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Perceptions of family planning among some Somali men living in Sweden: A phenomenographic study

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ABSTRACT

Objective: A growing body of research in Sweden has focused on migration and reproductive health, particularly on women's perspectives, including family planning and contraception. However, knowledge is limited on how immigrant men perceive family planning. The topic is important because women's use of family planning has been shown to be influenced by their partners and community. Therefore, this study aims to explore perceptions of family planning among Somali men living in Sweden.

Methods: A qualitative phenomenographic approach was used. Four focus group discussions were conducted with 41 men aged 28–59 years. Data were analysed using phenomenographic analysis.

Findings.

The following four categories were identified in the analysis: 1) a happier and more sustainable family; 2) ideal family size versus cultural commitment; 3) fears of using modern family planning methods; and 4) a need to be included in family planning. The findings illuminated the complexities of perceptions of family planning. Although Somali men understood the benefits of family planning, they seemed to prefer a large family. However, due to their new social context in Sweden, they had also changed their views on having as large a family as in their home country.

Conclusion: Our findings suggest that Somali men living in Sweden want to be involved in family planning counselling, which may increase women's use of contraception. However, healthcare providers must ensure that the woman desires her partner's involvement and be culturally sensitive about couples' needs.

Introduction

For the last three decades, Sweden has experienced an influx of displaced persons and asylum seekers, many of whom are women and children [1]. This influx may require different approaches to providing family planning services for migrant populations. Sexual and reproductive health and rights (SRHR) have been considered a vital element of human health, and family planning is fundamental to realising the Sustainable Development Goals (SDGs) as it impacts women's health and well-being (Goal 3) as well as gender equality (Goal 5) [2,3].

Men's involvement in SRHR and particularly in family planning has been emphasised as crucial for achieving gender equality reproductive rights and responsibilities [4–6].

In Sweden, the healthcare system promotes universal healthcare to ensure access to reproductive healthcare, including contraceptive counselling, which is free of charge. However, the migrant population, particularly women from sub-Saharan countries, has low access to family planning services [7], and Somali-born immigrants represent one of the largest groups of immigrants to Sweden [8]. The reason for the low uptake of contraceptive services has been explained as the result of low socioeconomic status, language barriers and lack of knowledge [7,9,10]. A recent qualitative study of Somali immigrant women living in Norway showed that system and sociocultural factors hindered women's access to family planning. Husbands' resistance to contraceptive methods has also been highlighted as an impediment to women's use of contraception [10]. Given their influence on women's use of

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modern family planning, understanding men's perceptions in family planning is crucial [4,9].

Studies conducted in low-income countries on men's involvement in family planning have shown that men's approval determined whether women used contraceptives [11,12]. By contrast, most studies on family planning and contraception in migrant populations in high-income countries have focused on immigrant women's experiences and use of family planning [9,13,14] or on Latino immigrant men living in the United States [15,16]. However, studies exploring immigrant men from sub-Saharan Africa resettling in high-income countries, such as Sweden, and their perception of family planning are scarce. Studies on men's perceptions of and attitudes towards family planning in Africa have indicated that men desire to have many children [11,12,17,18], with the concept of family planning considered a Western ideology [11]. The studies did not show that age or socioeconomic background was related to greater acceptance of family planning.

Migration and resettlement may contribute to attitude changes regarding SRHR due to norms in the host country [19]. A study conducted on Somali women, among others, revealed that Somali women in the United States were aware of sociocultural norms surrounding family planning but preferred to follow Somali norms [20]. It is crucial to understand whether Somali men have similar perceptions or whether they have adapted to the sociocultural norms of their adopted country, such as Sweden. Therefore, this study explores perceptions of family planning among Somali men living in Sweden. The findings of this study may offer guidance on how to tailor reproductive services to improve women's SRHR.

Materials and methods

Study design

An explorative method using a phenomenographic approach was employed to examine perceptions of family planning among Somali men living in Sweden. When taking a phenomenographic approach, the aim is to identify a set of different perceptions that individuals experience regarding a certain phenomenon [21]. In this study, a phenomenographic approach was chosen to capture Somali men's different perceptions and understandings of family planning. Focus group discussions (FGDs), as a method of data collection, were used to further explore the participants' perceptions, beliefs and attitudes surrounding family planning [22]. Focus group data can provide knowledge on complex beliefs on and attitudes towards a specific phenomenon perceived through social and cultural lenses, while maintaining individual perception and agency [22,23].

