family planning is accepted by both women and men are for stakeholders in reproductive health to come out with well-designed community awareness campaign with focus on method-specific communication that will address the myths, rumors and misconceptions with specific information. This could also be supported by testimonials by satisfied clients. All these will help the people to gain correct information about the methods and the practice in general.

In a study conducted by Abukari (2005) on the acceptance of family planning in the Tamale metropolis, over 58% of the population disapproved of the use of contraceptives. The study revealed that people were not using family planning methods as a result of socio-economic, cultural and religious factors respectively. Out of 100 sampled, 17% are not using the methods due to religious reasons and 15% because of socio-cultural factors. What is, however, of significance is that most of the reasons were the product of rumors and misconceptions. If the practice of family planning is to be accepted by majority of the population especially Moslem men, there is the need to involve community gatekeepers such as religious leaders especially imams and Islamic scholars in the development of messages and community educational programmes that disseminate accurate reproductive health and family planning education. Such information should be supported by religious framework.

It is evident from the above discussion that the role of rumors and misconceptions associated with family planning practice has played a negative impact as far as efforts to promote family planning among couples especially Moslem is concerned. It is even very critical with the male Moslem. In view of the important role religious leaders’ play in society and the kind of respect they command among their followers, it will not be out of place if they are involved in the dissemination of correct information on family planning issues. Above all, they should also be actively engaged in advocacy for the promotion of other reproductive health issues including improvement of maternal and child health outcomes. This would not only change their negative attitude to family planning issues but will also afford their followers especially the males to appreciate the importance of family planning in their overall economic, social and above all health development.

The choice of the Tamale metropolis in the Northern region for the study is made against the backdrop that though the 2000 Ghana Housing and Population Census and 2008 Demographic Health Survey stated that women desirous of practicing family planning was 24 percent at the national level, but that of Northern region was only 6 percent. The percentage even becomes very low for men and more particularly Moslem men. The fact is that Islam is the dominant religion, which makes most of its adherents to believe wrongly and strongly that the religion is against family planning. Moslems form 60% of the population of Northern Region (GSS, 2012). The issue of polygamy, which is permissible in Islam and therefore a common practice among Moslem in the metropolis is also worthy of consideration as far as the minimal involvement of men and in particular Moslem men in family planning is concerned. Closely linked with the above reasons is that the majority of the population especially the Moslems are non-literates creating a fertile ground for rumors and misconceptions to thrive.

It is thus against this background that this study seeks to examine the misconceptions and rumors associated with family planning among Moslem men and measures to be implemented to change such negative attitude toward acceptance and practice.

Objectives of the Study

The objectives of the paper are to explore the various rumors and misconceptions Moslem men harbour about family planning and to determine its impact on the practice of family planning among Moslem men.

Research Methodology

The survey research design was employed by the study to investigate the issues within family planning among Moslem married men in Ghana. The main instruments used for the collection of the data were structured interviews and focus group discussions. The population of the study was married Moslem men in the Tamale Metropolis. The sampled population included Moslem married men in ten (10) randomly selected communities (*Aboabo, Zogbelli, Kanvili, Choggu, Gurugu, Gumani, Builpela, Kakpayilli, Vittim and Nyhohini*) out of the thirty communities of the Tamale metropolis of Northern region of Ghana. From the ten (10) communities, 200 respondents (20) from each community were selected purposively to respond to the structured interview schedules.

Secondly, a total of six Focus Group Discussions (FGDs) were also held with a total of 60 participants in three communities selected at random –two FGDs held in each of the three (3) selected communities. These three (3) communities were Kanvilli, Tishigu and Kakpayili. The discussants were made up of married Moslem men aged between 24 and 65 years. This qualitative technique of data collection was employed for triangulating data to complement the structured interview schedule as well as generate in-depth information for informed discussion and recommendations.

For purposes of making the discussions lively, the discussants were stratified into two major groupings based on two age brackets as a criterion- (24 – 40 years) and (41 - 65 years). Bases on this, the discussants were put into two groups of three FGDs each. The issue of some of them not knowing their real ages was however resolved by asking for the age of their first child or their other relations.

