FACTORS THAT HINDER THE UTILIZATION OF FAMILY PLANNING SERVICES AMONG MEN IN MUGUMOINI LOCATION, NAIROBI CITY COUNTY

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A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES, INSTITUTE OF ANTHROPOLOGY GENDER AND AFRICAN STUDIES, UNIVERSITY OF NAIROBI

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ABSTRACT

Family planning remains gendered and is mostly a role relegated to women. Since the introduction of family planning programmes in Kenya in the 1970's, the uptake of family planning services by men has remained low. The aim of this study was to establish the factors that hinder the utilization of family planning services among men in Mugumoini location, Nairobi City County

A descriptive cross-sectional research design was used. Convenience sampling technique was used to recruit the study participants. Data was collected using a survey questionnaire and supplemented with key informant interviews. Quantitative data was analyzed statistically while qualitative data was analyzed thematically.

The study results indicate that men have a high level of knowledge about the existence of family planning. However, their knowledge on the male contraceptive methods is limited to the use of male condoms. The study also revealed that utilization of family planning services among men was low. Barriers that emerged in this study as hindering the utilization of family planning services include fear of vasectomy, gender norms, lack of male friendly services, substance abuse and lack of time. The study concluded that men recognize that they have a role to play in family planning but admit that there are barriers to the utilization of family planning services. The study therefore recommends the implementation of transformative family planning programmes that will actively engage men in the family planning agenda. Gender mainstreaming into family planning programmes will also be crucial to address the gender norms that make men shy away from family planning issues.

DECLARATION

This thesis is my original work and has not been presented for a degree in any university.

Sign.....Date.....25/11/2013.....

Ruth Mueni Maithya

N69/64437/2010

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

Sign.....Date:.....25/11/2013.....

Dr. Tom Ondicho

DEDICATION

This work is dedicated to my husband and children.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBDs	Community based Distributors
CEDPA	Centre for Development and Population Activities
CPR	Contraceptive Prevalence Rate
DRH	Division of reproductive health
FP	Family Planning
GOK	Government of Kenya
HIV	Human immune deficiency syndrome
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IUCD	Intra Uterine Contraceptive Device
KDHS	Kenya Demographic and Health Survey
KEPH	Kenya Essential Package for Health
KNBS	Kenya National Bureau of Statistics
MCH	Maternal and Child Health
MDGS	Millennium Development Goals

MOH	Ministry of Health
NCAPD	National Coordinating Agency for Population and Development
NCPD	National Council for Population and Development
POA	Programme of action
RH	Reproductive Health
SRH	Sexual and reproductive health
SSA	Sub Saharan Africa
STIS	Sexually transmitted infections
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WHO	World health organisation

ACKNOWLEDGEMENTS

First and foremost, I wish to express my sincere gratitude to my supervisor, Dr. T. Ondicho for the diligent and timely guidance that he offered me. I also thank my family for the support and patience that they extended to me. I am also grateful to the faculty and staff at the Institute of Anthropology, Gender and African Studies for their help in one way or the other. Lastly, I thank my colleagues and fellow students for their encouragement. God bless you all.

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CHAPTER ONE: INTRODUCTION AND PROBLEM STATEMENT

1.1 Background to the study

Kenya has one of the highest population growth rates in the world. The population has grown from 9 million in 1963 to about 40 million in 2012 with an estimated annual growth rate of 2.3 percent (NCPD, 2013). This population poses challenges to the attainment of the Millennium Development Goals (MDGS) and Vision 2030 (MOH, 2012). Family planning has been adopted as one of the strategies for curbing this fast population growth projected to be more than 64 million by the year 2030 (NCPD , 2013). Indeed, family planning (FP) in Kenya has recorded a steady improvement as evidenced by the increase in contraceptive prevalence rate (CPR) which has grown from 7% in 1970's to 46 % in the year 2008 according to the KDHS 2008-2009 (KNBS, 2010). In Kenya, family planning is one of the six pillars of the maternal and newborn health model adopted to guide the country in efforts to attain MDG number 5 which seeks to improve maternal health by the year 2015 (MOH, 2010).

Over the years, the use of family planning has been a focus for governments and its development partners. Male involvement in family planning has been recognized as a pre-requisite to better maternal and neonatal health outcomes and hence termed as a key support to maternal and newborn heath. Family planning is also an internationally proven and surest way of controlling population growth and preventing maternal deaths, with the latter being unacceptably high in Kenya at a ratio of 488/100,000 births (KNBS, 2010). According to Kenya Demographic and Health Survey 2008-2009, the total fertility rate of Kenya is 4.6 births per woman versus a total wanted fertility rate of 3.4 births (KNBS, 2010) and this underpins the need for scaling up the uptake of family planning services by both men and women. Furthermore, the national contraceptive prevalence rate (CPR) for Kenya which is an

indicator of family planning uptake stands at 46% (KNBS, 2010) and this needs to be improved for the country to realise sustainable development and the realisation of vision 2030. At the same time, one out of four of married women in Kenya still report unmet need for family planning, leading to many unintended pregnancies (NCAPD, 2010).

Ndengwa et al. (2003), asserts that gender norms and gender role expectations are a major impediments to the utilization of family planning services amongst men in Kenya. Information about family planning is easily accessible to both men and women through the mass media and indeed, most men in Kenya reported being aware of the family planning services but the uptake has remained low (KNBS, 2010).This study was therefore conducted to explore the factors that hinder the utilization of family planning services amongst men in Mugumoini location, Nairobi city county.

1.2 Problem statement

Traditionally, family planning has been gendered and remains a role most commonly relegated to women, with men only playing a secondary role (Were & Karanja, 1994). In Kenya, most family planning services are utilized by female clients (Ndegwa, 2008). This is in spite of the existence of family planning services for men such as vasectomy, condoms and counselling and screening for infertility. Indeed, the male contraceptives of family planning are highly effective and include surgical vasectomy and condoms, with the latter offering dual protection for pregnancy and sexually transmitted infections (STI's). Although females have a wide range of modern contraceptive choices, the utilization of the available modern male contraceptives such as vasectomy remains low. A Kenya service provision survey done by NCPD, (2010) found that male sterilization service use was at 5% and male condom provision at health facilities at only 2%. Gender norms that feminise family planning activities are some barriers to the utilization of family planning services by men (Onyango,

2010). In Kenya, the unmet need for family planning among women 15-49 years old stands at 20% in urban areas and 27% in rural areas, an indication that much needs to be done to increase the utilization of family planning by both men and women. The Kenya demographic and health survey of 2008-2009 indicates that 84% of men allude to the fact that family planning is not solely a woman's business (KNBS, 2010). However, despite this seemingly encouraging finding, available evidence indicates that more than 90% of the consumers of FP are women (KNBS, 2010). This called for research to unearth the factors that hinder the utilization of family planning services amongst men.

1.3 Research questions

i. What is the level of knowledge of family planning amongst men of reproductive age in Mugumoini location?

ii. What percentage of men are utilizing family planning services in Mugumoini location?

iii. What are the barriers to utilizing family planning services among men in Mugumoini location?

1.4 Research objectives

1. 4.1 General objective

To explore the factors that hinder the utilization of family planning services amongst men of reproductive age in Mugumoini location, Langata constituency.

1.4.2 Specific objectives

i. To explore the level of knowledge of family planning among men in Mugumoini location.

ii. To establish the percentage of men in Mugumoini location who use family planning services.

iii. To establish the barriers to utilizing family planning services by men in Mugumoini location.

1.5 Justification of the study

First and foremost, the results from this study will generate useful empirical data that will serve to fill the gaps in knowledge and enhance our understanding of the factors that hinder the utilization of family planning services among men. Furthermore, the results from this study illuminate the barriers to the utilization of family planning services amongst men and can be used to develop transformative family planning programmes that take into consideration male involvement and subsequently step up the agenda on utilization of family planning services by men.

In addition, the purpose of male involvement in family planning is to attain positive outcomes in sexual and reproductive health and it is hoped that the results of this study will be of great use to policy makers, FP practitioners and other stakeholders in addressing the gender gap in the utilization of family planning services. The study results are also hoped to inform service providers and program managers in both new and existing family planning programmes on the factors that hinder the utilization of family planning services and hence act as a reference to programming and future studies.

1.6 Scope and limitations of the study

The study focused on factors that hinder the utilization of family planning services amongst men in Mugumoini location, Nairobi City County. The major limitation in this study is that findings cannot be generalized to all men in the study area because of small sample size used.

Additionally, the researcher used non probability sampling technique to draw up the sample and therefore the sample of the men that took part in this study may not be representative of all the men in the study area. Taylor et al. (2007), observe that samples drawn conveniently are not representative and therefore findings obtained from such samples cannot be generalised.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter will present the literature review done for this study. The chapter will also present the conceptual framework that guided the study.