Setting and participants

The study was carried out in a mid-size municipality in central Sweden, where a large number of persons with Somali backgrounds live. Purposive sampling was used, with participants recruited from a mosque and through several Somali–Swedish associations in the municipality. A key person from the Somali community played the role of gatekeeper and facilitated contact with the Somali community through the Somali–Swedish associations and mosque. When contact was established and the potential participant agreed to participate, a snowballing method was used, meaning that confirmed participants referred other possible participants. The inclusion criteria were as follows: Somali males living in Sweden, whether as permanent residents or asylum seekers, who were married, divorced or widowed and who gave their consent to participate in the study. The exclusion criteria were all males who were single and not residing in Sweden and all Somali females. Forty-two men who met the inclusion criteria were invited to participate in the FGDs. All participants consented to participation in the study except for one man who consent to participate in the study but refused to be recorded and was therefore excluded from the study. This particular participant left the focus group discussion, and therefore 41 participants were included in the focus group discussions.

Participants were aged between 28 and 59 years old and had lived in Sweden for more than eight years. Most (80%) were employed, while 12 percent were unemployed. They had one to nine children living at home. (See Table 1 for the participants' demographic characteristics.).

The Swedish Ethical Review Authority approved the research project (Dnr. 2019–03927).

Each participant was given both oral and written information about the study. The participants were informed that participation was voluntary and that their answers would remain anonymous.

Data collection

The data collection was conducted between November and December 2019. The times and locations for the FGDs were organised in advance by local assistants, who took into account convenience for and the preferences of the participants. Five FGDs were held in venues at the Somali–Swedish associations, with six to nine men participating in each group. The discussions included open-ended questions, followed by 'what', 'why' and 'how'. The FGDs were moderated by the first author and observed by a Somali-speaking male research assistant. All the FGDs were recorded and conducted in the Somali language, and all participants were asked the same initial question: What is your perception of family planning? This was followed by questions intended to encourage participants to elaborate on their experience and to clarify details, such as, What do you mean by that? Why do you perceive that? Can you give me an example? Marton advises researchers to bring participants to a *meta*-awareness state in which they can articulate their conceptions fully [21], while Entwistle recommends using probing questions that move participants from actions to experience and from the concrete to the abstract [24]. Therefore, during the FGDs, short summaries were used to recapitulate what the participant had said, prompt participants to fully explain their understanding of the phenomenon and ensure that the researcher had understood correctly. The length of each FGD ranged from 60 to 140 min.

Analyses

The first author, in cooperation with the last author, manually conducted a phenomenographic analysis following the principles described by Marton and Säljö [21]. The recordings were transcribed in Somali; they were translated into English at the initial stage of the coding process. Phenomenographic analysis involves a multi-staged coding process to identify categories of description [21]. In the first step, the authors familiarised themselves with the data by reading it several times and gaining an overview of perceptions of the phenomenon. In the next step, they removed text segments from the transcribed data and condensed them. In the third step, they searched for the collective meaning of the responses, rather than describing each participant's response, to identify what was being described in relation to the phenomenon. They then

Table 1
Demographic characteristics of the participants (n = 41).

Variables	n (%)
Age (min–max)	28 – 59 years
Time in Sweden	8 – 18 years
Number of children at home (min–max)	1 – 9 children
Education	
University	13 (31.7)
Upper secondary school	19 (46.3)
Diploma or other	7 (17.1)
Primary school	2 (4.9)
Employment	
Employed	33 (80)
Unemployed	8 (20)

sorted the identified data according to similarities and differences. The pools of meaning were contrasted, and categories were generated with descriptions. The authors discussed the categories until a consensus was reached. (See Table 2 for the process of data analysis.).

Results

The four following descriptive categories about the perception of family planning were identified from the analysis: 1) a happier and more sustainable family; 2) ideal family size versus cultural commitment; 3) fears of using modern family planning methods and 4) a need to be included in family planning. Quotes are included in the text and, where appropriate, to illustrate the variety of perceptions.

