

Male Perception on Family Planning Services: A Case of Kihorogota Ward-Iringa District

N. Malila*., R. Kayage and C.G. Mandara

**Institute of Rural Development Planning Dodoma. P.O.BOX 138 Dodoma,
Tanzania**

* Corresponding author's email: mmalila@irdp.ac.tz

ABSTRACT

This paper assesses male perception on family planning services (FPS) in three selected villages in Kihorogota ward, Iringa district. A sample of 96 married males of reproductive age and 4 key informants were selected using systematic and purposive sampling techniques for involvement in the study. A structured interview was used to collect data from household heads who are married males. Data were analyzed using IBM Statistical Product Service Solution (IBM-SPSS version 20). The study observed that, majority of male respondents were aware of FPS. Despite high rate of awareness among male respondents on FPS, most of them had negative perception and hence minimum involvement in FPS. Socio-demographic and cultural factors determined the use of FPS. These factors include fear of the side effects, husband's approval, supply services of preferable contraceptives in the nearby health centres, distance to health facilities. The study recommends for a need to change male's perception on FPS at Kihorogota ward through building capacity of village leaders, for the later to help in conducting seminars on the usefulness of FPS at the village level. The district government needs to cooperate with NGOs and religious institutions to ensure family planning campaign reaches the community for the changes of male's perception on utilizing FPS.

Keywords: Males, perception, family planning

1.0 INTRODUCTION

Many sub-Saharan countries have high rates of unmet needs for Family Planning (FP) and low rates of contraceptive use. In most of African countries individuals and couples, who want to control fertility, face difficulties to obtain family planning methods they need due to high cost, long distances to health facilities, poor distribution, medical restrictions and fear of side-effects, and sometimes misinformation. The lack of understanding surrounding what influences FP use and how decision-making takes place in families has led to the inability of policy and programs to focus on the factors that are most important in helping people to control fertility. Although much of the available literature assumes that financial cost is the primary factor inhibiting contraceptive use, various studies around the world suggests that fear of side effects of FP is more influential in decision-making attributes (Kabagenyi *et al.*, 2014; Adelekan *et al.*, 2014; Butto and Mbulu, 2015). For instance, in Colombia Demographic and Health Survey (DHS) of 2005, about 21% of married women with unmet needs for FP cited health problems or side-effects as main reason for non-use, while 10% cited cost/access and none cited lack of knowledge.

In Tanzania modern family planning dates back to 1950s. Provision of the modern family planning started in 1959 when family planning association, “*Chama Cha Uzazi na Malezi Bora Tanzania*” (UMATI) introduced family planning service in urban-based clinics. Thereafter, in 1974 the government became actively involved, in the provision of FPS when the family planning component was integrated into Maternal and Child health services (Tuloro *et al.*, 2006). In 2003, Tanzania established National Policy Guideline for Reproductive and Child Health Services, which stresses in making FPS accessible, affordable and encourages integration and or linkage with other health services, such as HIV/AIDS care and treatment, immunizations, antenatal care, postnatal care, and post-abortive care(URT, 2004; URT,2013).

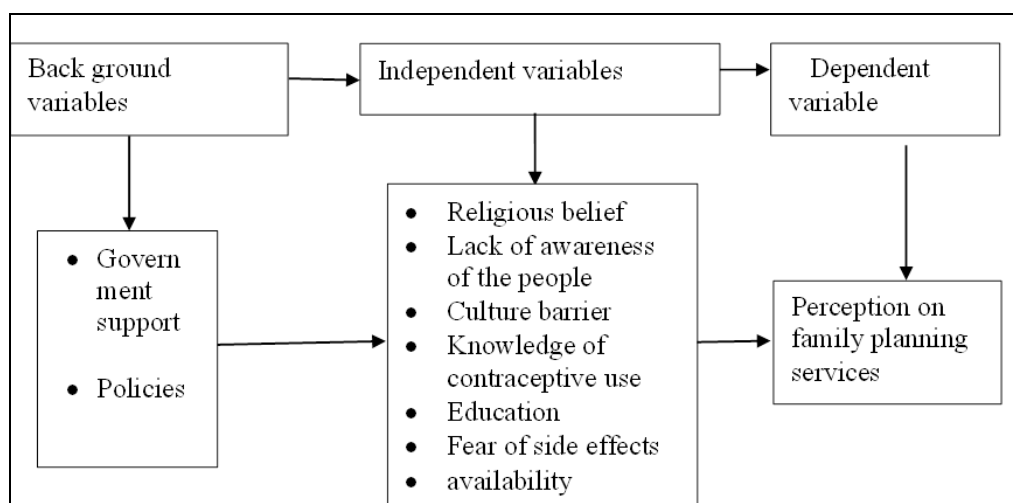
According to URT (2005) and Iringa Municipal Council (2012), Iringa region had poor performance of the family planning initiatives where by the use of contraceptive for married women for any method was 68.3% while out of that 49.9% used condom.

