FACTORS AFFECTING MALE INVOLVEMENT IN FAMILY PLANNING AT KAZO HEAL TH CENTER IV IN KAZO TOWN COUNCIL KAZO DISTRICT

BY

NDYAGUMA LABAN

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A RESEARCH REPORT SUBMITTED TO THE FACULTY MEDICINE IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AW ARD OF THE BACHELORS DEGREE ENVIRONMENTAL HEALTH SCIENCE OF KABALE UNIVERSITY

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DECLARARTION

I, Ndyaguma Laban, hereby declare that the work contained in this proposal is my original and has never been presented to any university for any award.

Sign:….. **Date:** 06/05/2022

NDYAGUMA LABAN

APPROVAL

This report has been written under my supervision and is now ready for submission to Kabale

Date ....04 May 2020.....

Dr. Nathan Nshagra
(University Supervisor)

DEDICATION

This proposal is dedicated to my family members whose efforts towards the success of my studies depict the highest degree of love, care and financial support.

ACKNOWLEDGEMENT

My gratitude goes to my supervisor for the wonderful guidance and close supervision.

I wish to extend my regards and gratitude to my sponsors for their support both financially and academically.

Lastly, I also acknowledge my course mates and all friends within and outside class for the academic sharing during discussions.

DEFINITION OF KEY TERMS

Family planning: is a way of controlling population and helps 111 reducing unintended pregnancies.

Male involvement: A man who either supports his partner 111 contraceptive use or actively participates in family planning by using a method.

Contraceptive use: A partner reporting use implies he/she is actively using a method or the other partner is at the time of interview.

Partner communication: how often the two partners talk or discuss family planning.

Knowledge of method: A partner is reported to know a method if he/she spontaneously mentions a method after prompting.

LIST OF ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome:

DHMT: District Health Management Team

EC: Emergency Contraception

FP: Family Planning

HIV: Human Immunodeficiency Virus

WHO: World Health Organization

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ABSTRACT

The study was about factors affecting male involvement in family planning at kazo health center iv in Kazo town council Kazo district. The study was guided by the following study objectives:

To find out the level of male involvement family usage, relationship between male involvement and family planning utilization and to devise means of increasing male involvement in family planning in Kazo town council . A cross sectional research design was used for this study where both quantitative and qualitative methods were employed, the population of the study included Women, Men, health staff and local leaders. The study revealed that there is low involvement in family planning to the extent that some men have never a companied their wife to the family planning clinic, claiming that they have no time to escort their wives for family planning saying that they are busy looking for money than going with their wives to clinics, more still men some lack information about the use of family planning other than use of condoms. Also male involvement in family planning has a positive influence in their utilization when male involvement increases family planning utilization among married couples increases and vise verse. Among the views pointed out by the respondent's on men's participation in family planning as highlighted in the study also agreed with the related literature like culture factors, religious beliefs, social economic factors and psychological factors, Also suggested some other reasons like Ignorance lack of time false myth and fear of family planning side effects as mentioned by the majority of respondents as discussed during a focus group discussion where they mentioned that condoms cause cancer. Men need more information and education so that they can fully participate in family planning services, support their partners and utilize the services and that Health care providers should conduct workshops or hold social gatherings and inform men about family planning and its importance. On recommendation the government should establishment of men's clinics so that men can feel free to go and utilize the services. The services should be user friendly to men in order to be utilized to the maximum Male only clinics should inform men about all family planning methods and provide condoms and vasectomy and counsel men with respect and sensitivity, more so Education, men need a lot of information on family planning so that they are well informed.

CHAPTER ONE

1.0. Introduction

This chapter covers the background of the study, statement of the problem, objectives of the study, research questions, and scope of the study and significance of the research.

1.1 Background

Worldwide many family planning programs being implemented worldwide to reduce population growth, these programs spread the use of modern family planning methods such as pills and injectables (Oyebadejo, 2018). These programs help people achieve their personal reproductive goals. Most family planning programs are targeting women and interventions have been to address and mitigate barriers to the use of family planning (Khanna, 2016).

In United States the society in North America it has a strong male influence on many household decisions including those involving family planning (Oyebadejo, 2018). Originally, men in this region are the heads of households, sole providers, and also control economic resources of their family (Caldwell, 2017).This makes the attitudes of males toward family planning and contraceptive use a significant factor influencing women's preferences and opinions in this region (Oyebadejo, 2018).

There is evidence that in many contexts, husbands play significant and important roles in reproductive health decision-making (Claus, 2019).Understanding the role of male involvement in family planning could contribute to efforts aimed at increasing the uptake of family planning in the region. Many reproductive health initiatives in the region are targeted at women, to the exclusion of men although men play significant roles in contraceptive behaviors of women. This review explores the status of male awareness and utilization of family planning methods and the barriers to male involvement in family planning, in Northern America (Khanna, 2016).

Studies have reported that males in most African countries desire large families due to multiple factors ranging from religious beliefs to economic security (Oyebadejo, 2018).A review of studies on family planning knowledge, attitudes, and behavior in countries like Nigeria, Ethiopia

an South Africa revealed that due to the high value placed on children, limiting childbearing was found to be a controversial or disliked practice whereas child spacing was generally accepted.

A study conducted by Kabir (2019) found that the attitude of men to family planning was generally negative, 65% in the Nigeria disapproved of the very concept of contraception, and disapproval was higher among those with low educational attainment. In the same there was a generally negative attitude toward limiting family size in Ethiopia, a large proportion (62%) were not willing to use and allow their spouses to use family planning even for child-spacing purposes and 85% of the respondents were not willing to or allow their spouses to use family planning for economic reasons. More still the study, showed that more than half (54%) of male in South Africa approved of family planning and 29% of these stated the reason for this was to promote family health, whereas 17% said it would help them cater for their children properly (Claus, 2019).

The accessibility of reproductive health services particularly family planning as a means of population control enables all couples to attain the exact number of children they desire (Caldwell, 2017).Empirical findings have shown that couples are having more children than they want due to the unavailability of family planning services to enable them prevent unwanted pregnancies (Caldwell, 2017).In this regard Ghana is a good point of reference (Oyebadejo, 2018). In 2009 it was estimated that 12million women in Ghana had an unmet need for family planning. Currently, approximately 24.8 percent of Ghanaian women have unmet needs for family planning; this simply means 24.8 million women of reproductive ages who prefer to avoid or postpone childbearing are not using any method of family planning (Oyebadejo,2018).

Looking at East African countries it has been noted that Islam does not support family size limitation, but it encourages child spacing (PRB, 2018). Most respondents in the studies reviewed believed that men should not accompany their wives to the family clinics to obtain contraceptive supplies and counseling. Some studies have also highlighted that in Tanzania some married women are not allowed to go out unless they seek permission from their husbands and if he is not around, the authority rests in the hands of the father or mother in-law (Chipfakacha, 2018).

In Kenya majority of men in the studies reviewed had not discussed family planning with their wives. The study by Mandara, (2019) suggested that husbands and wives in most of the districts have plenty of incentives to keep having children and hence do not bring up the issue of contraception. The lack of spousal discussion in the study was found to result largely from a mix-up in the expectation of couples regarding who should initiate it. In the same study Mandara, (2019) noted that the main reasons for men not discussing family planning with their spouses were due to the religious objection of family planning and that it was a cultural taboo.

Family Planning Program had neglected the role of men to involve in this program. Men obviously play important role for improving their wives' health, especially during the pregnancy period. Furthermore, men also can actively participate in Family Planning Programs by becoming contraceptive users (Oyebadejo, 2019). However, over the years, men's participation in family planning in Uganda has remained low. Based on the 2018-19 IDHS, men who used condoms accounted for 0.9% and who had undergone vasectomy procedure for 0.4% (UBOS, 2019). This condition was not improved much because in the IDHS 2009, the condom users only slightly increased to 1.3% and vasectomy dropped to 0.2% (UBOS, 2019).

Since men in Uganda predominantly make the decisions in the households, it is essential to promote family planning and reproductive health issues for the husbands. In the patriarchal system in Uganda, gender inequality practice is still occurring within husband and wife. Speizer et al. (2016) mention that gender inequality in the household can produce poor health outcomes due to lack of spousal communication regarding reproductive health decisions which restrict women's access to the health care providers (Oyebadejo, 2018).For example, husbands discourage their wives from using contraception, thus, when their wives argue against it, the men think that their wives are disobeying them. In the case of reproductive health, women often become the victims of questionable decisions relating to their reproductive health. In this situation, the choice of curative methods in women's reproductive problem is not always made by themselves; sometimes the decision is made by their husbands or other family members

(Ghosh, 2018).