Category 1: A happier and more sustainable family.

The majority of participants demonstrated a general awareness of family planning and its benefits. They viewed effective family planning as beneficial to women's and children's health by preventing unintended pregnancies and improving families' social and economic status. In addition, participants commented that family planning gives women appropriate time to recover between births and improves the mother's relationship with her children. According to the participants, family planning contributes to good parenting quality as it gives parents time to focus on their children and enhances the prospects for raising them well.

> *I consider family planning as an important element that allows a good time of recovery for the mother's health and full care of the new-born. It is important to protect the child and raise them in a healthy way … here in Sweden, both parents work. This also creates a challenge for parenting issues.* FGD 4, no children, 29 years old.

Family planning was also considered to improve the family's socioeconomic condition due to the new environment and financial burden of raising children in Sweden. One participant, whose wife had recently started to use contraceptives, stated:

> *Allow me to say that the families who practice birth spacing are healthier and have a more promising future, even if their financial status is not good. Their children grow well mentally and physically because they get complete care, and the parents will have enough even with fewer resources.* FGD 5, father of one, 47 years old.

Although they were not always referring only to economic benefits and women's and children's health, the participants often shared the general perception that family planning could improve quality of life and that limiting births resulted in happier families with sustainable family health.

> *Family planning is the gateway to a modern family – I am referring to a happy, planned family with fewer children, which creates a better quality of life, more stability and less stress both in terms of economic and social status, like the society we are living in, Swedish society.* FGD 2, father of two, 40 years old.

Category 2: Ideal family size versus cultural commitment.

Although most participants agreed on the benefits of family planning, some participants perceived modern contraceptives as being against their culture and belief in having large families. Some argued that children are a gift from God, and one should not limit how many children they can have.

> *My view is that there is both God's plan and your plan to be a father purposely, and children are a gift of wealth from God's will … I want to have more children. I disagree with limiting children intentionally.* FGD 2, father of nine, 49 years old.

Some participants followed the viewpoint of big family fortune culture – that is, having many children was seen as socially desirable and a sign of prosperity among the Somali community in Somalia.

> *Children are important in our society. Couples who have fewer children or none at all are considered unsuccessful. Social status plays a role here in that the number of children you have marks success too. Someone who has five to nine children can have a more reliable family as opposed to those with fewer children.* FGD 2, father of two, 40 years old.

A small number of participants indicated that they needed to cope with the changing sociocultural context and their worsened economic situation in Sweden. They indicated that this new situation had affected their overall understanding and thinking of what constituted a sustainable quality of life.

> *We came to a country (Sweden) that has a system where everything is planned out – the living conditions or the quality of life. All of that makes it unusual for anyone here to give birth to 10 or 12 children, and I don't think Somali families have such large numbers here … in Somalia, you may find that a family contains 12 to 15 children, but here the environment does not support that. I think the system of living is made for each family to have two to five people.* FGD 1, no children, 29 years old.

Category 3: Fears of using modern family planning methods.

Almost all participants expressed fears related to the use of contraceptive methods. They perceived that modern contraceptive methods have possible side effects and pose threats to future fertility and sexuality.

> *Using modern methods may damage one's fertility and cause health problems, as well as decrease the chances of fertility … A man should be sexually active and fertile to fulfil fatherhood.* FGD 3, father of five, 52 years old.

The participants indicated that modern contraceptive methods might threaten male fertility and sexual desire, and very few participants claimed that women have more options than men.

Nearly all participants were adamantly opposed to vasectomy due not only to the irreversibility of the decision but also to moral and religious views. It was also perceived that being sterilised could cause damage to men's sexual lives. However, some participants accepted using male condoms as a simple method to prevent unintended pregnancies.

> *Men should not be involved in vasectomy. I would not choose a method that might cause the circumstance or possibility of never having a child. I don't think even morally that I can ever accept to live like that knowing that I can never have a child …* FGD 5, father of two, 31 years old.

Table 2
Process of data analysis.

