

**UNIVERSITY OF NAIROBI**  
**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**FACTOR'S INFLUENCING MEN'S PARTICIPATION IN THEIR WIFE'S ADOPTION  
OF FAMILY PLANNING METHODS: A CASE OF KOMAROCK WARD IN  
EMBAKASI CENTRAL CONSTITUENCY IN NAIROBI COUNTY**

**BY**

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**DECLARATION**

This research project is my original work and has not been submitted for any award in any other university.

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This research project has been submitted for examination with my approval as the university supervisor.

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## **DEDICATION**

I dedicate this work to my dear parent's Mr. Zachariah M. Mwaghadi and Mrs. Faith M. Mwaghadi who never got tired of supporting and encouraging me. I also dedicate it to my siblings; Gideon Mosi, Lucas Mwakirani, Roseline Shali and to my dearest son Ephraim M. Marichi.

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## LIST OF ACRONYMS AND ABBREVIATIONS

|       |  |
|-------|--|
| AIDS  | Acquired Immune Deficiency Syndrome                |
| ECP   | Emergency Contraceptive Pills                      |
| FP    | Family Planning                                    |
| GHI   | Global Health Initiative                           |
| HIV   | Human Immune-deficiency Virus                      |
| ICPD  | International Conference on Population Development |
| IEBC  | Independent Electoral and Boundaries Commission    |
| IUD   | Intrauterine Contraceptive Devices                 |
| KDHS  | Kenya Demographic Health Survey                    |
| KNBS  | Kenya National Bureau of Statistics                |
| LAM   | Lactation Amenorrhea Method                        |
| MDGs  | Millennium Development Goals                       |
| RCT   | Rational Choice Theory                             |
| RH    | Reproductive Health                                |
| SID   | Society for International Development              |
| STDs  | Sexually Transmitted Diseases                      |
| UNFPA | United Nations FP Agency                           |
| U.S   | United States                                      |
| W.H.O | World Health Organization                          |

## ABSTRACT

Family planning is concerned with spacing the birth of children and controlling the number of children a couple desires to have. This study aimed at highlighting factors that influence men's participation in their wives' adoption of family planning methods. The study was guided by the following specific objectives: To find out men's knowledge about women family planning methods. To find out men's perception towards family planning methods. To find out the influence of social stigma on men's participation in their wives' adoption of family planning methods. To identify factors influencing men's participation in their wives adoption of family planning methods. This study applied two theories: Feminism theory and Modernization theory. The study used a survey design and targeted a population of married men. The researcher used a two-stage cluster sampling method to come up with a sample of 70 respondents. The instruments of data collection included semi – structured questionnaires and key informant interview guide. The data was processed, analyzed and presented in form of tables, frequencies and percentages. The study found that: the respondents displayed a high level of knowledge about women family planning methods and a positive attitude towards women FP methods; a high number of respondents believed that society had a negative attitude towards men's participation in their wives' adoption of FP and it does influence men's participation in their wives adoption of FP methods. The study concluded that: married men are knowledgeable about women's FP methods and men's attitude towards women's FP methods has greatly changed from negative to positive. Social stigma plays a significant role in men's participation in their wives' adoption of FP methods and certain factors do influence men's participation in their wives' adoption of FP methods. The study recommended that: there was need to include men as active participants when promoting FP messages and organize workshops to pass appropriate FP information to men. Health workers should encourage women to bring their spouses along during FP check – ups and meetings. The government should encourage more men to train as health workers in the field of family planning.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.0 Background of the Study**

Consequences associated with high population and high fertility rates were of major concern in many countries. Foundations in the United States of America shared the same concerns in 1960s. Surveys indicated that many women preferred to stop having children but did not use any form of contraceptive. This prompted the origin and rationale of contraceptive programs. Britain opened its first family planning clinic in 1923, whereas family planning was introduced in United States of America by the Supreme Court in 1965. Africa as a region has recognized the importance of investing in family planning, with the realization that a rapid population growth derails their social and economic development.

“Child spacing in Africa has been practiced where prolonged breastfeeding for long periods of time (18-24 months) has been practiced” (Leke, 2016). The acceptance of modern forms of contraception is still low in many African countries. Research has shown that demand for contraceptives remains high in most African countries. Jacqueline, Guilda & Haley (2011) found that “in Africa many women in the reproductive age bracket who were sexually active wanted to limit child birth, about 17% do not use contraceptives, and 9% use primitive methods which are not effective. Africa as a continent still reports the least utilization of birth control programs. In the early 1960’s the idea of introducing contraceptive use to the people of Kenya arose as a result of concerns the Kenyan government had about its rising population. Kenya emphasized the implementation of birth control mechanism as a measure to control birth rates and reduce

pressure on natural resources. Family planning has been in practice for over 40 years though in different variations across the different continents all over the world.

There is little to show in terms of male involvement in reproductive health matters reported to be low. Yet, their involvement cannot be underestimated in relation to promoting the use of contraception among women. For a very long time family planning has focused on women and how they can benefit fully through the use of family planning. Hatcher 1977, Mange 1991 as cited in Leke Edited by Aldo (2016) discussed that “family planning aims at ensuring maximum growth and development of family members through limiting the desired number of children by spacing their birth and dictating the appropriate time for their birth”. To achieve this goal, then there was need to address factors influencing men’s participation in their partners adoption of contraceptives.

United Nations Conference on Population and Development (1994) asserted “the need for affirmative action to involve men in reproductive health matters including birth control issues through sharing responsibilities with their partners and active participation in family planning issues. World Conference on Women (1995) stressed “the need for more participation of men in reproductive health and the recognition of reproductive rights for both partners. The international conferences mentioned above highlighted the importance of men in promoting shared responsibility in sexual health, family matters and in promoting safe sexual behavior to curb AIDs epidemic. UNFPA, 1995; Verma and Ray, 1997 as cited in Riyaj and H. Kalaburgi (2014) pointed out that “supportive male partners tend to increase contraceptive use among women, and reduces infections of Sexually Transmitted Diseases (STDs) and decreases cases of sexual abuse

directed towards women.” This study sought to address factors influencing men’s participation in their wives’ adoption of family planning methods.”.

### **1.1 Problem Statement**

The role of men is very significant especially from the African perspective, where even decisions about family size are made by men. Withers, Dworkin, Onono, Oyier, Cohen, Bukusi & Newmann (2015) discussed that ‘gender differences in relation to men’s disapproval of contraceptive use has had a negative impact on the practice on the practice of birth control; yet there is no effort on implementations of suggestions to scale up men’s approval of contraceptives.” Practicing birth control aims at boosting healthy families but cultural beliefs, religious practices and low involvement of male partners has slowed down effective implementation of contraceptive use. Through key findings on studies about contraceptive use worldwide; in Kenya participation of men in reproductive matters has been, and still is quite low. “National and District review of policies and budgets, singled out lack of support of men as a big barrier to the use of contraceptives” (Peter, 2014).

Various studies conducted on male participation in family planning issues have focused on male participation in terms of men’s limited methods of birth control and their reproduction needs. A study in Kenya was conducted on “Factors Influencing Men’s Participation in Family Planning” in Kirinyaga County: another research was undertaken in Western Kenya on “Factors that Influence Male Involvement in Sexual Reproductive Health”: another study conducted in two rural districts in Uganda on “Barriers to Male Involvement in Contraceptive Uptake and Reproductive health services”. All these studies focused on male participation but not from the perspectives of men participating in their wives’ adoption of family planning methods. “Kenya’s



population has continued to grow at very high rates despite of the availability of birth control services in the region” (KDHS, 2008). Utilization of family planning services has remained quite low with only 39% of married women utilizing family planning (KDHS, 2008). Thus, the need to focus on factors influencing men’s participation in their wives’ adoption of family planning methods. Involving men in sexual health matters was significant in attaining millennial development goals (MDGs). This study sought to find out factors influencing men’s participation in their wives’ adoption of contraceptives which was significant to enhancing the use of birth control methods.

## **1.2 The Research Questions**

1. Does lack of information about family planning influence men’s participation in their wives adoption of family planning methods?
2. How do men perceive women’s family planning methods?
3. Does social stigma influence men’s participation in their wives adoption of family planning methods?
4. What are the factors influencing men’s participation in their wives’ adoption of family planning methods?

## **1.3 Objectives of the Study**

### **1.3.1 General Objective**

The general objective of this study was to find out factors influencing men’s participation in their wives’ adoption of family planning methods.

### **1.3.2 Specific Objectives**

The specific research objectives of this study were:

1. To find out men's knowledge about family planning methods.
2. To find out men's perception towards women's family planning methods.
3. To find out the influence of social stigma on men's participation in their wives adoption of family planning methods.
4. To identify factors that influence men's participation in their wives adoption of family planning methods.

### **1.4 Justification of the Study**

Family planning is a very significant and sensitive issue which affects the families and communities wellbeing in general. Research has demonstrated that family planning has a lot of benefits not only to the mother and child but to the family unit as a whole. Men influence significantly the practice of birth control among women. Thus, there was need to consider supporting involvement of men in their wives adoption of contraceptive methods. Birth control is not just the spacing of children in a family; it focuses on other issues like nutrition and health of the family which are very significant in the wellbeing of the family unit. The welfare of the family can be promoted through proper management of family resources like finances, land and time. Family planning enables a couple to plan and manage these resources effectively by getting the number of children they can plan for in relation to the resources they have. Family planning reduces high rates of child mortality and prevents maternal deaths.

Mbizvo & Adamchak, 1991; Fakeye & Babaniyi, 1989; Odhiambo, 1992; Ringheim, 1993 as cited in Bruce (2013) found that “in developing countries studies conducted on birth control issues and sexual health matters tend to favor and focus on women and leaving out men.” In a patriarchal society men are the heads of the family and they make decisions which influence fertility behavior and child birth. Thus, their participation in family planning needs to be given more attention to ensure that they participate as equal partners in adoption of contraceptives.

This study was significant in the following ways. First, a clear understanding of the factors influencing men participation in birth control is important for family planning programs. Secondly it will provide policy makers, and program managers with the information required to promote male participation in family planning. Third and finally, its findings will be useful to community development workers especially those in the field of community health in designing appropriate strategies to promote men’s participation in their wives adoption of family planning methods.

### **1.5 Scope and Limitations of the Study**

The study focused on factors influencing men’s participation in their wives’ adoption of family planning methods. The study only considered married men with wives’ in their reproductive age group residing within Komarock ward in Embakasi East Constituency, Nairobi County.

The study had limitations in that, family planning is associated with issues of sexuality: which is a personal and sensitive issue and normally seen as a woman’s affair. Thus, some respondents were not willing to participate. Confidentiality of respondents’ information was highly observed.

Financial and time constraints limited the area of study to Komarock ward as opposed to the whole of Nairobi Sub – County.

### **1.6 Definition of Key Terms**

**Family Planning:** The practice of timing when to have children by use of birth control techniques.

**Participation in family planning:** The action of taking part in the practice of family planning.

**Adoption of family planning:** Accepting or starting to use family planning.

**Information about family planning:** Facts provided or learned about family planning.

**Perception of family planning:** The way an individual thinks about or understands family planning.

**Stigma in the practice of family planning:** is looking down on a person or people based on social behavior that is perceived to differ from other members of a society because of practicing family planning.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.0 Introduction

“Family planning is the availability of birth control techniques, information and services. It involves instructing individuals on how to limit child birth using birth control methods and sometimes by either aborting or sterilization and teaching individuals about their bodies” (Onokerhoraye, 1997 as cited in Olawepo & Okedare, 2006). “Birth control is a lifestyle chosen voluntarily by individuals or married partners based on information, perception and mutual decisions to limit the number, and interval of childbirth so as to improve the wellbeing of the family and participation to the development of the community” (Park, 2002 as cited in Ofomegbe & Gabriel 2015).

There are different types of contraceptives classified as primitive and modern methods. Research studies reveal that, family planning has been in practice since the 1960’s. In general the response was negative whereby it faced a lot of resistance from women and the community at large. Though situations have improved whereby many people are embracing family planning, but still the implementation is low especially in developing countries where the total birth rate is still high. “Africa records the highest birth rates at 5.4 births per woman averagely compared to other regions of the world ” (Clifton, Kaneda & Ashford, and 2008:2, as cited in Mubita-Ngoma & Kadantu, 2010).