The primary data collected by the Focus Group Discussions and the structured interview schedules were presented and analyzed using percentages and narratives.

Results and Discussion

Views on family planning

It is evident from the study that awareness and knowledge of participants of family planning was nearly universal. Their level of awareness is evidenced by their views on the concept of family planning, ability to mention the various methods and where to obtain them as well as which methods are for males and females respectively. Participants mentioned “Spacing of births”, “giving birth to number of children one can cater for”, “birth control methods” and “controlling population” as some of the ways they understand family planning. Participants’ response to the question as to what can one do in order not to have a child or children also indicated their level of awareness and knowledge about family planning. While a dominant majority (85%) of them mentioned both modern and natural family planning, a few stated that they would pray to God and practice monogamy.

Family Planning Practice and Religion

Interestingly, while this majority (85%) of participants in the metropolis exhibited high level of awareness and knowledge about family planning, a very significant number (79%) of them are not practising it. The majority of the participants were not practicing family planning because they claimed it is against Islamic teaching. This is illustrated by participants’ responses in both the interviews and the Focus Group Discussion when asked why they were not practising family planning.

- “Islam encourages moslems to give birth to more children”
- “The prophet encourages moslems to give birth to more children to help in his work”
- “The prophet encourages moslems to give birth to more children, so that on judgement day his followers would be the majority”
- “Islam says that we should fill the world with Moslems”
- “More children means more souls for the Islamic religion”

Closely linked with this is the assertion that family planning is meant to reduce the Moslems population as evidenced in the structured interview schedules

- “Family planning is a ploy to decrease moslems population”
- “The motive of family planning is to reduce the population size of a particular group of people, moslems”
- “It is a ploy by the West (White Man) to decrease moslem population to the advantage of Christianity”

These statements are in congruent with the long-term held belief that some major religions especially Islam is resistant to family planning considering the fact that the participants are all Moslems

A good number of participants in the Focus Group Discussions claimed that they do not want to act against God’s will by practicing family planning

- “God says we should give birth to fill the world until you cannot do that again”
- “Family planning defies God’s purpose of creation”
- “God is the provider and sustainer, so no matter the number of children, he will cater for them”

What is significant from the above is that these Moslem married men do not see family planning as a way of spacing births or ensuring that the right number of children that one can comfortably take care of is done. The implications of family planning on the national economy and future development are also lost sight of. In a study conducted in Axim and Tarkwa areas of Western Region of Ghana by Badu-Nyarko (1992) cited in Sakara, Badu-Nyarko & Namoo (2014) it was evident that religion does not forbid people from practicing family planning but that the methods adopted differ. The findings from this study however indicate a different situation for some members of this community. The fact that Islam plays a domineering influence makes the majority of the followers to believe erroneously that the religion frowns on family planning.

Some of the participants in both the focus group discussion and the structured interview schedules also stated that they are not practicing family planning because of their cultural values which put premium on many children. Thus, the fact that children are a source of prestige, respect, wealth and labour in Africa and for that matter Northern Ghana and Tamale in particular pre-supposes that every man would want to have as many children as possible.

Some other reasons adduced by participants for not practicing family planning include perceived side effects of some of the methods, family planning being a foreign policy meant to reduce Africa population and lack of knowledge about the concept. It is therefore obvious from the analyses above that to change this attitude of misconception and rumors there is a need for religious and cultural thought and education. The implication for education is to move from awareness to critical consciousness raising education.

Misconceptions and Rumors

It is clear that some couples and especially the Moslem males are not in favour of family planning because of certain misconceptions and rumours associated with the concept. Thus, when participants in both the focus group discussion and the structured interview schedules were asked about some of the misconceptions and rumours associated with family planning, many were of the opinion that it encourages promiscuity, unfaithfulness and mistrust. Some of the responses were as follows:

- “Only unfaithful women practice family planning”

- “Family planning promotes promiscuity”
- “Family planning is not for men but women.
- “By practicing family planning, you are encouraging your wife to engage in prostitution”
- “The fact that one is using a family planning method gives her the opportunity to engage in other extra-marital affairs without getting pregnant”.
- “Family planning is also meant to reduce Moslems population”

When one considers the fact that Moslems in Tamale metropolis are not practicing family planning in order to satisfy the Islamic teaching on filling the world with Moslems, then this point could be understood.