Moreover, in Information Education and Communication, report (Faryosey, 2018) explained that the fully involved and equal corporation between men and women is needed to develop a healthy reproductive life, togetherness in spent time with children and manages their domestic matters. So, this equal partnership will lead to raising the status of women in terms of encouraging them to make decisions independently, particularly in the sexual and reproductive areas (Greene, 2019).

Men play an important role in enhancing the efforts to implement women's empowerment. Since men make main decisions in the household, the government must create awareness of the importance of their family's reproductive health. This consciousness can be developed through advancing communication within couples, especially about the subject of reproductive health. As a result, the men understand their responsibilities, for creating equality in both the domestic and public areas (Drennan.2019).

1.2 Statement of the Problem

The Ministry of Health, with the assistance from other health partners in 2014 launched educational campaign programmes in all the regions of Uganda focusing on male involvement in family planning. (Kabarangira, 2016).The post-campaign findings indicated a significant increase in men's family planning knowledge and practice. The issue now is how to move them beyond mere increased knowledge to changed attitudes and increased practice (Kabarangira, 2016).

Even though family planning awareness is high, its uptake is as low as 15% in 2017 (Reproductive Health Uganda, 2018).There are barriers that may impede increased male involvement in family planning such as poverty, unemployment, religion, cultural and societal norms and education (UN, 2016). Men may be deeply and psychologically involved in family planning but these barriers may not allow them to demonstrate their involvement (Claus, 2019).

Inadequate male involvement in family planning has been identified as the major factor affecting family planning acceptance in Uganda (Claus, 2019). Despite a reported appreciable knowledge in family planning nationwide, in some areas, male involvement is not encouraging and a barrier to even females' acceptance and practice of family planning. Therefore it is against this background that is prompting the researcher to carry out a study assessing factors affecting low

male involvement in family planning using Kazo Health Center IV in Kazo town council Kazo district as a case study

1.3 Purpose of Study

The purpose of this study was to establish factors affecting male involvement in family planning at Kazo Health Center IV in Kazo town council Kazo district

1.4 Objectives of the study

1. To find out the level of male involvement family usage at Kazo Health Center IV
11. To establish the relationship between male involvement and family planning utilization at Kazo Health Center IV.
u1. To find out measures in place to improve male involvement in family planning at Kazo Health Center IV.

1.5 Research Questions

1. What is the level of male involvement family usage at Kazo Health Center IV?
11. What is the relationship between male involvement and family planning utilization at Kazo Health Center IV?
12. What could be measures in place to improve male involvement in family planning at Kazo Health Center IV?

1.6 Scope of the study

1.6.lGeographical Scope

The study was carried out at Kazo Health Center IV, in Kazo Town Council Kazo district in the Ankole Sub-Region of Western Uganda. Coordinates: 0003' 107S 3045'257E, county: Kazo County, constituency: Kazo county, elevation: 1,300 m (4,300ft).lt is approximately 85 kilometres, by road, north of Mbarara and about 275 kilometres, by road, southwest of Kampala, the capital city and largest city of Uganda.

1.6.2 Content Scope

This study focused on the level of male involvement family usage, relationship between male involvement and family planning utilization and Means of increasing male involvement in family planning.

1.6.3 Time scope

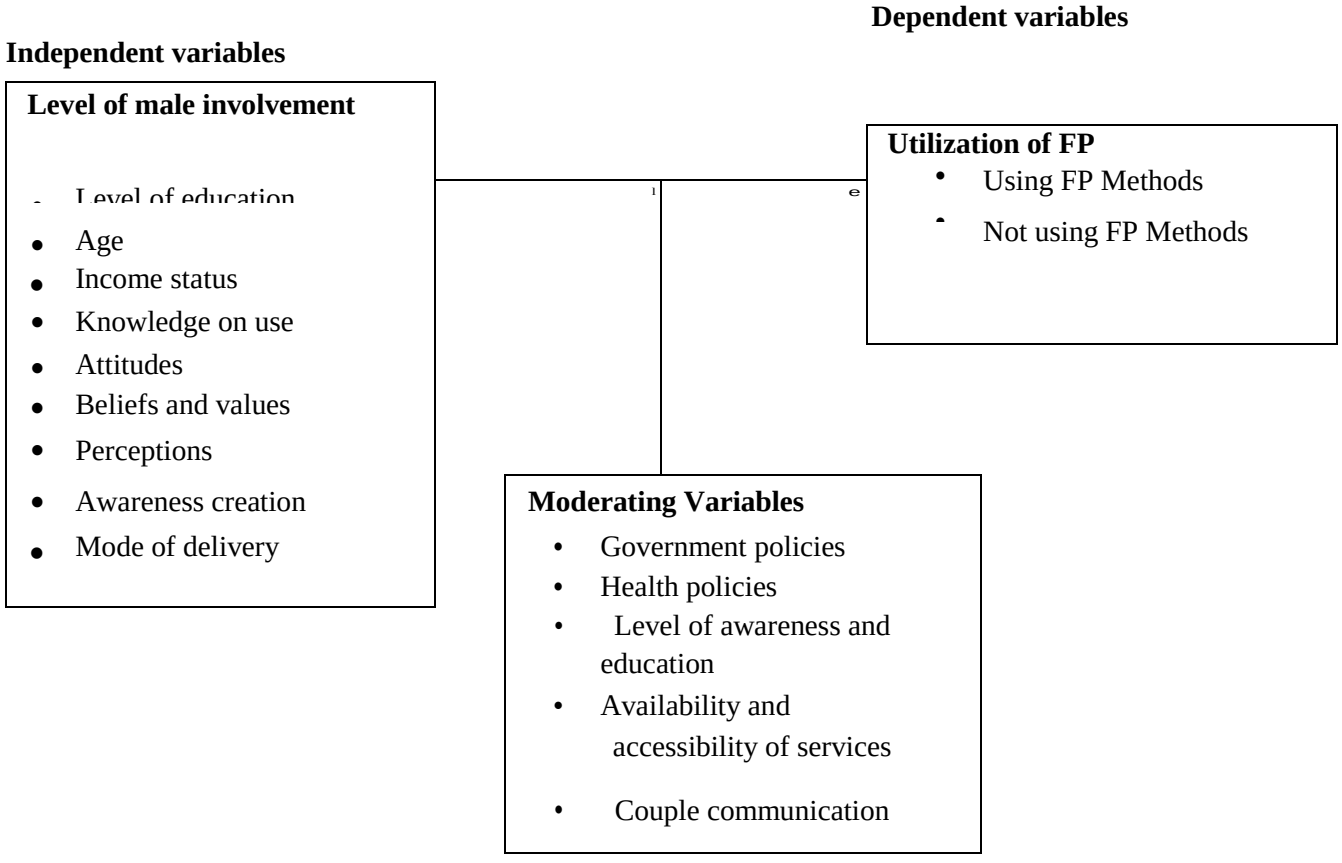
The study considered information relating to the period of five years that is 2015-2020.This range of five years were considered because it is current and reliable.

1. 7 Significance of the study

The study findings may contribute to new knowledge on participation of men in family planning and will close the gap on the lack of studies especially in Kazo Town Council. Thus, the purpose of this research is to contribute to improving couples involvement in family planning and reproductive health. In this way, the findings may enable stakeholders who engage in family planning programs to produce better policies.

The study findings may act as the stepping stone for future researchers who will be interested in finding the effect of family planning in controlling over population.

1.9 Conceptual frame work



CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter focuses on reviewing the literature related to factors that influence male participation in family planning. Themes involved include: level of male involvement family usage, relationship between male involvement and family planning utilization and measures in place to improve male involvement in family planning

2.1 Level of male involvement family usage

Family planning is a deliberate effort by couples to regulate the number of children and spacing of births. It aims at improving family life at the micro level and contributing to sustainable development at the macro level (Ghosh, 2017). This is through fertility decline among other mechanisms. However, variables such as education, religion, socio- economic as well as cultural factors affect the effectiveness of family planning programmes. One factor that deserves attention is the involvement of males in family planning (Ghosh, 2017).

According to un family planning (2017) Male involvement in family planning means more than increasing the number of men using condoms and having vasectomies; it also includes the number of men who encourage and support their partners in contraception and encourage peers to use family planning and who influence the policy environment to be more conducive to developing male related programmes. In this context, male involvement should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group, which has the effect of increasing the acceptability and prevalence of family planning practice of either sex (Un family planning, 2017).

According to the 2017 UDHS, there has been considerable initiative in various forms to involve males in family planning programmes in Africa. Programmes to encourage men's involvement in family planning are now gradually gaining prominence due to interventions to increase knowledge and interest of men, such as information, education, and communication campaigns using the mass media, interventions to increase access and use of family planning services by men such as community based distribution condom sales and promoting work place programs, and a few male clinic and vasectomy services. Some of the field experiences have shown that

well targeted focused male involvement programmes can have an impact on both male and female behaviours related to reproductive health (Diamond,2015).