## **2.1 Literature Review**

### **2.1.1 Concept of Family Planning**

Family planning is the use of contraceptives to limit number of children to have and plan the spacing between their births. Even before the introduction of modern contraception methods family planning was being practiced. The practice of traditional birth control method in rural communities in Nigeria dates back to the oldest rural settlement (Nwosu, Eke & Chigbu, 2011). According to [livestrong.com](http://livestrong.com), “before the emergence of modern contraceptives a variety of birth control methods were in existence ... men and women utilized traditional methods for preventing pregnancy.” This implies that family planning is not a new concept in both the modern and traditional society. The need for creating awareness about family planning became evident because of the high population growth rate that was being experienced in both developed and developing countries.

The need for family planning was based on three perspectives: Demographic perspective which stressed on controlling the increasing population and high birth rates. Health perspective which highlighted the pressing health problems in many developing nations which included; cases of unintended pregnancies, infant and child mortality, and maternal deaths, which family planning could help to address. Human rights perspectives which promoted the idea of acknowledging the rights of men and women and individuals to participate in making informed choices about family formation, intervals of childbirth and their reproductive health.

Seltzer, (2002) reported that “by 1998 about 179 countries constituting of 99% of the population had embraced the use of contraceptives.” The initial focus of family planning programs was on

how to control population growth. But with time family planning has been linked to other important issues which include: Prevention and treatment of Sexually Transmitted Diseases (STD'S), reproductive health of men, married and unmarried women, adolescent boys and girls, counseling and treatment of sexual problems, the reduction of maternal morbidity, mortality and abortion. It has also been recognized that family planning is significant in the achievement of development. In 2007 World Bank stated contraception as the best means for achieving development (as cited in Mubita-Ngoma et al., 2010). Birth control is crucial in achieving of millennial development goals. In the Kenyan context control is significant in achieving Vision 2030.

Focus on family planning has solely been on women which has led to low involvement of male partners in birth control issues leading in low adoption of contraceptive methods by women. Involvement of men in birth control is seen as being crucial in relation to promoting the use of contraceptives by married couples. It is important because many societies are patriarchal. Patriarchy is a social structure where a man takes the primary responsibility and dominates in the household. Thus women who are married will adopt contraceptives if their husbands approve. In fact spousal approval and men's attitude have been reported as hindering the implementation of modern birth control methods: creating a realization that men's involvement in family planning was very important.

Facts for Family Planning (2012), has discussed the following family planning methods: hormonal contraceptives methods which include oral contraceptives pills, injectibles, and implants, emergency contraceptive pills (ECPs) ,Intrauterine contraceptive devices (IUDs),

barrier methods such as male and female condoms, or spermicidal, fertility awareness methods, breastfeeding or Lactation Amenorrhea Method (LAM), female and male sterilization which are permanent methods of contraception.

Some of the traditional methods highlighted by [liverstrong.com](http://liverstrong.com) include; abstinence, withdrawal method, and cervical mucus method. A study conducted in Mangochi district, in Malawi reported two other types of traditional birth control methods; “a watery substance drunk as medicine and a thread worn at a woman’s waist believed to avoid pregnancy.” There are many family planning methods available for women: therefore it’s important for married men to know them so as to participate effectively in their wives’ adoption of family planning methods.

#### **2.1.1.1 Benefits of Family Planning**

Benefits of birth control are felt at all levels in the society from the family level to the global level. At the family level the benefits include: Enable a couple make an informed choice on the number of children to plan for, enable a couple space their children effectively, enable the parent’s give their children appropriate attention physically and emotionally, parents experience less pressure, enable a couple to plan effectively for their family both at the present and the future, enable a couple enjoy sexual intimacy without the fear of unwanted pregnancy occurring, enable a couple to plan for personal development such as career advancement, and financial investment. At the national level the benefits include: Enable the government budget effectively for its revenue, enable the government to plan effectively for development programs, enable the government to address issues like food insecurity, child labor, education, urban to rural migration and insecurity. At the global level the benefits include: Enable the realization of millennial



development goals, enable nations address illegal immigration issues, and enable nations tackle the issue of poverty.

According to WHO/Family planning (2016) the benefits of using contraceptives are: “controlling teenage pregnancies, reducing child bearing related risks, create awareness and promote education, controlling high population rates, and curbing spread of HIV/AIDS.” The benefits of using contraceptives affect the quality of life and societal development in general. According to Graff (2012) “the practice of birth control eliminates poverty and promotes economic development because: Assisting individuals and women to avoid unintended child births thus it becomes easy for communities to focus on socio-economic growth.” The practice of family planning enables couples to advance in their education: broaden employment opportunities therefore improving the family’s financial status. Family planning programs helps eliminate unfair treatment among women of different economic status. Cases of unwanted pregnancies are high among illiterate, unexposed, and poor women.

“Implementing birth control assists the government to save on public resources; for every dollar spent on birth control two dollars can be saved for promoting the provision of sanitation and basic needs.” (United Nations Population Division, 2009:4, as cited in, Mubita-Ngoma et al., 2010). Family planning has the role of controlling population growth which is significant in the development of people. The benefits of family planning can only be fully realized when men’s participation in their partners adoption of contraceptive methods is supported. This is because men impact directly on the reproductive health of their wives. Thus their participation is significant for proper use and adoption of contraceptives.

### **2.1.1.2 Barriers to Family Planning**

Although family planning has been in existence for some time there has been a lot of resistance against the use of contraceptives. Several studies (Azmat et al., 2012; Nwosu et al., 2011), have pointed out some of the following barriers to family planning: ignorance on positive effects of modern contraceptive methods, resisting contraceptives by saying “it is not necessary”, husbands negative attitude to modern family planning methods, desire for lacking gender in the family, need for more helping hands (children) in farming, mothers’ desire for fertility title or honor, religious beliefs/creed, low level of formal education, peasant subsistence farming, preference for natural/ traditional birth control methods than modern family planning methods, perceived fears about side effects of modern contraceptives; that it causes infertility, ill health, damage to reproductive system, delayed menstrual return ,local customs that allow polygamy and child bearing till menopause, family planning services not affordable to many rural families, due to poverty, mother’s in-law, and lack of availability and access to family planning personnel.

Africa as a continent still lags behind in the utilization of birth control methods. According to Leke, edited by Campana (2016), “barriers to the use of contraceptives in Africa include: social-cultural practices which influence child birth and sexual behavior, challenges discussing sexual matters with community members, negative societal attitude towards modern contraceptive methods, religious beliefs, illiteracy among rural areas where the majority of people live (60-70), and challenges in accessing birth control services.”

Research highlights husband’s approval and attitude towards contraceptive as some of the major barriers in the uptake of contraceptives. The negative attitude in male partners towards

contraceptives has resulted to the assumption that men can interfere with the implementation of family planning successfully. Most women will adopt a family planning method without telling their husbands because of the negative attitude associated with men. This is a challenge to men when they want to participate in their partners' adoption of contraceptives as they don't get the support they need.

### **2.1.2 Family Planning and Men's Participation**

Family planning has been greatly associated with women and not men. For a long time men have been left out in family planning issues which has resulted to low participation. Due to assuming that birth control is a "woman's thing" from its conception family planning has been implemented for the benefit of the woman. This created a gap because in patriarchal society men hold the positions of leadership in the community. Thus, men need to participate for its implementation to be successful. "International Conference on Population and Development (1994) emphasized affirmative actions in policy and program implementation the need for programs and policies to empower men and support their active role in reproductive health decisions." (Boender et al., 2004, Gribble, 2003, as cited in Lundgren, Cachan & Jennings, 2013).

Involvement of men in birth control issues has faced many challenges because most research studies that have been conducted have focused on women as the primary agents while the men as secondary agent, policies have focused on the rights of women and girls in accessing family planning without the involvement of men. For example, The U.S. Global Health Initiative (GHI) introduced by President Obama in 2009, emphasized that the health needs of women and girls are particularly important thus services should focus on women's needs. The setup of health care

clinics have not provided an environment which motivates men to engage in birth control matters, majority of health care providers in family planning clinics are female which discourages men in their desire to participate in family planning because they lack a personnel who they can connect with without compromising their ego. Ijadunola et al., (2010) discussed that “birth control messages and service delivery in Africa do not focus on men instead services are implemented focusing on the health of women and children.”

Despite the challenges research studies reveal men have an interest in birth control matters. “Research conducted in the rural areas of Akonolinga and Obala discovered that 64% and 63% of men are favorable to the use of birth control methods” (Leke, 2016). “Research conducted at Ife-Ife in Nigeria found 99% male partners support their partners’ contraceptive use.” (Ijadunola et al., 2010). This is a good indicator that family planning should strive to support the participation of male partners in wives’ uptake of contraceptives.

The need for involvement of men in reproductive health is noted to be very important and efforts have been made to involve them. Lundgren et al., (2012) advised “counseling and empowerment of both partners as one strategy to involve men in family planning decisions.” According to Margaret (2003) “three program approaches have been suggested: Involving men as clients: this approach encourages men to use family planning services to use contraceptives and decrease family planning pressure on women, based on the assumption it will impact positively on their partners. Working with them as involved partners: this approach focuses on issues of birth control and the health of mother and child. It approaches men as partners in achieving better health for their partners. It highlights the responsibility of men as decision makers and their

ability to influence resource allocation and access information. Men as agents in positive change: this approach is based on the assumption gender dynamics can negatively impact the reproductive health of both partners and their children. It seeks to help men become aware of the way gender customs can influence the lives of their partners, their own lives and family negatively. Although the need to involve men in family planning has been recognized, their participation is still very low. This implies that there was need for more efforts to address low male involvement in family planning.

### **2.1.2.1 The Need for Men's Participation in their Wives' Adoption of Family Planning**

#### **Methods**

The involvement of male partners in the use of contraceptives cannot be overlooked. The need for men's participation is important to encourage informed decision making and responsibility among couples. Research reveals that female partners' desire to involve their partners when choosing contraceptives, share responsibility and improve their partners knowledge about reproductive health. The need for men's participation is significant because: Some of the family planning methods require direct participation of men for them to be effective such as withdrawal and fertility awareness methods. There are special cases where some women cannot use a certain type of contraception method due to various side effects. In such a case it's very important that the man is aware and co-operates on the adoption of other available options. In the adoption of certain contraceptive methods women need financial support from their husbands. Most women are not empowered financially, thus, cannot afford to adopt some contraceptive methods especially the modern methods which tend to be more effective but require money to adopt them.

Due to the use of contraceptives women can undergo some physical, biological, and psychological changes which can affect sexual intimacy between couples. Men can only become aware when they become actively involved in the adoption of birth control methods. A study conducted in a Public University in Malaysia reported that, “some interviewees (married women) experienced some of the following symptoms when using certain contraceptives feelings of fatigue and increasing of weight.” Another study conducted in Mangochi district in Malawi reported that “men are concerned about contraceptive methods such as Depo-Provera which does not allow them engage in intimacy as their partners experience menses all the time.”

Men’s participation in the adoption of contraceptives can help in addressing issues of abortion occurring among married women and marital rape. Married women procure abortion because of unwanted pregnancies which they did not plan for. In some cases men refuse responsibility of a pregnancy which they did not want or plan for. Marital rape occurs when one spouse doesn’t desire to engage in sexual intimacy. Women can refuse to engage in sexual intimacy with their spouses if they are not using any contraception because of fear of getting pregnant. Most men expect their wives’ to be ready for sexual intimacy anytime and not to refuse. According to Margaret (2003) “and men directly impact the reproductive health of their partners through choice of contraception method and decision making about family size.” Alaii, Nanda & Njeru (2012), pointed that “men’s ability to exercise domination over their families and resources can directly impact on the consistent use of contraceptives.”

### **2.1.2.2 Factors Affecting Men's Participation in Family Planning**

Several studies (Kamal et al 2013; Olawepo & Okedare 2006; Onyango, Owoko, & Oguttu 2010; Soremekun 2014), reported the following factors affecting participation of male partners in birth control: “women's education, women's occupation, age of husband, partners age, number of children, income and husband's job, husband's education levels, information about contraceptives and sexually transmitted diseases, social interaction, spousal communication, negative cultural practices, lack of access to services, gender norms, wives' motivation, perceived side effects, lack of time to seek reproductive services, perceived promiscuity, and the traditional ways of implementing reproductive health programs. These factors can either enable or discourage men's participation in the adoption of birth control methods.