2.2: Family planning programme in Kenya

Family planning efforts in Kenya began shortly after independence. This was mainly because Kenya needed to control her population. Indeed, Kenya pioneered fertility control in Sub-Saharan Africa (SSA) and became the first African country to adopt an official family planning policy in 1967 (NCAPD, 2010). The family planning programme in Kenya is spearheaded by the Ministry of Health (MOH) through the division of reproductive Health (DRH) and is supported by various local and international partners. Over the years, the Government of Kenya (GOK) through the MOH has put in place strategies and programmes to increase the national contraceptive prevalence rate. In this case, some strategies that have been put in place in the past include provision of FP services at no cost, integration of FP with maternal and child health (MCH) services and the introduction of community based distributors (CBDs) of family planning contraceptives. Kenya has recorded gains in family planning efforts as indicated by a decline of total fertility, the average number of children per woman of 8.1 in 1977 to 4.6 in the year 2009 (NCAPD, 2010). On the same note, the CPR increased from a mere 7% in 1977 to 46% in the year 2008-2009 (NCAPD, 2010).

Family planning services in Kenya are offered at all types of health facilities including public, private faith based health facilities. The government of Kenya (GOK) is the leading provider of FP services through its various public health facilities and this includes provision of both modern contraceptives and traditional family planning methods for men and women.

The former include the pill, implants, sterilization, Intra-uterine contraceptive device (IUCD), injectables, condoms and emergency contraception. On the other hand, traditional methods include withdrawal, symptom and calendar based methods (Division of Reproductive Health, 2010). Additionally, family planning also includes counselling on child spacing and the screening and treatment of infertility and sexually transmitted infections (STI's). The counselling for FP can be either individual or couple counselling. Service providers for family planning services are skilled health workers who are professionally trained and include nurses, midwives, medical officers and clinical officers. However, community based distributors are also important in the distribution of contraceptives such as pills and male condoms.

2.3 Male involvement in family planning

The International Conference on Population and Development (ICPD) of 1994 repositioned family planning in the context of sustainable development and hence the call to governments to enable both men and women equality and equity in decision making on reproductive health issues (CEDPA, 2000). The Beijing platform for action (POA) further emphasized on the constructive involvement of men, women, boys and girls in order to realise better outcomes in sexual and reproductive health (SRH). These resolutions were pegged on the premise that male involvement in family planning significantly leads to better reproductive health outcomes which include: reduction of maternal death rates, increased contraceptive prevalence rate and a reduction in neonatal deaths (WHO, 2008).

Male involvement in family planning is a strategy that has been advocated in Kenya as evidenced by the National Reproductive Health strategy 2009-2015 (MOH, 2009). As part of this strategy service providers are expected to involve men in family planning with the aim of increasing the percentage of male clients who seek family planning services. Furthermore, the

government of Kenya (GOK) in its Reproductive Health Policy of the year 2007 emphasizes the need to involve men in reproductive health and family planning.

Despite those concerted efforts, the involvement of men in family planning services has remained low (MOH, 2009).Even though, men are generally aware of family planning services and contraceptives they are often reluctant to take up the contraceptives themselves (Earnst et al. 2011, Bawa et al. 1999). There is evidence that involving men in family planning results in improved sexual and reproductive health outcomes to include increased uptake of family planning services (Walston, 2005, Rotach et al. 2012). An intervention study done in Malawi to promote couple communication and shared decision making in the use of family planning recorded an increase in the utilization of contraceptives (Hartman et al. 2012).

A comparative study done in Kenya on the utilization of family planning services by men and women found that men basically came for information while women came to adopt, continue or change a contraceptive method (Kim et al. 2000). Evidence shows that the uptake of vasectomy by men remains low, irrespective of it being one the safest and most efficient method of contraception (WHO, 2012). However, male condom use is widely spread and its use is mainly as a protection against STIs and HIV/AIDS. Arguably, men do not visit health facilities to get the condoms but they usually purchase them.

2.4 Barriers to family planning use amongst men

A survey done in Kenya by Matsuzono (I997) pointed to myths associated with vasectomy as a barrier to its use by men. Such myths are that the procedure will lead to impotence and loss of male virility, often equating it to castration (Matsuzono, 1997). As a result, there is reluctance among men to participate and utilize family planning services. Male dominance in decision making and the low status of women is hugely to blame for the low utilization of

family planning by men (WHO, 2010, USAID, 2000, Bawa et al. 1999, Earnst et al. 2011). Furthermore, anecdotal evidence indicates that there is little or no consideration of gender in many FP delivery points and such services tend to be women friendly.

A study done in Kenya found that male methods of family planning such as vasectomy are highly stigmatised and culturally unappreciated (Fapohunda and Rutenberg 1999), thereby making the demand for such male contraceptives low. Men arguably are the custodians of decision making in matters of reproductive health (Earnst et al. 2011), a gender role perpetuated in a society where women are generally subordinated. In addition, the patriarchal systems in most African cultures relegate family planning roles to females who are expected to bear the full responsibility of reproductive roles in the community (Matsuzono, 1997), and this explains the low turnout of men in many family planning service points.

As noted by Ralston (2005), men are the custodian of family planning decisions but rarely play an active role in utilizing the available services. Generally, family planning is viewed as the responsibility of women and this overlooks the role of men who in many regions of the world are the key decision makers concerning family planning and contraceptive use. A study carried in Kisii and Nyamira districts of Kenya found that men generally had negative and antagonistic attitudes towards reproductive health especially family planning since they perceived the practice a woman's role and problem (Matsuzono, 1997). However, according to KDHS (2008/9), more married men acknowledge their role in family planning with only 16% feeling it is a woman's business. This affirms the high level of awareness and the positive attitude amongst men which can be tapped to increase uptake of male contraceptives.

In the recent past, gender concerns have received a significant attention on the realization of the role of men in influencing reproductive health outcomes (Earnst et.al, 2011). The infrastructure in most family planning facilities in Kenya is only women friendly., This

tendency to focus on women in family planning programmes deliberately excludes men from participation in family planning efforts and services (USAID, 2000). Although men mostly decide the contraceptive to be used by the woman, they are reluctant to visit health facilities and initiate contraceptive use themselves. A study done among the nomadic communities of East Africa revealed that men solely made decisions on the use of modern family planning methods and this dominance consequently resulted to a low prevalence of contraception (Earnst et al. 2011). According to WHO (2001), studies conducted in Zimbabwe and Kenya found that couple sessions on family planning inhibited open discussions around family planning an indication that couples are not free to discuss FP issues.

Health care systems have placed most emphasis on family planning for women. Arguably, women have the greatest exposure to the risks of pregnancies such as maternal deaths and disabilities from unwanted and or mistimed pregnancies. Most importantly, most modern contraceptives are designed for women and this gives men limited options. In Kenya, contraceptive utilization is influenced by level of education of women, number of living children and wealth status (KNBS,2010) and all these are pertinent gender issues. For instance, women who are educated are more likely to communicate with their spouses and agree on shared responsibility in family planning. Additionally, traditional African values place esteem to many children and therefore many women will be expected by their spouses to give birth to many children or to get a certain number of children of a particular gender.

Training and staff awareness on male contraceptives is also an impediment to male utilization of contraceptives. A study conducted in Kenya (Wilkinson et al.1996) found that staff were not well prepared to handle male clients in the facilities and often expressed bias against vasectomy as a method of contraception. Additionally, not all FP providers are trained on performing vasectomy which is a surgical procedure. Communication with men on

contraceptives and family planning is also a challenge facing service providers. Wilkinson et al. (1996), found that service providers had difficulties in describing the male body in relation to family planning and contraception. Furthermore, cultural inhibitions on discussing sexual matters with the opposite sex make female providers uncomfortable with male clients (Kim et al. 2000).

Family planning user fees have also been cited as a challenge that service providers face as they provide health care in most of the developing countries (Shah et al. 2011). In Kenya for instance, clients will be required to pay user fees before getting family planning services. This user fee is higher in private facilities and usually small in public facilities.

Structurally, the approaches used to provide most of the reproductive health and family planning services may serve as barriers to the utilization of family planning services by men (Onyango, 2010). Most family planning delivery points are not male or couple friendly and only focus on women's FP needs (Ndegwa et. al, 2008). Usually, the physical structures such as waiting bays and the family planning rooms are typically women friendly.

2.5 Conceptual framework

This study was guided by a conceptual framework on factors influencing the utilization of family planning (Figure 1). A conceptual framework is a representation of the concepts in a study sometimes done diagrammatically to provide a clear picture of the interrelationships of concepts that are being explored in a study (Rees, 2007, Polit & Beck, 2012). Additionally, a conceptual framework in a research study is a useful guide on what should be included in the tool of data collection and may guide the study's discussion (Rees, 2007). The conceptual framework in this study was developed by the researcher from the literature reviewed. The conceptual framework looked at the factors that hinder the utilization of family planning services among men.