In recent years, many researchers have turned their attention to studies on Family Planning (FP) and contraceptive knowledge and its uses (Henrietta, 2007). This is

a very important step because of the fact that many nations in Africa have high birth rate which causes the increase of population growth. Contraceptive use and its availability help to prevent unplanned pregnancies, space births and help couples to plan the number of children they wish to have. Family planning by using modern contraceptives has been found to be the most effective and critical measure in controlling and lowering fertility and hence population growth rate (URT, 2005). The most common modern contraceptives methods used by women of sexually active age are the pills, injectables, condoms, norplant, IUDs and sterilization and contraceptive special for male include condom and vasectomy (URT, 2004).

Traditionally, in most of the African countries men are the final decision makers in almost all matters at household and community levels. Male dominance around household and community decision-making systems has a bearing on women's uses of family planning services including to use or not to use family planning methods, number of children, timing of pregnancies, as well as type of delivery services (Danforth *et al.*, 2009; Mosha *et al.*, 2013). Men's involvement in family planning processes as husbands or partners is important because men's support or opposition on their partners' practice of family planning is strongly impacting the uses of FPM (Danforth *et al.*, 2009; Chipeta *et al.*, 2010; URT, 2013). Thus, low involvement of males in family planning program is among major hindrances towards efforts to increase family planning uptake locally and internationally. Hence, failure to address the problem of rapid population growth and its consequences. For instance, the 2010 Tanzania Demographic Surveys and URT (2012) reported that Tanzania has fertility rate of 5.54 births per a woman, population growth rate of 2.7% and contraceptive prevalence of 19%. On the contrary, there is low involvement of couples to family planning programs due to varied perception on the use of contraceptive and FPS between male and female at the household and community levels. In Tanzania human fertility is increasing despite the efforts made by the government and non-governmental organisations to ensure that family planning aspects are addressed with the use of contraceptive methods (Setiawan, 2004; URT, 2005). However, there is still high fertility rate in Iringa district, and particularly in Kihorogota ward where more women are involved in FPS than men. Reasons for the discrepancy of men and women involvement in FPS are not explicitly studied and clearly documented. Therefore, this study intended to examine males' perception on Family Planning Services (FPS).

The study bases its conceptual framework on the inter-linkages between social-cultural practices and demographic characteristics, and its bearing on the male's perception on FPS. Figure 1 shows relationship of different studied variables.



2.0 METHODOLOGY

The study was conducted in Iringa district at Kihorogota ward. A study involved A cross-sectional survey and both probability and non-probability sampling methods were used in selecting respondents. The probability sampling techniques, specifically systematic sampling was used to select male household heads as respondents. Purposive sampling technique was used to obtain key informants A structured interview through questionnaire was used for data collection. Data were analysed through descriptive statistics using SPSS software.

3.0 RESULTS AND DISCUSSION

3.1 Family Planning Services Provided in Kihorogota Ward

In Kihorogota ward FPS are provided at Isimani health centre under department of Reproductive Child Clinic (RCC). The FPS provides is mainly short-term contraception methods for males and females. Condom being one of the commonly used methods in the study area. Other methods include contraceptive implant, contraceptive injection, caps, patch, vaginal ring, consultation on the use of natural calendar and on rare cases vasectomy. Additionally, RCC create

awareness on child spacing, and vaccination to children particularly Prevention of Mother to Children Transmission of HIV/AIDS (PMTCT).

3.2 Knowledge on Family Planning Services

This study was also interested on understanding the knowledge of respondents on FPS. In this regard respondents were asked if they are aware of FPS then index were developed to get Mean index (15.38). Hence, those who scored below the mean index were considered not aware of the provided family planning services and those score above it were aware of the FPS. Table1 show that majority of respondents(60.4%) were aware of FPS and 39.6% they were not. The most commonly known FP method as indicated in Figure 2 was condom (46.8%), followed by natural calendar (35.1%) (Figure 2). This observation support earlier findings in Iringa that most people are aware of FPS despite of low adoption rate of FPS (UMATI-Tanzania Family Planning Association, 2013).The main sources of information on FPS to community members included Isimani health centres, friends and mass media. Besides, other studies in Sub Saharan Africa got similar observations that in rural areas people get information on the FPS mostly from the media and friends (Chipeta *et al.*, 2010; Mosha *et al.*, 2013).

