

**THE PARTICIPATION OF MARRIED MEN IN DECISION MAKING ON  
HOUSEHOLDS' FAMILY PLANNING METHODS IN MBEYA CITY**

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REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL  
WORK OF THE OPEN UNIVERSITY OF TANZANIA**

**2015**

**CERTIFICATION**

I, the undersigned, certify that I have read and hereby recommend for acceptance by the Open University of Tanzania, a dissertation entitled, **The Participation Of Married Men in Decision Making on Households' Family Planning Methods: the case of Forest ward in Mbeya city.**”, in partial fulfillment of the requirements for award of the degree of Master of Social Work of the Open University of Tanzania with my approval as a University Supervisor.



.....

Dr. Susan Rugano Gwalema

(Supervisor)

.....

Date

**DECLARATION**

I, Itika A Ngwakwa, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

.....

Signature

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**DEDICATION**

This dissertation is dedicated to my beloved husband **Mr. Kingson Michael and my lovely children; Kwemegwa and Eluka** for their tireless efforts in laying down a sure foundation of my academic excellence. To them, I say “ you are remarkable persons in my life”. Thank you and may God the Almighty bless you. Amen!

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## **ABSTRACT**

This study was conducted in Mbeya City, Mbeya Region (Tanzania), with the general objective of finding out the extent to which married men were involved in the choice of the use of family planning methods used by couples in Forest Ward. Specifically, it explored the extent to which men participated, advantages and factors hindering participation of men in decision making pertaining to choice of methods of family planning to be used by the couple. A survey research design was adopted and questionnaires, interview and direct field observations were used to collect data from 165 respondents who were randomly sampled in the ward.

Findings showed that the extent to which males participated in the decision making about family planning was minimal in Forest ward which was the area of the study, although the heads of households had knowledge on the use and availability of family planning methods. The factors identified to hinder men's participation in the decision making about family planning methods included; men being busy with a lot of activities, dissatisfaction with sexual intercourse and consideration of family planning as women concern.

In the light of these findings, it is recommended that government in collaboration with other stakeholders should establish adults' family planning clinics to enhance adults' participation in family planning decisions as well as establishment of mobile family planning clinics for easy accessibility to both.

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**LIST OF ABBREVIATIONS ACRONYMS**

AIDS	Acquire Immune Deficiency Syndrome.
CDC	Center for Disease Control
DHS	Department of Homeland Security.
FP	Family Planning.
FPM	Family Planning Methods.
ICPD	International Conference and Population and Development
MCH	Maternal and child Health Services.
MDGs	Millennium Development Goals
MHSWO	Ministry of Health and Social welfare.
OUT	Open University of Tanzania.
PSI	Population Service International.
STDs	Sexual Transmitted Diseases
UN	United Nations
UNPF	United Nations Population Fund.
USAID	United States Agency for International Development
WHO	World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction**

This chapter comes up with thorough explanation on background of the problem, statement of the problem, research objectives, and research questions as well as significance of the study.

#### **1.2 Background of the Problem**

Family planning means enabling individuals and couples to determine the frequency and timing of pregnancies, including the use of a variety of methods for voluntary prevention of pregnancy. Male participation in regulating the family size has been a concern for the health policy makers for quite some time. As male parents are also responsible for the rearing of children, it is expected that should have a role in planning the size of the family, prevent sexually transmitted diseases and other health complications. The role of men in such matters is of great importance because the sole decision-makers in a vast majority of the families in developing countries are males. Women especially in patriarchal societies have a little or no say on matters which affect their reproduction or reproductive health. They need the consent of their husbands before accessing to health care or using contraception (Jayalakshmi *et al.*, 2002; Huber, 2008). The rapid and uncontrolled increase in population has been recognized as one of the most serious problems in developing countries that have to be worked out. On this basis, it is well documented that men's general knowledge and attitudes concerning the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive method use greatly influence

women's preferences and opinions. However, fertility and family planning research and programs have ignored men's roles in the past focusing on women's behaviour, and services are traditionally presented within the context of maternal and child health (Ijadunola *et al.*, 2010). According to Manlove *et al.*, (2014) although an extensive literature has examined contraceptive use among women, much less has looked at men. However, research and programs are increasingly recognizing that if male partners are involved in family planning methods consistently, that can help prevent unwanted pregnancies and Sexually Transmitted Infections (STIs) in their relationships.