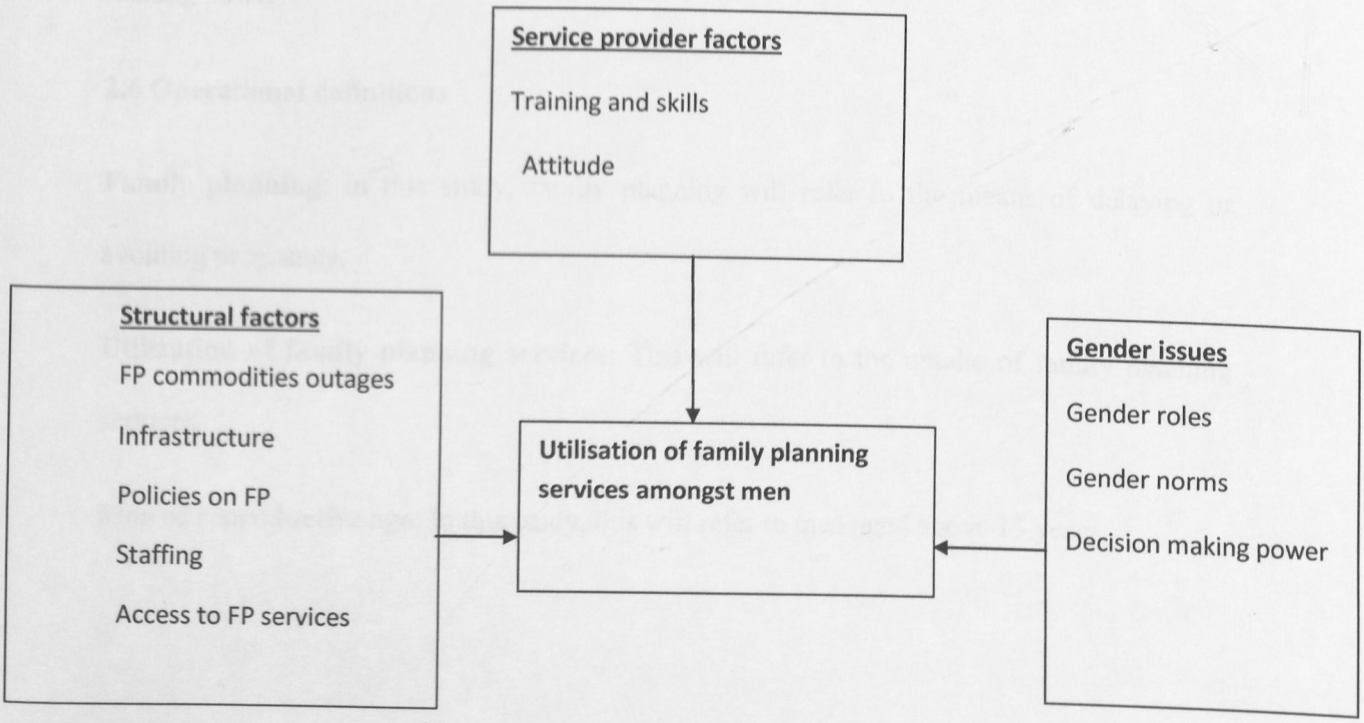


Figure 1: Conceptual framework on factors that hinder the utilization of family planning among men.

Source: researcher, 2013.

2.5.1 Relevance of the conceptual framework to this study

This conceptual framework captures the important variables that were of interest in this study. The dependent variable in the study was hindrance to utilization of family planning services. Independent variables in this study were categorised as three fold. First and foremost, there are structural factors which include availability of family planning commodities, infrastructure, relevant policies, and access to FP services as well as staffing. Secondly, there are factors that may be inherent in the service provider including attitudes towards male FP clients and having the relevant training. Lastly, factors that may be

attributed to gender issues such as gender role expectation, gender norms and decision making power.

2.6 Operational definitions

Family planning: In this study, family planning will refer to the means of delaying or avoiding pregnancy.

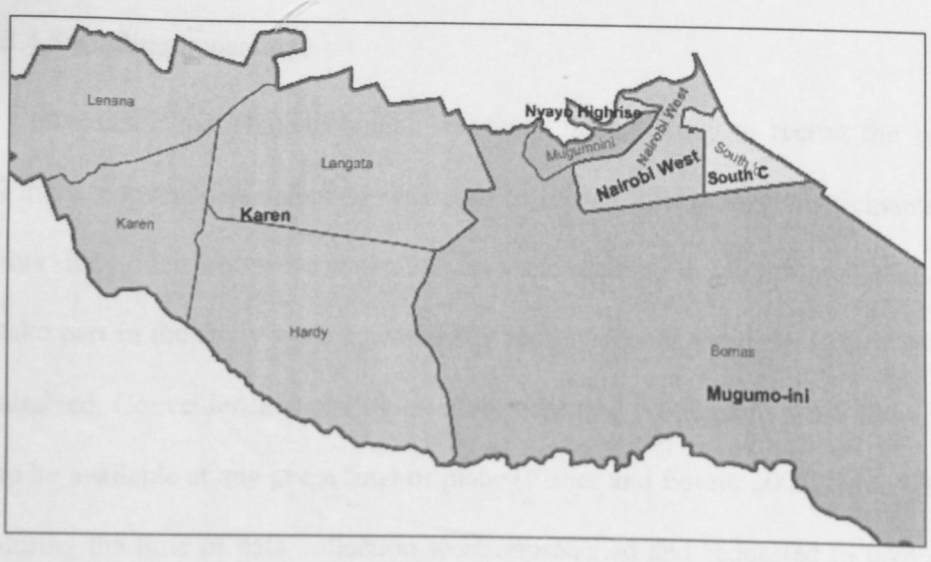
Utilization of family planning services: This will refer to the uptake of family planning services.

Men of reproductive age: In this study, this will refer to men aged above 15 years.

CHAPTER THREE: METHODOLOGY

3.1 Research site

The study was conducted in Mugumoini Location, Nairobi County. Mugumoini location is one of the five locations in Nairobi West division of Langata constituency. The location covers an area of approximately 126.40 square kilometres. It has a total population of 47,037.The location is made up of two sub locations namely Mugumoini and Bomas. The researcher conveniently chose Southlands village, of Mugumoini location. Most residents in this village are small scale traders as is typical of most informal settlement zones in Nairobi city. The contraceptive prevalence rate in Nairobi stands at 55% while the national prevalence rate is at 46% (KNBS, 2010). Nairobi records a good supply of health facilities and over 80% of clients get their family planning services from public health facilities (KDHS, 2009).



Map 3: 1: Map of the study area

Source: Flickr 2013

3.2 Research design

This study used a cross sectional descriptive design. Cross-sectional designs involve the collection of data at one point in time and are appropriate for describing the status of a phenomenon at a fixed point in time (Polit & Beck, 2012).The researcher wanted to explore the factors that influence the utilization of family planning services among men in Mugumoini location and a cross sectional design was deemed appropriate to study a cross-section of the population. The researcher collected data from the study participants as a one off event. Furthermore, the data was collected at the participants' natural settings as is the case of descriptive studies.

3.3 Study population

The study population included all men of reproductive age in Mugumoini location. All men aged above 15 years and residents of Mugumoini location were eligible participants in this study.

3.4 Sampling procedure

Convenience sampling technique was used in this study to recruit the study participants. Firstly, convenience sampling was used to recruit 25 the study participants in the study. In this study, men who were above 15 years and residing in Mugumoini location and willing to take part in the study were conveniently recruited until a sample size of 25 participants was attained. Convenience sampling involves selecting participants from whatever cases happen to be available at any given time or place (Fisher and Foreit, 2002). Men who were available during the time of data collection were approached and requested to take part in the study. This approach was necessitated by cost and time considerations. Secondly, three key informant interviewees who were considered knowledgeable and were able to give further

information on the utilization of family planning services among men were purposively selected. Purposive sampling is appropriate when a researcher wishes to recruit experts in a certain issue under study (Polit & Beck, 2012).

3.5 Data collection methods and tools

3.5.1 Survey Questionnaire

This was the primary method of data collection in this study. The questionnaire was constructed to contain closed and open ended questions. Researcher administered questionnaire (appendix I) was used to collect data from the study participants. To maintain the tool at an appropriate length, the tool had a total of 25 questions most of them closed ended. The inclusion of open ended questions in the tool enabled the researcher to collect both quantitative and qualitative data. De Witte et al. (2006), asserts that triangulation of data collection methods increases the validity and reliability of research results.

The study questionnaire had four sections. Section one sought to get data on the demographic characteristics of study participants. Section two of the study questionnaire collected information on the knowledge of family planning, the third section sought to get information on the utilization of family planning services and lastly, section four sought information on the barriers to the utilization of family planning services.

The researcher individually collected the data in this study and the structured tool enabled the researcher to ask the questions in an orderly and uniform manner. All responses were filled into the tool. The language of the tool was English but in some cases, the researcher translated the questions into Swahili for those participants who could not communicate in English. Each participant was interviewed individually in their own settings with each

interview lasting between 15-20 minutes. Each tool was coded to make it easy for data entry and analysis. Coding of the tool further ensured anonymity of the study participants.

