



EXECUTIVE SUMMARY REPORT: GSMC GHANA REPORT

Background and Rationale

Ghana has made notable progress in improving access to modern contraceptives, with prevalence reaching approximately 32% and near-universal awareness among both men and women. Despite these gains, male involvement in family planning remains persistently low, resulting in a disproportionate burden on women. Current data indicate that decisions regarding pregnancy are predominantly made by women (41.7%) or jointly (42.4%), with limited instances where men take primary responsibility (Ghana Statistical Service & ICF, 2024; Lahole et al., 2024).

A key contributor to this imbalance is the limited range of contraceptive options available to men, which are largely restricted to condoms, withdrawal, and vasectomy. These methods are often associated with dissatisfaction, misconceptions, or stigma. Emerging male contraceptive technologies present an opportunity to expand options and enhance shared responsibility in reproductive health.

Objectives

- Characterize how men participate in pregnancy prevention at the individual level, and in relation to their female partners and families.
- Assess men's attitudes towards the use of existing MCs and their willingness to try new MCs, with attention to the influence of gender norms.
- Assess women's attitudes towards their male partner's involvement in contraceptive and pregnancy decision-making, their male partner's use of existing MCs, and their willingness to rely on new MCs for pregnancy prevention.
- Characterize an opportunity for increasing men's uptake of preventive and promotive health services via accessing new MCs
- Explore institutional capacities and service providers' perceptions around the provision of new MCs in the setting of current male reproductive health services.

Methodology

A mixed-methods design was employed across six locations in Ghana: Accra, Cape Coast, Kumasi, Techiman, Tamale, and Kparigu.

Quantitative Component

- 120 contraceptive-seeking men and their partners
- 240 contraceptive-eligible participants

Data were collected using both online and researcher-assisted approaches.

Qualitative Component

- 24 in-depth interviews
- 10 key informant interviews

Key Findings

1. Gender Norms and Decision-Making

Women continue to bear primary responsibility for contraception despite reported joint decision-making. Gender norms reinforce male authority.

2. Current Practices

Men rely on condoms, while women use injectables and implants. Condoms reduce pleasure, withdrawal is unreliable, and vasectomy is stigmatized.

3. Interest in New Methods

73% of men and 80.4% of women showed willingness to adopt new male contraceptives, though concerns about side effects reduce uptake.

4. Motivators

- Preventing unintended pregnancy
- Maintaining sexual pleasure
- Shared responsibility
- Convenience and autonomy

5. Barriers

- Fear of side effects
- Trust issues
- Cultural norms
- Cost constraints

6. Access Preferences

Pharmacies and chemical shops are preferred over clinics due to convenience and reduced stigma.

7. Policy Context

Male involvement is not systematically integrated, and services remain female-centered.

Implications

- Promote gender equality
- Strengthen health systems
- Build trust between partners
- Improve access and affordability

Conclusion

New male contraceptives present an opportunity to rebalance responsibility, but success depends on addressing social norms, trust, and system readiness.



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