According to Ijadunola *et al.*, (2010) the males' involvement in the decision of family planning varies with age, type of marriage, religious affiliation and education. Therefore, Men in the fifth decade, compared with those in the fourth one, are less likely to agree that men should make decisions on the adoption of family planning. Likewise, polygamous men, compared with those in monogamous relationships, are less likely to opine that should decide about the adoption of family planning. Muslim men, compared with Protestant Christians, were less likely to agree that should decide whether families should adopt family planning or not.

Furthermore, men who attained post-secondary education were more likely to agree that should decide the adoption of family planning compared with men who attained secondary school education only. However, all family planning providers who were interviewed revealed that men have low patronage of family planning services whereby the services to the men who attend were favorable to them. The opinion



from providers concluded that cultural beliefs, societal perception that family planning was a women affair and religious misconceptions were the main reasons for poor participation of the men.reference.

In Tanzania Laws states that pregnant woman and a man responsible for pregnancies should be offered voluntary HIV testing although there is no mechanism in place to enable men to comply with the Laws. The Laws calls for any person who has been infected with HIV to inform his/her sexual partner or spouse immediate. By doing so it will enable couple to make informed decisions together in relation to their health. reference

### **1.3 Statement of the problem**

The issue of participation of Married Men in Decision Making of Family Planning Methods to be used by the couple is a puzzle as family planning planners tend to assume that men are opposed to family planning and are not involved in reproductive decision making.

According to the Reproductive Health Education Information and Services in Tanzania (1999) in the intervention of Family planning programs viewed women as their primary clients since most of contraceptive methods are designed for women. This is due to the fact that, women are the ones who get pregnant and the Reproductive health services can be conveniently offered as part of maternal and child health service. Some family programs have avoided serving men because they believe that women need privacy and autonomy in reproductive health matters. However, this assumption that men are not interested in taking responsibility for

family planning has become a self fulfilling prophecy. Family planning has made little effort to consider men's reproductive health (Drennan, et al 1998). Some researchers, for example Sichona, (1995), did a study on family planning in Mbozi district and found that men's negative attitudes towards family planning prevented their wives and daughters from effectively using modern family planning methods.

Furthermore, the study done by Ntozi, (1993) revealed that the neglected study on men has left out an important set of data that can substantially supplement women related fertility data in explaining changes in fertility. They both did a good job of enlightening the issue of Participation of Married Men in decision Making of Family Planning Methods to be used by the couple, but still the issue is puzzling the community heads as it has been observed that one among the reasons on why couples enter into conflicts is unexpected pregnancies. At the same time many Christian preachers advise married couples that have to stick together for better and for worse.

The issue of unexpected pregnancies always creating conflicts among couples, this prompted the researcher to find out if men are involved in decision making on family planning methods or not. The fact that this is not clear raises the need for having more studies on this area so as to add up and have a clear picture and solution to the issue. This would sharpen the level of our understanding and make a right path towards solving the marital problem.

This research had analyzed the Participation of Married Men in Decision Making on Households' Family Planning Methods.

## **1.4 Objectives of the study**

The study strived to fulfill the following objectives;

### **1.4.1 Main objective**

The main objective of this research was to find out the participation of the married men and decision making on households' family planning method in Mbeya City.

### **1.4.2 Specific objectives**

The specific objectives were as follows:

- i. To find out the extent to which men participate in decision making pertaining to the use of methods of family planning in households'.
- ii. To identify advantages of men's participation in decision making concerning family planning.
- iii. To analyze the factors hindering men's participation in family planning methods decision making.

## **1.5 Research questions**

- i. To what extent do men participate in decision making on family planning in Mbeya City?
- ii. What benefits can be obtained from men's participation in decision making about family planning?
- iii. What factors hinders' men participation in family planning methods decision making?

## **1.6 Significance of the study**

The study adds knowledge on male participation in decision making pertaining to family planning methods to the existing literatures. Specifically, it contributes to the

understanding of the importance of male participation, the extent of participation and reveal some factors that hinders male participation in the decision making about family planning in Mbeya City. The word “men” and “Males” are used interchangeably, do they mean the same? Careful with it!! Otherwise it has to be indicated.