3.5.1 Key informant Interviews

Key informant interviews (KII) were conducted as a secondary method of data collection in this study. Individuals who were thought knowledgeable in family planning were purposively selected. A total of three (3) key informants were contacted and interviewed in this study. A key informant interview guide (Appendix II) was used. The purpose of key informant interviews in this study was to validate the information collected via the questionnaires and also to give more detailed information on the topic under study (Polit & Beck, 2012). Particularly, key informant interviews in this study were done to provide more information on how men utilize family planning services and the attendant barriers they face. Opinions of the key informants on possible ways to increase the uptake of family planning services by men were also sought. Two women and one man all working with family planning programmes were interviewed.

3.6 Data processing and analysis

The questionnaires were checked for completeness by the researcher after the data collection. All responses were coded and entered into an excel spreadsheet to allow for easier data analysis .Data from the questionnaire were analysed using excel spreadsheets. This generated bar graphs, frequency tables and pie charts for the interpretation of data. Descriptive statistics mainly percentages were used in this study.

Qualitative data obtained from the open ended questions in the interview schedule and data from the key informant interviews was analysed by way of content analysis. This involved reading through the data to get common themes that emerged from the data.

3.7 Ethical considerations

Clearance to conduct the study was obtained from the University of Nairobi (Appendix III).Similarly; clearance was obtained from the local administration of Mugumoini location, and the researcher was cleared to collect data (Appendix IV).

Consent to participate in the study was sought from each of the study participants via the use of a written informed consent form that was read to the participants before the interviews. The consent form detailed the main aims of the study and the expectations on the participants during the study. In addition, participation in the study was made voluntary and the participants were informed of their freedom to withdraw their participation at any point during the interview.

Anonymity of study participants was adhered to. The data collection tools did not bear participants' names or any other information that could have lead to their identification as emphasized by Polit and Beck, (2006). On the same note, each tool was given a special code for the purpose of data entry and analysis. Participants were also assured of the confidentiality of the information collected and that it was to be used for research purposes only.

CHAPTER FOUR: STUDY FINDINGS

4.1: Introduction

This chapter presents the findings of this study. The results are presented along the objectives of the study in five sections. The first section presents the demographic characteristics of the study respondents. The second section presents data on the level of knowledge of family planning services. The third section has findings on the utilization of family planning services by men and lastly, the forth section presents findings on the barriers to the utilization of family planning services among men.

4.2: Characteristics of the respondents

4.2.1 Age

Participants were asked to state their ages and majority (52%) were aged between 30-45 years. Participants aged between 15- 30 years formed 32% of the study population. Men aged above 45 years formed 16% of the study population.

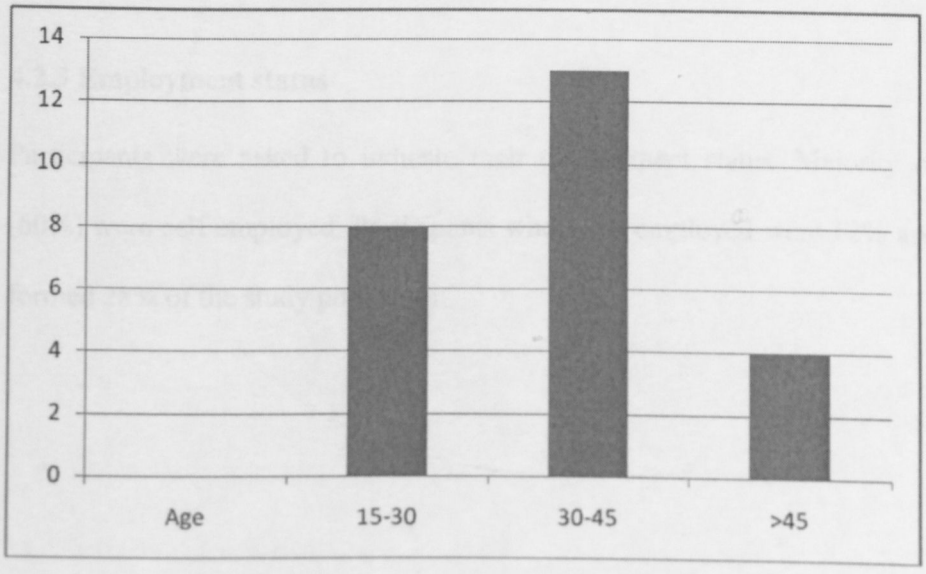


Figure 2: Age clusters of the respondents

4.2.2 Level of education

Participants were asked to state the highest level of education completed. 48 % of the participants had competed secondary school education and 28% had completed primary school.16% of the participants had completed higher education including colleges and universities. 8 % had completed vocational training.

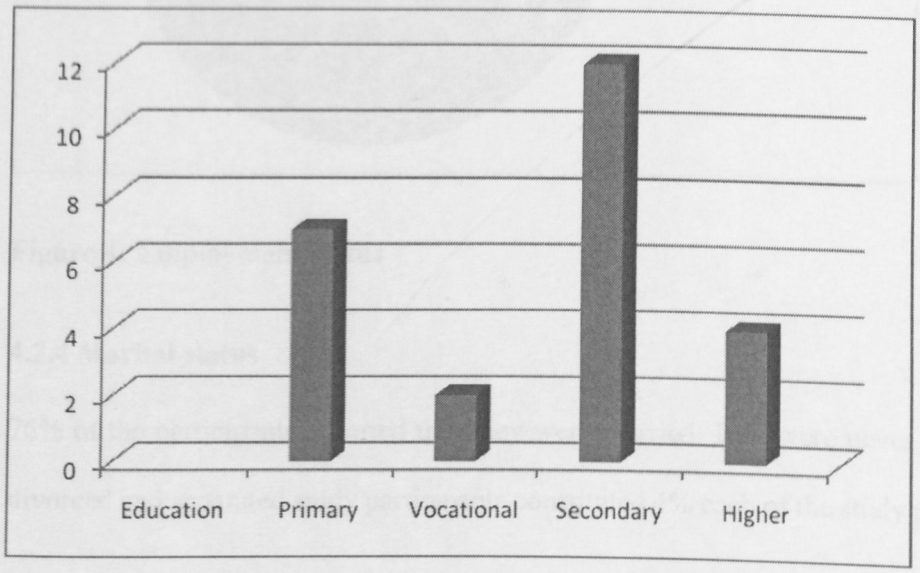


Figure 3: Level of education of study participants

4.2.3 Employment status

Participants were asked to indicate their employment status. Majority of the participants (60%) were self employed. Participants who were employed were 12% and the unemployed formed 28% of the study population.

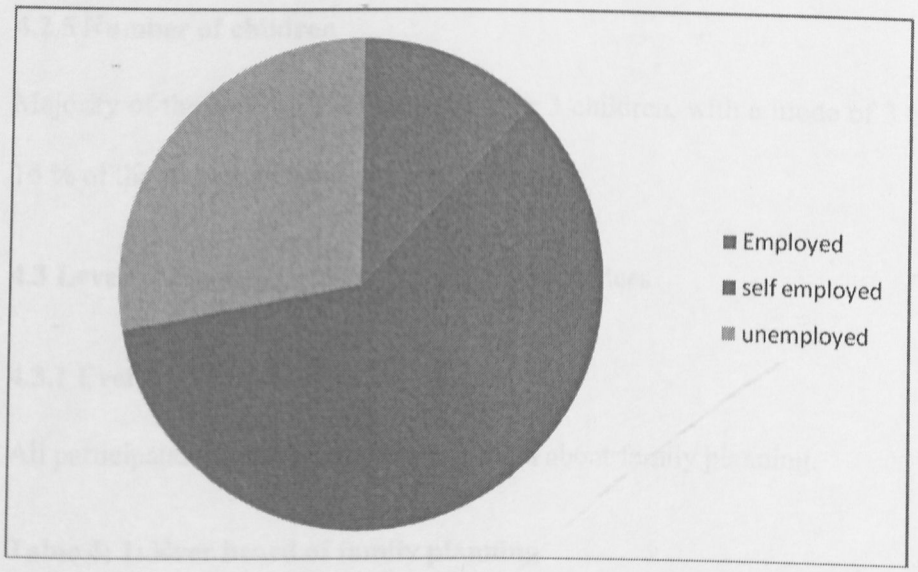


Figure 4: Employment status

4.2.4 Marital status

76% of the participants reported that they were married. 16% were never married while the divorced and separated study participants constituted 4% each of the study participants.

