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Level of Men Involvement in Family Planning Practices and Implementation in Kakamega County, Kenya

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Abstract:
Family planning has attracted attentions all over the world due to its relevance in decision making, population growth and development. Despite this, family planning programmes by the government and other non-state actors have traditionally focused on women as the primary beneficiaries of family planning and also due to their feminist nature, it makes them subservient hence high compliers of health issues family planning being among them yet men have been considered as the silent partners of family planning services. The aim of this study was to investigate the level at which men are involved in family planning practices and implementation in Kakamega County, Kenya. This study adopted cross-sectional survey design using mixed methodology. The study targeted 17469 household heads in Likuyani, Malava and Lugari sub-Counties. Krejcie and Morgan Sample size determination formula was used to obtain 376 respondents. Stratified, simple random, purposive and systematic random sampling techniques were used to select the participants. Questionnaires, interviews and document analysis were used to collect data. Instrument validity was done through expert judgement while reliability involved the use of test-retest method. Data obtained was analyzed using quantitative and qualitative techniques. Frequencies, percentages, mean and Standard deviation was used to analyze quantitative data. Qualitative data from interview schedules was transcribed, thematically classified and arranged before they were reported in narrations and quotations. The study found that on average, 10.1% of the inhabitants of Kakamega County who used family planning methods between the years 2013 to 2017 were men. This shows that the levels at which men are involved in family planning is low. This study may be of importance to couples in understanding the determinants that hinder men in participating in family planning.

Keywords: *Level, men, involvement, family planning*

1. Introduction

Traditionally, family planning programmes have been directed towards women, since it is women who become pregnant and face the health risks associated with pregnancy and childbirth and thus have presumably the greatest motivation to prevent unwanted pregnancies (Kaida, Walter, Hessel & Konde-Lule, 2004). Moreover, women are more likely to be in contact with the health care system because of their overall responsibility for family health, especially for the health and welfare of infants and children under five years of age. However, engaging men in family planning (FP) has been found to directly influence the partner's reproductive health choices, decision-making and behaviours (Soremekun, 2014).

Men in the developing world, Kenya included, are often the primary decision-makers about family size and use of family planning (Nzioka, 2001). Male involvement is not only restricted to the uptake of male family planning methods but also includes the number of men who encourage and support their partners and their peers to use family planning. It also involves the influencing policy environment to be more conducive to development of male related programs. Therefore, male involvement should be understood as all the organizational activities whose main aim is to increase the prevalence of contraceptive for either gender (Green &Chens, 2003). The Contraceptive Prevalence Rate in Kenya is at 43% which is still considered low worldwide. The contraceptive prevalence rate for example in Kakamega County is 27% while that of West Pokot County is estimated to be at a low of 23% (Butto & Mburu, 2015).

Male engagement has historically been depicted as obstructive by impeding women's decision-making on use of family planning, or non-existent among male partners who are absent altogether due to lack of interest in matters related to reproductive health (Greene, 2000). However, at the same time, men dominate decision-making regarding family size and their partner's use of contraceptive methods in many traditionally patriarchal settings (Soldan, 2004; Oyediran, & Isiugo-Abanihe, 2002). This is not the case in Western Kenya where the current study was undertaken.

Further, Ngethe (2013) in a study in Coast region of Kenya indicated that family planning efforts are a female affair where men are not engaged in implementation. This has also been compounded by civil society organizations whose target on family planning matters rest on women and ignore men. Additionally, various studies such as (Gobopamang & Kannan, 2014) have also shown that traditional gender norms in a patriarchal society have impeded rural women's ability to adopt modern family planning practices. However, little attention has been paid to men's attitudes and participation in women's' family planning practices by these interventions. Family planning programmes by the Kenyan government and other non-state actors have traditionally focused on women as the primary beneficiaries of family planning and also due to their feminist nature, it makes them subservient hence high compliers of health issues family planning being among them. Traditionally in Kenya, men have been considered as the silent partners of family planning services and utilization despite the fact that they are equally a part of reproductive health. The study investigated the level at which men are involved in family planning. The researcher chose to study this phenomenon in Kakamega since the county has strong socio-cultural traditions and practices that inhibit men's visible engagement with reproductive health including family planning.