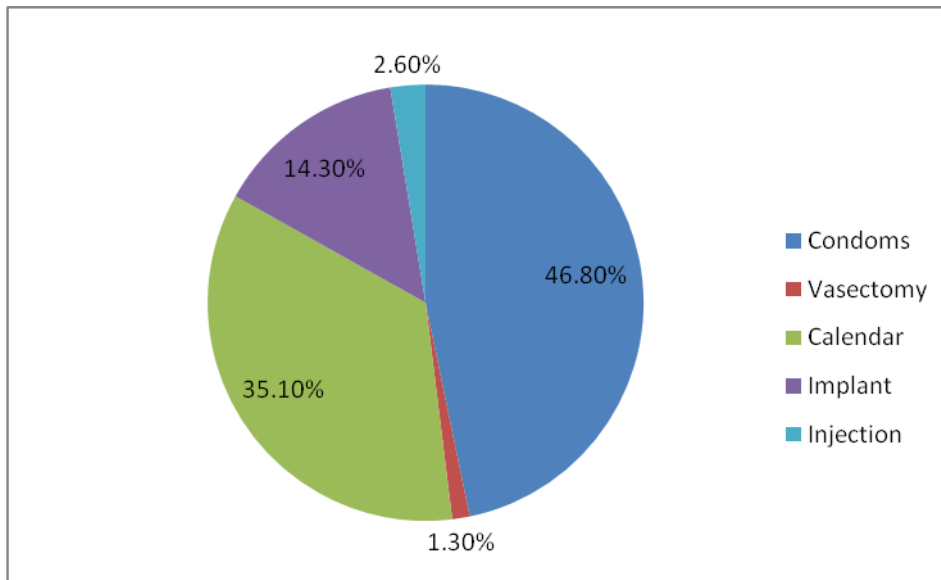


Figure 1: Common FP methods known by males at Kihorogota Ward

3.3 Awareness on the Usefulness of Family Planning Services

Results in Table 1 show that respondents had little knowledge on the usefulness of FPS, (40.6%) of respondents agreed that family planning was useful in avoiding unwanted pregnancy, having children within safe period and preventing maternal and infant mortality. This implies that most of the respondents had little knowledge on the usefulness of FPS and hence, this affect direct the rate of utilizing the services among males at Kihorogota ward. Other studies found similar results with additional information especially on perceived negative effects from using FPM, impact of the negative effects to males' manhood and increased likelihoods of women having extra-marital sexual relationships (Chipeta *et al.*, 2010; Mosha *et al.*, 2013).

Table 1: Awareness on usefulness of family planning services (n=96)

Advantage of FPS	Response	Frequency	Per cent
Avoiding risk on pregnancy	Yes	39	40.6
	No	57	59.4
Having children within safe period	Yes	39	40.6
	No	57	59.4
Prevent maternal and infant mortality	Yes	39	40.6
	No	57	59.4

3.4 Males Perception on Family Planning Services

To study males perception on FPS, respondents were exposed to several items about FPS whereby they agreed or disagreed against each item. Scores were assigned for each respondent; 1 for strongly disagree, 2 for disagree, 3 for agree and 4 for strongly agree. The frequency of each item was computed (Table 2) and the index were developed. From the index, respondents that scored below mean index (59.4%) were regarded to have negative perception towards FPS and those scored above mean index (40.6%) were regarded to have positive perception towards FPS. These findings imply that, majority of males had negative

perception on FPS and this was a result of limited knowledge on the usefulness of the services toward the wellbeing of their family.

Those who have negative perception on FPS provided some reasons for them to perceive so. One religious leader said *“Using family planning is killing, God told us, go and fill the earth do you want to tell me God was stupid?”* that answer was given when he was asked to recommend on FPS. Another respondent said that *“...they (family planning methods) cause cancer so I would not like my wife to use them, it is better for us to have many children than using them”*. Some men were against their wives to use FPS in order to control their behaviour as they said *“They make our wives to be prostitute as they do not fear of getting pregnancy, I do not allow them”*. Those who perceive it positively had their reasons linked to increasing cost of living, for instance *“..... family planning services are good because they ensure having healthy family and facilitate one to afford all basic needs because currently we face problem of climatic changes in our area having many children is source of poverty”*. Looking at the extracts from the respondents the results bear mixed picture, as some respondents support the use of FPS and some are against it. However, our mixed findings show that men are of more negative opinion than women on the use and side effects of the FPM. These findings concur with several studies that males have negative perception on the use of FPS (Margret, 1999; UNFPA, 2008; Chipeta *et al.*, 2010; Jangu, 2013; and Mosha *et al.*, 2013).