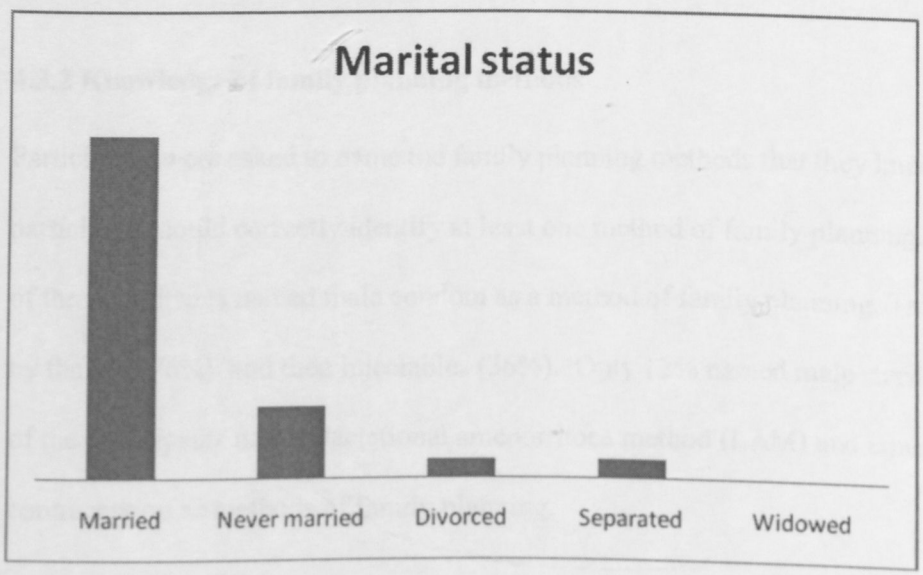


Figure 5: Marital status

4.2.5 Number of children

Majority of the participants had either 2 or 3 children, with a mode of 3 children. However, 16 % of the participants did not have children.

4.3 Level of knowledge of family planning services

4.3.1 Ever heard of family planning

All participants reported that they had heard about family planning.

Table 4: 1: Ever heard of family planning

	Frequency	Percentage
YES	25	100%
NO	0	0
Total	**25**	**100**

4.3.2 Knowledge of family planning methods

Participants were asked to name the family planning methods that they knew and all the participants could correctly identify at least one method of family planning. Majority (84%) of the participants named male condom as a method of family planning. This was followed by the pill (76%) and then injectables (36%). Only 12% named male sterilization and none of the participants named lactational amenorrhoea method (LAM) and emergency contraception as methods of family planning.

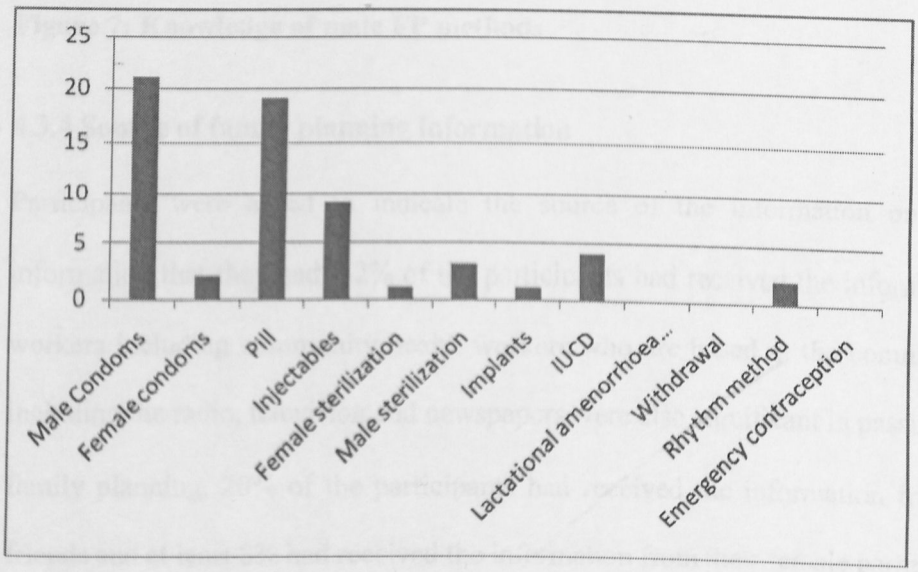


Figure 6: Knowledge of FP methods

4.3.3 Knowledge of male family planning methods

Participants were asked to name the family planning methods that can be used by men. 88% of the study participants named male condoms while 24% identified male sterilization. Only 4% named withdrawal method and at least 16 % did not know any family planning method for men.

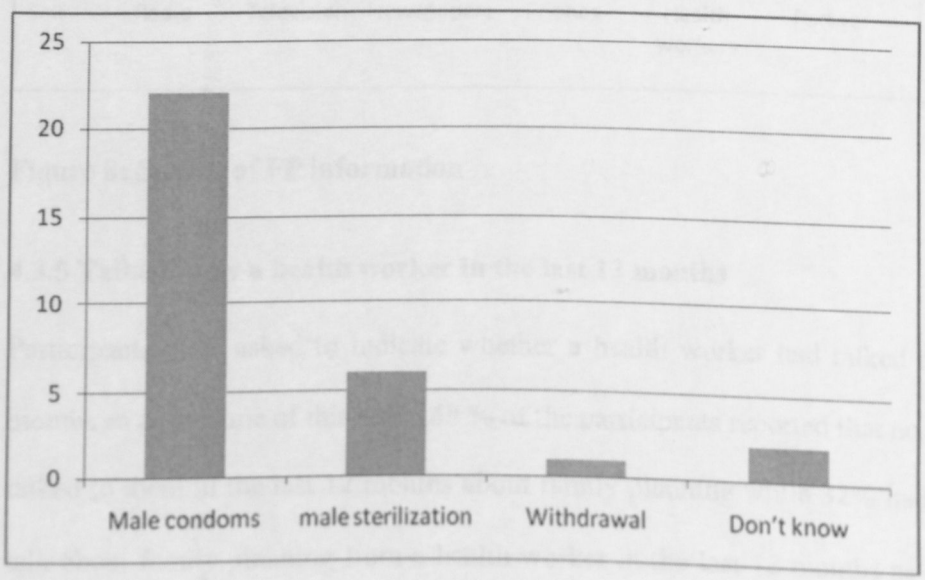


Figure 7: Knowledge of male FP methods

4.3.4 Source of family planning information

Participants were asked to indicate the source of the information on family planning information that they had. 52% of the participants had received the information from health workers including community health workers who are based at the community. The media including the radio, television and newspapers were also significant in passing information on family planning. 20% of the participants had received the information from their peers or friends and at least 8% had received the information from their female partners.

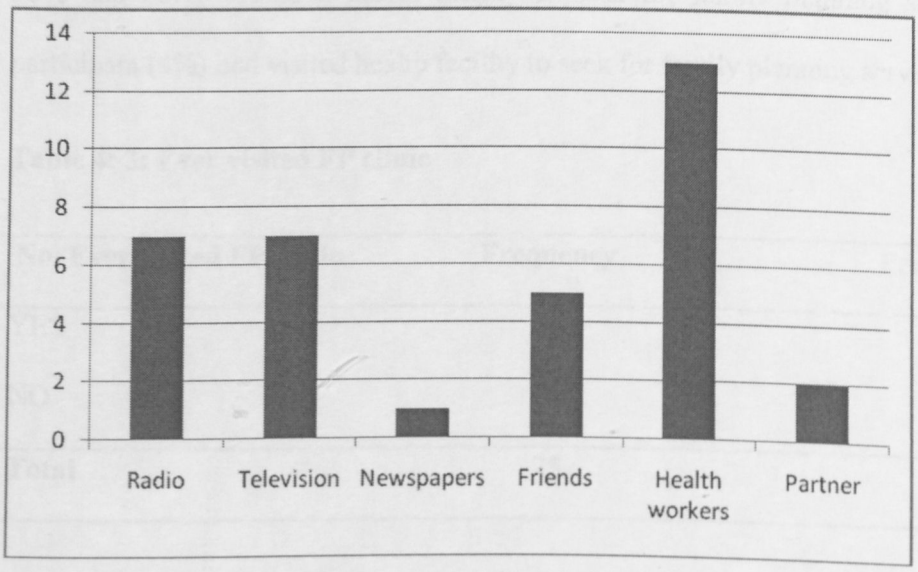


Figure 8: Source of FP information

4.3.5 Talked to by a health worker in the last 12 months

Participants were asked to indicate whether a health worker had talked to them in last 12 months as at the time of this study.68 % of the participants reported that no health worker had talked to them in the last 12 months about family planning while 32% had received a health talk about family planning from a health worker in the last 12 months as at the time of this study.

Table 4: 2: Number talked to by health worker on family planning

	Frequency	Percentage
YES	8	32
NO	17	68
Total	**25**	**100**

4.4 Utilization of family planning services

4.4.1 Ever sought for family planning services in a health facility

96% had never visited a health facility to seek for family planning services. Only one participant (4%) had visited health facility to seek for family planning services.

Table 4: 3: Ever visited FP clinic

No. Ever visited FP clinic	Frequency	Percentage
YES	1	4
NO	24	96
Total	**25**	**100**

4.4.2 Reasons for visiting or not visiting a family planning clinic

Participants where further asked to give reasons why they visited or did not visit the health facility. The participant who had visited the health facility explained:

"My wife had just given birth and I felt we had enough children. I wanted to space the children".

Participants who reported never accompanying gave reasons that included: male condoms are available everywhere, no need to go since the partner goes, lack of time and FP clinics are mainly for women.

