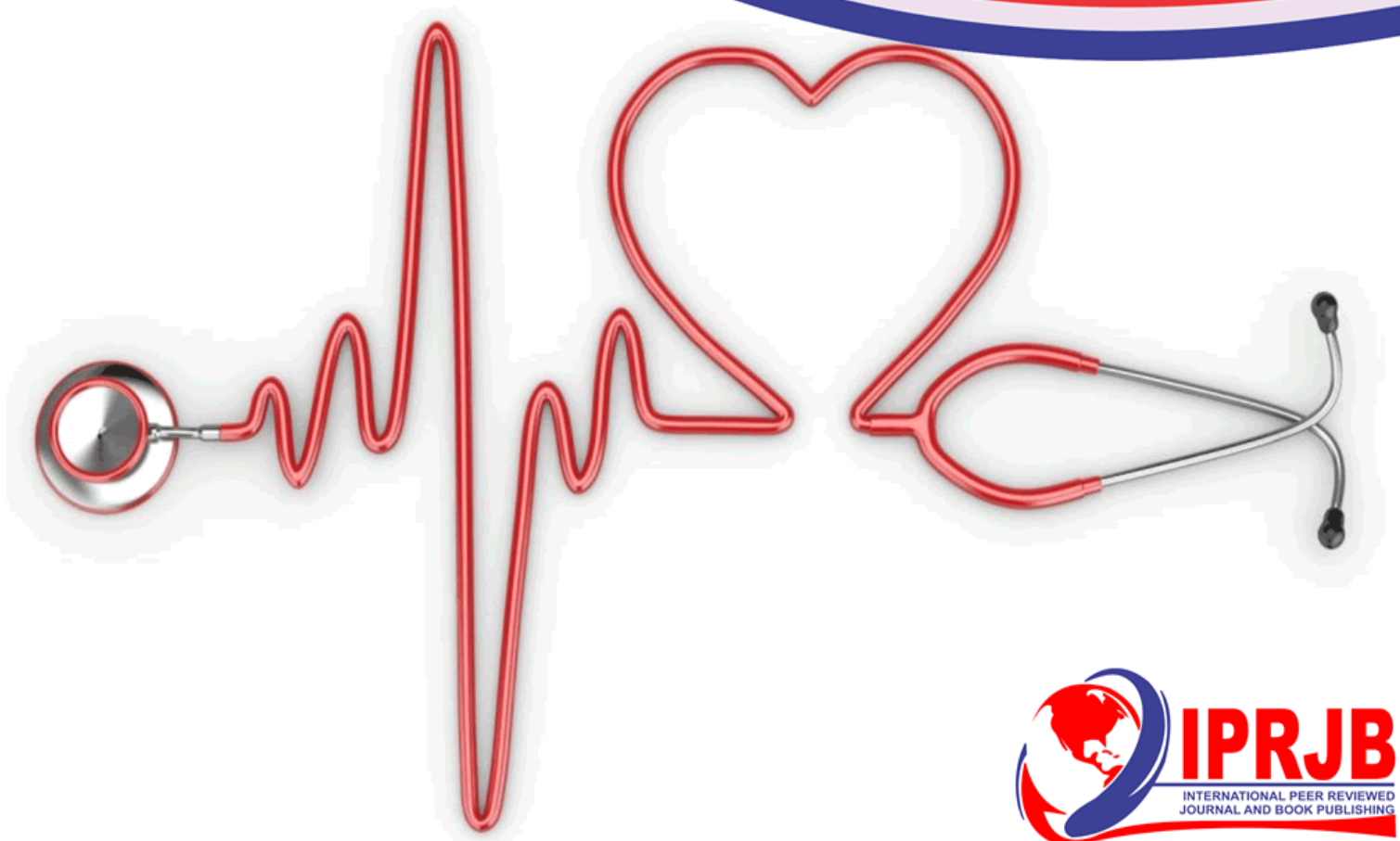


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Abstract

Purpose: the main objective of the study was to assess male partner involvement in long term contraceptive uptake among selected couples in Murang'a county central Kenya

Methodology: This was a descriptive, cross-sectional study employing both qualitative and quantitative approaches. Data collection tools were Interviewer administered - Semi Structured Questionnaires, Key Informant interviews guide and Focused Group Discussions guide. Pre-test of Instruments was done at Othaya Sub County in Nyeri. Eligible couples were systematically sampled using the EPI spatial sampling methods adopted by WHO for use in low income countries. Data was analyzed using SPSS version 20 software. Descriptive statistics, chi square, binary and multiple logistic regressions was computed. Those variables that were significant at $P\text{-value} \leq 0.05$ were entered into multivariate analysis. The odds ratio was calculated to assess the association and strength of association of variables. $P\text{-value} < 0.05$ was taken as a cut point. Qualitative data was triangulated with the quantitative data to enhance validity and reliability of the study findings.