The study further alerts Mbeya City residents on how to utilize the opportunities on family planning provided in the vicinity of the city and the Forest Ward in particular. These opportunities may vary in the aspects of social, environmental, and economic aspects including training that are offered and materials supplied so as to facilitate family planning practices. The study tries to integrate other variables as influence of education, occupation and the nature of the family owed by males in influencing their participation in the decision making about family planning.

The study also contributes towards policies and strategies to address the family planning programs to the couples in Mbeya City, particularly on the issues related to improvement and provision of training on family planning, use of family planning methods and gender awareness in the city.

### **1.7 Scope of the study**

The study was conducted in Mbeya City specifically at the Forest Ward. The study was conducted at household level including the heads of households who provided useful information for this study. Other sources of information were the Maternal and Child Health Service (MCH), the Ward Executive Officers (WEO) and the spouses of the heads of households.

### **1.8 Definition of Key terms.**

**Family planning:** Different scholars defined family planning as the program of

limiting the size of families through the spacing or prevention of pregnancies, this enabling individual and couples to attain the desired number, spacing and timing of their children through the use of modern or traditional contraceptive methods (UN, 2005). In this study the term family planning has been used to denote the same meaning as it appears in the definition. However, it has been used as the key concept in this study.

**Contraception:** Refers to the devices or medication used for reducing the likelihood of the fertilization of an ovum by a spermatozoon. The contraceptive effect can be obtained through temporary (periodic abstinence during fertile period, withdrawal) or permanent means (such as male and female sterilization) (Planned Parenthood of America, 2006). In this study the term contraception has been used to denote the same meaning as it appears in the definition

**Fertility:** The term fertility refers to the frequency with which births occur within groups or subgroups of humans who are of an age to procreate. As applied to the results rather than the ability to procreate, the words fertility and infertility are used to denote, respectively, that procreation has or has not taken place (Fathalla, 1992). In this study term fertility refers to the frequency with which births occur in a family.

**Pregnancy:** Refers to the condition of having a developing embryo or fetus in the body, after union of an ovum and spermatozoon such union places the beginning of pregnancy (Dorland, 2007). In this study pregnancy has been used to denote the condition of a developing embryo in a body either consciously or unconsciously.

## **1.9 Organization of the Study**

The dissertation is organized into five Chapters. Chapter one provides the background information and statement of the research problem, general purpose and

objectives of the study and their related research questions. It also provides conceptual frame work, significance of the study. The chapter ends with definitions of the key concepts used in the study. Chapter two presents a review of literature related to the study and establishes knowledge gap. Chapter three presents the research methodology. It covers the research design, study area, target population and sampling procedures. It also discusses the data gathering techniques, ethical consideration and data analysis. Chapter four presents the data analysis, presentation and discussion of findings of the study. Chapter five presents the summary, conclusion and recommendations for further research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents a review of related literature on Men Participation in Family Planning Decision Making in Mbeya city council. The chapter reviews different empirical studies relating to this study focus.

#### **2.2 Theoretical Review**

It is globally understood that theoretical framework is one of an important aspect in guiding research undertaking. With this understanding therefore this study employed Decisional Balance theory which advocated by Janis and Mann (1977). Decisional Balance theory considered four domains to take into consideration when making decisions. These domains include Utilitarian gains and losses for self, Utilitarian gain and losses for significant others, Self approval or disapproval and Social approval or disapproval.

By Utilitarian gains and losses for self refers to the direct effect on ourselves from the decision, this often carries most weights as what to consider to be the gain or lose. When it comes to men's participation in decision making in family planning issues it require men to consider the advantages and disadvantages. It is when the Decisional Balance theory needed to be applied.

Utilitarian gain and losses for significant others mean that making decisions which are directed at others, it may seek to consider how they may gain or lose. In particular to those close to the person making decision . In relation to that on The

Participation of Married Men in Decision Making on Households' Family Planning Methods Decisional Balance Theory enabling men to make decision by considering the gains of their spouses and their children.

Self approval or disapproval, this mean that making decision should consider the issue of self-esteem feeling good about the decision .Also feeling proud, guilty or otherwise good or bad about it all. Through the Decisional Balance theory men should feel that the family planning issues is not the women responsibility only. All couples should participate in decision making for their own well being.