Table 2: Respondents’ perception on FPS (n=96)

Family Planning Service	Strongly disagree		Disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%
Use of condom	40	41.7	3	3.1	4	4.1	49	51.0
Use of vasectomy	96	100	0	0	0	0	0	0
Use of natural calendar	30	31.2	5	5.2	25	26	36	37.5
Participation to FP campaign	56	58.3	2	2.1	2	2.1	36	37.5
Use of implant	75	78.1	7	7.3	0	0	14	14.6
Use of injection	78	81.2	12	12.5	2	2.1	4	4.2
Supporting women to attain FPS	56	58.3	3	3.1	2	2.1	35	36.5

N=number

4.0 CONCLUSIONS AND POLICY IMPLICATIONS

Presence of government health centre in the ward and dispensary in each village contributes to high rate of awareness on FPS in the study area and hence, the service needs to be promoted and extended to other remote areas. Current use of FPS is substantially low compared to the level of knowledge. Therefore, awareness on the FPS is important but not sufficient reason for one to practically use the FPS. This is because being aware does not always bring solution to presence of different factors that hinder the use of FPS among males in the study area. These factors include fear of side effects, cultural and religious-based factors. Majority of respondents had negative perception toward FPS despite of having health centre at the ward. The study recommends that deliberate efforts should be taken by the FPS providers, Ministry of Health and NGO's working in related fields to educate males in Iringa district on FPS especially on the side effects that make them fear and avoid using FPS. To change male negative perception there is a need to involve males and religious leaders into different seminars on modern family planning methods, so as to increase adoption of FPS in rural communities.

REFERENCES

- Adelekan, A., Omoregie, P and Edoni, E. (2014). Male Involvement in Family Planning: Challenges and Way Forward. *International Journal of Population Research*, 2: 1-12
- Butto, D and Mburu, S. (2015). Factors Associated with Male Involvement in Family Planning in West Pokot Count Kenya. *Universal Journal of Public Health* 3(4): 160-168
- Chipeta, E.K., Chimwaza, W and Kalilani-Phiri, L. (2010). Contraceptive knowledge, beliefs and attitudes in rural Malawi: Misinformation, Misbeliefs and Misperceptions. *Malawi Medical Journal*, 22 (2) 38-41.
- Danforth, E.J., Kruk, M.E., Rockers, P.C., Mbaruku, G and Galea, S. (2009). Household Decision-making about delivery in health facilities: Evidence from Tanzania. *Journal of Health, Population and Nutrition*, 27 (5) 696-703.

- Kabagenyi, A., Jennings, L., Reid, A., Nalwadda, G and Atuyambe, L. (2014). Barriers to Male involvement in Contraceptive Uptake and Reproductive Health Services. A Qualitative Study of Men and Women Perception in two Rural Districts in Uganda. *Journal of Reproductive Health* 11(1): 21:11-21
- Margret, E. (1999). Male Involvement in Reproductive Health Including Family Planning UNFPA, Technical report, Kisumu, Number 28, pp 10-14.
- Mosha, I., Ruben, R and Kakoko, D. (2013). Family Planning Decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: A qualitative study. *BMC Public Health*, 13:523.
- Setiawan, B. (2004). Barriers to Male Participation in Family Planning in West Timor. *Asia –Pacific Population Journal*, 19(4).
- UMATI-Tanzania Family Planning Association. (2013). Integration of Reproductive Health Services for Men in Family Welfare Centres, Ministry of Health and Social welfare, Dar-es-salaam.
- UNFPA. (2008). Reducing Unmet Need for Family Planning: Evidence Based Strategies and Approaches, Outlook 25th Anniversary Issue, Volume 25, Number 1 [https://www.unfpa.org/sites/default/files/resource-pdf/EOL_nov08.pdf] site visited on 08/04/2016
- URT (2004). National Guideline for Reproductive and Child Health Service. Ministry of Health and Social Welfare. Dar es Salaam.
- URT (2005). Demographic and Health Survey, National Bureau of Statistics. Dar es Salaam.
- URT (2012). Population and Housing Census. National Bureau of Statistics, Dar es Salaam.
- URT (2013). National Family Planning Guidelines and Standards. Ministry of Health and Social Welfare. Dar es Salaam.
- U.S. Department of Health and Human Services and RTI (2015). Family Planning Annual Report: 2014 National Summary [www.hhs.gov/opa/pdfs/title-x-fpar-2014National.pdf] site visited on 18/4/2016