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RESEARCH ARTICLE

MALE INVOLVEMENT IN FAMILY PLANING AT COUNTY REFERAL HOSPITAL KAKAMEGA, KENYA.

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Abstract

Introduction: Male involvement in family planning is one of the strategies that were embraced in the International Conference on Population and Development meeting held in Cairo 1994 to help reduce the increasing population in Africa and elsewhere in the world. This study will investigate the common methods of family planning used currently; knowledge practice and attitude of men toward the use of the family planning methods, and the factors that hinder or encourage men to get involved family planning and hence determine family size.

Results: The study found high prevalence of knowledge of contraceptive methods among married men, low utilization of male methods of family planning. Men's attitude about FP was also found to be good since most of the men were of the idea that they have a role in FP. This was the opposite of the result of another study done in Bangladesh in 2011 that found very poor attitude of men towards use of FP.

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Introduction:-

Worldwide population growth has declined from its historic peak of 2.1% per year in the late 1960s to 1.7% today (Tolassa, 2004). Population growth in most developed nation has declined drastically due to increased shared responsibilities in family planning (FP) between men and women. This is successful due to increased programs that encourage male involvement in FP. However sub Saharan Africa still faces the highest fertility and population growth rate in the world (Sichona *et al.*, 2000). The total fertility rate of sub-Saharan Africa stands at 4.9 children per woman (Rosenberg, 2009). This increased fertility rate in Africa is majorly contributed by lack of men involvement in family planning, given their role in decision making in almost all African societies (Francis, 2008).

In Kenya, according to the Kenya Demographic Health Survey (KDHS) (2008-2009), the total fertility rate was 4.6 children per woman for the three years before the survey compared with TFR of 4.9 children reported for the period 2000-2002 based on 2003 KDHS. Little has been done to encourage males in Kenya to bear the responsibility of family planning to help reduce the growing population (Kenya GOK National Family Planning Guidelines For service providers, 2010).

The concept of male involvement in FP is broad in nature. Male involvement in FP basically means more than increasing the number of men using condoms and vasectomy; male involvement also include the number of men who encourage and support their partners and peers to use FP and who influence the policy environment to be more conducive to develop male related programs. In this context male involvement should be understood in a much broader sense than male contraception and should refer to all organizational activities aimed at men as a discrete

group which have the objective of increasing the acceptability and prevalence of family planning practice of either sex. The program of action adopted by the international conference on population and development (ICPD) held in Cairo 1994 notes that special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, maternal and child health, prevention of STDs, prevention of unwanted high risk pregnancy's and family planning program

Men represents about half of the world's population, (Ndenzako, 2008) and use less than one third of contraceptives, which are male methods or methods that require participation of both partners(Ringheim, 1996). The adaptation and correct use of female methods have been found to be positively effective by male involvement in family planning. Moreover men are more interested in reproductive health information than has been assumed(Ndezako, 2008) (Onyango, Owoko, & Oguttu., 2010). Other compelling reasons for involving men in FP are that millions of pregnancies are unwanted each year due to lack of or failure of contraception and thousands of women die due to pregnancy complications where male involvement can make a difference (UNFPA, 2008).

While many men know about contraception and approve of it in general, not all that approve of contraceptives use it. Some are not currently using contraceptives because they want another child. While others want to prevent pregnancy but do not want to use contraceptives for a number of reasons that family planning programs should address. Large-scale survey as well as small studies done in Kenya as well as other countries indicate that men's family planning and other reproductive health knowledge, attitude and practices are more clearly understood now than before. Nevertheless, the picture is still incomplete and offers only a broad look at a group that is far more complex than survey statistics alone can suggest. The purpose of this study therefore is to endeavor to determine the factors that affect men involvement in FP (Kabwingu, 2001).