There have been several decades of neglect of male role in family planning dating back to the 1960s with the development of modern contraceptive methods for women. One of the reasons why family planning programmes in the past focused on women instead of men was the assumption by many providers that women have the greatest stake and interest in protecting their own reproductive health (Caldwell, 2016). But growing numbers of family planning research are facing challenges on the isolated focus on the woman and are focusing on the influence of her male partner in protecting women reproductive health. This is especially true in sub Saharan Africa where men influence decision making in many ways (Caldwell, 2016).

Since the 1990s, although there has been overall increase in the level of contraceptive prevalence, low use of male methods is likely to remain static in most of the developing countries, so that men and women do not necessarily have similar fertility attitudes and goals (Kabarangira, 2015). According to Jackson, (2012), the low level of practice of family planning among the people is due to inadequate spousal communication. Other social factors that deter male involvement among the people of Amasaman include the belief, among others that if a woman uses contraceptive she will become promiscuous (Jackson, 2012).

According to World Health Organization (2015), the level of contraceptive use among married men is such that men could participate in family planning activities if there were adequate programmes to involve them (Migadde,2015). Men in the sample areas were found not only to support their spouses' use of contraceptives, but were actually using condoms to delay or prevent pregnancy. Despite the fact that women have positive attitudes towards family planning and have also more exposure to the family planning messages, the current prevalence rate of the female methods is still very low. The reasons for not currently using family planning by married women and also their unwillingness to use in the future can be attributed to a number of factors
(Migadde, 2015).

Communication between partners is a key factor in joint decision-making and contraceptive use.

Talking with one's partner about reproductive and contraceptive decisions making is likely to increase understanding and help support one's partner's decision. According to the Demographic and Health Survey data in West Africa, about three quarters of the men and women had not discussed family planning with their partners in the year preceding the survey. In Tanzania, 45 percent of married women did not know what their husbands thought about family planning or thought their husbands disapproved of family planning, when in fact many of the husbands approved (Ghosh, 2017).

2.2 Relationship between male involvement and family planning utilization

Reproductive health among couples involves responsibility, motivation and Encouragement to use of family planning as the ways by which couples can actively take part in family planning Couples play key roles in reproductive health and family planning. Increasing men's participation in the practice of family health has been difficult. In today's new perspectives, men are recognized to play important roles in family planning and often dominate decision- making and so can seriously harm or help women's reproductive health (Bankole, 2015).

Recently, family planning programmes and providers have seen that involving men in addition to women in family planning results in an improved programme effectiveness. The 2014 International Conference on Population and Development also encouraged family planning programmes and providers to consider both men and women jointly (Kabarangira,2015). This new interest in men is based on the consideration that although most reproductive health burdens are borne by the women, the majority of the decisions that affect both women and men reproductive health are made by men or by men and women jointly. And also if men are involved they may be a potential partner as well as advocates for good reproductive health rather than bystanders, barriers, or adversaries (Kabarangira, 2015).

In some regions, the achieved impact of family planning is attributed to both male and female factors. For example, a study in Tanzania showed that the fertility decline in the Pare community was attributed to the high education of the man and the wife (Caldwell,2016).

Findings indicate a significant increase in men's family planning knowledge, practice and improvement in attitude with the increasing length of the project. Also, among those men exposed to the intensive campaign, 47 percent had discussed family planning with their partners and 26 percent stated that their partners were using modern contraceptive method (Wright, 2015).The project used situational analysis, service provider training, and IEC material development and mobilization for two campaigns in three regions before expanding the campaign to remaining areas. The project used a wide variety of IEC material, media and activities, including leaflets and booklets, motivational posters, national radio and television to broadcast modern contraceptive method (Kim, 2017).

The concept of male involvement in family planning is broad in nature. The programme of action adopted by the International Conference on Population and Development (ICPD) held in Cairo 2014 emphasized that special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; pre-natal, maternal and child health prevention of sexually transmitted Diseases (STD's); and prevention of unwanted and high risk pregnancies. Use of male methods is one important aspect of male involvement in family planning. Historically, the traditional method of withdrawal (coitus interuptus) has been used as a contraceptive method since biblical times (Khalifa,2018).

Worldwide, one-third of the eligible couples using family planning rely on methods (Vasectomy, Condom, Withdrawal and periodic Abstinence) which require full male co-operation, and in the developing countries in the period 2015 and early 2000, about one-fourth of those who use the contraceptives relied on male methods (Oyebadejo,2017).

Many family planning programmes have now recognised that involving men and obtaining their support and commitments in family planning programmes is of crucial importance because most decisions affecting family and political life are made by men (Fapohunda and Rutenberg,2018) Men hold positions of leadership and influence from the family unit right through national level. Their involvement in family planning matters would therefore not only ease the responsibility

borne by women in terms of decision making but would also accelerate the understanding and practice of family planning in general (Rondi and Ash fold,2017).

Family planning programme planners tend to assume that men are opposed to family planning and will, if involved in reproductive decision making, prevent women from regulating their fertility. Available data, however, suggest that the most successful family planning programs target men as well as women and promote communications about contraception between spouses (Greene, 2012).

Involving men in family planning could increase contraceptive prevalence in several ways: By providing alternatives to couples dissatisfied with their current method; by increasing male contraceptive use; by promoting greater discussion between sexual partners; and by changing male attitudes regarding contraception (Ghosh,2017). A study in Ethiopia found that couple, in which the husband participated in discussions during home visits, were more likely to initiate and maintain contraceptive use (un family planning, 2017).

2.3 Measures in place to improve male involvement in family planning

In the past, family planning programmes had focused on women because of the need to free women from excessive child bearing, and to reduce maternal and infant mortality through the use of modern methods of contraception (Ismail, 2017).Most of the family planning services were offered within maternal and child health (MCH) centers. Most research and information campaigns focused on women. This focus on women has reinforced the belief that family planning is largely a woman's business, with the man playing peripheral role. But in a patriarchal society which still prevails in most countries, husbands make most of the important decisions for their families. It is necessary to have effective communication between husband and wife in order to ensure equal roles in matters of reproductive health. Such communication can also bring many advantages for growth of men's consideration to participate in family planning (Greene, 2012). Male motivation campaigns can build up male support for family planning, persuade men to discuss family planning with their partners and encourage couples to adopt modern contraception (Diamond, 2015).To reach men, however, such campaigns must select suitable communication channels and must tailor their messages to fit male concerns and information needs. Men may

respond more to the economic benefits of family planning than to the health benefits, which commonly appeal to women (Bankole,2017).

Changes in society cannot happen by working with half of the population alone, and men must be engaged to create an environment of gender equality and better health. Men should be engaged in family planning-sharing power to make family planning decisions with their wives and partners. It also means sharing the responsibility for using contraception and participating in maternal and child health care (Caldwell,2016).

Research on male involvement demonstrated that men are more likely to support family planning and to use a method themselves if services and educational programmes are targeted at them. Because men fear that contraception reduces their control over their lives sexually, male-friendly approaches can enhance gender equality in reproductive health decision (Greene,2012).

In Sierra Leone, men have met in groups to learn about how to prevent sexually transmitted diseases and about the benefits of family planning. In Ghana, family planning services targeted at men have increased male involvement (Kim, 2017).

According to World Health Organization, (2015), health facilities should have certain characteristics. For example, such facilities should offer predominantly family planning and sexually transmitted diseases services, a range of methods beyond condoms and vasectomy and guarantee configuration, privacy and comfort. There should be adequate access to information on choice and merits of family planning method and side effects, flexible hours and short waiting time would be helpful. Services should also be affordable (Chipfakacha, 2013).

Service providers should be knowledgeable, patient, polite, persuasive, warm, and discreet and trust worthy, efforts should be made to create a male-friendly service delivery system at the existing service delivery centres (Leonard, 2016).

Research indicates that when men communicate with their wives and partners about planning their next child family planning use increases (Chipfakacha,2013). Given the right opportunities,

changes in gender equality and family planning can happen in a short time, improving women's health, family health, enabling women's contributions to the country and building the development potential for the nation (Rogers and Kincaid, 2014).

To ensure effective male participation in the family planning programme, it will be necessary to provide men with adequate information on family planning and contraception methods through designing and appropriate IEC materials. Programmes must work towards overcoming the perception among males that acceptance of contraceptive methods is a threat to their status. Outreach programmes for men should use men as educators, promoters and providers (Adamchak, 2017).

The involvement of men in family planning would therefore not only ease the responsibility borne by women in terms of decision making for family planning matters, but would also accelerate the understanding and practice of family planning in general (Claus, 2018).