2. Literature Review

Although the 1994 International Conference on Population and Development (Cairo) called for greater emphasis on men's shared responsibility and active involvement in issues of sexual and reproductive health, including family planning (UNFPA, 1995), there remain few evaluated interventions that promote male engagement in family planning (Hartmann et al., 2012) and fewer still that promote approaches that address gender norms.

Although engaging men in family planning, as users and supportive partners, is gaining acceptance, there is concern about effects of male engagement on women's autonomy and the fundamental human right for women to control "their own sexuality, their bodies and their health" (Hartmann et al., 2012, pg 10). Some women may not want men to be responsible for contraception, fearing that a mistake or omission by their partner may lead to an unintended pregnancy *(*Levtov et al., 2015). It is critical, then, to learn from early mistakes made in programming to promote male engagement that appealed to stereotypic gender norms (Kim & Marangwanda, 1997) and to make sure that interventions to encourage male contraceptive use do not disem power women and reinforce gender inequalities (Kabagenyi et al., 2014). The United Nations Population Fund (UNFPA), which supports husband's schools to reach men and influence them to support women's reproductive health, reports that couple communication has increased and men have a greater understanding of the importance of the health and wellbeing of their wives and children (Agha, 2010). However, an evaluation of the husbands' schools by the Institute for Reproductive Health will help show if the approach promotes gender equity or reinforces male dominance.

Globally, low male involvement in maternal health care services remains a problem to health care providers and policy makers. Since the Cairo International Conference on Population and Development, (ICPD) (1994), and the Beijing World Conference for Women (1995), a lot of emphasis has been to encourage male involvement in reproductive health including maternal health (WHO, 2007). At the 1994 ICPD in Cairo the participating nations (179 nations) agreed on the action plan, which stated that "Changes in both men's and women's knowledge, attitudes, and behavior are necessary conditions for achieving a harmonious partnership between men and women on issues of sexuality and reproductive health" (UNFPA, 2004:29).

Despite family planning being a family matter, its initiatives are usually concentrated on women (Westoff & Bankole, 2000) because traditionally, fathers made little or no effort in child raising. Women were usually the ones who performed childcare duties (Mahari Othman, & Khalili, 2011). Many studies done on fertility and contraception also concentrated on women possibly due to the variety of female contraceptive methods as opposed to that of the males. In reproductive and health matters, men's effort in family planning remained invisible (Akindele & Adebimpe 2013).

Byamugisha et al. (2010), scored male involvement using 6 variables: The man accompanying his wife during ANC services; knowing the ANC schedule; discussing the ANC interventions with the female partner; supporting the ANC fees; Knowing what happens at the ANC and Using a condom with the female partner during the current pregnancy. Male involvement in family planning and reproductive health is most important for maternal and neonatal care in Bangladesh. Nasreen et al (2012) showed that male were involved with BRAC health pogramme named 'Improving Maternal, Neonatal and Child Survival' (IMNCS) were more likely to take care maternal health, more knowledge on Neonatal danger signs, newborn care and birth responsiveness compared with not involved in this project. So, male involvement in family planning enables them to take care of reproductive issues. But the rate of male involvement in family planning is low in Bangladesh.

Byamugisha et al. (2010), reported that harsh, critical language directed at Ugandan women from skilled health professionals was a barrier to male participation. Harsh treatment of men by health providers discouraged them from returning or participating in reproductive health activities. Furthermore, some providers did not allow men access to clinic settings. Men mentioned the negative attitudes of staff members: "Staff members' lack of common courtesy, their "rough handling" of pregnant women and health-care workers not allowing men to enter the antenatal clinic with their partners. This study investigated the level of involvement of men in implementation of family planning services in Kakamega County, Kenya.