One of the main reasons for undertaking this study is that there has been little effort to promote the understanding of family and family planning so that appropriate policies, interventions and strategies could be made or undertaken in order to improve the quality of life of citizens and communities in Kenya and elsewhere in the world. It is hoped that the results of this study will assist the National Family Planning Program (NFPP) in designing programs that will help in raising the level of contraceptive use and, therefore, reduce the fertility in Kenya. Secondly, the results will also add more information towards a better understanding of factors that affect fertility in sub Saharan (Ndezako, 2008)

Men's participation in family planning is a promising strategy for addressing some of the world's most pressing reproductive health problems. Men can prevent unwanted pregnancies and reduce unmet needs for family planning. Increased men's participation involves more than program activities conventionally associated with men. It also involves encouraging a range of positive reproductive health and social behavior by men to help ensure women's use of contraceptives.

Men's participation is crucial to enabling millions of women to avoid unintended pregnancies. Of the 175 million pregnancies each year, about 75 million are unintended according to estimates by the United Nations Population (Kabwingu, 2001).

Given the central role that males play in decision making and low levels in contraceptive use, a study to identify the factors affecting male participation is to open up avenues to promote contraceptive use in the study area and the entire Nation at large.

The objective of the study to determine the level of knowledge and attitude, utilization of contraceptive and factors affecting participation in family planning among men in Sichirai sub-location.

Research methodology:-

This study adopted the cross sectional study design, snowball non probability research sampling design as used in this study. Few men from this sub-location will be interviewed in town, and then they will be asked to provide information needed to locate other men in town who come from Sichirai sub-location. The study was conducted in Sichirai sub-location, Shieywe locatio, Lurambi constituency, Kakamega county, It is about two kilometers from Kakamega town off Kakamega-Webuye. The sub location has an area of about 15.3km².

Figure 1:-Map showing Sichirai sub-location.

Results:-

Socio-demographic data

In total, 420 males participated in this study. The mean age of the respondents was 37.6 years. Protestant Christians (63%) were the major religious group, followed Catholics (34%) then Muslims (3%). About 80% of the respondents were married and 20% were single and about 90% were in a monogamous type of marriage and 10% were in a polygamous marriage. 3% of the respondent had non-formal education, 54% had primary education, 29% secondary education and 14% had tertiary education level. On the other hand, 3% of the respondents' spouse had non-formal education, 54% had primary education level, 33% secondary, and 10% had tertiary education level.

Business men comprised the majority of the respondents (59%), followed by Jua kali men (14%), farmers 13%, teachers 11% and finally students 3%. On the other hand, most of the respondent's spouses were farmers (204, 53%), business women were 22%, House wives comprised 19%, and teachers were 6%.

Most of the respondent had 1-2 children (46%), followed by 3-4 children (27%) then 5-6 children were (13%). 7% of the respondents had 7-8 children and a similar percentage had no children.

Table 1:-Socio demographic characteristics of men in Sichirayi Sub-Location (n= 420)

Variables		Respondents	
		frequency	Percentage
Age	18-35 yrs.	20	57
	36-59 yrs.	14	40
	>60 yrs.	1	3
Religion	Protestants	22	63
	Catholics	12	34
	Muslims	1	3
	Others	0	0.0
Education of Respondent	Non Formal Education	1	3
	Primary	19	54
	Secondary	10	29
	Tertiary	5	14
Education of the Spouse	Non Formal	2	3
	Primary	20	54
	Secondary	10	33
	Tertiary	3	10
Occupation of Respondent	Farmer	5	13
	Teacher	4	11
	Business	22	59
	Civil Servant	0	0.0
	Student	1	3
	Others(Jua Kali)	5	14
Occupation of Respondent	Farmer	19	53
	Teacher	2	6
	Business	7	22
	Civil Servant	0	0.0
	Student	0.0	0.0
	Others(House Wife)	6	19
Number of children	1-2	168	46
	3-4	96	27
	5-6	48	13
	7-8	24	7
	No child	24	7