Findings: Majority of couples interviewed (73%) reported being in a long-term relationship. Most participants (61%) cited male involvement as male partner participation and contribution, which they believed was important in family planning services utilization. Whereas most women (57%) reported that the partner's permission was not necessary and the decision to use any family planning method was their own, key informant indicated that despite receiving information about benefits of long-term family planning method, many women remained (53%) reluctant to undergo some procedures without first obtaining their partners permission. Most of the male partners (51%) were not willing to undergo vasectomy as they equated it with castration and the stigma which was to accompany the tag.

Unique contribution to theory, practice and policy: There is need to increase the level of knowledge and awareness among male partners on long term family planning methods and their benefits. Future research should explore the feasibility and effectiveness of engaging male partners in utilization of long-term family planning methods

Key words: *Couples, Long term family planning methods. Male partners involvement/participation.*

1.0 INTRODUCTION

Continuous population growth has become an imperative problem for developing countries [1]. In sub-Saharan African Countries like Kenya the population growth is increasing dramatically thence adversely affecting the socio-economic development of the country. As a result, countries are enforced to develop population policy to limit population growth [2]. Family planning (FP) is a tool to control population growth [3]. FP is central to efforts to reduce poverty, promote economic growth, raise female productivity, lower fertility and improve child survival and maternal health. FP can prevent maternal deaths up to 20–35% [1]. Long term family planning (LTFP) methods had low failure rate, safer and cost effective than short acting contraceptives. They prevent pregnancy more than a year in one action without requirement of repeated procedures [4]. Despite its effectiveness, improve maternal health, reduce population growth and reversibility of fertility the acceptance and uptake of LTFP methods are very poor [5,6].

Unmet need for contraception remains a global challenge and in 2014, it was estimated that more than 225 million women in the developing world were unable to access and use family planning or contraception (FP/C) [2]. While globally there has been an increase in contraceptive prevalence and decrease in unmet need since 1970, the Sub-Saharan Africa region continues to have the lowest contraceptive prevalence at 24% and highest level of unmet need at 25% [2].

In sub-Saharan Africa utilization LTFP method was very low [6]. According to the Kenya demographic health survey (KDHS) report in 2014 the prevalence of LTFP method was relatively low [7]. There are several factors that contribute for low prevalence LTFP methods; side effects of the methods, lack of access to the methods, lack of information on the methods and generally lack of health education on reproductive health [8].

Male partners may have a broad influence across the logistical, educational and psychosocial factors that influence women's decisions around and uptake of family planning services. Male involvement may include positive facilitators, such as emotional support, encouragement, and financial support. However, it may also have negative impacts, such as stigmatization, isolation, or outright prohibition of access to care. In previous decades, sexual and reproductive health (SRH) initiatives have focused almost exclusively on women, often offering services in places where only women frequent. While strategies that incorporate gender issues are important, the direct involvement of male partners in SRH conversations has become increasingly recognized as a key factor in acceptance and uptake of care [6]. Studies have shown that both women and men are interested in shared decision-making in reproductive matters, linking partner influence to women's adherence to HIV prevention methods, contraceptive use, and an increase in financial and interpersonal support for antenatal care and treatment during obstetric emergencies [8]. Some researchers remain critical of the efficacy of male involvement and its relationship to female empowerment, citing the absence of a standard definition of "male involvement", and the need for a clearer understanding of the positive and negative outcomes of involving male partners in SRH programs [9,10].

2.0 METHODS

This was a descriptive, cross-sectional study employing both qualitative and quantitative approaches. Independent Variable were; socio-demographic, cultural and economic characteristics, these are; age, education level, occupation, knowledge of contraceptives and

attitudes towards contraceptives, male support and involvement. These variables were each analyzed to determine their effect on dependent variable which was the couple using or willing to use long term family planning services.

Eligible couples were systematically sampled using the EPI spatial sampling methods adopted by WHO for use in low income countries [11]. Location at center of area was selected using a map. Systematic sampling strategy was deployed for selection of households with the couples along well defined transects. Research Assistants selected a direction at random from choice of directions they faced at center using random start point and interval based systematic selection households was identified and couples prequalified for inclusion criteria. This process was repeated until required number of participants were acquired for the study.