3. Research Methodology

Creswell (2009) defines research designs as plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis. This study adopted cross-sectional survey design which

allows for rapid collection of data from a large sample within the shortest time possible by use of questionnaires, interview schedules and document analysis. In addition, the study adopted convergent mixed methodology. Mixed methodology is the combination of two or more methods in a research project yielding both qualitative and quantitative data (Cresswell & Plano Clark, 2007; Greene, 2007; Teddlie & Tashakkori, 2009). The study was mixed methods in a single research which allows for pragmatism. The amalgamation of qualitative and quantitative methods in this study neutralizes bias and allows for convergence of results which has an advantage of contribution of both approaches.

The research only targeted three sub-counties; Malava (purely homogenous), Lugari (fairly mixed) and Likuyani purely (cosmopolitan in nature) with a total household population of 17,469 units. In each ward, the researcher narrowed down to two wards based on population density; one with the highest population density and one with the lowest population density. In addition, the study further targeted 93 public health officers who are in-charge of family planning Units in the three sub-counties.

The sample size formula for this study is based on Krejcie and Morgan (1970) as quoted by Kasomo (2001). Using the formula 376 households were selected to participate in the study. The sample size as per each ward is presented in Table 1.

Sub-County	Ward Name	Number of Households	Sample Size
Likuyani	Likuyani	3223	69
	Sinoko	2698	58
Malava	Butali/Chegulo	3584	77
	East Kabaras	2802	60
Lugari	Mautuma	2678	58
	Chekalini	2484	54
Total		17469	376

Table 1: Sample Size per Wards in Likuyani Sub-County

The researcher stratified the respondents into the six wards; Likuyani, Sinoko, Butali/Chegulo, East Kabras, Mautuma and Chekalini. In order to ensure that representative samples are derived from each ward, a multi-stage-cum-stratified random sampling technique was used in selecting the household heads for the study. In the study, simple random sampling technique was used to select the first household in each ward followed by systematic random sampling where every 10^{th} household was selected. The household heads present at the time of the study was issued with a questionnaire. This procedure ensured that all the members of the population are given an equal chance of being included in the sample. In selecting health care workers who are in-charge of family planning units, purposive sampling was used since there are six government healthcare centres in the region with 8 personnel manning the family planning units.

According to Kombo and Tromp (2006), social science commonly uses questionnaires, interview schedules, observational forms and standardized test as research instruments. This study used questionnaires to collect data from household heads and interviews to collect data from healthcare workers in-charge of family planning units in the various health centres. This group was considered due to the fact that they fully understand the level at which men are involved in family planning implementation, factors that influence men's participation in family planning implementation the social construction of family planning implementation in Kakamega County. In addition, the researcher checked documents such as family planning record books at the health centres in order to understand specifically levels of men's involvement in family planning. The documents analyzed were used to compute the percentages of men who have used family planning methods from 2013 to 2017.

The instruments were also piloted to a selected sample of household heads in the nearby Lugari sub-county which shares the same characteristics and Likuyani Sub-County. The researcher sought expert opinion on content and construct validity. Comments solicited from them were used to improve the research instrument before commencing data collection. Foxcroft (2004), note that by using a panel of experts to review the test specifications and the selection of items, the content validity of a test can be improved.

To determine the reliability of the instruments, questionnaires were pilot tested using 30 household heads from the nearby Lugari Sub-County which shares similar characteristics as the study area. The test-retest method was employed to test the reliability of questionnaires. The first test was administered to the respondents and after two weeks a second test was given to the same respondents. The two tests were analyzed separately and adjustments on areas of weakness were made to the instruments. The Pearson's Product Moment Correlation (r) was used to calculate the reliability coefficient between the first and second scores. A correlation coefficient of (r) 0.75 or more was considered appropriate to ascertain the reliability of the instruments as indicated by Orodho (2009). In this study a correlation coefficient of 0.81 was obtained showing that the instruments were reliable and therefore adopted for use in the study.

Data obtained was analyzed using quantitative and qualitative techniques. The quantitative data from the questionnaires were first subjected to preliminary processing through validation, coding and tabulation in readiness for analysis with the help of the statistical package for social science (SPSS version 20) computer package as a 'toolbox' to analyze data related to objectives. Frequencies, percentages, mean and Standard deviation was used to analyze quantitative data.