Knowledge about FP

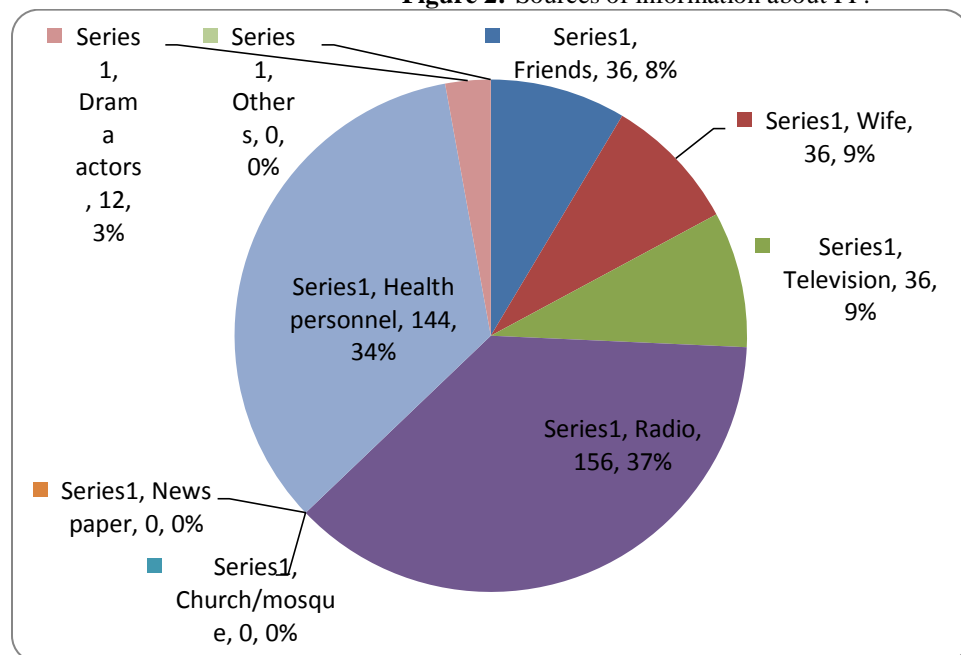
Participants' knowledge of contraceptives was examined in this survey. All 420 respondents had heard of family planning. Respondents were also asked the meaning of family planning, 77% said that FP is having the number of children one can cater for, 8% said that it is to avoid unwanted pregnancy, 6% said FP is preventing people from delivering children with a similar percentage saying it is regulating interval between pregnancies. 3% do not know what FP is. Participants were also asked if they knew any method that could be used to prevent or delay pregnancy, 94% of the respondent knew at least one method, with the remaining 6% did not know of any FP method that could delay or prevent pregnancy. Of those who knew at least a method that could prevent or delay pregnancy, majority mentioned the condom. Below is a table showing men's knowledge about FP in Sichirayi sub- location.

Table 2:-Men's knowledge about FP

Variables		Respondents	
		NO	%
Heard of FP	Yes	420	100
	No	0	0.0
If yes, meaning	Prevent people from delivering children	24	6
	Avoid unwanted pregnancy	36	8
	Having the No. of children one can cater	324	77

	for		
	Regulating interval between pregnancies.	24	6
	Do not know	12	3
Ever heard of FP method	Yes	396	94
	No	24	6
Source of information about FP	Friend	36	9
	Wife	36	9
	Television	36	9
	Radio	156	36
	Church/mosque	0	0.0
	News paper	0	0.0
	Health personnel	144	34
	Drama actors	12	3
	Others	0	0.0
FP method that can be used by a man	Pill	0	0.0
	Injection	60	14
	IUCD	0	0.0
	Norplant	24	6
	Abstinence	0	0.0
	Condom	288	68
	Foam	0	0.0
	Gel	0	0.0
	Male sterilization	24	6
	Counting days	12	3
	Withdrawal	12	3
	Others	0	0.0
Advantages of FP	Health reasons(prevent diseases)	48	12
	To have enough children	48	11
	Economic/financial reasons	156	37
	Spacing children	168	40
	Others	0	0

Most of the respondents (37%) had got the information about FP through the radio, followed by health personnel (34%). 9% of the respondent had heard about it on television, with a similar percent having got the information from their wives and friends. A small percentage (3%) had heard it from the drama actors. Below is a pie chart showing men's sources of information about FP in Sichirayi sub- location

Figure 2:-Sources of information about FP.