A study conducted in Ife-Ife, Osun state, Nigeria found that: men in polygamous marriages were not likely to agree about decision making in the use of contraceptives compared to men in monogamous marriages. Christian men were likely to engage in decision making about birth control compared with Muslim men. Men with higher levels of education were likely to opine that men should make decision about contraceptives compared to men with lower education levels. Male traders can engage in decision making about the use of contraceptives compared to men artisans. There is need to undertake research on factors influencing participation of men in birth control in order to establish how they can be analyzed. It's important to identify factors that affect men the most so as to be able to intervene and support their participation in family planning.

### **2.1.2.3 Men's Knowledge and Spousal Communication about Family Planning Methods**

Lasee and Becker (1997) state that, “the first move in making an informed decision concerning reproductive health involve mutual spousal communication.” Communication between married couples is important because it ensures that couples are able to sit together and discuss about their family. Men and women should be involved in planning about their future as a family.

Spousal communication enables married couples to impart and exchange information. Imparting has been defined as “making (information) known”. This implies that the married couples can make (information) known to either partner who didn't know. Imparting information can help to: reduce misconception about family planning, empower a partner about family planning, build a positive attitude towards contraceptives, and motivate men to participate in the adoption of family planning. Exchange has been defined as “give something and receive something of the same kind”. This implies that the married couples can be able to discuss about the different views they have concerning family planning. Exchanging information can help married couples to: brainstorm about family planning methods, explore different and available family planning methods, make decisions about adopting a certain family planning method, and clarify information about family planning methods. Sharing of valuable information regarding family planning gives both the couples a sense of collective power thus promoting shared responsibility. Couples need to learn from each other then be able to make an informed decision with the interests of each other in mind.

According to Facts for Family Planning (2012) there are certain points that couples need to put into consideration when planning a family: “the best time to have their first child; the healthiest



time for the next pregnancy; how many children they can have and when to stop having more children, appropriate timing for childbirth, and type of contraceptive that can assist to delay and avoid pregnancy. This implies that when couples are able to discuss about the adoption of family planning they will be able to put other things into perspective as highlighted above.

Spousal communication about adoption of contraceptive methods is significant as it promotes continued uptake of contraceptives among women, helps partners choose a method they will both be comfortable with, it promotes sexual intimacy between couples in-turn marriage stability, it ensures that women are sure of their husband's approval, it helps to build a positive attitude in men towards family planning, and help's men get the correct knowledge about family planning methods.

Berhane et al., (2011) discussed that “for men to be involved in birth control, it requires empowering them with birth control information, encourage spousal communication and encouraging open discussions of issues affecting both partners.” Spousal communication can be a good strategy of encouraging men's participation in their wives' adoption of family planning. For men, to support their wives' in making the right decisions in the adoption of family planning they should know relevant facts about family planning. Most men are often challenged in starting discussions about family planning most of the time its women who initiate the discussions.

Research findings about spousal communication have been varied whereby; in some studies married couples engaged in communication about family planning (Berhane et at., 2011; Lasee

& Becker, 1997) ; while in other studies spousal communication was low (Ijadunola et al., 2010; Azmat et al., 2012; Ziyani, Ehlers, & King, 2003). This implies that there are certain factors which influence inter-spousal communication about contraceptives which have to be investigated. Thus, there is need for more research on inter-spousal communication about birth control. Research found “the probability of husband-wife communication is high among husbands who approve of contraceptives than those whose husbands do not encourage family planning use.

Most studies reveal that men know one method of birth control but it did not determine the use of family planning which has been reported to be low. Studies suggest the need to promote spousal communication and men’s knowledge about different family planning methods for women. It’s crucial in enabling men’s participation in their wives adoption of family planning. Kaur et al., (2014) asserts that “it’s important to promote communication between partners about fertility issues and their shared responsibilities in order to enhance equality in both public and private life.

#### **2.1.2.4 Men’s Perception towards Women Family Planning Methods.**

Research reveal that majority of men know about family planning but their understanding of family planning is different. Men perceive family planning as a way of stopping their wives’ from giving birth and not as a way of child spacing. Studies (Adelekan, Omoregie, & Edoni 2014) found the following perceptions men have towards family planning: married men perceived family planning to be a woman’s affair since she is the one who becomes pregnant and bears children; men perceive family planning methods to be associated with numerous

complications such as abdominal growths, birth defects and infertility; married men perceive family planning as unnecessary; its promiscuous women who use contraceptives without their husbands consent; husband should follow his wife to family planning clinic only when his attention is needed; Family planning is good but not culturally accepted for a man to be involved in it.

Some men express negative opinions about contraceptive methods; and would not allow the wives' to practice family planning. Some men beat their wives' if they discovered they were using family planning because they assume it promotes infidelity. Men prefer using contraceptives with "other women" but not with their wives'. Ayub et al., (2014) noted that "about 40% of men in Jordan do not support the practice of birth control and over half of them opine that family planning is in God's control." A study conducted in rural Pakistan revealed that men perceived contraceptive use negatively and considered it a forbidden subject to men and not of their concern. They associated birth control with the health of children as opposed to the health of women. "Negative opinions of men towards birth control were discovered as barriers to the practice of family planning among women in Swaziland."(Zwane, 2009:9 as cited in Ziyani et al., 2003). It's important to bring on board how men perceive women's family planning methods so as to find a good foundation for creating awareness and sensitization. For example, understanding the perception people had towards HIV/AIDs helped in creating awareness and sensitization about HIV/AIDs thereby, reducing HIV/AIDs infection rates and social stigma.

### **2.1.3 Society and Men's Participation in Family Planning.**

Children are valued in African societies because they ensure the continuity of the family and the community. They are the wealth and strength of the community and they provide labor in the family. Children give a sense of self - esteem to the parents, families and society at large. According to Mwangi & Njunguna (2009) children are very important in their family; they are a source of pride, parents see them as assets because they provide them with economic support particularly in the old age, they are a means through which the family lineage continues, as well a link for present and future generation, and they assist in the household work and providing security. In patriarchal societies motherhood is a significant aspect of feminism, so the use of family planning present a difficult challenge for couples in balancing their need for child birth against societal expectations. "Cultural practices in African emphasize the significance of childbirth" (Ndubani & Hojer 2001:110, as cited in Ziyani et al., 2003). In society people have different perceptions about family planning. There are those who support family planning therefore practice it while there those who believe that family planning is bad and should not be practiced. In general family planning has faced a lot resistance from the larger African society, because it poses a threat to family lineage and existence of community. Child birth in Africa is a collective responsibility: thus if a woman does not give birth often the community starts to question the husband.

Society as an agent of socialization places the responsibility of child bearing to women and not men although after giving birth, the child belongs to the man. A study conducted in Kilifi, Kenya found that most men will accompany their wives' during child birth but not for family planning uptake/advice. The society creates norms, sanctions, defines roles and statuses, socializes

individual and instills culture. “Cultural practices, customs, and beliefs influence peoples’ actions” (Bosveld, 1998 as cited in Muiga, 2014). This implies that when making a choice the opinions of the community come first. Thus one will make a choice that augurs well with the community to avoid being rejected by the community. “The family set up in African culture dictates spousal opinions about fertility, even though couples do not share similar perspectives about contraceptives and child birth as their desires are influenced by societal expectations.” (Fapohunda & Todaro, 1998, as cited in Bruce et al., 2013).

Studies reveal that cultural beliefs is a hindrance to contraceptive use especially use of modern methods of contraceptives. Most myths associated with family planning have been generated in the society, such as, male impotence, birth defects, infertility, changes in libido and infidelity. A study conducted in Malawi found that “women perceived that birth control methods caused male impotence.” Most men believe that contraceptives should be used for sexual pleasure with other women and not with their wives’. Some of the cultural practices that have posed a challenge to effective practice of family planning include: Having many children in the African society is acceptable and is a sign of wealth, thus, most couples prefer many children so as to fit in their extended families and the larger society. Male headship is significant in a patriarchal society where men head the families thus most women will not use family planning until they get a son who is expected to take after their father. A study conducted in Swaziland found that “male headship custom causes high fertility rates in Swaziland.”

In patriarchal societies men play a significant role in their families and society at large especially in decision making. Thus, their opinions and attitudes influence the attitudes and beliefs of the

larger society. Thus, men who attempt or are seen to be supporting family planning can be seen as acting against the society. Men who encourage their wives to use family planning can be stigmatized in societies which regard many children as a symbol of manhood and wealth. Men who are seen accompanying their wives' to clinics are normally frowned upon by the society. Men who don't sire male children are not defined as men in society. Thus, a man will not encourage his wife to practice family planning when they don't have a male child. Kaur et al., 2014 found that "social stigma influenced contraceptive use at (50.8%) among other reasons."

### **Literature Review gaps**

The literature reviewed showed that family planning has a lot benefits to the whole society in general and that; women desire their husbands to support them in the use and adoption of family planning methods. Men showed an interest in partners' use of contraceptives. There was evidence also that men have been neglected in family planning issues and that efforts are being made to enhance their participation in family planning issues. It was also apparent that despite efforts being made to involve men in family planning their participation is still low. Studies indicate that spousal communication does occur but the results were varied in the sense that in some areas it was high while in other areas it was low. More research on spousal communication should be undertaken to investigate the varying findings. Studies showed that men displayed negative opinions towards contraceptive use planning which affects participation in family planning.

Some factors which were found to affect participation of men in birth control include culture, level of education, information about contraceptives, religion, number of living children, men's

occupation among others. The literature reviewed pointed out some challenges of men's participation in their wives' adoption of family planning as follows: men's perception towards contraceptives, knowledge about birth control, spousal communication and social stigma. There has been little effort to look at the factors influencing men's participation in their wives' adoption of family planning methods thus, there was need to undertake a study on the factors that influence men's participation in their wives' adoption of family planning methods.

## **2.2 Theoretical Framework**

Theory-based research is significant in understanding poor contraceptive behavior and related reproductive health issues. Theoretical frameworks can be used to predict and explain health behavior therefore providing a basis for improved health outcomes. The adoption of family planning is a healthy behavior which leads to improved health of the mother, child and entire family at large. This study was based on two theoretical underpinnings; namely; Feminism theory and Modernization theory.

### **2.2.1 Feminism Theory**

Feminism “advocates for practices, ideals, and actions that promote equality for all women irrespective of their age and different social status” (Margaret & Howard, 2006). Feminist theory “study the status of women in society for purposes of promoting social justice.” (Margaret & Howard, 2006). “A large proportion of women (30 to 40% in various surveys) refer themselves as feminists and advocate for the major principles that support affirmative action in relation to gender equality for women in employment, family matters, and reproductive rights.” (Schnittker et al., 2003; Hall and Rodriguez, 2003 as cited in Margaret & Howard, 2006). Research indicate

that women desire men to participate in family planning issues by giving them support and not by controlling them. Women desire to be involved in making decisions about the number of children to have and when to have them. In patriarchal societies men are the ones who make decisions in the family. Thus, most married women will not adopt family planning methods unless their husbands decide for them. Most married women give birth too many children not because they personally want but they do so to please their husbands. Children are a source of prestige and wealth in society therefore the more children a man has the more prestige the man gets in society. Feminism argue that: “patriarchy is the primary basis for women’s oppression and powerlessness; family promotes gender inequality in society, portray gender statuses, and promotes men’s domination over women” (Margaret &Howard, 2006). This theory is very significant in this study: due to gender socialization the role of family planning has been left to women. Gender socialization and gender roles have left the responsibility of child birth to women. Thus, most men have not been actively involved in family planning issues assuming it’s a women’s affair. Gender hierarchies give men more power and high status in patriarchal societies: which enables men to exercise authority over their families and make all the decisions in the family including family planning issues. Women are often expected to be submissive and obey their husbands irrespective of the situation. Research indicate that most married women will not use family planning if their husbands don’t approve. Feminism theory brings out the issues of gender roles and gender relations within the family institution: which tend to favor men especially in patriarchal societies giving them more power and control in society. Thus, the role of men in the use of contraceptives cannot be overlooked since most married women will not adopt contraceptives methods unless supported of their partners.