In Ghana no effective measures have been adopted in the national family planning programmes to emphasise men's shared responsibility and promote their sexual and reproductive behaviour, including family planning (Banko le, 2015). It is noticed that men often have a poor understanding of their reproductive health because they are approached with a female focused family planning programme (Wright,2015).F or example, the sexual disease (i.e. sexually transmitted infections- STI's) is normally not stressed in national programs. There is also lack of information on responsible sexual behaviour for the adolescents and the youth. Provider bias does affect male services.

Many men are poorly informed regarding sexuality and reproduction and need guidance on how to share decision-making and negotiate on how to make choices with their partners. In the recent national DHS surveys in 15 countries (most in sub-Saharan Africa), three of four married men recognized at least one modern method of contraception. The pill was the most recognized method, followed by the condom and female sterilisation(Bankole,2015).

CHAPTER THREE METHODOLOGY 3.0 Introduction

The chapter describes the overall plan for the study. The chapter addresses elements like the study design, area of study, population and sample size, sampling procedures, data collection methods, procedure to be followed, data processing, and analysis and anticipated limitations.

3.1 Study design

The researcher used a cross sectional research design survey because it was conducted across participants over a short period of time and it did not necessitate the researcher to make followups of the participants and was based on a statistical analysis of answers to a poll of a sample of a population for instance to determine opinions, preferences or knowledge relating to a group or selection. The different categories of respondents will be sampled for the study at the same time.

3.2 Study population

The researcher used an estimated population of 45 respondents was used who included health workers, local leaders, married Men and Women. The researcher used health workers because they were convenient for him to generate appropriate information since these are people believed to be having information on the study since they are trained and have skills in health care, local leaders were selected because they are immediate people who were knowing the affected group and are believed to be having correct information, Men and Women were selected because they had full information about family planning since they are direct users of different family planning methods.

3.3 Sample size

The researcher used a sample size of 40 respondents. These included 10 Health workers, 5Local leaders, 15 Women and 10 Married Men. This is expected to provide the information required for the study. The sample size was. determined using Cochran's correlation formula as edited by Bartlett et al 2015, as indicated below

$$n = \frac{N}{1 + Ne^2}$$

Where

N = Number of the total estimated population n

=sample size

e= 0.05 level of significance It

therefore;

$$n$$

$$1+45x0.0s'$$

$$n= \frac{45}{11125}$$

n = 40 (Total Sample size)

Table I: Showing the distribution of respondents and indicated the total population

Category of Respondents	**Sample size**
Health workers	10
Local leaders	02
Men	18
Women	10
Total	**40**

3.4 Sampling techniques

Purposive sampling technique was used to select health workers and ·local leaders for their unique information they may be possessing on the study under investigation. On the other hand, random sampling was used to select men and women this was done in order to avoid any bias by the researcher while selecting respondents and ensured that the sample selected is a true representative of the population.

3.5 Data Collection methods

The researcher applied various methods so as to acquire the needed information on the factors affecting male involvement in family planning in the area under investigation. To acquire the information, the researcher basically was use questionnaire survey and interview methods as given below.

3.5.1 Questionnaire method

Under this method the researchers designed both open and close ended questionnaire survey and they were sent to the respondents. Open and close ended questionnaire survey helped the researcher to investigate and acquire detailed data. The researcher used questionnaire method because it is cheaper for him and it enabled him to gather much data within a short time from respondents.

3.5.2 Interviewing method

An interview is a conversation between two or more people where questions are asked by the interviewer to elicit facts or statements from the interviewee. This method mainly used to collect data from Health workers. This method was preferred because the intended respondents are few and did having enough time to fill questionnaires.

3.6 Data collection instrument

3.6.1 Questionnaire

In this instrument the researcher designed both open and close ended questionnaire research instruments and was sent to the respondents. Open ended questionnaire instruments helped the researcher to investigate and acquire detailed data and enabled him to gather much data within a short time.

3.6.2 Interview guide

In this instrument unstructured interview guides research instrument were designed to guide the researcher to avoid him going off topic while interviewing respondents. They were used because they allowed pursuance of in-depth information around the topic and they were effective because the intended respondents did have enough time to fill questionnaires.

3.7 **Validity and Reliability of research instruments**

Validity: To determine the validity of research instruments before they are administered to the respondents, they were first examined, and then scrutinized by the research supervisor. This ensured that the terms and languages used in the questionnaire and interviews are preciously defined and properly understand (Amin, 2005).

Reliability: To ensure the reliability of research instruments the researcher first carried out a pilot study in the area of the study, this enabled the researcher to assess the clarity of the questionnaire items so that in case those items are found to be inadequate or vague they were modified to improve the quality of the research instrument thus increasing its reliability.

3.8 Research procedure

The researchers choose the topic which he took to the department for the approval, after the approval he was located the research supervisor, and he started on proposal writing. After the proposal, the researcher got an introductory letter from the faculty medicine which he used to introduce himself to the authorities of the town council which helped him to get a permission to carry out research in area of the study. After data collection, data was organized; cleaned, coded and analyzed, later was interpreted to make a final report.

3.9 Data processing and analysis

After collecting data, the researcher subjected the findings of groups, tallying and coding. The data was displayed using tables and analyzed with explanations concerning the data obtained from the field of study. This assisted to shed light on the findings. The tables involved aspects like the number of respondents, totals as well as percentages in relation to the responses. The explanations below the various tables entailed discussions on the information displayed on the tables, like the number of respondents involved, responses given as well the percentages. This explanation was of great importance in that it helped to interpret the data easily.

3.10 Anticipated limitations and solutions

High cost for stationery, typing, transport and other related costs like time. This was solved through using available funds properly.

The researcher was also faced with lack of cooperation of some respondents, which lead to collection of half-baked data. This was overcomed through informing respondents that this study is only for academic purposes this may induce respondents to give full information on the study.

CHAPTER FOUR

DATA, PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

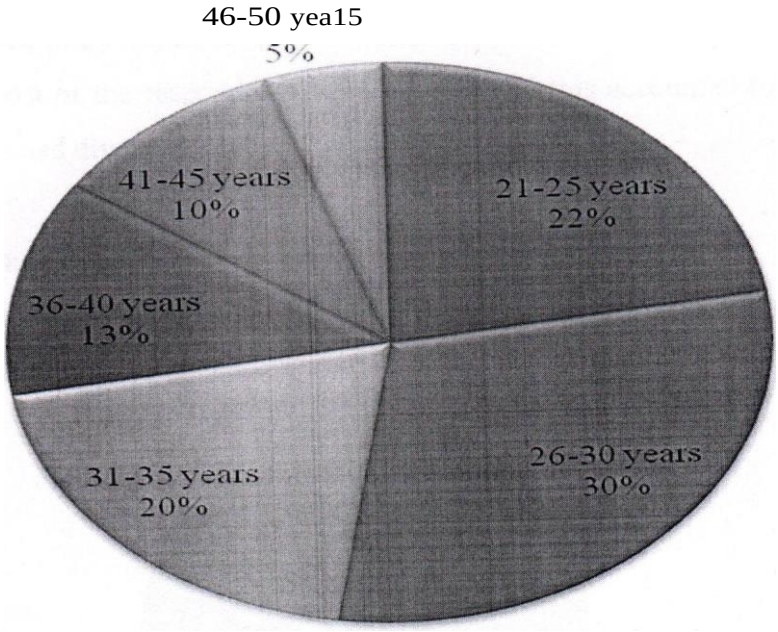
This chapter builds on the empirical evidence that was documented during data collection so as to be able to draw conclusions and advance recommendations in the next chapter. Data was presented in tables, graphs and pie charts; the structure was according to the following sections.

4.1 Demographic data

Biographic characteristics of respondents considered in this study were; sex distribution, marital status, age distribution, religion, level of education and occupation of respondents.

4.1.1 Age of respondents

Figure 4.1: Showing Age Distribution of Respondents

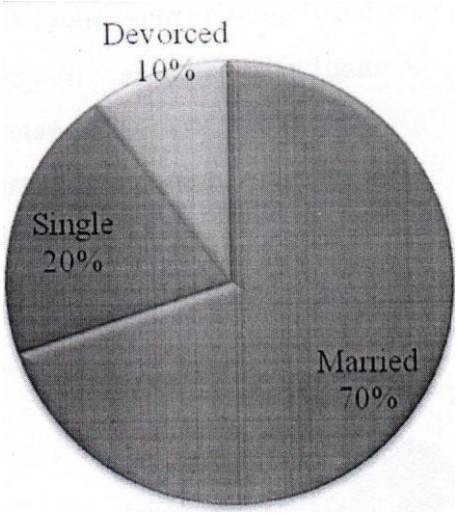


Source: Field Data, 2022

As indicated in the figure 1, 30% were aged between 26-30 years, 22% were aged between 21 25 years, and 20% were aged 30-35 years then 13% were aged 46-40, 10% were aged between 41- 45 and lastly 5% were aged between 46-50 years.