We defined male involvement as the inclusion of male partners (either husbands or long-term boyfriends), male family members, or community members in any aspect of utilization of long-term family planning methods. For preliminary analysis, coding reports were reviewed collaboratively to identify important themes relating to male involvement such as experiences and perceptions of partner support and opposition, including emotional and tangible (such as finances) support, stigma, lack of support, and partner opposition. Analysis emphasized male *partner* involvement because it was the most cited form of male involvement in the interviews. Interviews were further analyzed to determine if, how, and to what extent a male partner influences a woman's uptake of family planning method. Males who were themselves using or planning to use long term family planning method were also interviewed. We used findings from the data to develop a framework that describes ways in which male involvement could potentially influence women's decision-making processes in using long term family planning method, highlighting ways in which male involvement was both positive and negative.

Data collection and analysis

Data collection tools were Interviewer administered - Semi Structured Questionnaires, Key Informant interviews, Focused Group Discussions. Pre-test of Instruments was done at Othaya subcounty in Nyeri which has similar characteristics with the study area. This was to ensure the validity and reliability of the data collection tools. Training was given for data collectors and supervisors to maintain data quality

Data collection was carried out using interviewer administered semi structured questionnaires by the trained research assistants. The FGDs was conducted using an FGD guide and key informants were interviewed using key informant interview schedule. Data were analyzed by using SPSS version 20 software. Descriptive statistics, chi square, binary and multiple logistic regressions was computed. Those variables that were significant at $P\text{-value} \leq 0.2$ were entered into multivariate analysis. The odds ratio was calculated to assess the association and strength of association of variables. $P\text{-value} < 0.05$ was taken as a cut point. Qualitative data was triangulated with the quantitative data to enhance validity and reliability of the study findings.

3.0 RESULTS

A total of 250 couples were interviewed and seven FGDs comprising of 6 couples were done. Key informants who were professionals (Nurses and Doctors) offering the family planning services were also interviewed. The majority of couples interviewed reported being in a long-

term relationship Most participants cited male involvement as male partner participation and contribution, which they believed was important in family planning services utilization. Whereas most women reported that the partner's permission was not necessary and the decision to use any family planning method was their own, key informant indicated that despite receiving information about benefits of long-term family planning method, many women remained reluctant to undergo some procedures without first obtaining their partners permission. Most of the male partners were not willing to undergo vasectomy as they equated it with castration and the stigma which was to accompany the tag.

The male partner level of education, awareness about LTFP, emotional and material support, and communication on matters related to family planning had a significant association on the couple's uptake or willing to use long term family planning methods.

Table 1: Association of respondent's characteristics and their spouse uptake or willingness to use long term family planning methods

Attribute	Uses or willing to use LTFP	Not Willing	χ^2 ,df,p	Odds Ratio
Age in Years				
< 20	6	45	$\chi^2 = 5.38$ df=3 p =0.056	
20-29	16	115		
30-39	11	63		
40-49	5	27		
Total	38	212		
Level of schooling				
Primary	15	128	$\chi^2 =4.25$ df=3 p = 0.000	OR=11.66
Secondary	10	47		
Tertiary	7	20		
No formal education	6	17		
Total	38	212		
Aware about LTFP				
Fully aware	12	39	$\chi^2 = 2.16$ df =2 p =0.101	OR=5.23
Somehow aware	38	147		
Not aware	5	26		
Total	38	212		
Support the partner				
Financially	19	43	$\chi^2 =3.07$ df =2 p =0.043	OR=33.55
Emotionally	15	50		
Don't support	5	119		
Total	38	212		
Communication with partner on FP				
Communicates regularly	19	27	$\chi^2 =3.22$ df=2 p =0.031	OR = 8.00
Communicates but not regularly	13	70		
Never communicates	6	115		
Total	38	212		

Table2 Couples reasons for not using or willing to use long term family planning methods

Reasons for not utilizing LTFP	Frequency	Percentage
No information	88	35.2
Didn't have time	10	4.0
Didn't get the services when needed them	4	1.6
Fear of uncertainties	12	4.8
Lack of communication among themselves	30	12.0
Don't have enough children	8	3.2
Lack of finances	23	9.2
Hadn't thought about it	37	14.8
Total	212	84.8

Major themes that emerged throughout the interviews were perceived male partner distrust and stigmatization, importance and mechanisms of partner support, and implications of limited partner health education. Themes were grouped into categories related to perceived or experienced barriers, male partners as facilitators, and suggestions on how to facilitate male involvement

Male Partners as Perceived or Experienced Barriers to family planning uptake

Although most women considered their own partners as “supportive”, when the partner was present during the interview many were of the view that male partner opposition was a major barrier to long term family planning services. Couples cited fear of future uncertainties and stigma associated with barrenness, the cost of transportation to health facilities, and indifference towards women’s lives as their primary perceptions and experiences of male partners as barriers

Financial Control

Male partners were frequently seen as potentiating the infrastructure and logistical barriers, through their control of finances and decisions about whether to pay for transportation to the health facilities. Male partners functioned as active barriers to family planning services access when they were unwilling to provide funds for transportation or if women felt unable to disclose their need for transportation money. Male partners could also have a more passive negative role if they were seen as the source of money for transport, but did not have the ability to pay for it.