When asked about the method that can be used by a man to prevent his partner from getting pregnant, 68% of the respondents chose the condom, those who chose on injection were 14%, and both Norplant and male sterilization had 6%. Those who choose on withdrawal were 3% with a similar percentage choosing on counting days. 40% said that the FP has the advantage of spacing children, 37% said they would do FP for economic/ and financial reasons, those who said they do it for health reason were 11% , with a similar percentage saying they do it to have enough children. Most of the respondents reported that after their wives use the FP methods they always have reduced libido, as one of them reported;

"After using those pills, my wife's sex appetite reduces"

Attitude about FP:-

When asked about their opinion on family planning, many men said that FP is a good idea and they agreed to be involved in FP since this will help. Most of those who responded said that they only do not agree with doing vasectomy since it may deny them their manhood, as one of them said;

"Family planning is good, the only bad thing with it is vasectomy, what would happen if you do vasectomy then you realize that the children you are taking care of with your wife are not yours, it will be had to get your own children. To add on that, when you want to have more children, with vasectomy you won't be able; you will also be disrespected in the community"

Most of the men consider vasectomy as a form of sterility, and the community does not respect sterile men. More so, they argued that they will only be fully convinced to be part of the FP campaign if there is reduction in the number of side effects associated with FP.

On the question about the role of men in family planning, most of the respondents said that men should only encourage their wives to get FP methods from the hospital. A small number said they can also use family planning methods along -side their partners while others argued the men have no role to play in family planning.

About male involvement in FP, 91% of the respondents said that men should be involved in fp, while the remaining 9% said that men have no role to play in FP. The men were also asked about possible factors that hinder men from being involved in FP, 324(77%) of the respondents said that lack of information about family planning is the cause, 17% said that men have no time for family planning and 6% had other reasons like fear of side effects and n access t FP services. When asked whether the FP services for men should be offered in the same clinics as women, only

43% agreed with idea of using the same clinic with women but remaining 57% argued the men should have their own clinics separate from those of women. Those who want men to have their own clinic say that men are ashamed of sharing the same facility with women, as one of them reported;

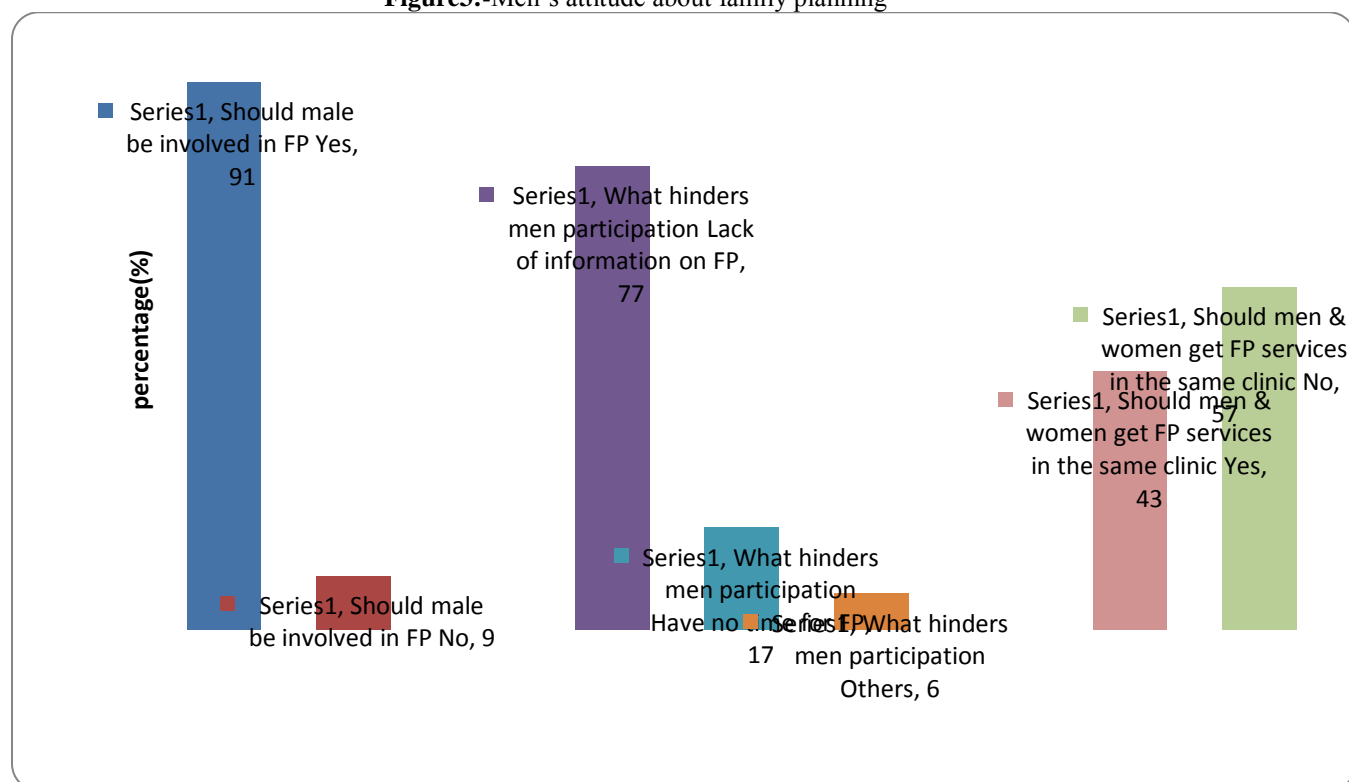
"We men should be given our own clinics, we cannot line up with women in the same clinic as we wait for service, and our culture does not allow us. Also to reduce congestions in this clinic it is essential that we be given our own clinics"