4.1.2 Marital status of Respondents

Figure 4.2: Showing Marital Status of Respondents

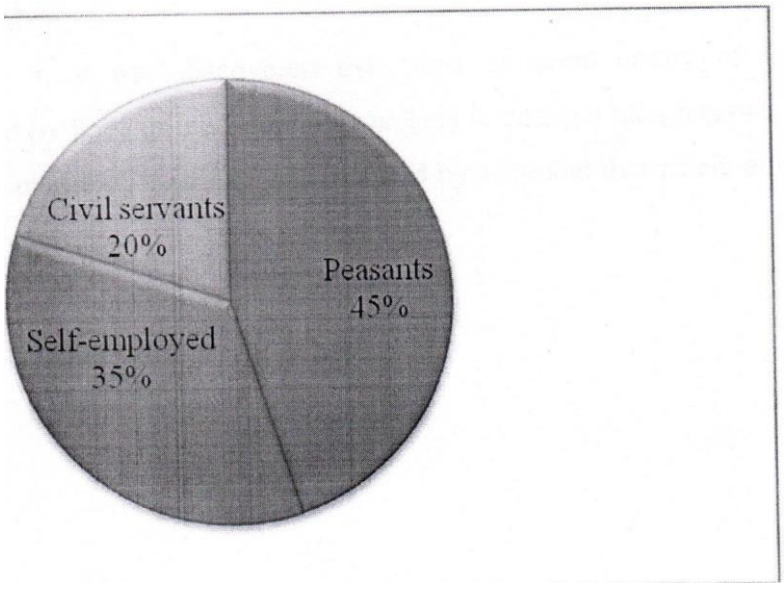


Source: Field Data, 2022

Also, as indicated in the figure 2, the study shows the marital status of the respondents. Findings showed that most of the respondents were married and this accounted for 70%, 20% were still single and 10% had divorced.

4.1.3 Employment Status

Figure 4.3: Showing Employment Status of respondents



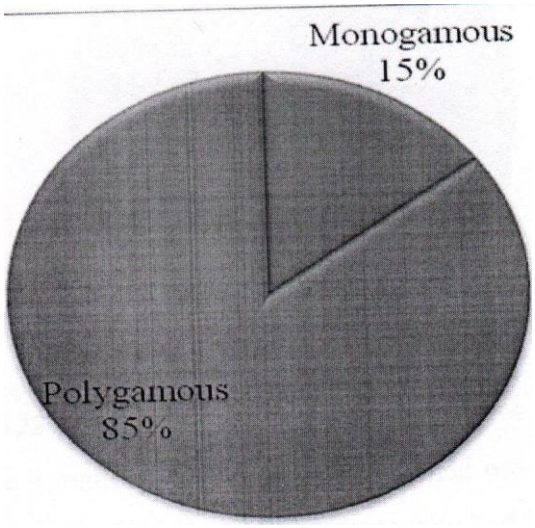
Source: Field Data, 2022

Looking at the employment status, majority of the people involved in the study were peasants 45% followed by those who were self-employed who comprised of 35% and the minority were civil servants who were 20% as indicated in figure 3.

4.1.4 Nature of marriage

The study also evaluated the nature of marriage and in so doing; the following as indicated in the figure 4 were study findings.

Figure 4.4: Showing Nature of marriage



Source: Field Data, 2022

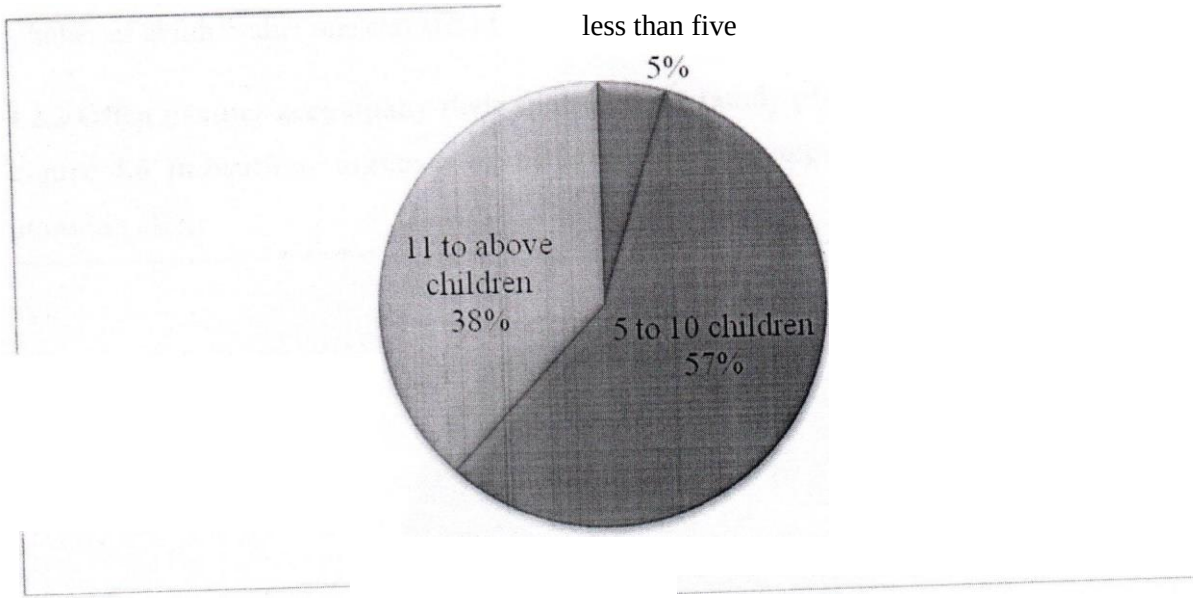
As seen on the figure 4, it was discovered that most common nature of marnage was monogamous as depicted by 85% in the figure above. This is where a man has one wife. On the other hand, polygamous nature of marriage was reported by 15% and this where a man has more than on wives.

13.

4.1.5 Number of live children produced

The study further pointed out the number of live children produced and the following as indicated in the pie chart below were documented.

Figure 4.5: Showing Number of live children produced



Source: Field Data, 2022

According to the figure 5, majority of the respondents had produced children ranging from 5 up to 10 and this was reported by 57%. In addition those who had less than 5 children were 38% and those who had produced more than 10 children had lowest percentage of 5%.

4.2 Level of male involvement family usage at Kazo Health Center IV

4.2.1 Understanding of family planning

Using table I below, majority of the respondents indicated that they have ever hard about family planning. Those who have ever had about family planning went ahead and defined it in different ways as shown in table 4.1 below

Table 4.1: Showing Understanding of family planning

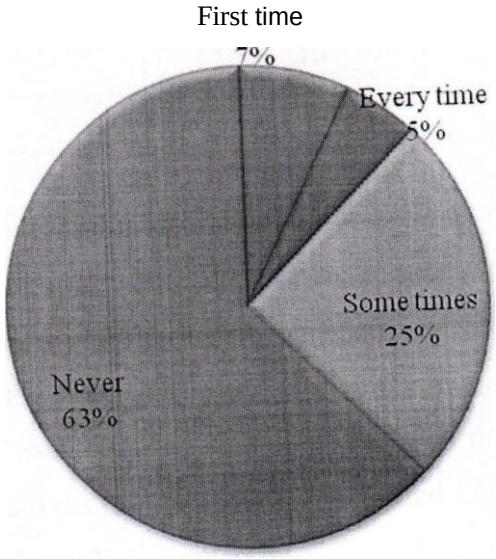
Understanding of family planning	**Frequency**	**Percentages**
Preventing people from delivering children	09	23
A voiding unwanted births	11	27
Having the number of children that one can afford to cater for	08	20
Regulating intervals between pregnancies	12	30
Total	**40**	**100**

Source: Field Data, 2022

Most people looked at family planning as regulating intervals between pregnancies and this was reported by 30%. However other respondents totaling 27% understood family planning as avoiding unwanted births. This was followed by those who defined it as preventing people from delivering children as illustrated by 23% in table **1** above. Finally others defined it as having the number of children that one can afford to cater for as backed by 20%.

4.2.2 Often partner accompany their spouse to the family planning clinic

Figure 4.6 Indicating responses on often partner accompany their spouse to the family planning clinic



Source: Field Data, 2022

From the study findings, majority of the respondents 63% mentioned that men have never a companied their wife to the family planning clinic, 25% of the total respondents revealed that men sometimes accompany their wives to family planning clinic, more so 7% of the total respondents mentioned that it was the first for men to accompany their wives to family planning clinic lastly only 5% of the total respondents revealed that on many occasions men accompany their wives to family clinics.