Statement/Text segment	Conceptions	Description categories	Categories
Family planning is the gateway to a modern family; I am referring to a **happy, planned family with fewer children, which creates a better quality of life**, **more stability** (FGD5)	Happy, planned family with fewer children creates better quality of life more stability	Happy family, and sustained life	**Happier and more sustainable family** (Category **1**)
Allow me to say that the families who practice birth spacing are **healthier and have a more promising future,** even if their financial status is not good (FGD2)	Healthier and have a more promising future	Healthier and promising future	

Traditional methods were the subject of debate in most FGDs as methods that best matched the participants' beliefs and cultural expectations. The traditional methods that participants perceived to be acceptable were withdrawal (coitus interruptus) and the rhythm method, also known as the calendar-based method. The participants highlighted experiences with and preferences for traditional methods, such as calendar-based, which their ancestors practiced to naturally avoid unintended pregnancy in the absence of family planning.

> *Our parents and grandparents themselves had mastered ways in their own experience to avoid unintended pregnancy … for example, they used what are now known as calendar-based methods in the absence of family planning … I think if you look carefully at our society, even those who live here in Sweden have birth spacing of two to three years between their children, which has been rooted in our culture for a long time.* FGD 5, father of four, 38 years old.

Category 4: A need to be included in family planning.

Regarding men's roles in family planning, the participants believed that it was necessary to involve men in contraceptive counselling and decision-making. The responses were generally positive when participants were asked what they perceived as men's roles in family planning and about joint decision-making with a spouse. It was clear that the participants' general perception was that women and men should decide about family planning together. Many participants indicated that having good communication with their wives demonstrated a strong bond and that a decision made by one party alone would cause problems.

> *I believe men must be involved in family planning. As head of the household, it is necessary to show responsibility and to increase our understanding of what it entails.* FGD 5, no children, 38 years old.

About decision-making in family planning, some participants stated that it requires couples to have an open discussion and share in the decisions.

> *Involving men in reproductive decision-making requires open communication, shared decisions. It must be discussed widely by both spouses. I believe good dialogue creates a strong bond in couples.* FGD 2, no children, 29 years old.
>
> *I think a woman who makes the sole decision without the knowledge of her spouse can cause family problems.* FGD 4, father of one, 28 years old.

Among all the FGDs, only one man perceived it as unacceptable for a man to be involved in family planning. On one hand, he believed that it was inappropriate for a man to be involved in what a woman wants to do with her body. On the other hand, he preferred to have a larger family size.

> *I do not see why men should be involved in family planning, and I would say it is entirely a woman's affair.* FGD 3, father of five, 52 years old.

The participants expressed their interest in increased awareness of and having more knowledge about contraception. Almost all participants suggested that the best way to share information with Somali men would be through mosques. They emphasised that collaboration must be built between health workers and religious leaders to provide comprehensive training on raising the topic objectively and effectively. Another proposal was to distribute information through community gatherings, coffee clubs, media outlets, social media, interactive voice technology and mobile apps.

> *Certainly, all the men in this room are eager to learn more about contraception and what new developments have been made, as well as how it can improve their lives.* FGD 4, father of three, 34 years old.
>
> *As I see it, mosques and community gatherings are ideal venues for the exchange of information. I also believe imams and community influencers can make an important contribution to linking people to health-care providers.* FGD 5, no children, 30 years old.

Discussion

This study explored perceptions of family planning among Somali men residing in Sweden. Our findings offer interesting and complex insights into how these men conceptualise family planning and contraceptive use.

The most significant finding was that the participants acknowledged the benefits of family planning but preferred traditional methods due to fear of modern family planning methods and cultural preferences for having a large family. The participants pointed out the benefits of contraception from an economic point of view as well as in terms of the well-being of families and communities, indicating that they were aware of modern contraception. The findings of this study expand knowledge on Somali immigrant populations' desire to have larger families and the importance of fulfilling cultural expectations [9,11,12,20]. The participants in our study distinguished between the Somali community living in Somalia and Somalis living in Western countries, indicating that the latter need to rethink Somali cultural assumptions about family size. Only one man, who had five children, was opposed to the idea of limiting family size. While his reaction may have been related to his unemployment and low level of education, these associations are beyond the scope of this study. However, previous studies conducted in low-income countries did not show that age or socioeconomic background corresponded with more positive attitudes towards accepting family planning [4,6]. A study conducted in Norway showed parallel cultural norms regarding the social pressure to have a big family among Somali immigrants, which was thought to limit the use of contraception [9]. While the participants in our study viewed a larger family as a cultural preference, they also reported a shift in their own attitudes due to their changing social context after migration [25]. It is important to recall that most of the participants in this study had lived in Sweden for more than eight years (85%), and living in a context in which having two to three children is the norm may have affected their attitude towards having a large family.