4.4.3 FP being a woman's affair

Majority of the participants, 72% disagreed that family planning is woman's affair and 28% agreed that it is a woman's affair. Majority of those who disagreed felt that FP is a shared responsibility that the couple need to talk and agree. At the same time, those opposed to this stereotype felt that either the woman or the man can use contraceptives and therefore it cannot be said to be a woman's affair.

On the other hand, participants who felt that family planning were a woman's affair tended to share a common perception that it is a woman's responsibility. One participant put it this way:

"It is the woman who gets pregnant and she is therefore responsible"

Table 4: 4: Perception of family planning as being a woman's affair

	Frequency	Percentage
YES	7	28
NO	18	72
Total	**25**	**100**

4.4.3 Current use of FP by couples

The participants were asked to indicate whether they were using any family planning method with their spouses. 80 % of the study participants reported using a method of family planning

with their partner. However, 20% of the respondents reported not using any family planning method.

Table 4: 5: Couple currently using FP methods

Currently using FP	Frequency	Percentage
YES	20	80
NO	5	20
Total	**25**	**100**

4.4.4 Family planning methods currently in use

Participants were asked to name the family planning method they were using with their partners as at the time of this study.28 % of the participants were using male condoms while 24% reported their partners were using injectables. Use of the pill was reported by 20% of the participants and the use of female sterilization and implants was each at 4%. However, 16% did not know the family planning method that their partner was on.

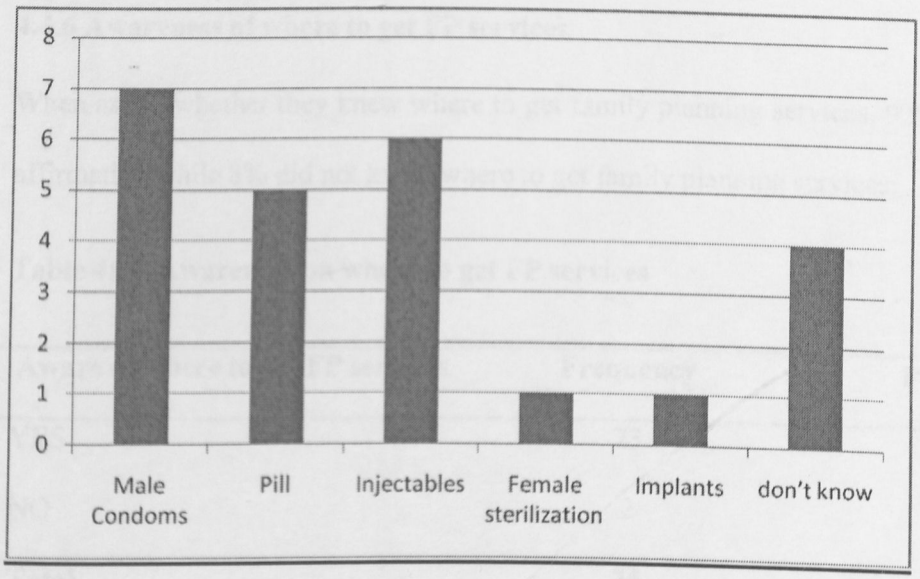


Figure 9: FP methods currently in use by participants & their partners

4.4.5 Ever accompanied partner to FP clinic

Participants were asked to indicate whether the y had ever accompanied their partners to the health facility to seek for family planning services. With regard to this question, 76% of the participants had never accompanied their partners while 24% had. The participants who had accompanied their partners to the health facility were further asked to give reasons why they did so and 83% said that they wanted to give their wives support while one participant said that he wanted the wife to conceive and therefore accompanied her to get more information.

Table 4: 6: Ever accompanied partner to FP clinic

	Frequency	Percentage
YES	6	24
NO	19	76
Total	**25**	**100**

4.4.6 Awareness of where to get FP services

When asked whether they knew where to get family planning services, 92% answered in the affirmative while 8% did not know where to get family planning services.

Table 4: 7: Awareness on where to get FP services

Aware of where to get FP services	Frequency	Percentage
YES	23	92
NO	2	8
Total	**25**	**100**

4.4.7 Where to access family planning services

Participants who knew where to get FP services were asked to name the possible places where one would get FP services and all participants could correctly identify at least one place where FP services can be accessed. Majority of the participants (91%) cited health facilities while 8.6% named pharmacies. Health distributors and the shops were each cited by 4.3% the participants.

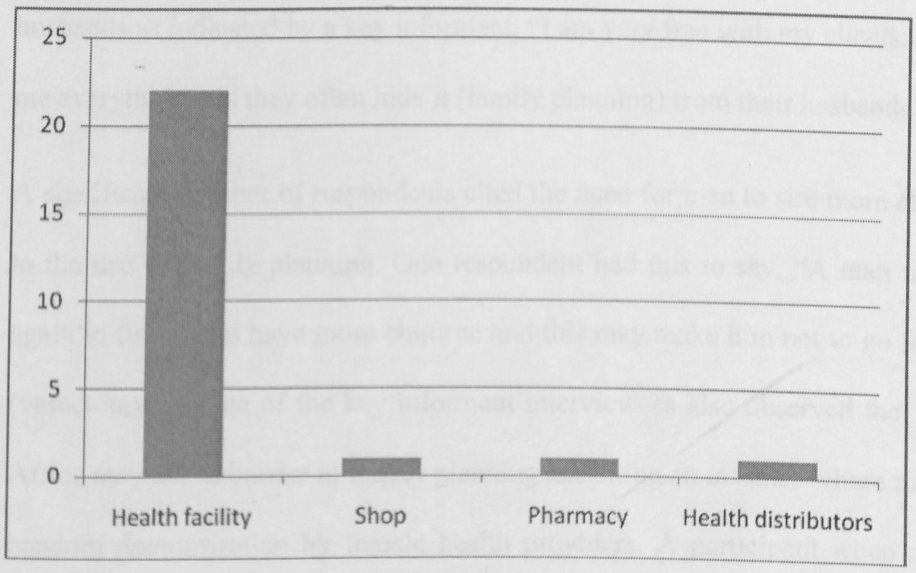


Figure 10: Where to access FP services

4.5 Barriers to using family planning services

The 25 study participants together with the 3 key informants were asked what they thought were the barriers to the utilization of family planning services by men. The qualitative data led to the emergence of 6 themes. Each of these themes will be presented in this report separately.

4.5.1 Fear of vasectomy

Some participants felt that vasectomy or male sterilization was thought by most men as having bad side effects. The most cited myth associated with vasectomy in this study was that it is believed to cause loss of libido in a man.

4.5.2 Gender roles

The view of family planning as being a woman's affair was cited by 36% of the respondents. One of the respondents said, "they (men) think they are not part of it....it is a woman's affair". On the other hand, women were also said to hide family planning use from their

husbands as indicated by a key informant, "I am very free with my clients. They (women) tell me everything and they often hide it (family planning) from their husbands".

A significant number of respondents cited the need for men to sire more children as a barrier to the use of family planning. One respondent had this to say, "A man may need to marry again in future and have more children and this may make him not to go for family planning (vasectomy)". One of the key informant interviewees also observed that cultural beliefs in Africa may act as barrier to family planning use citing an instance where men may not accept condom demonstration by female health providers. A participant when asked why he has never visited a health facility to seek for family planning said, "I don't need to go to the health centre when she (the wife) is going. It is the duty of the woman to go since family planning is for women".

4.5.3 Lack of men friendly services

It came out severally from the study participants that most family planning contraceptives are made for women and that men have limited choices. It was also pointed out that health service providers may have an attitude that may discourage the use of services by men. A key informant said, "When men come to ask for condoms from the facility, the service provider may think the man is promiscuous and this may discourage them (men) from collecting condoms".

Another key informant cited stigma associated with men going for family planning services in the society, "like here where I work, I only have one male client for family planning (condoms)". Another key informant noted that there was lack of gender equality in the allocation of providers to the family planning clinic and that that it was mainly female service providers that are allocated to the family planning rooms. This according to the key informant "makes men shy away".

4.5.4 Substance abuse

Alcohol and drug use were also raised by 7% of the participants as acting as a barrier to the use of family planning services by men.

4.5.5 Lack of time

Other respondents cited that men are busy with work and thus lack time to go for family planning services. A key informant said, "Men generally don't like queuing and therefore lack of enough staff will discourage them (men) from coming to the family planning clinics.

CHAPTER FIVE: DISCUSSION, CONCLUSION & RECOMMENDATIONS

5.1 Discussion of results

5.1.1 Awareness of family planning methods

Results of this study demonstrate that men know the existence of family planning and this is supported by the KDHS report of 2008-2009 (KNBS, 2010). However, most men only cited male condom as the male method of family planning an indication that the knowledge of the existence of vasectomy is limited. Furthermore, many participants did not name male sterilization as a family planning method for men and this may be an indication that many men are unaware of this permanent and effective family planning method. On the same note, myths associated with vasectomy emerged in this study with some participants citing fear of vasectomy as a barrier to the use of family planning. In a study conducted by Marie Stopes International (2003), men were found to lack understanding on the consequences and benefits of vasectomy and this contributes to a negative view of the method. Health workers and the media emerged to be important sources of This finding is supported by Kim eta al. (1999) in his study that established that whereas men came merely for information on family planning at service delivery points, women came to adopt, continue or change the family planning methods.