14.

4.2.3 Reasons why some men do not accompany their wives in to family planning clinics Table 4.2: Reasons why some men do not accompany their wives in to family planning clinics

Responses	Frequencies	Percentages
Partner does not want	08	20
Religion does not allow	01	3
Ignorance	06	15
Wants more children	03	7
Fear of side effects	12	30
Negative attitude	10	25
Total	**40**	**100**

Source: Field Data, 2022

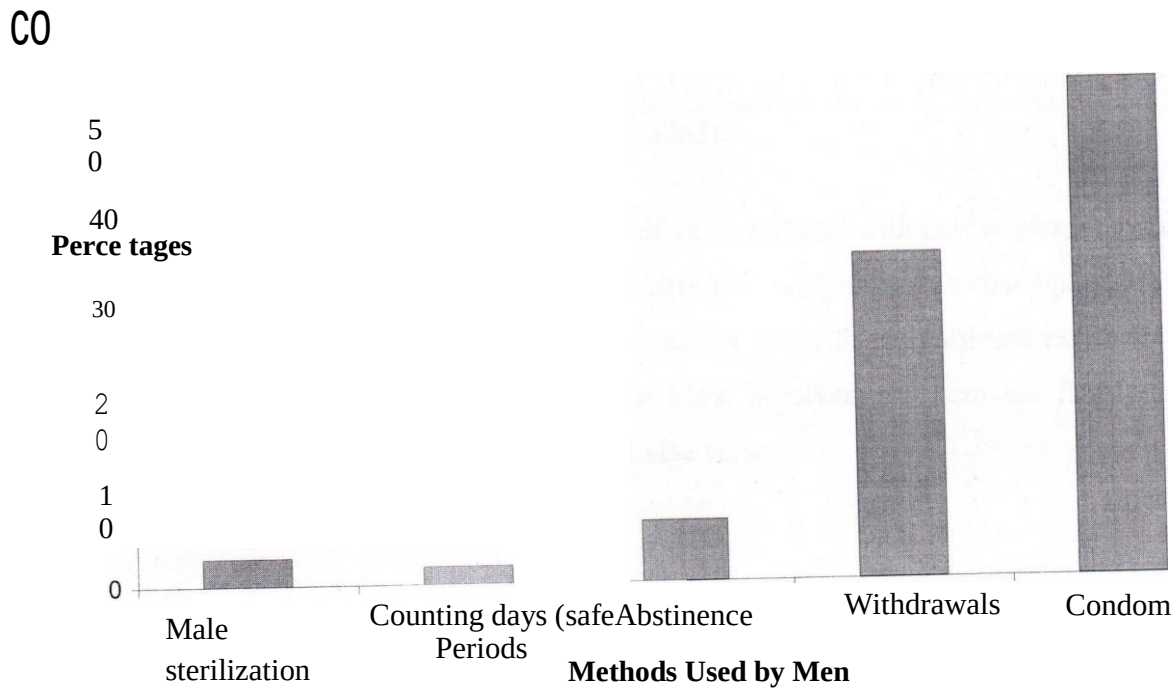
As described in the table above, the most outstanding reason as to why some partners do not accompany their wives to family planning clinics is fear of side effects and this was reported by 30%. This was followed by negative attitude that some partners have on family planning has also stopped them from allowing their partners to use family planning. This was supported by 25%. As shown in table above, it was revealed that some partners do not just want and this was represented 20%. Among other reasons ignorance was reported 15%, need for more children was revealed by 7% and religious factor was pointed by 3%.

4.3 Relationships between male involvement and family planning utilization

4.3.1 Methods used by men to prevent their spouses from getting pregnant in Kazo town council

After looking at the source of information about family planning method, efforts were also made to identify the methods used by men to prevent their spouses from getting pregnant and the findings were as follows

Figure 4.7: Showing Methods used by men to prevent their spouses from getting pregnant



Source: Field Data, 2022

As indicated in the 'graph above, men who use condoms to prevent their from getting pregnant accounted for 52%, those who use withdraw method were 38%, abstinence was reported by 5 %, counting days (Safe periods) were 2% and lastly those who had done male sterilization were 3% as shown in graph above.

4.3.2 Relationships between male involvement and family planning utilization in Kazo town council

Table 4.8: Pearson-Bivariate correlation between male involvement and family planning utilization

		Male Involvement	*family planning utilization*
Male Involvement	Pearson Correlation	1	*.502"*
	Sig. (2-tailed)		.000
	N	40	40
family planning utilization	Pearson Correlation	*.502"*	1
	Sig. (2-tailed)	.000	
	N	40	40

kk Correlation is significant at the 0.01 level (2-tailed).

Source: Field Data, 2022

Male involvement was found to have a weak positive correlation with family planning utilization (r =.502%) in Kazo town council, significant at .001. This analysis shows that Male involvement is likely to enable family planning utilization increases but with insignificant expansion on the level of women usage. In the sense that when Male involvement increases family planning utilization among married couples increases and vise verse.

4.4Measures in place to improve male involvement in family planning at Kazo Health Center

IV.

4.4.1 Reasons for men not participating in family planning

Table 4.9: Showing Reasons for men not participating in family planning

Responses	Frequencies	Percentages
Lack of enough information about family planning	06	**15**
They do not know the methods (Ignorance)	10	25
They do not have time for family planning activities	4	10
False myth	08	20
Negative Side effects on their partners	12	30
Total	**40**	**100**

Source: Field Data, 2022

As indicated in table 4.9 negative Side effects on their partners was pointed out as the major Reasons for men not participating in **family planning and this was justified by 30%. This was followed by the fact that men do not know the methods and this was represented by** 25%. **Other reasons for men not participating in family planning according to the findings were False myth as depicted by 20%, lack** of **enough time for family planning activities was backed by 15% and** Lack of enough information about family planning was also pointed by 10%.

Table 4.10: How the government has intervened in family planning

Response	Frequency	Percentage
Promoting sensitization programs	20	50
Providing free services	11	28
Establishment of new health caters in rural areas	09	22
Total	**40**	**100**

Source: Field Data, 2022

The majority 50% **revealed sensitization programs, 28% showed that providing free services to the public have also encouraged family planning and lastly 22% showed that establishment more** health centers have also encouraged many couples to get involved in family planning.

4.4.2 How to improve men's participation in family planning services

Using the findings, 100% of the key informants showed that men couples need more information and education so that they can fully participate in family planning services, support their partners and utilize the services and that Health care providers should conduct workshops or hold social gatherings and inform men about family planning and its importance.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter presents the summary of findings and discusses the findings in relation to the purpose of the study, objectives and research questions. The implications of findings to health practice, research and education are discussed including the recommendations. The chapter presents the discussions on demographics of the study, knowledge and utilization of family planning, and recommendations.

5.1. Discussion of Findings

5.1.1 Level of Male Involvement in Family planning Usage in Kazo Town council

From the study findings most people understood family planning as regulating intervals between pregnancies and this was reported by 30%. Majority of the respondents revealed that men have never a companied their wife to the family planning clinic, they claimed that they have no time to escorted their wives for family planning and they are busy looking for money than going with their wives to clinics another reason as to why some partners do not accompany their wives to family planning clinics is fear of side effects. More so using the findings, men who showed that they had heard about family planning services, also mentioned that they still lack information about the use of family planning other than use of condoms. This is in line with Khanna & Van Look (2015) who said that while some men knew about family planning like condoms, not all use it.

The study further show that majority of participants agreed with the statement that men are as responsible for planning pregnancy as women did not agree with the statement while did not know whether men are responsible for planning pregnancy or women are that ones to decide about pregnancy. Participant indicated that if they had separate family planning clinics they would participate more and the utilization of the services will have increased reported by women and men respondents during data collection. Family planning providers in general fail to address men's concerns and fears which are different from that of women. Many family planning clinics need to learn how to counsel men about reproductive health. This is in contrast with what as mentioned by Caldwell & Caldwell (2010) in the related literature.

5.1.2 Relationships between male involvement and family planning utilization

As revealed from the study findings it was found out that, men who use condoms to prevent their wives from getting pregnant as one of the methods of family planning, also withdraw method was mostly used by men however, it was found out that this method was not effective though men preferred it. More so it was found out that there is a weak positive correlation Male involvement and family planning utilization in Kazo town council as indicated by (r =.502%), significant at.001. This shows male involvement is likely to accelerate family planning utilization in that an increase in male involvement increases family planning utilization among married couple's increases and vise verse.