When asked about why many men stop their spouse from using family planning, majority of the respondents cited the side effects as the main reason, as one of them responded;

"I cannot allow my wife to use these FP methods since every time she uses them she loses sexual appetite, increases body weight, and has prolonged menses I also heard that using these methods of FP may cause congenital abnormalities on the children you bear"

Majority of the respondent said that to encourage more men to FP, this services should be made available near their places of work, vasectomy should be stopped and the FP method should be re-evaluated to make sure there are no side effects.

Figure3:-Men's attitude about family planning

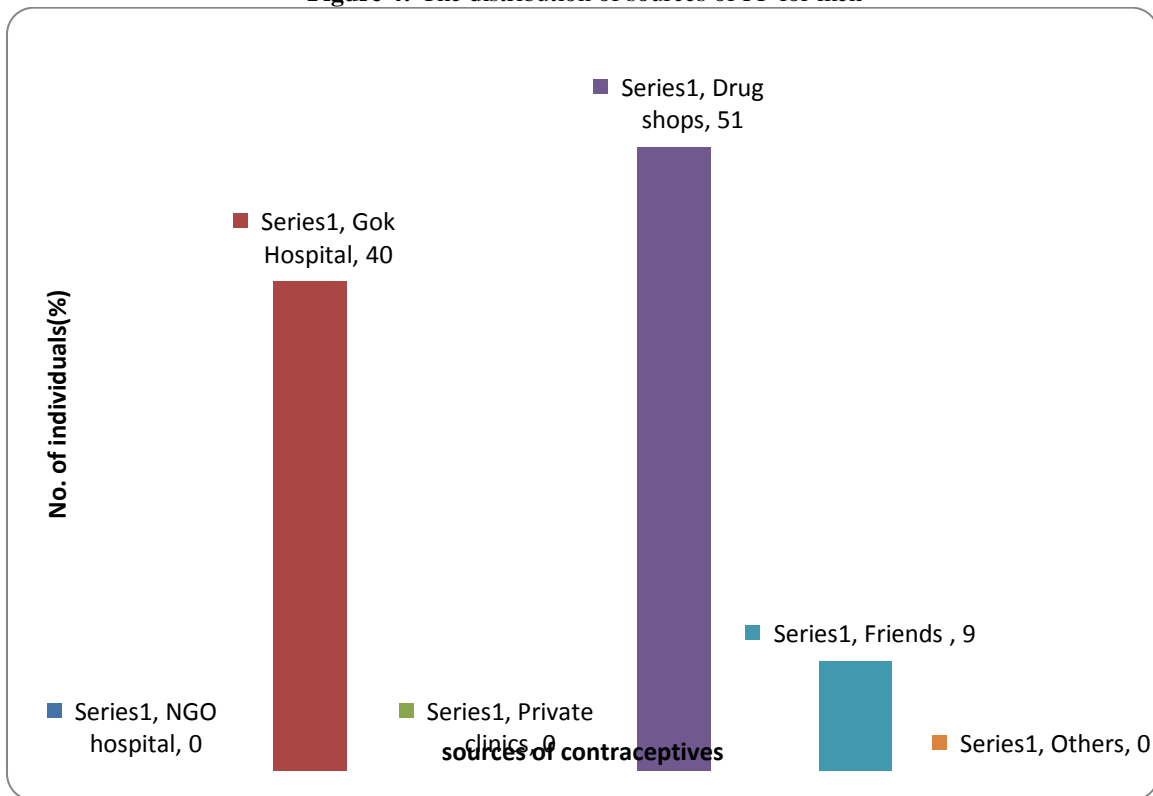


Practice of FP.

The respondents were also asked whether their spouses use any FP method, 77% said that their spouses use while the remaining 23% said their spouses do not use any. Many of those who use FP reported they use the three month injection while a small percentage use the Norplant and the pills. Those whose spouses do not use blamed the side effects as the main reason. When asked if they have ever used any FP method to prevent a woman from getting pregnant, 91% of the respondents reported that they have ever used these methods, and all of them mentioning the condom as the method. The remaining 9% said they have never used any FP method. Among those who had not