5.1.2 Utilization of FP services by men

Despite men having information on family planning, gendered barriers to utilization of family planning services are evident in this study. Gender roles and expectations on men do influence the utilization of family planning among men. Men in this study are generally aware of the existence of family planning services but the use remains low. In most African settings, nurturing and the reproductive role are associated with women (Were & Karanja,

1994), and few men in this study reported ever accompanying their partners to family planning clinics. This finding is also supported by Marie Stopes International (2003) in their study that found men usually get embarrassed to disclose that they have undergone vasectomy.

The study provides further evidence that women bear the burden of reproduction as shown by most users of family planning being women. This findings are supported by a study done by Jianghong (2004), in which he asserts that women's role and place in the society obligate them to control their fertility and meet the society's expectations such as having many sons .Men still feel that they are obligated to sire children in the matrimony and this perception may hinder efforts to scale up family planning programmes targeting men especially the permanent and effective vasectomy for men.

The findings in this study also indicate that men are key in decision making about family planning as indicated by majority of men in this study who felt that that family planning was not a woman' affair and that a man needs to agree with the partner on what method to use. The assertiveness of the men in this study on the need to engage with their partners in matters family planning shows how significant a man's decision is in the use of family planning.

The present study demonstrates that health facilities remain the choice for most men in the access to family planning services and calls for the need to put in place the appropriate infrastructure to attract and sustain the use of family planning services by men. In addition, health workers are important in passing information and creating awareness on family planning as reported in this study. However, the utilization of family planning services at health facility level by men in this study is very insignificant and attitudes by health providers are cited in this study as being a hindrance. An earlier study done in Kenya by Wilkinson et.al (1996) had established that health workers were not adequately prepared to handle male

clients. Furthermore, this study has confirmed that the largely women friendly infrastructure in health facilities makes many shy away from going to get family planning services. The results in this study also cited health worker shortage as a problem that consequently results to long waiting queues in family planning clinics. Similar observations were noted by Onyango (2010) that iinadequate infrastructure influence the utilization of family planning services by men.

It is evident from this study that male involvement in family planning goes beyond passing information to men. Indeed, it is apparent that knowledge on family planning does not translate into family planning uptake by men. Transformative interventions geared towards changing gender norms may be necessary (Borrero et al. 2013). Men need to be made aware of the various family planning methods including the various choices available to them including their consequences and benefits. It is apparent from this study that most men are not aware of vasectomy as a family planning choice for men which is highly effective and permanent.

Similarly, this study illuminates the gender power differences that exist between men and women as indicated by most women reportedly using family planning contraceptives in hiding. Meaningful male involvement will ensure that couples can openly and freely talk about family planning and choose the most suitable method for them.

5.2 Conclusion

This study has answered the question posed in this study. It is apparent that there are several factors hindering the utilization of family planning services by men. It is also apparent from the study that utilization of family planning services goes beyond passing the information about family planning to men. Men are aware that they have a role to play in family planning

and are also able to articulate the perceived barriers to the utilization of family planning services.

5:3 Recommendations

Based on the study findings the following recommendations are made:

- The recognition of gender issues as a barrier to the utilization of family planning services by men in this study can provide a basis for the development of targeted male involvement programmes that will not only create awareness to men but also provide opportunities for men to be actively involved in the family planning agenda.

- The results of this study can be used in creating advocacy programmes and male involvement initiatives in the study area to increase the uptake of family planning services by men. Furthermore, men's desire and support for family planning as evidenced in this study may serve as a platform for meaningful male engagement in family planning programmes.

- Deliberate programmes will be needed to engage men to reflect on their roles in family planning. This may involve going to the men instead of waiting for them to go to the health facilities.

- Orientation of service providers on gender norms that hinder uptake of family planning is needed to allow the service providers engage men effectively by mainstreaming gender into the family planning programmes.

- Training of more health workers to avoid long waiting times for family planning clients may be helpful to male family planning users.

- A more couple oriented approach to the delivery of family planning is also recommended so that men don't feel as though family planning clinics are meant for women only.

- Empowering women so that they can engage their partners in family planning use and to avoid women using FP contraceptives in hiding

- Overly, this study underpins the need for gender-equitable ways to increase the reproductive role of men especially in family planning and therefore gender mainstreaming in community health projects will be imperative.

REFERENCES

Bawa, A., Akweongo, P., Simmons, R., and Phillips, R., 1999. Women's fears and Men's anxieties. The impact of family planning on gender relations in Northern Ghana. *Studies in Family planning*, 30(1), 54-66.

Centre for development and population activities (CEDPA), 2000. Gender, reproductive health and advocacy. *A trainer's manual*. CEPA, Washington, DC.

DE Witte, L., Schott T., & Proot, I., 2006. Methodological issues in Nursing Research: Development of the client centred care questionnaire. *Journal of advanced Nursing*. 56(1), 62-68.

Division of Reproductive Health, 2010. National Family Planning Guidelines for Service Providers. Ministry of Health, Republic of Kenya.

Earnst, H., Saiteu, G., and Maro, G,.2011. Promoting modern family planning among Tanzania's nomadic communities.Exchange on HIV and AIDs, Sexuality and Gender.

Fapohunda, B., and Rutenberg, N., 1999. Expanding men's participation in reproductive health in Kenya. African Population Policy Research Centre, Nairobi Kenya.

Fisher, A., & Foreit, J., 2002. Designing HIV/AIDS intervention Studies: *An Operations Research handbook*. Population Council.

Hartman, M., Gilles, K., Shatuk, D., Kerner, B., & Gest, G.,2012. Changes in couple communication as a result of a male involvement family planning interventions. *Journal of Health Communication* ,17 (7).

Janghong,l., 2004. Gender inequality, family planning and maternal and child care in arural Chinese county. Social science & medicine 59(695-705).

Kenya National Bureau of Statistics (KNBS) 2010. Kenya Demographic and Health Survey (KDHS) 2008/2009. Nairobi, Kenya.

Kim, Y.M, Kols A. 2002. Counseling and communicating with men to promote family planning in Kenya and Zimbabwe: findings, lessons learned and programme suggestions. In: Programming for male involvement in reproductive health: report of the meeting of WHO Regional Advisers in Reproductive Health. WHO/PAHO, Washington DC, USA, 5-7 September 2001. WHO, Geneva.

Kim,Y.,Kols,A., Mwarogo, P., & Awasum,D.,2000. Differences in counselling men and women: Family Planning in Kenya. *Patient Education & Counselling* 39 (37-47).

Management Sciences for Health (MSH), 2006. Challenges & Successes in Family Planning in Afghanistan. Occasional papers.

Marie Stopes International,2003. Views on vasectomy: the male perspective.

Matsuzono, M., 1997. Male involvement in family planning in Gusii society: An anthropological overview. *African study monographs*. The centre for African studies, Kyoto University, 18(4), 175-190.

Ministry of Public Health and Sanitation (MOPHS), 2010. National Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in Kenya. Republic of Kenya.

Ministry of Public Health and Sanitation and Ministry of Medical Services, 2009. National Reproductive Health Strategy 2009-2015. Republic of Kenya

National Coordinating Agency for Population and Development (NCAPD) [Kenya], Ministry of Health (MOH), Central Bureau of Statistics (CBS), ORC Macro. 2005. *Kenya Service Provision Assessment Survey2004*. Nairobi, Kenya.

NCAPD,2010. Fulfilling unmet need for family planning can help Kenya achieve vision 2030. Policy Brief No.13. National Coordinating agency for population and development.Nairobi

NCPD, 2013.Family Planning. Available at www.ncpd.co.ke Accessed 10th June, 2013.

Ndegwa, S., Onduso, P., and Casey, L., 2008. Reproductive Health and Family Planning in Kenya: The Pathfinder Experience.

Onyango, M., 2010. Factors that influence male involvement in sexual and Reproductive health in Western Kenya. A qualitative study. African Journal of Reproductive Health 14(4), 32-42.

Polit, D., & Beck, C., 2004. Nursing Research: principles and Methods, 7th ed. Lippincott Williams & Wilkins, Philadelphia

Polit, D., & Beck, C., 2006. *Essentials of Nursing Research: methods, appraisal and utilisation.*6th edition. Lippincott Williams & Wilkins. Philadelphia.

REES, C., 2007. *Introduction to Research for midwives*. 2nd Edition. Elsevier, Edinburgh.

Rotach,E.,Hardee, K.,Joviet, R., & Kiesel, R., 2012. Integrating gender into the scale up of family planning and maternal, Neonatal and child health programs. Washington DC: Futures Group, Health Policy Project.

Shah, N., Wang,N., & Bishai,D.,2011. Comparing private sector Family Planning Services to Government and NGO Services in Ethiopia and Pakistan: How do social Franchises compare across quality, equity and cost?