5.1.3Measures in place to improve male involvement in family planning at Kazo Health Center IV.

From the study findings it was revealed that negative effects of family planning on their partners like cancer and barrenness. Another good number of respondents highlighted that they lack some sensitization programs to educate them about family planning methods. All in all, some men who were met by the researcher during the focus group discussion, showed some interest of condom use because it helps them from getting sexual transmitted diseases and unwanted pregnancies though they revealed that they only commonly use condoms when they are with other partners outside marriage.

In contrast with what Orme! (2017) pointed out in the literature review, it agrees with the majority of men who indicated in the questionnaire that culture does not support family planning by mentioning different views like that many children provides security in families, prestige and that family work becomes more easy and simpler in families with a bigger population than those with few ones. Some few men who were interacted with the researcher during the focus group discussion also showed that family planning is for poor people who don't have land and food to give to their children. More so the study also showed that men tend to be actively involved in other activities which are money oriented other than attending family planning services since they have it in mind that women are the ones who should attend family planning services. Some two men pointed out during the focus group discussion that it is the work of a woman to budget for their children so they should be the ones to attend those services. This really showed the researcher that there is still more to do in educating the public about the benefits of family planning especially in rural areas.

For men to participate in family planning, participants stated the following as crucial to be implemented in health care facilities. Men's only clinics was one of the key recommendation made by participants, and the main reasons cited for this were that men wanted privacy where they can discuss men's sexual issues with other men in the absence of women and children. This is in agreement with Green (2012) also reported that many men view family planning clinics as not suitable and as places for women only which negatively impact on their utilization of the servIces.

Participants feel that in most family planning clinics they are not included and that the clinics are not user friendly. Therefore services for men must take into account the broader context of culture, sexuality and other factors. The key informant's participants indicated that men would feel free if the health providers were males because they share common experiences as males. It is essential to approach men's reproductive health from a gender perspective. In all societies, gender creates different expectations and elicits different responses from others related to appearance, capabilities and behavior. Therefore health care providers should consider the gender differences and social inequalities that exist between men and women in the design and implementation of services. Working to ensure that men's reproductive health services are provided in the interest of gender equality will have real benefits for both men and women.

5.2. Conclusion

In conclusion men do have low involvement in family planning to the extent that some men have never a companied their wife to the family planning clinic, claiming that they have no time to escort their wives for family planning saying that they are busy looking for money than going with their wives to clinics, more still men some lack information about the use of family planning other than use of condoms. Also male involvement in family planning has a positive influence in their utilization when male involvement increases family planning utilization among married couples increases and vise verse. Among the views pointed out by the respondent's on men's participation in family planning as highlighted in the study also agreed with the related literature like culture factors, religious beliefs, social economic factors and psychological factors, Also suggested some other reasons like Ignorance lack of time false myth and fear of family planning side effects as mentioned by the majority of respondents as discussed during a focus group discussion where they mentioned that condoms cause cancer. Men need more information and education so that they can fully participate in family planning services, support their partners

and utilize the services and that Health care providers should conduct workshops or hold social gatherings and inform men about family planning and its importance-

5,2. **Recommendations**

The government through ministry of health should establish men's clinics so that men can feel free to go and utilize the services. This will increase mean involvement in utilizing family planning methods.

Health workers should endure to make services user friendly to men in order to be utilized to the **maximum Male only clinics should inform men about all family planning methods and provide** condoms and vasectomy and counsel men with respect and sensitivity, more so Education, men need a lot of information on family planning so that they are well informed.

Ministry of health should put policy to make Men's clinics be manned by male health care providers in order to encourage men to be relaxed and discuss their manly issues freely·

Community development officer in the Kaza town council should be used to pass information to Men through use of mass media; this will help men to get more information on family planning **utilization hence increasing their involvement. More still Men's organizations and clubs should** also be visited to give information to men on family planning services and their importance.

In addition Community development officer community should address the needs of men at community level and they should be males. Also there is a need to build partnerships with men, so that they are included in family planning activities and acknowledged.

Local authorities should end ever to put family planning communication campaigns, this can **change men's role in contraceptive decision-making regarding their partners, in addition promoting positive images of men** as **well as women should be done because men will be** positive regarding family planning services.

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Appendix I: **Questionnaire for Women**

I am Ndyaguma Laban a student of Kabale University conducting an academic study on factors affecting male involvement in family planning in Kazo Town council; a case of Kazo HC IV. I am requesting you to give your contributions to this questionnaire and the information given will be treated with confidentiality and will strictly be for only academic purposes.

(Tick or fill in the blank spaces)

SECTION A: Socio-demographic characteristics

1.Age ..... .

2.Sex .....

3. Religion

a) Protestant

b) Catholic

c) Muslim

d) Born again

e) SDA

4. Marital status.

a) Married [I

b) Divorced

c) Single

5. If married, nature of marriage or stable union.

a) Monogamous [1

b)Polygamous [

6. What is your educational Level?

a) No formal education

b) Primary

c) Secondary

d) Tertiary

7. What is your occupation?

a) Peasant

b) Civil servant

c) Self employed

d) Others (specify) .....

How many living children do you have?

a) Less5 []

» 5-10 LJ

C) Above 10

d)Others Specify .....

ction B: Level of male involvement family usage

. Have you ever heard about Family Planning?

Ye, _] No]

15. :0. If yes, from your own understating what is the meaning of family planning?

…… ……

……

…… ……

…… …… ……

11. How often do your partner accompany you to the family planning clinic? a. This is my first time b. Every time c. Sometimes

d. Other (specify) .....

12. Mention different reasons why you are being accompanied by your partner?

…… ……

…… ..... …… …… .. ……

…… ……

……

13 Mention that person that normally pays for the services?

…… ……

…… …… …… ……

14. How do you replace family planning Method?

a. Don't know b. Daily c. Monthly d. yearly

Other (specify) ..... .

16. Are you reminded by your partner about this replacement?

a. Yes b. No

eetion C: Relationship between male involvement and family planning utilization

.7 **Mention different family planning methods do you know that can be used by a man to prevent**

his partner from getting pregnant

…… …… ……

…… ……

……

…… …… ……

13. Does your partner use family planning methods?

0 Yes.] »No LO

17.1 yes, which method does he use? .....

18 Explain how your partner being supportive has helped you in increasing family planniP

utilization

…… …… ……

…… …… …… ……

…… … …… ……

Section D: Measures to increase male involvement in family planning

21. In your own view give reasons why men stop their women from using Family Planning"

……

…… …… …… ..…… .....……

22. Give suggestion to help men participate in family planning.

…… ……

…… …… ……

23. What should government do to intervene in the offer of family planning services?

…… …… ……

…… … ……

Thank You

16.

ppendix II: Questionnaire for Men

am Ndyaguma Laban a student of Kabale University conducting an academic study on factors ecting male involvement in family planning in Kazo Town council; a case of Kazo HC IV. I m requesting you to give your contributions to this questionnaire and the information given will be treated with confidentiality and will strictly be for only academic purposes.

(Tick or fill in the blank spaces)

SECTION A: Socio-demographic characteristics

lAge .....

2. Sex .....

3. Religion

f) Protestant
g) Catholic
h) Muslim
i) Bornagain
j) SDA

4Marital status.

d) Married
e) Divorced
f) Single

5. If married, nature of marriage or stable union.

c) Monogamous
d) Polygamous

6. What is your educational Level?

e) No formal education
f) Primary
g) Secondary
h) Tertiary

7. What is your occupation?

e) Peasant
f) Civil servant
g) Self employed

h) Others (specify) .....

How many living children do you have?

e) Less •

f) 5-10

g) Above 10

h)Others Specify .....

section B: Level of male involvement family usage

9. Have you ever heard about Family Planning?

Yes [No

10. If **yes, from your own understating what is the meaning of family planning?**

…… …… ……

…… ……

……

……

\ \. **How often do your partner accompany you to the family planning clinic? a. This is my first time O b. Every time O c. Sometimes O**

d. Other (specify) .....

13. Mention different reasons why you are being accompanied by your partner'

……

……

…… ……. …… …… …… ……. …… …… ……

…… …… …… ……

13 Mention that person that normally pays for the services?

…… …… …… ……

…… ……

14. How do you replace family planning Method? a. d. yearly

Don'know Lb. Daily [Jc. Monthly

Other (specify) .....

l S. Are you reminded by your partner about this replacement?

a.Yes b. No

17.

tion C: Relationship between male involvement and family planning utilization

Mention different family planning methods do you know that can be used by a man to prevent partner from getting pregnant?