Some of the misconceptions participants mentioned were that

- “Family planning is a way of challenging god’s authority’ .this was more common with older person and non-literate.
- “The people who practice family planning are acting against God’s will since it is god who provides and takes away children “(middle age man, literate)
- ‘Family planning takes away the natural gift of God for men to have children(young man, non-literate)

Almost half of the participants (54%) in the structured interview schedule believe that family planning can make women barren or experience early menopause while men can also become impotent. This position was supported by members of the focus groups with statements like;

- “Family planning burns up all the women eggs and she cannot give birth again”
- “Family planning can also lead to barrenness”

These findings lean support to that of Nakato (1994) in study in Uganda where the people believed that contraceptives’ burn up ‘all the woman eggs and also causes promiscuity and that it can also make a man impotent or mentally ill. The study findings also give credence to the assertion of Khan and Shaikh (2012) study in Rawalpindi District in Pakistan that family planning causes infertility.

These misconceptions and rumors arise due to the fact that only women and wives and not men and husbands are counseled by family planning providers thereby denying males the opportunity to have vital information about family planning. As such, any little information about the subject is derived from their wives, girlfriends and female relatives and not from the appropriate sources.

A few participants indicated not practicing family planning because it encourages irresponsibility. In their view, it is only lazy people who practice family planning because they cannot take care of many children.

“Family planning is also equated with murder since those who practice it are indirectly killing innocent children in the womb” (older person, non-literate)

“Family planning is a strategy by the western world to reduce the population and for that matter the power of Africa” (middle aged man, literate)

Conclusion and Implication of the Study

The general belief is that family planning practice among men and for that matter Moslem men will only witness the desired practioners if it is portrayed as an important health and development issue. It is evident from the study that Moslem men are not practicing family planning because of inadequate knowledge and more significantly misconceptions and rumors associated with the concept. To address these militating factors, there is the need for the appropriate agencies in family planning, both government and non-government to employ trained and qualified staff to provide accurate, relevant and regular education (information) on family planning to men. Such information should focus not only on the overall benefits of family planning to the man, family and society in general but more particularly on the misconceptions and rumors which serve as barriers to practicing family planning

In view of the influential role of men in decisions affecting all aspects of life including contraceptives, it is proposed that only male family planning clinics manned by only male service providers are established to provide counseling services, skills in couple communication and family planning information and services .This will provide an environment of trust and confidentiality for the men to share their concerns and fears about the concept.

Against the backdrop of the erroneous belief held by some Moslems that Islam frowns on family planning, it is very important to involve religious leaders in family planning education or activities. This is critical in view of the important role they play in society and the kind of respect they command among their followers. They should be trained in family planning issues so that they can disseminate correct information on family planning issues during their regular sermons and preaching to their congregations.

Also, they should also be actively engaged in advocacy for the promotion of other reproductive health issues including improvement of maternal and child health outcomes. This would make them appreciate the importance of family planning in their overall economic, social and above all health development.

More importantly, these religious leaders should also take it upon themselves to dispel any wrong notions that Islam is against family planning by referring to the relevant scriptures , actions and deeds of the Prophet which favour the practice of family planning. This will definitely have a positive impact as far as their attitude towards family planning is concerned

The fact that misconceptions and rumors act as barriers to Moslem married men acceptance and practice of family planning, pre-supposes that effective ways of counteracting these are implemented. It is in this light that one believes strongly that if the practice of family planning is to be accepted by the majority of the population especially moslem men, there is the need to bring on board community gatekeepers such as religious leaders especially Imams and Islamic scholars in the development of messages and community educational programmes that disseminate accurate reproductive health and family planning education. Such information should be supported by religious framework of action.

As a matter of policy, the Ministry of Health and its allied agencies and facilities should make it a requirement for men to witness their wives labour and delivery at the maternity and delivery wards. This will make them appreciate the

suffering and agony that their wives go through during child birth; and whether as loving and caring husbands, it is useful exercise to continually put them through such an experience at the least opportunity without taking into consideration the wife's interest and health.

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