used any method, 67% reported the need for more children as the reason why they are not using FP, while the remaining 33% said they do not know the FP methods. On the question about the source of the FP methods, 51% of

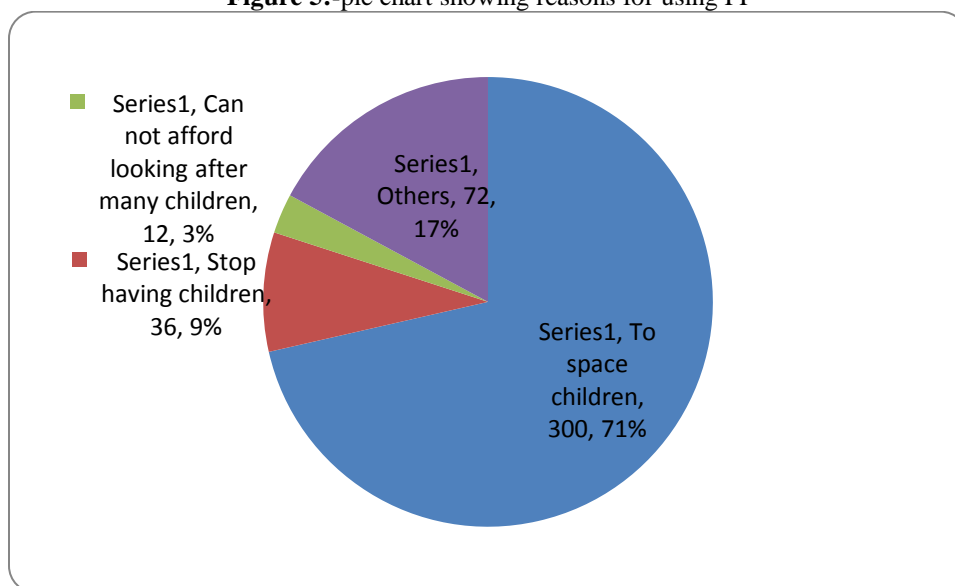
the respondents get the FP methods from the drug shop, 40% get them from government hospitals and 9% get them from friends.

Figure 4:-The distribution of sources of FP for men



The participants were also asked why they decided to use FP and 71% of the respondents cited spacing children as the main reason, 17% said they do it for health reasons, 9% do it to stop having children and 3% said they cannot afford looking after children.

Figure 5:-pie chart showing reasons for using FP



They were also asked if they intend to use FP in future and 94% of the respondents had the intension while another 6% had no intension. All those who did not have the intension gave the reason of not knowing the methods. When asked if they have ever discussed with their partner the number of children they would like to have, 89% reported having discussed while the remaining 11% had not discussed. Most of those who had discussed had agreed on having 4-5 children. 89% of the respondents reported having discussed with their spouses the on the type of FP method to use, of which 47% had agreed to use the three month injection, 20% condom, 18% Norplant and 15% had decided to use pills.