……

……

…… ……

17. Does your partner use family planning methods?

Yes] »No LI

18. If yes, which method does she use? ……

19 Explain how your partner being supportive has helped you in increasing family planning utilization

…… …… …… ……

…… …… …… ……

…… ……

Section D: Measures to increase male involvement in family planning

20. In your own view give reasons why men stop their women from using Family Planning?

…… ……

…… ……

21. Give suggestion to help men participate in family planning.

…… ……

…… ……

22. What should government do to intervene in the offer of family planning services?

…… .....……

…… ……

Thank You

Appendix III: **Questionnaire for Local leaders**

1 am Ndyaguma Laban a student of Kabale University conducting an academic study on factors affecting male involvement in family planning in Kazo Town council; a case of Kazo HC IV. I **am requesting you to give your contributions to this questionnaire and the information given will** be treated with confidentiality and will strictly be for only academic purposes.

(Tick or fill in the blank spaces)

SECTION A: Socio-demographic characteristics

7.Age .....

8.Sex .

9. Religion

k) Protestant

1) Catholic

m) Muslim

n) Born again

o) SDA

l 0. Marital status.

g) Married

h) Divorced

i) Single

11. If married, nature of marriage or stable union.

e) Monogamous

f) Polygamous

12. What is your educational Level?

i) No formal education

j) Primary

k) Secondary 1)

Tertiary

7. What is your occupation?

i) Peasant

j) Civil servant

k) Self employed

1) Others (specify) ..... .

8. How many living children do you have?

i) Less 5

j) 5-10

k) Above 10

1) Others Specify .....

Section B: Level of male involvement family usage 9.

Have you ever heard about Family Planning?

Aves I] No LJ

10. If yes, from your own understating what is the meaning of family planning?

…… …… ……

……

…… …… … ……

…… ……

11. How often does your partner accompany you to the family planning clinic? a. This is my first time D b. Every time D c. Sometimes D

d. Other (specify) .....

12. Mention different reasons why you are being accompanied by your partner?

…… ……

…… ……

……

…… ……

13 Mention that person that normally pays for the services?

…… …… ..... ……

……

14. How do you replace family planning Method?

a. po'know] .Daily [e. Monthly [J d. yearly D

Other (specify) ..... .

15. Are you reminded by your partner about this replacement?

a.Yes I] .No L)

Section C: Relationship between male involvement and family planning utilization

16 Mention different family planning methods do you know that can be used by a man to prevent his partner from getting pregnant?

17. Does your partner use family planning methods?

a) Yes [] No D

18.If yes, which method does she use? .....

19 Explain how your partner being supportive has helped you in increasing family planning utilization

Section D: Measures to increase male involvement in family planning

20. In your own view give reasons why men stop their women from using Family Planning?

21. Give suggestion to help men participate in family planning.

22. What should government do to intervene in the offer of family planning services?

Thank You

Appendix IV: Key Informant Guide for Health Workers

I am Ndyaguma Laban a student of Kabale University conducting an academic study on factors affecting male involvement in family planning in Kazo Town council; a case of Kazo HC IV. I am requesting you to give your contributions to this questionnaire and the information given will be treated with confidentiality and will strictly be for only academic purposes.

(Tick or fill in the blank spaces)

Bio-data

Age .....

Sex .....

Religion

A.roes»wont_y caon{ Es[_]a om eii] e.spl

Marital status.

a. Married b. Divorceea [What is c. Single D

your educational Level?

a Pima[_] secon4ton[·.real]

Level of male involvement family usage Have you ever heard about Family Planning?

……

Explain the meaning of family planning?

…… ……

How often do partner accompany their wives to the family planning clinic?

…… ……

What is the reason for accompanying their partners?

…… .....…… ……

Who usually pays for the services?

…… ……

How do women replace family planning Method?

…… ……

Which method do you know that can be used by a man to prevent his partner from getting pregnant?

…… ……

Do Men use these family planning methods?

…… ……

Who makes the decision on family planning?

……

Why do most Men decide to use family planning?

……

……

Explain how partner being supportive has helped in increasing family planning utilization In your own view give reasons why men stop their women from using Family Planning?

……

Give suggestion to help men participate in family planning .

……

What should government do to intervene in the offer of family planning services? ……

.

……

Thank You

Appendix V: Budget for the research

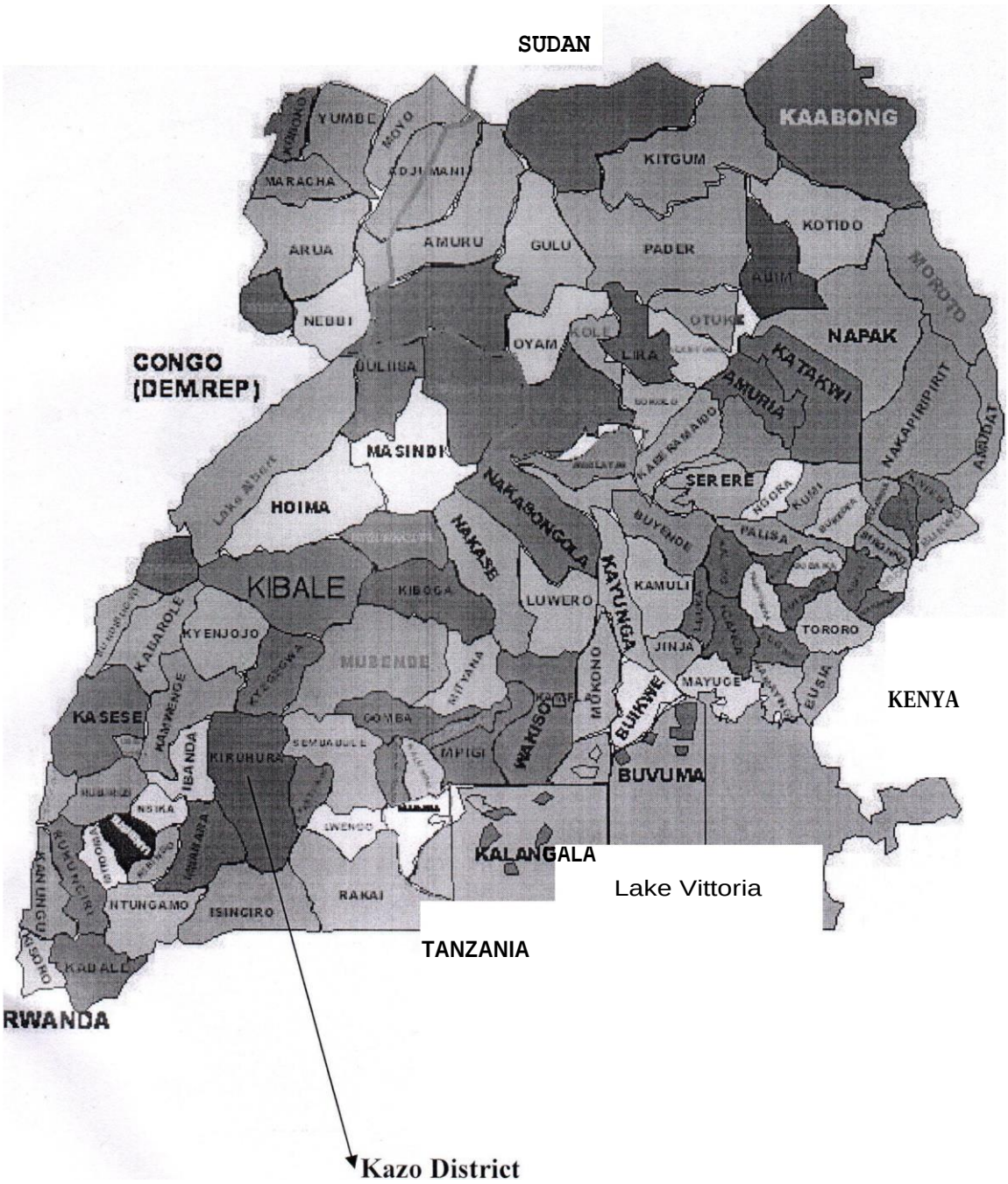
ITEM	QTY	AMOUNT
Flash disk	01	40,000
Reams of Paper	04	15,000
Pens	02	29,000
Air time	LS	50,000
Transport		200,000
Questionnaires	40	45,000
Typing the final Research		70,000
Printing	02	80,000
Binding	02	12,000
TOTAL		**541,000=**

Appendix VI: Proposed Work Plan

Period: March 2021-febuary 2022	**Activities**
March, 2021	Choosing topic and Approval and Writing a concept Paper
April to August, 2021	Proposal Writing
September, 2021	Data collection and Analysis
January 2022	Interpretation of the findings
February 2022	Writing final report, Presentation and Handing in books

18.

Appendix VI: Map of Uganda showing Kiruhura/Kazo District



19.

Appendix VII: Map of Kazo District showing Sub Counties