Our findings are similar to those from a study in Finland, which found that Somali men and women were aware of modern contraception but hesitant to use it due to religious belief [13]. The participants in our study had some awareness of contraceptive methods but favoured traditional methods due to their religious belief and culture. At the same time, they expressed not knowing enough about modern contraception, and fear appeared to be the biggest obstacle to using contraception in immigrant groups. Our findings provide further insight regarding previous findings on men's adverse attitudes towards modern contraception [9,26] as the participants highlighted possible side effects that hindered them from using it. A study involving immigrants and native women in Sweden found that the overall problem of side effects and health concerns is a significant barrier to the adoption and continued use of contraception [26]. Involving men in contraceptive counselling could be a way to increase Somali women's use of modern contraceptive methods as a previous study conducted among Somali immigrant women living in Norway showed that husbands' resistance to and fear of contraception hindered women's use of it [9]. The Somali men in our study likewise highlighted the importance of involving men in contraception consultations. This is in line with previous research suggesting that understanding men's involvement in sexual and reproductive health may be a means of improving women's health and well-being [2,27]. Involvement may lead men to better support their partners in having their desired number of pregnancies at the desired intervals and avoiding unintended pregnancies [2,27]. At the same time, it is important to recognise that such inclusion may work against women's empowerment. Conversely, because men ultimately have an impact on many women's decisions on contraceptive use in any case, it may be beneficial to include men in such decisions, allowing them to access accurate information, ask questions and contribute to informed decisions [27,28]. Previous studies have reported that spousal communication is helpful in fostering contraceptive practices among couples [28,29]. In line with previous research, our

findings suggest that collaboration between healthcare providers, the Somali community and religious leaders is important in spreading information about family planning [9,18] as our participants suggested that there is limited knowledge regarding contraception methods and family planning services.

Strengths and limitations

This study has several limitations and strengths. The study used purposive sampling, and the participants were recruited from a single municipality. Therefore, the participants may not represent the entire Somali male population in Sweden. However, men of Somali background are not likely to be very different from each other, regardless of the region in which they live. Another possible limitation is 'the phenomenon of perception'. In the phenomenographic approach, the participant's perception is considered to be their expression of meaning within a given context [21]. Therefore, perception may not emphasise the real world of individuals but instead their lived experience or inhabitance, which raises the question of human perception and how the external world appears to and is known by individuals. However, our findings are similar to those of other studies that investigated perceptions of contraception use among Somali populations living in high-income settings [9]. The positive attitudes towards accepting family planning in our sample may also be due to the participants having lived in Sweden for eight years or more and the majority of them being employed.

A strength of this study is that the FGDs were conducted in the Somali language by a male Somali-speaking moderator and a male observer. This made it possible to capture the participants' perceptions of the phenomenon. Both the moderator and observer are also Somali men, which may have made it possible for the participants to share both their conceptual and unreflective thinking about family planning. However, we do not know whether the results would have been similar if the study had been conducted by the female co-authors.

Conclusion

The findings illustrate the complex perceptions of family planning and modern contraception among some Somali men living in Sweden. Although the respondents acknowledged the benefits of family planning, they highlighted that they felt the pressure of expectations from their culture and country of origin to have a large family. Our findings suggest that Somali men living in Sweden want to be involved in family planning counselling, which may increase women's use of contraception. However, healthcare providers must ensure that women desire their partner's involvement and be culturally sensitive to couples' needs. Moreover, healthcare providers' collaboration with civil society and religious leaders may increase awareness and knowledge regarding contraception and improve family planning within the Somali community at large and specifically among men.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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