### **2.2.2 Modernization Theory**

Modernization theory was based on several assumptions, (Barnett 1988:26, McKay 1990:55 as cited in Diana, 2012): “Application of scientific technology so as to improve production is required to achieve development; development is described as occurring in stages, and all societies have to pass through all the stages. When development occurs primitive cultures and societies are replaced by modern ones. Democratic political systems take over kinship political systems.” Modernization theory argues “that socio-economic growth is attained through adopting technology in agriculture urbanization, and promoting industries.” In the context of rural development, modernization theory “promotes the use of modern technology, embracing democracy over kinship, and shifting to science and secularism.” (Diana, 2012). Modernization theory is relevant in the study. Traditionally responsibility of child birth was left to women. In the traditional perspective men make decisions even in issues pertaining to family size. Through industrialization and urbanization the traditional society has undergone significant changes which has influenced all the institutions in society. The family institution has significantly been affected by modernization which changed the traditional way of life where roles for men and women were different. Men engaged in paid labor outside the home which earned them money thus providing for their families. Traditionally women didn't engage in paid labor their work revolved around their households. Modernization brought a lot of changes in the family setup which has reconfigured the responsibilities of couples in the family. Due to modernization women became educated and were able to engage in paid work outside the home. Less educated women also look for casual jobs which earns them money. Money is a source of power thus, when women engage in paid labor it gives them a sense of power and they are able to exercise some form of authority in their homes and lives. Research found that “financial empowerment

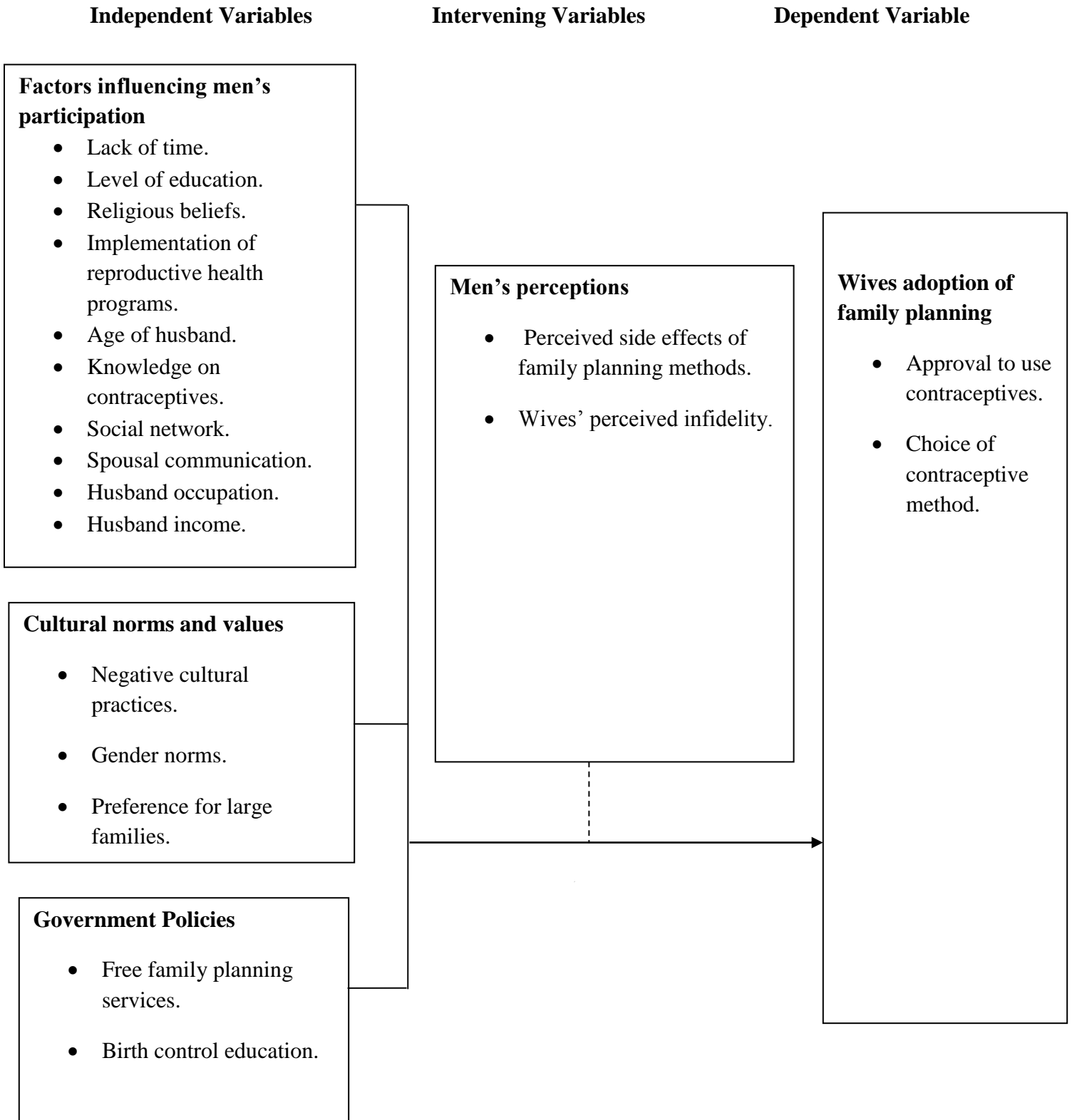
significantly influenced power sharing in the family. It provides a basis of power sharing for married couples” (Robertson, 1988). “Women engaged in employment exercise greater marital influence” (Blumstein and Sethwartz, 1983; Godwin and Scanzoni, 1989; Kauffman, 1985 as cited in Robertson, 1988). Robert Blood, Tr., and Donald Wolfe (1960) came up with the idea of power relation in marriage to portray how decisions are made in the family “(Robertson, 1988). “They explained the concept of power sharing by investigating who makes the final decision within the family.” In modern society women want to be involved in decision making unlike the traditional society where men made all the decisions. Modernization theory brings out the issue of power relations within the family. Women have gained power and they make decisions on their own without consulting their husbands. Thus, women are able to engage in family planning without consulting their husbands which in turn affect men’s participation in their wives’ adoption use of contraceptives which is reported to be quite low. Research indicate men influence women’s uptake of family planning methods: and women also desire that their husbands actively participate in birth control issues. It is significant to create a balance of power among couples so that male partners would be encouraged to participate as equal partners in their wives’ adoption of family planning methods.

### **2.3 Conceptual Framework**

The reviewed literature has shown partners approval of contraceptive leads in high uptake and consistent use of contraceptives. It’s important to note that the current male participation is still very low and yet most men desire to participate in their wives’ use and adoption of contraceptives. This prompted the need to address factors influencing men’s participation in their wives’ use of contraceptives. In the following conceptual framework, independent variables are

factors influencing men's participation while the dependent variable is the wives' adoption of family planning.

**Figure 2.1 Conceptual Framework**



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

Methodology is the system of techniques, principles and rules to be used in a research study. It is concerned with how the study will be carried out from the beginning to the end. A research methodology is very important because it will explain some of the following issues; why research is undertaken? How to formulate a research issue? Types of data to collect? Research method to be used?

The following issues are discussed in this chapter ; research design, site selection and description, unit of analysis, unit of observation, target population, proposed sampling procedures and sample size, data sources, methods and instruments of data collection, data analysis, ethical considerations.

#### **3.1 Research Design**

“A research design is a “blueprint” for scientific research aimed at answering specific research questions, and must explain how data was collected, sample procedures, and instrument development techniques” (Bhattacharjee,2012). This study used a survey research design. “Surveys describe, explain, investigate, and study issues, relationships, opinions, processes and effects that exist or existed” (Kothari, 2004 as cited in Muthee & Wambiri, 2010). Survey research is often used to find out thoughts, opinions, and feelings. Surveying is a good means of discovering what a large number of people think about a particular issue.

### **3.2 Site Selection and Description**

This study was conducted at Komarock ward in Embakasi Central constituency. This constituency was part of the larger Embakasi Constituency before it was split in 2012 into five constituencies: Embakasi North, Embakasi South, Embakasi West, Embakasi East and Embakasi Central. Embakasi Central constituency has five wards which include: Kayole North, Kayole Central, Kayole South, Matopeni /Spring Valley and Komarock ward. In general Embakasi central constituency has a total population of 190,334 whereby the males comprise of 93,264 and the females 97,080 (KNBS & SID, 2013). Komarock ward is county assembly number 1419 and approximately covers 1.60 Km<sup>2</sup> (Independent Electoral and Boundary Commission, 2012).

According to KNBS & SID, (2013) Komarock ward has a total population of 35,573 whereby the males are 16,159 and the females 19,414. It has the highest proportion of household members compared to other wards in Embakasi Central constituency, with each household having 4-6 members (KNBS & SID, 2013). There are approximately 7,890 households in Komarock ward. Komarock ward is divided into: sector 1 &2, phase 2, 3A&B, 4&5A&B and infill A&B. There is access to improved sanitation, housing, drainage, sources of lighting and fuel. There are nine health centers operating within Komarock ward which provide a variety of services including family planning services.

### **3.3 Unit of Analysis**

According to Trochim (2006) “the unit of analysis is the main component the researcher is investigating.” The unit of analysis was men’s participation in their wives’ adoption of family planning methods.

### **3.4 Unit of Observation**

In this study the unit of observation was the individual married man with a wife in the reproductive age group.

### **3.5 Target Population**

A population is a group of people who are being investigated in a study. The persons, items, or objects share something in common. This study targeted married men who are 25 years and above residing within Komarock ward with wives' in the reproductive age group 20 – 49 years. According to Kenya Demographic Health Survey (2014), the median age of first marriage among men age 30-49 years is 25.3 years, while that of women age 25-49 is 20.2 years. The median age at first marriage has remained stable in the past ten years for both men and women (KDHS, 2014). Factors influencing men's participation in their wives' adoption of contraceptives was the main focus of the study. Thus, the need to focus on married men with wives in the reproductive age group as the key respondents: in order to get information based on their personal experiences in their desire to participate in their wives' adoption of family planning methods. Health service providers were included in the research study as the key informants. It was because they are knowledgeable in family planning issues thus, they can provide appropriate information on family planning matters. They also offer family planning services to the community there by interacting with all types of people thus, having the opportunity to be exposed to different opinions of people.

### **3.6 Sample size and Sampling Procedure**

“A sample is a small part of the larger population being observed to get information about the larger population” (Orodho and Kombo, 2002). “A sample refers to a small group of persons or items selected from the population who will be the subject of study.” In this study a two – stage cluster sampling procedures’ was applied to create the sample. Cluster sampling involves dividing the population into groups or clusters (Muthee & Wambiri et al., 2010). There are two types of cluster samples; one- stage cluster sample obtained when the researcher includes all the subjects from the selected clusters as sample. Two- stage cluster sample obtained when the researcher first divides the population into clusters then, selects a number of subjects from each cluster. The researcher divided Komarock ward into ten clusters based on how the ward is divided: that is: Sector 1&2, Infill A&B and Phase 2, 3 A&B, 4 & 5 A&B: and randomly selected five clusters from the ten clusters: Sector 1, Sector 3B, Phase 3B, Phase 5A and Infill A: and then further randomly selected five courts from the five clusters. The five courts had a total of 687 households which created the sampling frame. The researcher applied proportionate sampling by selecting 10% of households per court to get 69 households and then added one more household to create a sample size of 70 married men households which were randomly selected. The researcher first calculated the sampling interval where the answer was 9.8 rounding it off to 10. Then a random number table was used to select a random number between 1- 10. The researcher randomly picked number 7 thus, in each court the researcher selected the first seventh house and every seventh household thereafter was picked. Two – stage cluster sampling procedures were applied considering limitations of time and finances: it is cheaper thus reduced the cost of conducting research. The researcher purposively selected 4 nurses as key informants who work in health centers within Komarock ward which provide family planning services.