Taylor, B., Kermode, S., and Roberts K,. 2007. *Research in Nursing and Health Care: Evidence for practice*. 3rd Edition. Thomson, Australia.

UNFPA, 1995. Population and development programme of action. International conference on population and development (ICPD) 1994.Vol 1. New York, United nations.

University of North Carolina, 2013. Conceptual Framework for Measure Evaluation. Available at www.cpc.unc.edu/measure. Accessed 20/04/2013 at 20.00

USAID, 2000. Guide for incorporating gender considerations in USAID's family planning and reproductive health. Interagency gender working group.

Walston, N., 2005. Challenges and opportunities for male involvement in reproductive health in Cambodia. USAID.

Were, E., & Karanja, J., 1994. Attitudes of Males to Contraception in Kenyan Rural Population. *East African Medical Journal*, 71(2), 106-9.

WHO, 2001. Programming for male involvement in Reproductive Health. Report of the meeting of WHO Regional Advisers in Reproductive Health, Washington DC, USA 5-7 September, 2001.

WHO, 2008. Repositioning family palnning: Guidelines for advocacy.

Wilkinson, D., Wegner,M., Mwangi,N., & Lynam P, 1996. Improving vasectomy Services in Kenya: lessons from a mystery client study. *Reproductive Health matters*, 4(7), 115-121.

APPENDIX I: SURVEY QUESTIONNAIRE

Hello, my name is Ruth M Maithya and I am a student at the University of Nairobi undertaking a master's degree in Gender and Development. I am conducting research to establish the factors that influence the utilization of family planning services by men in Mugumoini location. The aim of the study is to explore factors that influence the utilization of family planning among men in Mugumoini location, Nairobi City County. You were selected by the virtue that you are a resident of Mugumoini location. Your participation is required for an interview which is estimated to take approximately 15-20 minutes. The interview is completely anonymous and thus you are not required to give your name or identify yourself in any way. You are also free to withdraw your participation from the study anytime without giving reasons. The information that you will give shall be kept confidential. The questionnaires used to interview you will also be destroyed upon completion of the study.

There will be no direct benefit to you but your participation will help us get useful information in the area of this study. Your participation in this study is completely voluntary. In addition, if you prefer not to answer any question, you are free to do so. Additionally, feel free to ask me any question or any concern that you may have. Would you please be willing to participate in this study?

Yes_____ No_____

Thank you for accepting to participate!

Date _____

Questionnaire code_____

Section I: Demographic information

1. What is your age?

   15-30 years ☐

   30-45 years ☐

   >45 years☐

2. What is the highest level of education completed?

   ☐Primary

   ☐ Vocational

   ☐ Secondary

   ☐ Higher (specify)_____

   ☐ None

3. What is your employment status?

   ☐ Employed

   ☐ Self employed

   ☐Unemployed

4. What is your marital status?

   ☐Married

   ☐Never married

   ☐Divorced

   ☐Separated

   ☐Widowed

5. Do you have any children?

   ☐Yes

   ☐No (skip to 7)

6. How many children do you have?

☐<2

☐2-3

☐4-5

☐>5

Section II: Knowledge on family planning services

7. Have you ever heard of family planning?

☐Yes

☐No

8. Which family planning methods do you know of?

☐ Male Condoms

☐ Female condoms

☐Pill

☐Injectables

☐Female sterilization

☐Male sterilization

☐Implants

☐IUCD

☐ Lactational amenorrhoea method

☐Withdrawal

☐Rhythm method

☐Emergency contraception

9. Which are the male family planning methods?

☐ Male Condoms

☐ Female condoms

☐Pill

☐Injectables

☐Female sterilization

☐Male sterilization

☐Implants

☐IUCD

☐ Lactational amenorrhoea method

☐Withdrawal

☐Rhythm method

☐Emergency contraception

10. What is the source of family planning information that you have?

☐Radio

☐ Television

☐Newspapers

☐ Friends

☐ Health workers

☐ Partner

☐ other_____

11. In the last 12 months, has any health worker talked to you about family planning?

☐ Yes

☐ No

Section III: Utilization of family planning services

12. Have you ever gone to the health facility to seek for family planning services?

☐Yes

☐No (skip to 14)

13. What are the reasons that made you go for the services?

_____

_____

14. What reasons make you not go for family planning services?

_____

_____

15. Do you think family planning is a woman's affair?

☐ Yes

☐No (Skip to 17)

16. Why is family planning a woman's affair?

_____

_____

17. Why is family planning not a woman's affair?

_____

_____

18. Are you currently using any method with your partner to delay or avoid pregnancy?

☐Yes

☐ No (skip to 20)

19. Which method are you using?

☐Condoms

☐Pill

☐ Injectables

☐Female sterilization

☐Male sterilization

☐Implants

☐IUCD

☐ Lactational amenorrhoea method

☐Withdrawal

☐Rhythm method

☐Emergency contraception

☐don't know the method

20. Have you ever accompanied your partner to a health facility to get FP services?

☐ Yes

☐ No (skip to 22)

21. What made you accompany your partner?

_____

_____

22. Do you know where you can get family planning services?

☐ Yes

☐No (skip to 24)

23. Where can you get family planning services?

☐ Shop

☐Health facility

☐Pharmacy

☐health distributors

24. In your own opinion, what are the barriers to using family planning by men?

_____

_____

25. What do you think can improve the utilization of family planning services by men?

_____

_____

Thank you for your participation!

APPENDIX II: KEY INFORMANT INTERVIEW GUIDE

Hello, my name is Ruth M Maithya and I am a student at the University of Nairobi undertaking a master's degree in Gender and Development. I am conducting research to establish the factors that influence the utilization of family planning services by men in Mugumoini location. The aim of the study is to explore factors that influence the utilization of family planning among men in Mugumoini location, Nairobi City County. You were selected by the virtue that you are an officer well versed with the area of family planning. Your participation is required for an interview which is estimated to take approximately 15-20 minutes. The interview is completely anonymous and thus you are not required to give your name or identify yourself in any way. You are also free to withdraw your participation from the study anytime without giving reasons. The information that you will give shall be kept confidential. The questionnaires used to interview you will also be destroyed upon completion of the study.

There will be no direct benefit to you but your participation will help us get useful information in the area of this study. Your participation in this study is completely voluntary. In addition, if you prefer not to answer any question, you are free to do so. Additionally, feel free to ask me any question or any concern that you may have. Would you please be willing to participate in this study?

Yes_____ No_____

Thank you for accepting to participate!

Date _____

1. In your own opinion, what structural factors act as a barrier to the utilization of family planning services by men?

2. In your own opinion, what service provider factors hinder the utilization of family planning services by men?

3. In your own opinion, what gender issues act as a barrier to the utilization of family planning services among men?

4. Would do you think are ways to promote the utilization of FP services by men?

APPENDIX III: AUTHORITY TO COLLECT DATA

UNIVERSITY OF NAIROBI
INSTITUTE OFANTHROPOLOGY, GENDER & AFRICAN STUDIES
P.O. Box 30197
Nairobi, Kenya
Tel: 020-2082530/31/45
Email: director-aags@uonbi.ac.ke

16th October 2013

TO WHOM IT MAY CONCERN

Dear Sir/Madam

DATA COLLECTION: Ms. RUTH M. MAITHYA – N69/64437/2010

This is to confirm that the above named is a Master of Arts in Gender and Development Studies student in the Institute of Anthropology, Gender and African Studies, University of Nairobi.

She has successfully completed her First Year of Study and she is now proceeding to the field to collect data for her research project.

The purpose of this letter is, therefore, to request you to allow her access to the data that she may find relevant to her study. Her research topic is **"Factors Influencing the Utilization of Family Planning Services among Men in Mugomoini Ward, Langata Constituency, Nairobi County".**

Any assistance accorded her will be highly appreciated.

Yours Faithfully

OSCAR MUSEMBI MARCO
FOR: DIRECTOR
INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES

UNIVERSITY OF NAIROBI
P. O. BOX 30197 - 00100 NAIROBI
DIRECTOR
INSTITUTE OF ANTHROPOLOGY,
GENDER AND AFRICAN STUDIES

OMM/ewk

APPENDIX IV: PERMISSION TO COLLECT DATA

OFFICE OF THE PRESIDENT
Provincial Administration & Internal Security
NAIROBI WEST DIVISION

Telegrams.....
Telephone: 020-2629946
When replying please quote

CHIEF
MUGUMO-INI LOCATION
P.O. Box 30124-00100
NAIROBI

Ref:
TO UNIVERSITY OF NAIROBI

Date 25TH OCT 2013

Re: Ms RUTH M. MAITHYA ID: 21912757

The above named person has been collecting data on Factors *influencing the utilization of family planning services among men in Mugumoini location, Nairobi West Division, Langata constituency*. The exercise took place from 23rd to 25th October. The data was collected at Southlands village.

Yours in service

ASST. CHIEF
BOMAS SUB-LOCATION
WEST DIVISION
NAIROBI AREA