Male Partner Support

Most couples and key informants interviewed in this study believed that it was important to involve males members in utilization of long-term family planning methods. Male partner support was a central theme throughout the study. Responses regarding “support” were organized into two categories depending on whether a couple reported experiences of partner support or facilitation or suggested ways in which male partners can be beneficial to prevention. This analysis found that reports of “male support” often involved permission from male partners to go to the hospital, financial support for transport to services, and encouragement and emotional support.

Proposed strategies to Increased Male Involvement

Most couples, irrespective of personal experience or perceptions, believed that male partners could play an important role in increasing uptake of long-term family planning methods services. All participants suggested ways of increasing male partners' involvement as a means of addressing barriers to care. The education of male partners emerged as the major theme throughout the interviews because most women and key informants believed that men were unlikely to seek this information on their own. Responses included when to educate men, where, what topics to include, the importance of educating male partners, and ways to implement partner education. Key informants expressed a perceived need to deliver accurate male partner education, as early as possible in the usage of family planning services. In addition to early education, women also highlighted the need for continuous education, believing that partner education must be continuous to normalize uptake of long-term family planning services.

Discussion

The main purpose of this paper is to explore couples' perspectives on "male involvement" related to uptake of long-term family planning methods in Murang'a county Central Kenya. Through qualitative interviews, we evaluated perspectives of couples and key informants who took part in this study. We used their voices to describe the positive and negative ways in which male involvement impacts uptake of the long-term family planning services. Through the relationships we were able to identify key drivers of facilitating actions and potential solutions to barriers as seen through women's perspectives of male involvement. A key finding was the relationship between involvement and knowledge. Women who expressed a desire for increased male involvement in family planning services, also perceived male partners to have limited knowledge of prevention. In contrast, women who reported having supportive partners also mentioned high levels of knowledge and awareness among their partners. Women identified ways in which male partners serve as facilitators and barriers to care as well as potential ways to ensure that male partner involvement could have a positive impact in the future. [12].

Most women reported having supportive partners that provided emotional and tangible support; however, most participants and KIs in general categorized male partners as actual or potential barriers to uptake of long-term family planning services. Though all women reported a number of ways in which male partners could or did serve as barriers to care, distrust or lack of understanding were the most commonly identified manifestations of those barriers. Lack of support manifests itself through inability to provide financial or logistical support to travel for the procedures in the health facilities

Almost all women believed that educating male partners on benefits of long-term family planning methods would lead to increased partner knowledge, enabling partners to better understand the procedures involved. This is consistent with studies that have found that limited knowledge among male partners about long term family planning methods may serve as a barrier to services uptake [13]. The majority of participants reported that targeting male partners during outreach and education activities was the most feasible way to encourage an increase in male partner support. Educating male partners may equip men to better care for and interact with their partners; this included (1) permission/ encouragement to go for the services, (2) tangible support such as financial support for transport, and (3) a reduction in partner distrust. Women's views regarding the relationship between men's lack of knowledge on long term family planning

methods and their inability to provide support when they want or planning to use them indicate that defining male involvement in relation to uptake of long-term family planning method will need standard interventions that emphasize the importance of partner education.

4.0 CONCLUSION AND RECOMMENDATION

Conclusions

The findings of this paper demonstrate an overwhelming desire for male partner education as well as a belief that increased male knowledge will lead to increased uptake of long term family planning methods and most importantly, these findings highlight the need for greater conversations around male involvement that go beyond provision of material support but emotional and psychological support as well in order to realize the global goal of managing population growth..

Recommendations

Our findings show that a lack of knowledge on long term family planning methods among male partners has potential negative influences on uptake of the services particularly in relation to women receiving permission/ financial assistance to undergo procedures such as BTL or insertion of implants and IUCDs. This suggests a need for identifying strategies to effectively involve male partners. This may be particularly important as policy makers begin to place a greater emphasis on male involvement. Our findings are consistent with the WHO's recognition of men as potential "gatekeepers" of access to services as well as its recommendation that increased knowledge among men also helps women make better health decisions

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