Qualitative data from interview schedules was transcribed, thematically classified and arranged before they were reported in narrations and quotations.

4. Results and Discussions

The aim of the study was to find out the level of men's involvement in family planning. To achieve this, the respondents were asked to indicate their level of agreement on a five-point likert scale items in the questionnaire on level of men involvement in family planning. Their responses were tabulated and the results are presented in Table 2.

Statement	SD		D		UD		A		SA	
	F	%	F	%	F	%	F	%	F	%
Men discuss family planning issues with their partners	98	28.3	107	30.9	13	3.8	78	22.5	50	14.5
Men encourage their wives to use various methods of FP	147	42.5	111	32.1	2	.6	80	23.1	6	1.7
Men attend family planning counselling services with their spouses	54	15.6	185	53.5	18	5.2	68	19.7	21	6.1
Men give financial assistance to their wives for accessing FP services	70	20.2	87	25.1	0	0.0	143	41.3	46	13.3
Men do positive sensitization on the prevailing negative myths about FP	98	28.3	119	34.4	27	7.8	68	19.7	34	9.8
Men having a positive attitude on sex of children enhances their use of FP	55	15.9	150	43.4	2	.6	96	27.7	43	12.4
Men allow their spouses to use the various methods of FP	36	10.4	96	27.7	25	7.2	186	53.8	3	.9
Men have great decision-making power and the ability to effect compliance or submission from their wives on Family planning	33	9.5	18	5.2	46	13.3	85	24.6	164	47.4
The selection of a Family planning method is made by men	142	41.0	134	38.7	12	3.5	58	16.8	0	0.0
Male partners are highly motivated to obtain contraceptives, particularly in extramarital relationships	53	15.3	37	10.7	15	4.3	63	18.2	178	51.4
Men's approval of contraception is crucial for successful family planning programmes	73	21.1	58	16.8	25	7.2	144	41.6	46	13.3
Men are obstructive by impeding women's decision-making on use of family planning	83	24.0	134	38.7	11	3.2	69	19.9	49	14.2

Table 2: Level of Men's Involvement in Family Planning

Table 2 shows that 107(30.9%) respondents disagreed with the statement those men discuss family planning issues with their partners, 98(28.3%) respondents strongly disagreed with the statement, 78(22.5%) respondents agreed with the statement and 50(14.5%) respondents strongly agreed with the statement while 13(3.8%) respondents were undecided on the statement. The study showed that majority (59.2%) of the respondents noted that men never discussed family planning issues with their partners. This implies that men decide alone on the various family planning methods they would want to use or would want their partners to use. Researchers (Irani et al., 2014; Dynes et al., 2012; Tilahun, et al., 2014) have found that communication between sexual partners concerning use and adoption is important for enhancing the implementation of the various family planning methods. In this study, the fact that men do not discuss family planning issues with their partners is an indication that family planning adoption is low.

Similarly, 147(42.5%) respondents strongly disagreed with the statement that men encourage their wives to use various methods of FP, 111(32.1%) respondents disagreed with the statement and 80(23.1%) respondents agreed with the statement while 6(1.7%) respondents strongly disagreed. From the responses, it emerged that majority (74.6%) of the inhabitants of Kakamega county believed that men never encouraged their spouses to use various family planning methods. The study findings showed that there is some form of gender inequality norms in the area where men are considered to have the final say on contraceptive use. As noted by Kabagenyi (2014) and Barker (2010) gender inequitable norms in societies can reduce the likelihood of discussions of contraception and joint decision-making on reproductive health.

Additionally, 185(53.5%) respondents agreed with the statement that men attend family planning counselling services with their spouses, 68(19.7%) respondents agreed with the statement and 54(15.6%) respondents strongly disagreed with the statement while 21(6.1%) respondents strongly agreed with the statement. From the responses, it emerged that majority (69.1%) respondents noted that men never attended family planning counselling services with their spouses. In a study by KMET and Boston University (2009), it was found that men were reluctant to attend reproductive health clinics for advice on family planning because they associated such facilities as a "woman's place" and did not want to be seen mixing with women for fear of being labeled as henpecked or considered effeminate.