**Table 3.1 Sample procedure matrix**

| <b>No. of Courts</b> | <b>No. of households per Court</b> | <b>No. of married men per court after random proportionate sampling</b> |
|----------------------|------------------------------------|---|
| 1.                   | 57                                 | 6   |
| 2.                   | 166                                | 17  |
| 3.                   | 240                                | 24  |
| 4.                   | 62                                 | 6   |
| 5.                   | 162                                | 16  |
| <b>Total</b>         | <b>687</b>                         | <b>69</b>   |

### **3.7 Data Collection Methods and Instruments**

The researcher used interview's as the method of data collection. Interviewing involves asking questions and getting opinions from respondents in a study. Instruments of data collection included an interview schedule and key informant interview guide. The researcher used semi – structured questionnaires to interview the respondents and a key informant interview guide to interview the key informants. An interview guide is a list of questions that need to be discussed during a conversation, usually in a sequential order. An interview guide gives instructions to interviewers and can provide reliable qualitative data. Questionnaires are well structured list of questions used to obtain information from respondents. According to Mugenda and Mugenda. (1999) questionnaires give a detailed answer to difficult problems. The main reason of using interviewer administration methods of collecting data was to ensure that the questions were well understood and answered appropriately.

### **3.8 Validity of research instruments**

An instrument is said to be valid when it measures what it claims to measure. It is actually the degree to which an instrument actually measures the variable it claims to measure. To ensure validity, a pre-test study was conducted with some respondents. The supervisor who is a research expert was consulted to ensure that the instrument measured what it was intended to measure.

### **3.9 Data Analysis, Presentation and Interpretation**

The data that was collected was analyzed so as to address the objectives of the study. According to Wambiri & Muthee, (2010) “data analysis refers to the computing measurements, and observing patterns of interaction that exist among the data for different variables being investigated.” The collected information was edited, coded and analyzed. Data was presented in form of tables and percentages and frequencies were calculated. The tabulation ensured that data was arranged in an orderly manner to respond to the research questions.

### **3.10 Ethical considerations**

Ethics is defined by Webster’s dictionary as conforming to the required sets of conduct for a given profession or group. Some of the ethical considerations observed in the study included voluntary participation of respondents, confidentiality of respondents’ information, honesty and integrity which were highly maintained throughout the study.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.0 Introduction**

The general objective of this research study was to examine factors influencing men's participation in their wives' adoption of contraceptives. This chapter provided the findings obtained from the survey to answer the following research questions: Does lack of information about women's family planning methods influence men's participation in their wives' adoption of contraceptives? ; How do men perceive women family planning methods? ; Does social stigma influence men's participation in their wives adoption of contraceptives? ; And what factors influence men's participation in their wives' adoption of contraceptives? The findings were gathered from the key respondents who were married men with wives' in the reproductive age group residing within Komarock ward: and key informants who were nurses working in the health centers within Komarock ward, providing family planning services.

#### **4.1 Demographic Information**

The study assessed the demographic data of the respondents which included there: age, level of education, occupation, religious affiliation, income, number of wives and number of children.

##### **4.1.1 Age of respondents**

The respondents were asked to indicate the age brackets they were in.

**Table 4.1: Age of respondents**

| <b>Age of respondents</b> | <b>Frequency</b> | <b>Percent</b> |
|---------------------------|------------------|----------------|
| <b>25 - 29</b>            | 21               | 30.0           |
| <b>30 - 34</b>            | 26               | 37.1           |
| <b>35 - 39</b>            | 11               | 15.7           |
| <b>40 - 44</b>            | 6                | 8.6            |
| <b>45 - 49</b>            | 3                | 4.3            |
| <b>Above 50</b>           | 3                | 4.3            |
| <b>Total</b>              | <b>70</b>        | <b>100.0</b>   |

Table 4.1 indicates that most of the respondents (37.1% and 30.0%) were aged between 30-34 and 25-29 years. The least were aged between 45-49 years and above 50 years, each at 4.3% respectively. This indicates that the study was more indicative of FP use among youthful couples rather than the elderly couples. This was significant in this study: since youthful couples can be more interested in family planning issues such as the number of children to have, and when to have them so as to plan well for their future compared with elderly couples.

#### 4.1.2 Level of education

The study sought to establish the level of education of the respondents.

**Table 4.2: Level of education of respondents**

| <b>Education levels</b> | <b>Frequency</b> | <b>Percent</b> |
|-------------------------|------------------|----------------|
| Secondary               | 18               | 25.7           |
| College                 | 28               | 40.0           |
| University              | 24               | 34.3           |
| <b>Total</b>            | <b>70</b>        | <b>100.0</b>   |

Table 4.2 shows that most of the respondents at 40% had attained College education while 34.3% had attained University education while the least at 25.7% had attained secondary education. This clearly indicates that the study was more reflective of literate married men as compared with non- literate married men. Studies reveal that education levels of men is very significant in decision making pertaining to the adoption of contraceptives. A study conducted in Ife – Ife, Osun state, Nigeria found that: “men with higher levels of education were more likely to agree that men should decide the adoption of contraceptives compared to men with lower levels of education.” This indicates that the study was more reflective of men who were likely to make decisions about the adoption of family planning methods.

#### 4.1.3 Type of occupation

The study sought to establish the type of occupation the respondents were engaged in.

**Table 4.3: Types of occupation respondents are engaged in.**

| <b>Respondents occupation</b> | <b>Frequency</b> | <b>Percent</b> |
|-------------------------------|------------------|----------------|
| Formal occupation             | 43               | 61.4           |
| Informal occupation           | 26               | 37.1           |
| Retiree                       | 1                | 1.4            |
| <b>Total</b>                  | <b>70</b>        | <b>100.0</b>   |

Table 4.3 indicates that most respondents at 61.4% were in formal occupations, 37.1% were in informal occupations, and the least at 1.4% were retirees. This clearly indicates that the study was reflective of respondents who earned a steady income due to job stability which is one of the attractive features of formal occupations, as compared with respondents in informal occupation.

#### 4.1.4 Religious affiliation.

The respondents were asked to indicate the religion they were affiliated to.

**Table 4.4: Religious affiliation of respondents**

| <b>Religious affiliation</b> | <b>Frequency</b> | <b>Percent</b> |
|------------------------------|------------------|----------------|
| Christian                    | 62               | 88.6           |
| Muslim                       | 7                | 10.0           |
| Natural living               | 1                | 1.4            |
| <b>Total</b>                 | <b>70</b>        | <b>100.0</b>   |

Table 4.4 shows that 88.6% of the respondents were Christians and 10.0 % were Muslims. This indicates that the study was more reflective of Christian perspectives compared with Muslim perspectives. Studies reveal that religion plays a role in the adoption of birth control methods: certain religions do not support the use of birth control methods especially modern family planning methods. Research found that “Muslim men were not likely to engage in decision making about use of contraceptives compared to protestant Christian men.”

#### 4.1.5 Income

The respondents were asked to indicate their monthly income.

**Table 4.5: Incomes of respondents**

| <b>Incomes of respondents</b> | <b>Frequency</b> | <b>Percent</b> |
|-------------------------------|------------------|----------------|
| Less than 10,000              | 10               | 14.3           |
| 10,001 – 20,000               | 14               | 20.0           |
| 20,001- 30,000                | 13               | 18.6           |
| 30,001- 40,000                | 4                | 5.7            |
| 40,001 – 50,000               | 10               | 14.3           |
| Above 50,001                  | 19               | 27.1           |
| <b>Total</b>                  | <b>70</b>        | <b>100.0</b>   |

Table 4.5 shows that most respondents at 27.1% earned above 50,001 while the least at 5.7 % earned 30,001- 40,000. (Michira & Omondi, 2017, P. 6) “The average Kenyan, according to the report, earns a monthly salary of Sh 53,733. Very few people earn high salaries, as most of the

workers earn much lower salaries”. The adoption of contraceptive methods requires financial expenses especially adoption of modern contraceptive methods which tend to be very expensive. Studies reveal that men who earn less money are less likely to support their wives’ in the adoption of family planning methods due to economic challenges. The government of Kenya has introduced free family planning programs in government hospitals to help increase the uptake of family planning methods. Other private organizations such as Marie Stopes have free family planning programs, thus, all these initiatives help in addressing the issue of cost.

#### 4.1.6 Number of wives’

The study sought to find out the number of wives each respondent had.

**Table 4.6: Respondents number of wives’**

| <b>Number of wives</b> | <b>Frequency</b> | <b>Percent</b> |
|------------------------|------------------|----------------|
| One                    | 65               | 92.9           |
| Two                    | 3                | 4.3            |
| Three                  | 1                | 1.4            |
| Four                   | 1                | 1.4            |
| Above four             | 0                | 0.0            |
| <b>Total</b>           | <b>70</b>        | <b>100.0</b>   |

Table 4.6 shows that 92.9% of the respondents were married to one wife while, the least at 1.4% each were married to three and four wives’. This clearly indicates that the study was more reflective of married men in monogamous relationships than in polygamous relationships.



Research studies reveal that “men in polygamous marriages were not likely to engage in decision making about use of contraceptives compared to men in monogamous marriages” This indicates that this study was reflective of men who were likely to participate in decision making about the adoption of family planning methods.

#### 4.1.7 Number of children

The respondents were asked to indicate the number of children each had.

**Table 4.7: Respondents number of children**

| <b>Number of children</b> | <b>Frequency</b> | <b>Percent</b> |
|---------------------------|------------------|----------------|
| 0 - 2                     | 49               | 70.0           |
| 3 - 4                     | 12               | 17.1           |
| 5 - 6                     | 7                | 10.0           |
| Above 7                   | 2                | 2.9            |
| <b>Total</b>              | <b>70</b>        | <b>100.0</b>   |

Table 4.7 indicates that most respondents at 70.0% had 0 – 2 children, and the least at 2.9 % had more than 7 children. This indicates that the study was reflective of couples who had few children compared with couples who had many children. Table 4.1 indicates that this study was reflective of a youthful couple thus the high probability of having fewer number of children: which could indicate a high probability of the couples adopting contraceptives which helps in controlling the number of children a married couple can have and also help them in child spacing.

## 4.2 Men's Knowledge about women's FP methods

Scientific knowledge of FP is very significant in the acceptance of FP. Thus, the researcher sought to find out; men's definition of family planning; awareness of women's FP methods; sources of FP information; and awareness of side effects associated with women's FP methods.

### 4.2.1 Definition of family planning

The study sought to find out respondents definition of family planning.

**Table 4.8: Respondents definition of FP**

| <b>Respondents definition of FP</b>                            | <b>Frequency</b> | <b>Percent</b> |
|--|------------------|----------------|
| Number of children you want and timing when to have them.      | 10               | 14.3           |
| Child spacing.   | 5                | 7.1            |
| Methods and drugs used by women to control birth rate          | 10               | 14.3           |
| Deciding on the number of children you want but limited to 1-5 | 1                | 1.4            |
| It's birth control in women.                                   | 15               | 21.4           |
| Having children you can sustain.                               | 5                | 7.1            |
| Prevention of unwanted pregnancy.                              | 15               | 21.4           |
| No idea.   | 9                | 13.0           |
| <b>Total</b>   | <b>70</b>        | <b>100.0</b>   |

Table 4.8 shows that most respondents at 21.4 % each defined FP as birth control in women and prevention of unwanted pregnancy. At 14.3 % each the respondents defined FP as number of children you want and timing when to have them, and methods and drugs used by women to control birthrate. At 7.1 % each the respondents defined FP as child spacing and having children

you can sustain and the least at 1.4% defined FP as deciding on the number of children you want but limited to 1 – 5. While, 13.0 % of the respondents had no idea of what family planning entailed.

#### 4.2.2 Sources of FP information

After establishing that majority of the respondents were able to explain FP, the study sought to establish the sources of FP information the respondents' used.

**Table 4.9: The sources of FP information**

| Sources of FP information          | Frequency | Percent |
|------------------------------------|-----------|---------|
| From the media                     | 29        | 41.4    |
| From posters in the health centers | 10        | 14.3    |
| Learning from schools              | 31        | 44.3    |
| Education from hospitals           | 19        | 27.1    |
| Reading from magazines             | 4         | 5.7     |
| Pre - marital classes              | 1         | 1.4     |
| Personal Doctor                    | 1         | 1.4     |
| Friends                            | 1         | 1.4     |
| Religious gathering                | 1         | 1.4     |

Table 4.9 shows learning from schools at 44.3% was the main source of FP information, followed by the media at 41.4% and the least rated sources of information at 5.7 % was reading from magazines. Other sources of information as highlighted by the respondents each at 1.4 %

included; pre-marital classes, personal doctor, friends and religious gathering. This clearly indicates that FP information was being disseminated in the society through various means which was very significant in promoting the use of FP in the society. The key informants noted that men do enquire about family planning.