Social approval or disapproval, give the meaning that when decision are made must consider want others do approve so as to feel good and will avoid criticism . block the decision in some way. In a cultural context where men are the decision makers in all issues in the family therefore the Decisional Balance theory remind them to participate in family planning issues as far as family planning matter need the participation of both for the gains of their society and national.

## **2.3 Empirical Review**

### **2.3.1 The Concept of Family Planning**

The empirical studies verified that the demand for contraceptive methods to space or limit childbearing exists Worldwide (Dewi, 2009). About two million women have an unmet need for modern contraception, that is, they are sexually active, want to delay or stop childbearing, and are not using a modern contraceptive method (Mwaikambo *et al.*, 2011). More than eighty million unintended (mistimed or unwanted) pregnancies occur each year worldwide, contributing to high rates of induced abortion, maternal morbidity and mortality, and infant mortality



(Mwaikambo *et al.*, 2011). Furthermore, family planning has been found to be an essential means by which countries can achieve the Millennium Development Goals (MDGs), particularly goals like improved child and maternal health.

Generally, Family Planning issue requires both men and women participation in order to be more effective. Ijadunola, (2010) assessed men's awareness, attitude and practice of modern contraceptive methods, determining the level of spousal communication and investigating the correlates of men's opinion in family planning decision making. According to Bayu Setyawan, (2004) many countries have addressed women when it comes to family planning programs while men have been excluded in many instances. However, the data available suggest that the most successful family planning programs target men as well as women and promote communication about contraception between spouses. The high population growth rate in the region is a reflection of high fertility and low contraceptive use. Family planning is very crucial for the healthy family as it gives the room for the parents to manage the decision on the number of children to have and that simplify the caring of those children. Additionally, WHO, (2009) emphasizes the rationale of family planning as to enable individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births through the use of contraceptive method and treatment of involuntary infertility.

### **2.3.2 Global Overview of Family Planning**

In 1994, 179 nations came together in Cairo at the International Conference on Population and Development (ICPD) to address issues of population growth and sustainable development. These nations emphasized the importance of social and

economic development and individual and family well-being of achieving reproductive health for all (UN, 1994). During the conference a Programme of Action was developed to set out a series of recommended actions targeting population growth and development. Included in this Programme of Action was a pledge from all 179 nations to transform and fund reproductive health services around the world including the assurance that everyone who wanted to limit or space their children could do so with appropriate access to relevant services (Daulaire *et al.*, 2002). As a consensus of the conference, family planning was acknowledged as a proper approach for child spacing and improving the family's well being of each respective country. Therefore, the participation of men and women in family planning especially in decision making becomes of paramount important.

On the other hand, various studies propagated that in traditional Africa the issue of having a large family was something prestigious as it was also regarded as a source of wealth through bride price from girl children. Furthermore, most of the parents prefer to have large families as a source of labor power for cultivation of crops as well as animal keeping and so forth (WHO, 2008).

Family planning use has delayed in Sub-Saharan Africa relative to other parts of the developing world as it has the lowest rate of contraceptive use in the world. In response, the United States Agency for International Development (USAID) has adopted a "Repositioning Family Planning" initiative to mobilize commitment to family planning in Africa (USAID, 2009). Providing contraceptives in Africa is a challenging task especially in the era of the AIDS epidemic. In many African countries, ignorance of sexual matters is considered as a sign of purity. Most people

in Africa find it difficult, even shameful, to talk about sex and its various consequences. These general attitudes have kept millions of young people, especially young women, from seeking accurate and correct reproductive and sexual information from reliable sources (CDC, 2000).

Moreover, among of the factors which have contributed to the low rate include: difficulty in getting contraceptive supplies, inadequate number of family planning clinics, a largely rural population, low socio-economic levels, high rates of infant and child mortality, and the high value in many cultures of favoring or preferring large family size. Consequently, this situation resulted to the highest fertility rates and the fastest population growth rates in the world (UN Population Division, 2008). For example, according to the Tanzanian Demographic and Health Survey (TDHS, 1996) conducted in 1996, the fertility rate in the country is reported to be about 7 children per woman. The population growth rate has been estimated at about 2.8 percent per annum (URT, 2002).