Discussion:-

The study assesses the involvement of men in family planning method utilization in Sichirai sub-location. Involving men and obtaining their support and commitment to family planning is of crucial for family planning service utilization. This paper focuses the importance of involving men in influencing the utilization of family planning method and highlighted the potential insights into men's behavior where family planning interventions could be made. Most of the respondents (240) belong to the age bracket of the youth (18-35) this could be due to the affordability of the motorbike and increased unemployment of the youth. A bigger percentage (80%) of the respondents were married, this is attributed to the presence of an income generating activity that the men had.

Most of the men who were interviewed (54%) had only attained primary education with a similar percentage of their spouse having acquired the same level of education. This shows that the level of education of the man will determine education level of the spouse, which subsequently will determine the decision to use or not use contraceptive (Chair & Arundhat, 2011). 59% of the respondents comprised of business men, this could explain why most of the men said they do not have time for family planning. Most of the respondent's spouses (53%) were peasant farmers; this explains why family planning matters have been left for the women

There are variations in the types of family planning method practiced in the study area. Male method such as vasectomy and condom were utilized poorly. Source of contraceptive and not known fear of side effects, were among the reasons reported for low utilization of family planning. Men knowledge on family planning is very high compared to another study done in Tanzania by Ndenzako (2008) where the knowledge was 88%, in this study 96% of married men know at least one method of family planning. This might be the result of intervention by the health sector and increase exposure to media (radio) (Abraha, Adamu, & Deresse, 2010).

In this study, Men's attitude about family planning was very good compared to another study done in Tanzania by Ndenzako (2008).a majority of the respondents agreed that men should be involved in FP since this will not only help them, but also the society at large. The only problem that most men do not like in FP is vasectomy, which most of them consider it as a way of taking away their manhood. This is contributed largely by their cultural beliefs and lack of adequate information about what vasectomy is all about(Onyango, Owoko, & Oguttu, 2010). A bigger percentage of men (57%) said that men shoulder have their own clinic separate from those of women where they can collect their contraceptives. This is thought to be a result of the cultural belief that men should not share anything with men due to their superiority (Francis, 2008).

Even though we have a number contraceptive sources around the area, majority of the men (51%) do obtain the FP methods from the drug shops, this is thought to be due to their quick access compared to this other sources, and also the privacy associated with their acquisition, since men would not want to be seen with contraceptives (Onyango, Owoko, & Oguttu., 2010)

Spacing children (71%) was found to be the main reason why most people use family planning in Sichirayi sub-location; most of them said they wanted to give their spouses rest time before the next pregnancy. Those who do not use FP gave a reason of unknown side effects. This could be as a result people misinformation from some members of the community of whom may not have ever used the FP methods (Chair & Arundhat., 2011).

It was encouraging to find out that many men (94%) were intending to use FP in future due to its advantages which outweigh the disadvantage. This could be attributed to the increased sensitization and knowledge about FP among men (Abraha, Adamu, & Deresse, 2010)

Conclusion:-

The main aim of this study was to find out the factors that affect male involvement in FP, it is evident that the main reason that hinders men from involving in FP is unknown side effects, lack of time for family planning, cultural restriction and lack of availability of a wide range of family planning options.

The study found high prevalence of knowledge of contraceptive methods among married men, low utilization of male methods of family planning. Men's attitude about FP was also found to be high since most of the men were of the idea that they have a role in FP. This was the opposite of the result of another study done in Bangladesh in 2011 that found very poor attitude of men towards use of FP. Men's practice of family planning was found to be low but better than that of the previous study done in Kisumu by Anyango *et al.*, (2010)

Recommendation:-

Family planning methods use among married men is above average but below what is expected. For this purpose, governments, nongovernmental organizations (NGOs), donors' agencies and relevant stakeholders should ensure availability, accessibility and sustained advocacy for use of condom for protection against unwanted pregnancy.

Health institution should improve the availability of men family planning method through resource mobilization from partners (NGOs) and different actors.

More education through the media should be implemented to increase the knowledge and attitude of married men in family planning method.

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