Moreover, 143(41.3%) respondents agreed with the statement that men give financial assistance to their wives for accessing FP services, 87(25.1%) respondents disagreed with the statement and 70(20.2%) respondents strongly disagreed with the statement while 46(13.3%) respondents strongly agreed with the statement. The responses showed that majority (54.6%) of the respondents reported that men usually gave financial assistance to their wives for accessing FP services. This implies that men participate in family planning by only providing financial services to their spouses. This was found to be consistent to the works of Kelodjouea, (2015) who pointed out in his study that men believe FP to be the woman's responsibility, with their own role being limited to making financial contributions towards its pursuit.

Further, 119(34.4%) respondents disagreed with the statement that men do positive sensitization on the prevailing negative myths about FP, 98(28.3%) respondents strongly disagreed, 68(19.7%) respondents agreed with the statement and 34(9.8%) respondents strongly agreed with the statement while 27(7.8%) respondents were neutral. It seems therefore that majority (62.7%) of the study participants were of the view that men were not involved in doing positive sensitization on the prevailing negative myths about FP. This implies that men are usually not involved in family planning issues. This is similar to the findings of Wambui, Ek, & Alehagen, (2009) who noted in their study that men have rarely been involved in either receiving or providing information on sexuality, reproductive health, or birth spacing. It has long been noted that men have been ignored or excluded in one way or the other from participating in many FP programmes as FP is viewed as a woman's affair. In some instances, men fear the use of FP since they consider it as having several side effects (Diamond-Smith et al., 2012).

Furthermore, 53.8% of the respondents agreed with the statement that men allow their spouses to use the various methods of FP, 27.7% of the respondents disagreed with the statement, 10.4% respondents strongly disagreed with the statement while 7.2% of the respondents were undecided on the statement. The responses showed that majority (54.7%) of the respondents believed that men allowed their spouses to use the various methods of FP. In their part Okwor & Olaseha, (2010) found out that the use of any method of FP by women is often influenced by their husbands which is consistent with this study finding. This implies that even though men do not participate in family planning issues, they are the decision makers on their partner's use of FP methods (Nzioka, 2002; Oyediran, & Isiugo-Abanihe, 2002; Paz Soldan, 2004).

On the statement that men have great decision-making power and the ability to effect compliance or submission from their wives on Family planning, 47.4% respondents strongly agreed with the statement, 24.6% of the respondents agreed and 13.3% of the respondents were undecided while 14.7% of the respondents were in disagreement with the statement. As shown, majority (72.0%) of the study's participants acknowledged that men had great decision-making power and the ability to effect compliance or submission from their wives on Family planning. Carr, Gates, Mitchell, & Shah, (2012) noted although women will be more benefited from their family planning use by achieving their human rights to health autonomy and decision making on family size. This study was found to be similar to those of Do & Kurimoto, (2012) which noted that only less than one fourths of the women in Ethiopia are able to decide on family planning use by themselves. In addition, other researchers including Soldan, (2004), and Oyediran, & Isiugo-Abanihe, (2002) amongst others have noted that men dominate decision-making regarding family size and their partner's use of contraceptive methods in many traditionally patriarchal settings.

Moreover, 142(41.0%) respondents strongly disagreed with the statement that the selection of family planning methods is made by men, 134(38.7%) respondents disagreed with the statement and 58(16.8%) respondents agreed with the statement while 12(3.5%) respondents were undecided on the statement. The study findings suggested that majority (79.7%) of the respondents believed that the selection of family planning method was not only made by men. This implies that men involved their spouses in making decision making concerning family planning. Sternberg, & Hubley, (2004) and Hartmann, et al., (2012) noted in their studies that spousal involvement increases the uptake of family planning methods.