Furthermore, the rural areas registers the highest average fertility of over 6.6 children per woman while the figure for the urban women stands at about 5.5. When Tanzania is divided into zones, the Western Zone stands out above the rest at the average of 7.3 children per woman aged 40-49 years while the Lake Zone stands with the average fertility of 7.2 children per woman, followed by the Southern Highlands Zone where Mbeya city is located which has an average of 6.6 children. These figures are definitely among the highest in Tropical Africa (URT, 2002). Generally, the high growth rates in Africa particularly in rural areas might be associated with lack of family planning knowledge among married couples which resulted to low rate of contraceptives use.

Unsafe abortion is a significant problem which signifies the need to get rid of unplanned pregnancies. Nearly a quarter (24%) of women sexually active, that is the married and unmarried have an unmet need for family planning, according to the most recent Department of Homeland Security reports no.13, Promotion of condoms for disease prevention may be contributing to this unmet need by associating the method with infection and promiscuity (Ijadunola *et al.*, 2011).

### **2.3.3 Men's Participation in Family Planning Decision Making**

In Africa, the concept of male participation in family planning emerged after the International Conference on Population and Development held in Cairo 1994. The conference main agenda emphasized among others on the special efforts to be made to emphasize men's shared responsibility and promote their active participation in responsible parenthood, sexual and reproductive behavior, 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 participation in family planning. The same message was emphasized in the 1995 World Conference on Women in Beijing where the shared responsibility between men and women in matters related to reproductive health and sexual behavior emerged as the main agenda as a response to improve effectiveness of endeavors aimed at reducing fertility rate. The main focus was the inclusion of other people who are sexually active who had been excluded by family planning programs (Richey, 2008).

For the past two decades, from 1990's to 2010, there have been a lot of efforts to involve men in family planning activities especially the use of male contraceptive

methods and involving men in maternal health services. Such efforts include promotion and free provision of male condoms, promotion of integrated maternal and child health centers which are friendly to both partners, campaign to increase people's awareness that focus on men, provision of peer education, provision of family planning guidelines, as well as preparation of training manuals and IEC/BCC material whereby trainers and services providers have been trained, (TRCHS 2005-2010:7). All of these aimed at increasing men's participation in various programs related to family planning in general, particularly sensitizing them to use male contraceptive methods.

Generally, male participation 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 (wives) in contraception and encourage peers to use family planning and influence the policy environment to be more conducive to developing male related programmes. For that reason male participation 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 (Marrida and Ulla, 2004).

However, contraceptive methods and health services have been frequently geared towards women although men are often the primary decision -makers on family size and their partner's use of family planning methods. In addition, spousal disagreement can serve as a deterrent because women might fear initiating a difficult conversation about family planning. On top of that, evidence suggests that communication

between couples may influence family planning method choice and frequency of use among women already using contraception (Ida, 2013).

As outcome of male participation in family planning methods decision making, the knowledge of contraception have become almost universal in Tanzania. There has been a gradual increase since the early 1990s, when knowledge of any contraception was 74% for all women in the 1991-92 TDHS. The most commonly known methods among both men and women are the birth control pill, injectables, and male condoms, TDHS, (2010). Thirty-four percent of currently married women are using a method of contraception, including 27 percent who are using a modern method. Injectables are the leading method, used by 11 percent of married women. The pill and traditional methods are also common, each used by 7 percent of currently married women (TDHS, 2010). 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. The effect of wife's education was stronger. The same study showed that the younger the husband and the higher the educational level of husband and wife, the more positive the determinants for fertility regulation (Marrida and Ulla, 2004). The study findings indicate that, the ages and levels of education for the couples influence the use of contraception.

A technical report by UNPFA, (2010) stated that, most reproductive family planning service delivery systems are almost entirely oriented to women and provide little or no information about male contraceptive methods. Health workers are sometimes poorly trained in counseling men about safer sexual practices and male methods, and

may communicate negative rumors about them. The service providers, though largely females, expressed a favorable disposition to men attending their clinics and always welcomed them. They reported, however, that men visited family planning clinics only to obtain condoms or in response to requests sent to them by the providers through their wives (Ijadunola *et al.*, 2011).