*Key informant 1 “men enquire about any method that involves invasive procedures for example IUCD or implant, and those that may affect them directly or indirectly like hormonal methods”.*

*Key informant 2 “men enquire about injections and pills, and how family planning methods function and side effects”*

*Key informant 3 “men want to know the most effective family planning method”.*

*Key informant 4 “they are interested about how the family planning methods work, their disadvantages and effects to the body”.*

#### **4.2.3 Awareness of FP methods used by women**

The study sought to establish if the respondents know FP methods used by women.

**Table 4.10: Awareness of women’s FP methods**

| <b>Awareness of women’s FP methods</b>    | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Respondents aware of women FP methods     | 67               | 95.7           |
| Respondents not aware of women FP methods | 3                | 4.3            |
| <b>Total</b>                              | <b>70</b>        | <b>100.0</b>   |

Table 4.10 indicates that most of respondents at 95.7 % were aware of FP methods used by women while 4.3 % were not aware of any FP methods used by women. This clearly indicates

that the study was reflective of respondents who were aware of FP methods used by women as compared with those who were not aware of FP methods used by women.

#### **4.2.4 Awareness of specific FP methods used by women**

As indicated in table 4.10 most respondents were aware of FP methods used by women. Thus, the study sought to establish if the respondents knew specific FP methods used by women. The key informants mentioned the following FP methods which were offered in the health centers:

*Key informant 1: “We offer the following family planning methods: progesterone only pills, implants, IUCD, combined oral contraceptives, barrier methods (both male and female condoms), natural family planning, and implants (both implanon & jadelle)”.*

*Key informant 2: “The following FP methods are available: injections, pills, implants, IUCD, partnered with Marie Stopes to do permanent methods, and condoms. The Key informant also stated that the most common method used is implants”.*

*Key informant 3: “We normally offer the following family planning methods: Condoms, femiplan pills, implants, IUCD, and injections”.*

*Key informant 4: “We offer the following family planning methods: IUCD, implants, injections, pills.*

The key informant also stated that most men prefer short term methods such as implants, oral pills as compared to long term methods and permanent methods”.

**Table 4.11: Awareness of specific FP methods used by women**

| <b>FP methods used by women</b> | <b>Frequency</b> | <b>Percent</b> |
|---------------------------------|------------------|----------------|
| Implants                        | 42               | 62.7           |
| Oral pills                      | 55               | 82.0           |
| Injectable                      | 40               | 59.7           |
| Female condoms                  | 40               | 59.7           |
| Natural methods                 | 30               | 44.8           |
| Sterilization                   | 24               | 35.8           |
| IUCD (Coil)                     | 1                | 1.5            |

Table 4.11 indicates that oral pills had the highest awareness levels of 82.0% followed by implants, injectable and female condoms at 62.7 %, 59.7 % and 59.7 % respectively. Only a few respondents at 35.8 % were aware of sterilization. Another method as highlighted by one of the respondent was IUCD at 1.5%. This clearly indicates that the study was more reflective of respondents who were knowledgeable about women's FP methods compared with those who were not knowledgeable. The findings also reflected what was stated by some of the Key informants that implants was one of the most common method used, and that most men prefer short term methods like implants and not long term methods.

According to the key informants only a few men know about FP methods especially on scientific knowledge on how the methods works.

*Key informant 1 "men do not know much about women's family planning methods. Most of believe it's a woman domain therefore need not involve themselves".*

*Key informant 2 "men's knowledge is low".*

*Key informant 3 “very few know about the family planning methods available and those who have knowledge is very limited”.*

*Key informant 4 “few know about family planning methods”.*

This clearly asserts what research studies revealed: that most men do not visit family planning clinics and do not interact with family planning personnel thus creating a gap between their views on men’s knowledge about women family planning methods and what was found in the research study: that most men are indeed knowledgeable about FP methods used by women. Studies also revealed that men have knowledge of at least one method of family planning.

#### **4.2.5 Side effects associated with women’s FP methods**

After ascertaining that the respondents were aware of specific FP methods used by women: the study sought to establish if the respondents were aware of any specific side effects associated with women’s FP methods.

**Table 4.12: Awareness of specific side effects associated with women’s FP methods**

| <b>Side effects associated with women’s FP methods</b> | <b>Frequency</b> | <b>Percent</b> |
|--|------------------|----------------|
| Weight increase  | 51               | 81.0           |
| Low libido   | 27               | 43.0           |
| Nausea / Vomiting                                      | 23               | 37.0           |
| Sweating   | 15               | 24.0           |
| Fatigue  | 24               | 38.1           |
| Vaginal bleeding                                       | 23               | 37.0           |
| Mood swings  | 26               | 41.3           |
| Delayed pregnancy                                      | 1                | 1.6            |
| High blood pressure                                    | 1                | 1.6            |
| Inconsistent/ Missed menses                            | 1                | 1.6            |

Table 4.12 shows that weight increase had the highest awareness level at 81.0 %, followed by low libido, mood swings, and fatigue at 43.0 %, 41.3 %, and 38.1 % respectively. However sweating was the least rated at 24.0 %. Other side effects were highlighted by the respondents such as; delayed pregnancy, high blood pressure, and inconsistent/ missed menses each at 1.6 %. Table 4.11 indicates that most men are indeed knowledgeable about women’s FP methods: therefore the high probability of knowing specific side effects associated with women’s FP methods.



### 4.3 Men's Perception towards women FP methods

Perception is a belief held by someone about a person or something. The respondents were asked to state their opinion about the practice of FP and women's FP methods. Berhane et al., (2011) discussed that, 'men's acceptance of family planning requires knowledge about contraceptive methods'.

#### 4.3.1 Attitude about the practice of FP

The study sought to establish if the respondents would encourage their wives' to practice FP

**Table 4.13: Married Men's Attitude towards the practice of FP among women by varying Education Levels.**

| Education Levels | Yes (%) | No (%) | Total (%) |
|------------------|---------|--------|-----------|
| Secondary        | 77.8    | 22.2   | 100.0     |
| College          | 82.1    | 17.9   | 100.0     |
| University       | 91.7    | 8.3    | 100.0     |

Table 4.13 indicates that most of the respondents who had attained University education at 91.7 % would encourage their wives' to practice FP, followed by College education at 82.1% and Secondary education at 77.8%. This indicates that the study was reflective of married men who supported the FP. This can be due to the fact that most respondents, as indicated in table 4.2 had post-secondary education. Studies have revealed education as one of the factors that can influence men's participation in their wives' use of FP. A study conducted in Ife-Ife, Osun state,

Nigeria found that: “men with higher levels of education were likely to engage in decision making about the use of contraceptives compared to men with lower education levels.”

The key informants had varied opinions regarding men’s attitude towards women’s family planning methods.

*Key informant1 “men mostly respond very negatively to women’s family planning methods, especially those who have no scientific knowledge on how the methods work”.*

*Key informant2 “positive response if they have knowledge: low response if not knowledgeable”.*

*Key informant3 “some men don’t like their women to use family planning especially Catholics, Somalis are very negative and hostile. Majority respond negatively few have positive response”.*

*Key informant4 “most men respond positively but few respond negatively”.*

This study reflected that most of the key respondents had a positive attitude towards the practice of FP: which could be due to most of them being knowledgeable about women FP methods. As stated by Berhane et al., (2011), for men to accept family planning use they have to be knowledgeable about contraceptive methods. This statement was also asserted by the key informants who pointed that: men would have a positive response towards the practice of FP if knowledgeable about FP methods and a negative response if not knowledgeable about FP methods.

#### **4.3.2 FP discussions among married couples**

After ascertaining that most of the respondents would encourage their wives’ to practice FP; the researcher sought to establish if the respondents discuss about FP with their wives’ and who initiates the discussion.

**Table 4.14: Respondents discussions about FP with the wife**

| <b>Respondents discussions about FP with the wife</b> | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Yes   | 64               | 91.4           |
| No  | 6                | 8.6            |
| <b>Total</b>  | <b>70</b>        | <b>100.0</b>   |

Table 4.14 indicates that 91.4 % of the respondents discussed about FP with their wives' because of; concern about wives' health, to discuss the number of children to have and how to manage them, appropriate time to use FP, to discuss about FP side effects, to know the suitable method for both them, to understand why the wife is using FP, avoid the wife to select a method on her own, to know the wives' views, avoid quarrels with the wife, it's a family issue which involves both couples, it's advisable before using FP, and to encourage wife to use FP. This clearly asserts what was pointed out in Facts for Family Planning (2012). According to Facts for Family Planning, (2012) there are certain points that couples need to consider when planning a family: the best time to have their first child, the appropriate time for the next pregnancy, how many children they can support and when to stop having children, when a woman is most likely to become pregnant, and what contraceptive method to use when they need to delay or avoid pregnancy. While, 8.6 % of the respondents don't discuss FP with their wives' because; it's not encouraged in society, and it's not encouraged in respondent's religion. This clearly brings out what was highlighted in the literature review whereby; Research findings about spousal communication have been varied whereby; in some studies married couples engaged in communication about family planning (Berhane et al., 2011; Lasee & Becker et al., 1997) ; while

in other studies spousal communication was low (Ijadunola et al., 2010; Azmat et al., 2012; Ziyani, 2003).

**Table 4.15: Initiation of FP discussions among married couples**

| <b>Initiation of FP discussions among married couples</b> | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Respondent himself  | 30               | 47.0           |
| Wife  | 28               | 43.7           |
| Both( either can start)                                   | 6                | 9.3            |
| <b>Total</b>  | <b>64</b>        | <b>100.0</b>   |

Table 4.15 reveals that 47.0% of the respondents initiated FP discussions themselves, while 43.7 % of the respondents it's their wives' who initiated FP discussions, and at 9.3% either of the spouses initiated FP discussions. These results clearly bring out the research findings on spousal communication; whereby; a study conducted in Bangladesh found that, the probability of husband-wife communication is very high among husbands who support the use of contraceptives than those whose husbands who do not support contraceptive use. The research findings were also reflected in this study whereby: most respondents at 85.7 % as indicated in table 4.13 would encourage their wives' to practice FP. Thus, most respondents would discuss family planning with their wives' since they would approve their wives' use of FP methods.

#### **4.3.3 Concerns in relation to the practice of FP among women**

The study sought to find out if the respondents had concerns in relation to the use of FP methods among women. Although most of the respondents would encourage their wives' to practice FP;

70% had concerns especially due to the side effects associated with the use of FP among women and only 30% had no concerns in relation to the use of FP among women.

#### **4.4 Men's participation in their wives' adoption of FP methods.**

Men's participation in their wives' adoption of FP methods has been reported to be very low and yet men play a very a significant role in the family especially in decision making. According to Margaret (2003) "and men directly impact the reproductive health of their partners through choice of contraception method and decision on family size." Alaii, Nanda & Njeru (2012) pointed that "men's ability to exercise domination over their families and resources can directly impact on the consistent use of contraceptives."

The key informants stated that married men have a responsibility towards the adoption of FP methods.

*Key informant 1 "they are involved in decision making and agree with their partners on their method of choice, most of the time they finance the women to enable them seek medical attention for family planning and any other services".*

*Key informant 2 "once they are in agreement they enhance compliance and in the long run the method is efficient and effective, with both partners in agreement there is a shared sense of responsibility in the family hence, enhancing unity".*

*Key informant 3 "in choosing the methods and to know side effects so as to support their wives' use of contraceptives".*

*Key informant 4 "to ensure that wives' adhere to instructions like taking of pills, appointment day, to ensure that men understand their spouses especially the way the methods work in the body for example mood swings, and to ensure the family planning method succeeds".*

The researcher believed that to ascertain if the respondents do participate in their wives' adoption of FP; it was very significant to find out if their wives' do practice FP, if the respondents know the FP methods their wives' are using and how they came to know about the method.

#### 4.4.1 Wives' practice of FP

The study sought to establish if the respondents wives' practice of FP.