The study further found out that 51.4% of the respondents strongly agreed with the statement that male partners were highly motivated to obtain contraceptives, particularly in extramarital relationships, 18.2% of the respondents agreed with the statement, 15.3% of the respondents strongly disagreed with the statement and 10.7% of the respondents disagreed with the statement while 4.3% of the respondents were undecided on the statement. As shown from the responses, majority

(69.6%) of the study participants believed that male partners in the study area were highly motivated **to** obtain contraceptives, particularly in extramarital relationships. This was found to concur with the findings of Uzma (2017) where it emerged that the general belief in southern Ghana is those married women who want to engage in extramarital affairs employ contraceptives as a strategy to prevent pregnancies.

In addition, 41.6% of the respondents agreed with the statement that men's approval of contraception is crucial for successful family planning programmes, 21.1% of the study participants strongly disagreed with the statement, 16.85 respondents disagreed with the statement and 13.3% of the respondents were strongly in agreement with the statement while 7.2% of the participants were undecided on the statement. From the responses, it was found out that majority (54.9%) of the respondents believed that men's approval of contraception is crucial for successful family planning programmes. This implied that men need to be engaged in all issues concerning family planning implementation for the programme to be effective. A study by Joesoef, Baughman, & Utomo, (1988) pointed out that male partner's approval can be an important predictor of contraceptive use by women. This shows that male partners knowledge on contraceptive use is important for FP implementation as noted by Green (1994) who pointed out that men's acceptance of contraception requires knowledge about appropriate contraceptive methods, more communication between partners, fostering awareness, and mutual sharing of concerns for partners' contraceptive practices.

Similarly, 38.7% of the respondents disagreed with the statement that men are obstructive by impeding women's decision-making on use of family planning, 24.0% of the respondents strongly disagreed with the statement, 19.9% respondents agreed with the statement and 14.2% of the respondents strongly agreed with the statement while 3.2% of the respondents were undecided on the statement. From the responses, it emerged that majority (62.7%) of the study participants reported that men were not obstructive on women's use of family planning. This is contrary to the findings of Green (2005) who reported that male engagement has historically been depicted as obstructive by impeding women's decision-making on use of family planning. From the current, study, men allow women to make decisions on use of various family planning methods available in the study area.

The study further sought to understand the level at which men were involved in the use of family planning. The researcher analyzed available documents in the healthcare centres in the county for the period starting 2013 to 2017. Table 3 shows the results of document analysis for the period 2013 to 2017.

	Male		**Female**	
Year	Frequency	Percentage	Frequency	Percentage
2013	421	11.2	3342	88.8
2014	439	11.3	3457	88.7
2015	492	10.5	4211	89.5
2016	572	9.2	5678	90.8
2017	601	9.6	5689	90.4
Total	2525	10.1	22377	89.9

Table 3: Level of FP Use among Men and Women in Kakamega County

Table 3 shows that in 2013, 11.2% of those who used family planning methods were men, in 2014, 11.3% of those who used FP methods were men, 10.5% of those who used FP methods in 2015 were men and 9.2% of those who used FP methods in 2016 were men while 9.6% of those who used FP methods in 2017 were men. On average, 10.1% of the inhabitants of Kakamega County who used family planning methods between 2013-2017 were men. This shows that the level at which men are involved in family planning is low. The results of the analyzed documents in this study did not include men who have used condoms as a family planning method but concentrated on other family planning methods like the vasectomy. However, most men in the study area have used condoms as per the interviews conducted with the healthcare personnel and most of the men could sneak in at night and take the condoms in the dispenser very few were willing to come take during the day. In most instances men use condoms as a way of preventing sexually transmitted diseases including HIV and AIDs.

5. Conclusion

The study found that on average, 10.1% of the inhabitants of Kakamega County who used family planning methods between the years 2013 to 2017 were men. This shows that the levels at which men are involved in family planning is low. However, most men in the study area had used condoms as per the interviews conducted with the healthcare personnel as a way of preventing sexually transmitted diseases including HIV and AIDs but not as a family planning method.

6. Recommendations of the Study

To improve on the low participation of men in family planning, the county and the national government and other healthcare providers including non-governmental organizations need to put in place strategies that enhance men's involvement in family planning. These strategies could include involving men in planning, communication and utilization of various family planning methods.

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