Consequently, male neglect in family planning result into couples often disagreeing about the desirability of pregnancy and the use of contraceptives which can be associated with the biasness on education provision to married couples. Priorities are mainly given to women while neglecting men who have an authority of deciding the family planning methods to be used by married couples. When this discordance occurs in a situation of male authority, men's opinions about these issues may overrule women, even though the women often must implement the decisions made on these matters. In some cases, husbands fear that if they approve family planning and allow their wives to use it, they would lose their role as heads of their families or their wives may be unfaithful or they might lose face in their community (Ijadunola *et al.*, 2011). Basing on this contraction, there is therefore a need of increasing the knowledge on the use and importance of contraceptives among married couples which in turn can create an equal opportunity to both men and women in decision making for appropriate family planning methods.

#### **2.3.4 Types of Family Planning Methods**

Various authors have described the types of family planning methods in different ways. Bekele, *et al.*, (2003) have categorized the types of family planning methods into (i) long-acting reversible contraception, such as an implant, or an intra uterine

device (ii) hormonal contraception such as contraceptive pills “the pill”, the injection and vaginal rings (iii) barrier methods, such as condoms and diaphragms (iv) fertility awareness and (v) permanent contraception, such as vasectomy and tubal ligation.

However, historically, the traditional method of withdrawal has been used as a contraceptive method since biblical times (PAI, 1991). The use of condom dates back 400 years ago (Ross and Frankenberg, 1993). Worldwide, the commonly used family planning methods include vasectomy, condom, withdrawal and periodic abstinence which require full male co-operation. All these family planning methods have advantages and disadvantages upon their application therefore it is recommended prior to selection and application marriage couples trained and counseled on those methods (Marrida and Ulla, 2004).

### **2.3.5 Advantages of Men Participation in Family Planning**

According to Bekele *et al.*, (2003) the rationale of family planning include the following among others (i) allowing women and men the freedom to control the number, spacing and the time at which they have children, family planning helps women and their families preserve their health and fertility and also contributes to improving the overall quality of their lives (ii) contributes to improving children’s health and ensuring that they have access to adequate food, clothing, housing, and educational opportunities and (iii) allows families, especially women, the time to adequately participate in development activities. Additionally, the World Health Organization (WHO) and the United Nations Population Fund (UNPF) have identified some benefits to family planning which include preventing pregnancy related health risk in women, reducing infant mortality, helping to prevent



HIV/AIDS, empowering people and enhancing education, reducing adolescent pregnancies and slowing population growth (Burkman *et al.*, 2004). Despite these general benefits of family planning still men are not properly involved in family planning decision making which in turn can result into poor realization of those benefits because in African culture, men are decision makers of the family issues including contraceptive use.

Available studies show that in many developing countries males often dominate in making important decisions in the family, including those concerning reproduction, family size, and contraceptive use. Therefore, being dominant in family planning methods, men need to be more trained and involved in e contraception so that they can be in a position to select and apply appropriate methods with their spouse. Men are also recognized to be responsible for the large proportion of ill reproductive health suffered by their female partners (Dewi, 2009). Men involvement helps not only in accepting a contraceptive but also in its effective use and continuation (WHO, 2008). For that reasons it can be argued that couples who discuss the number of children they desire or the use of family planning are more likely to use a contraceptive and achieve their reproductive goals than those who do not.

However, according to Pande *et al.*, (2006) men's participation has been conceptualized in several ways since 1994, for instance: (1) men's involvement in decisions about family size and family planning; (2) men's responsibility to reduce risky sexual behavior and prevent spread of sexually transmitted infections; (3) men's support for the reproductive health of women; and (4) men's own reproductive and sexual health needs. All of these aspects indicate the rationale of men

involvement in family planning methods for the well-being of women, children and the nation as a whole. Therefore, it for effective and efficient achievement of family planning advantages both men and women should be equally treated as important implementers and beneficiaries. On the other hand, ignoring one sex among married couples can hinder the achievement of family planning objectives.

### **2.3.6 Hindering Factors of Men Participation in Family Planning**

Various studies have recognized the importance of men participation in family planning decision making in contraception for improving the health status of women, children and a nation as a whole. Vouking et al.,(2014 ). However, the lack of interest by men in family planning methods can be attributed to several factors including poor communication with their spouses, side effects of female contraceptive methods, dissatisfaction with male contraceptive choices, perceptions of family planning as a woman's domain, family size preferences, fear of partner sexual promiscuity, fear of partner sexual promiscuity.