**Table 4.16: Wives' practice of FP**

| <b>Wives' practice of FP</b> | <b>Frequency</b> | <b>Percent</b> |
|------------------------------|------------------|----------------|
| Yes                          | 62               | 88.6           |
| No                           | 8                | 11.4           |
| <b>Total</b>                 | <b>70</b>        | <b>100.0</b>   |

Table 4.16 reveals that 88.6 % of the respondents' wives' practiced FP and only 11.4 % of the respondents' wives' didn't practice FP. This result supports what was pointed out in the literature review whereby; Research demonstrates that husband's approval and attitude towards family planning as one of the major barriers in the practice of family planning. Table 4.13 clearly showed that most of the respondents would encourage their wives' to practice FP. Table 4.11 and table 4.12 also showed that most respondents were aware of FP methods used by women and their side effects. Studies reveal that knowledge about women FP methods among men was significant to their acceptance of their wives' contraceptive use. Thus, explaining why most of the respondents' wives' in this study practiced FP. Research studies also reveal that most men

would encourage their wives' to practice family planning. A study conducted in Nigeria found that "99% male partners approved contraceptive use."

#### 4.4.2 Awareness about FP method used by the wife

The study sought to establish if the respondents knew the specific FP method being used by the wife and how the respondent became aware of the method being used by the wife.

**Table 4.17: FP method being used by the respondent's wife**

| <b>FP method used by the respondent's wife</b> | <b>Frequency</b> | <b>percent</b> |
|--|------------------|----------------|
| Diaphragm                                      | 2                | 3.0            |
| Female condom                                  | 6                | 9.0            |
| Rhythm method (safe days)                      | 14               | 20.9           |
| Temperature method                             | 1                | 1.5            |
| Depo – Provera (injection)                     | 16               | 23.9           |
| Norplant                                       | 7                | 10.4           |
| Contraceptive coils                            | 14               | 20.9           |
| Tubal Ligation (Tying tubes)                   | 2                | 3.0            |
| Pills  | 5                | 7.4            |
| <b>Total</b>                                   | <b>67</b>        | <b>100.0</b>   |

Table 4.17 showed that 23.9% of the respondent's wives' used depo – provera followed by rhythm method and contraceptive coils both at 20.9%. The least rated method was temperature method at 1.5 %. Most of the respondents at 92.0% were comfortable with the FP method their

wives' were using citing the following; no side effects, it's convenient for both partners; it's reliable and healthy, it's easily available and accessible, it's easy to use, does not limit sexual intimacy, and it is safe. Only 8.0% were not comfortable with the FP method being used by the wife citing side effects as the main reason.

The respondents were asked to indicate how they knew about the FP method being used by their wives'. Table 4.18 presents the results.

**Table 4.18: How the respondents knew of the FP method being used by the wife**

| <b>How respondents knew of FP method being used by the wife</b> | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Being told by the wife  | 19               | 31.1           |
| By discussing and choosing with the wife                        | 32               | 52.5           |
| Being told by the health worker                                 | 10               | 16.4           |
| <b>Total</b>  | <b>61</b>        | <b>100.0</b>   |

Table 4.18 shows that most respondents at 52.5% knew of the FP method being used by their wife through discussing and choosing with the wife, followed by asking the wife, being told by the wife, and being told by the health worker at 31.1%, and 16.4% respectively. These results clearly indicate what was highlighted by some of the key informants; whereby most men are sensitive when it comes to the method of FP being used by their wives'. In fact the key informants asserted that; most married men choose the FP method that their wives' should use. The key informants recorded cases where most married men become angry when their wives' choose an FP method which they don't prefer. They even noted cases of married men becoming violent and sending their wives' back to the FP clinics to have the FP method removed.



#### 4.4.3 FP method used by respondent

The respondents were asked to indicate the FP method they are using.

**Table 4.19: Type of FP method used by respondents**

| <b>FP method being used by respondent</b> | <b>Frequency</b> | <b>percent</b> |
|---|------------------|----------------|
| Condom                                    | 36               | 83.7           |
| Withdrawal                                | 5                | 11.6           |
| Male pills                                | 2                | 4.7            |
| <b>Total</b>                              | <b>43</b>        | <b>100.0</b>   |

Table 4.19 shows that 83.7% of the respondents used condoms as the method of FP, followed by withdrawal, and male pills at 11.6% and 4.7% respectively. Most research studies have reported condoms as the most common FP method being used by men. It was also noted that male FP methods were limited in variety.

#### 4.5 Social Stigma and men's participation in their wives' adoption of FP

As highlighted in the literature review; society significantly shapes the beliefs, lifestyles, and opinions of its members. Members of a society face a lot of stigma if they don't conform to societal expectations. Social stigma has been defined as; "looking down on a person based on social behavior that is perceived to differ from other members of a society because of practicing family planning." Children are very important in any society as they signify continuity of a society. Thus, it was very significant for the researcher to find out society's attitude towards the practice of FP; and men's participation in their wives' adoption of FP methods.

**4.5.1 Society attitude towards the practice of FP and men’s participation in their wives adoption of FP methods**

**Table 4.20: Society’s attitude towards the practice of FP**

| <b>Society’s attitude towards FP</b>   | <b>Frequency</b> | <b>Percent</b> |
|--|------------------|----------------|
| Society supports practice of FP  | 50               | 71.4           |
| Society does not support the practice of FP  | 20               | 28.6           |
| Society has a negative attitude towards men’s participation in their wives’ adoption of FP methods | 42               | 60.0           |
| Society has a positive attitude towards men’s participation in their wives’ adoption of FP methods | 28               | 40.0           |

Table 4.20 shows that according to 71.4 % of the respondents society does support the practice of FP because; it helps in preventing unwanted pregnancies; helps in determining and controlling the number of children; and it reduces the burden of raising children. Other respondents at 28.6 % believed that society doesn’t support the practice of FP because; it has negative side effects; it’s not healthy for men; and it leads to low libido. According to 60.0% of the respondents society had a negative attitude towards men’s participation in their wives’ adoption of FP methods citing the following reasons; it is women’s affair, a man who participates in their FP is weak and not able to manage his family, culture doesn’t allow it is a taboo, and men should not be involved since it is the role of women. While, 40.0% of the respondents argued that things have changed nowadays and that; society does support men’s participation in their wives’

adoption of FP methods citing the following reasons; FP helps in managing family size, it is being accepted in society due to its benefits, and men nowadays allow their wives' to use FP. The key informants noted that society had changed and is supporting men's participation in their wives' adoption of family planning methods.

*Key informant 1 “traditionally men did not encourage women to / their spouses to take up family planning due to several issues: but currently men have accepted the importance of family planning in their marriages. Gradually men are becoming involved in the family planning choices their partners make, society is now adopting to male involvement in family planning”.*

*Key informant 2 “there is some positive response: they congratulate men who participate in family planning”.*

*Key informant 3 “society responds positively to men’s participation in family planning”.*

**Table 4.21: Influence of Society’s attitude towards men’s participation in their wives’ adoption of FP methods**

| <b>Influence of society’s attitude towards men’s participation in their wives’ adoption of FP methods</b> | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Society’s attitude does influence men’s participation in their wives’ adoption of FP methods              | 46               | 65.7           |
| Society’s attitude doesn’t influence men’s participation in their wives’ adoption of FP methods           | 24               | 34.3           |
| <b>Total</b>  | <b>70</b>        | <b>100.0</b>   |

Table 4.21 indicates that 65.7 % of the respondents stated that; society does influence men's participation in their wives' adoption of FP methods since; men influence each other especially in decision making, men are part of society and can't contradict society, society's opinions shape behavior, society doesn't emphasis on men's participation in FP in that society has not empowered men on FP issues well enough, and due to social stigma most men fear being known thus don't participate in their wives' adoption of FP methods. While, 34.3 % of the respondents stated that society doesn't influence men's participation in their wives' adoption of FP methods since; a man makes decisions on his own, and that most men are educated and aware of the use of FP.

#### **4.6 Factors influencing men's participation in their wives' adoption of FP methods**

Men's participation in FP has been reported to be very low, a fact that has been asserted by the key informants. As highlighted earlier men do have a responsibility in the adoption of FP methods. Therefore, their participation in their wives' adoption of FP methods is very crucial. The key informants highlighted the following as factors that influence men's participation in their wives' adoption of FP methods;

*Key informant 1 "ignorance, lack of knowledge, and myths".*

*Key informant 2 "negative influence, long queues, culture doesn't allow, clinical setup, lack of prioritizing family planning as important, ridicule, views from comrades".*

*Key informant 3 "they are not near their wives' due to nature of work, they don't want their wives' to use family planning methods, some perceive family planning methods as bad especially due to side effects such as low libido".*

*Key informant 4 “education levels, socio – economic status, services rendered by the health facility such as time it takes, customer care, and overall outcome”.*

Studies reveal that action is being taken to encourage men’s participation in their wives’ adoption of family planning methods. Lundgren et al., (2012) advised “counselling and empowerment for both partners as one strategy to involve men in family planning decisions.”

According to the key informants, to make men more involved in their wives’ adoption of FP the following can be done:

*Key informant 1 “health educate them on all family planning methods there advantages and disadvantages, clearing any myths or misconceptions they may be having, and give them priority when they accompany their partners to encourage them to come more often”.*

*Key informant 2 “do not keep them waiting in line with other women, give couples first priority, and involve men in women affairs for example during health talks about women issues in churches, chamas”.*

*Key informant 3 “encourage women to go family planning clinics with their husbands, and health education”.*

*Key informant 4 “giving couples first priority, and have introduced a program called ‘we men care’ which is an activity involving men in birth control: where a community health worker tries to engage men who visit health centers by giving them information about contraceptives, and health education”.*

#### **4.6.1 Respondents' participation in their wife's adoption of FP methods**

The researcher sought to find out respondents' participation in their wives' adoption of FP methods and factors influencing men's participation in their wives' adoption of FP.

**Table 4.22: Respondents' participation in their wives' adoption of FP methods**

| <b>Respondents participation in their wives' adoption of FP methods</b> | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Respondent participated   | 54               | 87.0           |
| Respondent did not participate  | 8                | 13.0           |
| <b>Total</b>  | <b>62</b>        | <b>100.0</b>   |

Table 4.22 shows that 87.0% of respondents participated in their wives' adoption of FP. This result has been asserted in Table 4.14 whereby 91.4 % of the respondents discussed FP with their wives' and Table 4.17 whereby the respondents were actually aware of the specific FP method being used by the wife. Thus, these were good indicators of the respondents' participation in their wives' adoption of FP methods. A few respondents at 13.0% didn't participate in their wives' adoption of FP methods citing the following reasons; it is wives' responsibility, and the wife knows the best method. These results indicate that the study was reflective of married men who participated in their wives' adoption of FP methods as opposed to those who didn't participate in their wives' adoption of FP methods.

#### **4.6.2 Methods of participation in wives' adoption of FP methods**

The study sought to find out the various methods the respondents use to participate in their wives' adoption of FP methods.

**Table 4.23: Methods of participation in wives adoption of FP methods**

| <b>Methods of participation in wives' adoption of FP methods</b> | <b>Frequency</b> | <b>Percent</b> |
|--|------------------|----------------|
| Through discussions  | 41               | 76.0           |
| Going to FP clinic with the wife                                 | 14               | 26.0           |
| Through providing support (financial or emotional)               | 26               | 48.1           |
| Through discussions then allowing wife to consult FP clinic      | 1                | 2.0            |

Table 4.23 shows that 76.0% of the respondents participated in their wives' adoption of FP through discussions, followed by providing support either financial or emotional, and then going to FP clinic with the wife, respectively at 48.1 % and 26.0%. Another method highlighted by one of the respondent's is through discussions then allowing wife to consult FP clinic. Table 4.23 clearly shows that only a few respondents go to FP clinics with their wives'. This result concurs with what was reported in the literature review whereby; a study conducted in Kilifi, Kenya found that most men will accompany their wives' during child birth but not for family planning uptake/advice. According to the key informants men can participate in their wives' adoption of FP methods in various ways:

*Key informant 1 "accompanying their partners to the clinic to get information, and support them financially to go the clinic".*

*Key informant 2 "encourage their partners to attend family planning clinic regularly, help with the choice of family planning method for their partners, and start accompanying their partners to all medical visits including antenatal, postnatal, and family planning to know what is required".*

*Key informant 3 “by supporting their wives’ financially, by encouraging their wives’ to use family planning, and helping their wives’ in choosing family planning methods”.*

*Key informant 4 “escort their partners for appointment”.*

#### **4.6.3 Challenges encountered while participating in wives’ adoption of FP**

Research has demonstrated that family planning has a lot of benefits not only to the mother and child but to the family unit as a whole. Men have a responsibility in the use and practice of birth control among women. Alaii, Nanda & Njeru et al (2012) pointed that “men’s ability to exercise domination over their families and resources can directly impact on the consistent use of contraceptives.” Thus, it was significant to find out the challenges married men face while participating in their wives’ adoption of FP. 52.0% of the married men faced challenges such as; wives’ negative attitude, living far from the wife, disagreements about some FP methods, lack of FP knowledge, it’s expensive, social stigma, needs time and it’s demanding, some methods are less effective, disagreements on the number of children to have, lack of awareness about FP, and side effects. 48.0% of the respondents had no challenges.



## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents the summary, conclusion and recommendations of the research findings which were guided by the specific objectives of the study. The findings were also compared with the findings of similar studies that have been undertaken by other researchers. Conclusion of the study was also presented highlighting what the researcher found out and other significant information which came out when undertaking the study. Recommendations were presented which are very important in ensuring that men's participation in their wives adoption of birth control methods is given adequate attention by the government and other significant stakeholders in family planning matters.

#### **5.1 Summary of Findings**

##### **5.1.1 Men's knowledge about women family planning methods**

This study found that 87.0 % of the married men were able to explain the meaning of FP; 95. 7% were aware of FP methods used by women, side effects associated with women's FP methods, and they even specified the methods and the side effects they were aware of. This clearly indicates that married men have knowledge about women's FP methods. Research studies revealed that men have knowledge of at least one method of family planning. But, according to the key informants most men had little knowledge about women FP methods.

### **5.1.2 Men's perception towards women family planning methods**

The study found that 91.7 % of the respondents who had attained University education would encourage their wives' to practice FP followed by those who had attained College education at 82.1 % and then followed by those who had attained Secondary education at 77.8 % ; 91.4 % of the respondents discussed FP with their wives' whereby 47% of the respondents initiated FP discussions themselves. Studies revealed that men's perception was found to be influenced by their knowledge about contraceptives. Berhane et al., (2011) discussed that, "for men to accept family planning they require knowledge about contraceptive methods ...". The key informants also noted that men who are knowledgeable about women family planning methods would encourage their wives' to practice FP. This study found similar findings since most of the respondents were knowledgeable about women FP thus displayed a positive attitude. Though most of the respondents displayed a positive attitude towards women family planning methods: this study also found that 70.0% of the respondents had concerns in relation to the use of women FP methods, especially due to the side effects associated with women's FP methods.

### **5.1.3 Social stigma and its influence on men's participation in their wives' adoption of family planning methods**

The study found that society plays a significant role in women's adoption of FP methods and it does influence men's participation in the adoption of contraceptives. As stated by the respondents 'society's opinion shapes behavior' which was similar to what was pointed out in the literature review. "Cultural practices in Africa emphasize child birth." (Ndubani & Hojer 2001: 110, as cited in Ziyani et al., 2003). The study also found that societal attitude towards

men's participation in their wives' adoption of family planning methods has changed and it has become supportive.

#### **5.1.4 Factors influencing men's participation in their wives' adoption of family planning methods**

The study found that certain factors do influence involvement of men in their wives' adoption of contraceptives. Some of the factors highlighted in this study were: men knowledge about women FP methods, level of men's education, social stigma, religion, side effects associated with women FP methods, nature of marriage relationship that is monogamous or polygamous relationship, and men's attitude towards women contraceptives. This was similar to findings of some studies (Kamal et al 2013; Olawepo & Okedare 2006; Onyango, Owoko, & Ogutu 2010; Soremekun 2014) reported the following factors affecting men's participation family planning: age of husband, husband's education, knowledge on contraceptives methods, and fear of side effects for partners.

#### **5.2 Conclusion of the study**

The study concluded that married men do participate in their wives' adoption of FP methods though certain factors were found to influence their participation: knowledge about women's FP methods was very significant as most men participate through discussing FP with their wives'; men's knowledge about women's FP methods plays a significant role in enabling men to support and participate in their wives' adoption of FP methods and in creating a positive attitude in men towards the practice of FP among women; husband's level of education was very significant in creating a better understanding of FP and positive attitude towards the importance of FP; social

stigma was very significant since married men do fear ridicule and rejection from fellow men thus, would not discuss FP issues openly and don't want to be seen participating in their wives' adoption of FP; due to the benefits associated with the practice of FP and the effects of modernity society is changing its negative attitude and is embracing the use of FP among married women though it has not empowered married men on how to participate in their wives' adoption of FP; lack of time was also an important factor whereby most men are not available to accompany their wives' to FP clinics; dealing with side effects was also significant as most men had concerns due to side effects associated with the use of FP; thus, most men would encourage their wives' to practice FP by using methods which had no side effects.

### **5.3 Recommendations of the study**

Men's participation in the wives adoption of contraceptives helps in boosting the use of birth control among women. Thus, ensuring the purpose of birth control is achieved both at the family and societal level. The following measures should be undertaken in order to motivate men's involvement in their wives' adoption of birth control methods.

1. There is need to create family planning messages that include men as active participants in promoting family planning messages.
2. Health workers should encourage women to bring their spouses along during family planning check-ups and meetings.
3. There is need for more men to train as health workers in the field of family planning so as to ensure that men can have health workers to identify with without feeling embarrassed.

4. There is need to organize workshops to ensure that appropriate family planning knowledge is available to men to help change negative perceptions towards family planning methods.
5. More investments should be made in the health sector to make the health system male – friendly, which will lead to more utilization of reproductive health services by men.

#### **5.4 Suggestions for further research**

Based on the study findings, conclusion and recommendations, the researcher makes the following suggestions;

1. More research should be conducted to investigate various methods of men’s participation in the wives adoption of contraceptives.
2. More research should be undertaken to assess the role of women in encouraging men’s participation in the adoption of contraceptives.
3. More research should be conducted to assess the role of health workers in encouraging men’s participation in the wives’ adoption of birth control methods.
4. Since the study was conducted in Komarock ward only, it’s possible that other factors were not explored since every ward has distinct features. Thus, the researcher suggests that a survey be conducted in other parts of the country so as to highlight any other factors which could be significant.

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## **APPENDICES**

### **APPENDIX 1**

#### **QUESTIONNAIRE FOR MARRIED MEN**

##### **INTRODUCTION**

I am Joyce Wamvua Mwachadi, a student at the University of Nairobi undertaking a master's of arts degree in the department of Sociology and Social work (Rural Sociology and Community Development cluster). I am undertaking a research study focusing on factors influencing men's participation in their wives' adoption of family planning. The research project is part of the fulfillment to qualify for a post graduate degree. The research is focusing on married men, thus, they will be the key respondents in the research project. The information given will be treated with confidentiality and will only be used for the purpose of this study. Sincerity in answering this questionnaire will be highly appreciated.

##### **SECTION A: Personal information**

1. What is your name? (Optional). \_\_\_\_\_

2. How old are you?

25-29 years

30-34 years

35-39 years

40-44years

45-49 years

50 years and above

3. What is your level of education?

Pre-Primary

- Primary
- Secondary
- University or college
- Any other (specify) \_\_\_\_\_

4. What is your occupation? \_\_\_\_\_

5. Which religion are you affiliated to? (tick where applicable)

- Christian
- Muslim
- Traditional religion
- Any other (specify) \_\_\_\_\_

6. What is your monthly income?

- Less than 10,000
- 10,001-20,000
- 20,001-30,000
- 30,001-40'000
- 40'001-50'000
- Above 50'000

7. How many wives do you have?

- One
- Two
- Three
- Four
- Above four

8. How many children do you have?

0- 2

3-4

5 -6

Above 7

**SECTION B: Men's knowledge about women Family Planning methods**

9. What is the definition of family planning? \_\_\_\_\_

10. How did you come to know about family planning? (tick where applicable)

From the media

From posters in the health centers

Learning from schools

Education from hospitals

Reading from magazines

Others (specify) \_\_\_\_\_

11. Are you aware of any family planning method(s) used by women?

Yes

No

12. If yes, which method(s) do you know?(tick where applicable not limited to one choice)

Implants

Oral pills

Injection

Female condoms

- Natural methods
- Sterilization
- All the above
- Any other specify \_\_\_\_\_

13. Indicate the side effects associated with women FP methods (tick where applicable  
not limited to one choice)

- Weight increase
- Low libido
- Nausea/ Vomiting
- Sweating.
- Fatigue
- Vaginal bleeding
- Mood swings
- All the above
- Any other specify \_\_\_\_\_

**SECTION C: Men's perception towards women Family Planning Methods**

14. Would you encourage your wife to practice family planning?

- Yes                       No

15. Do explain either response. \_\_\_\_\_

\_\_\_\_\_

16. Do you discuss about family planning with your wife?

- Yes                       No



17. Do explain either response. \_\_\_\_\_

\_\_\_\_\_

18. If yes, who initiates the discussion?

Myself                       Wife

19. Are there any concerns in relation to your wife's use of family planning?

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: Men's participation in their wives' adoption of FP methods**

20. Does your wife practice family planning?

Yes                       No

21. Which method of family planning does your wife use?

Diaphragm.

Female condom.

Rhythm method. (Safe days)

Temperature method.

Depo-Provera. (Injection)

Norplant.

Spermicidal. (Creams or Jellies)

Contraceptive coils.

Tubal ligation. (Tying of fallopian tubes)

Any other specifies. \_\_\_\_\_

22. How did you know about the method of family planning your wife is? (tick where applicable)

- Being told by the wife.
- By discussing and choosing with the wife.
- Being told by the health worker.
- By guessing.
- Any other (specify). \_\_\_\_\_

23. Are you comfortable with the family planning method your wife is using?

- Yes                       No

24. Do explain either response. \_\_\_\_\_

\_\_\_\_\_

25. Which method of contraception do you use?

- Condom.
- Withdrawal.
- Vasectomy.
- Male pills.
- Outer course.
- Any other specifies. \_\_\_\_\_

**SECTION E: Social stigma and men's participation in Family Planning**

26. Does society support the practice of family planning?

- Yes                       No

27. What is the opinion of society about men's participation in family planning?

\_\_\_\_\_

\_\_\_\_\_

28. Does the opinion of society influence men's participation in family planning?

Yes                       No

29. Do explain either response. \_\_\_\_\_

\_\_\_\_\_

**SECTION F: Factors influencing men's participation in Family Planning**

30. Do you participate in your wives' adoption of family planning?

Yes                       No

31. If yes, how do you participate in your wives' adoption of family planning? (tick where applicable)

Through discussions

Going to FP clinic with your wife

Through providing support (financial or emotional)

Any other specify \_\_\_\_\_

32. If no, why? \_\_\_\_\_

\_\_\_\_\_

33. What challenges have you encountered while participating in your wives' adoption of family planning?

\_\_\_\_\_

\_\_\_\_\_

Thank you for your participation

## **APPENDIX 2**

### **KEY INFORMANT INTERVIEW GUIDE FOR HEALTH WORKERS**

#### **INTRODUCTION**

I am Joyce Wamvua Mwaghadi a student at the University of Nairobi undertaking a Masters of Arts degree in the department of Sociology and Social work (Rural Sociology and Community Development cluster). I am undertaking a research study focusing on factors influencing men's participation in their wives' adoption of family planning methods. The research project is part of the fulfillment to qualify for a postgraduate degree. The information given will be treated with confidentiality and will only be used for the purpose of this study.

1. What family planning services do you offer?
2. How knowledgeable are men about women family planning methods?
3. How do men respond to women's family planning methods?
4. What kind of family planning information do men enquire about?
5. How does society respond to men's participation in their wives' adoption of family planning methods?
6. What is the role of men in their wives' adoption of family planning methods?
7. In your opinion, how is men's participation in their wives' adoption of family planning methods?
8. What are the factors influencing men's participation in their wives' adoption of family planning methods?
9. In what ways can men get involved in their wives' adoption of family planning methods?
10. What can be done to make more men involved in their wives' adoption of family planning methods?

Thank you for your participation