#### **2.3.6.1 Poor Communication with Spouse**

Generally, men have a major role in the decision to use family planning methods and determining the number of children a couple should have. Dewi, (2009). However, appropriate decision making among married couples depends on the existing communication between men and women. Spousal disagreement on reproductive matters relates to the ways in which men and women communicate their preferences. This can affect the choice and uses of contraceptives. WHO, (2009). Spousal disagreement can be due to the lack of communication between spouses than to be articulated opposition of one spouse to the other's desires (Ida, 2013). For example

in West Africa, nearly 75 percent of men reported that they had never discussed family planning with their wives; in East Africa fewer than 40 percent of men said they had never discussed it and in North Africa the percentage was even lower (Boyce and Neale, 2006).

### **2.3.6.2 Side Effects of Female Contraceptive Methods**

Side effects associated with the use of contraceptives to women are among the factors which hinder men to allow their wives to engage in modern family planning methods. The study by Kabwigu, (2001) has identified that among others the side effects blamed included reducing sexual pleasure and increasing women's risks of infertility and illness. Therefore, based on that situation men reported being frustrated by several observed side effects, most notably irregular and prolonged bleeding, as well as vaginal dryness, and decreases in sex drive (WHO, 2012). Excessive bleeding is seen as having detrimental effects on marriages as long periods of blood loss reportedly lead to women's general fatigue and dampened their interests in sexual intercourse. Bleeding is also attributed to limiting the number of opportunities for men to have sex with their partners. For that reason married couples should be educated about side effects of each method before they decide on which one to use.

### **2.3.6.3 Family Size Preferences**

In some African countries men think children are sources of security especially if they are boys Dewi, (2009). Additionally, some parents especially men treat children as sources of income in terms of bride price to girls and engagement in households' income generating activities. Therefore, most men do not like the issue of family

planning because it reduces the size of their families. Men also have negative attitudes towards birth control because they say if you reduce on the number of girls you are to produce then you are reducing your wealth. Moreover, the absence of men's support of women's contraceptive use is linked with patrilineal traditions that highly value children and encourage large family sizes. In this situation numerous children are described as a sign of wealth and financial security. Therefore, deliberately efforts are highly needed on educating the community on the rationale of using family planning methods.

#### **2.3.6.4 Fear of Partner Sexual Promiscuity**

The study by Sigwa, (2010) on “barriers of the involvement and participation of males in family planning” has identified that, some men in Iringa region were reluctant on approving family planning methods to be used by their wives with various reasons. Fear of partner sexual promiscuity was among the hindering factors of allowing women engagement in contraceptives use. In that study participants also voiced concerns that women's utilization of family planning services may lead them to become unfaithful and reflect women's intentions to avoid pregnancy within extramarital sexual relationships. Men's fears regarding women's perceived sexual promiscuity is linked to stigmatizing beliefs that contraception was most often used in contexts of female commercial sex exchange (Boyce and Neale, 2006). Consequently, this fear of partner sexual promiscuity resulted to low and/or lack of utilization of contraceptives among married couples.

#### **2.3.6.5 Dissatisfaction with Male Contraceptive Choices**

Despite of having perceived side effects of female contraceptives, still male contraceptive methods are reported as unappealing like male condoms which limited

them to engage in the utilization of family planning methods (WHO, UNFPA, World Bank, 2012). Therefore limited access to a more diverse set of male-led methods motivates men's disapproval of family planning methods with the belief that they affect sexual satisfaction. Accordingly, the Ministry of Health and Social Welfare and relevant stakeholders need to provide mass education to the community on family planning issues.

#### **2.3.6.6 Perceptions of Family Planning as a Woman's Domain**

Culturally, social norms as well as health system factors are identified as confusing men's participation in reproductive health services Kabwigu, (2001). In most of the traditions, the role of childbearing and child-rearing is assigned to women. Additionally, matters relating to fertility and birth planning are also considered to be within this domain. UNFPA, (2012). Engaging men in communication regarding family planning is perceived by some as inappropriate and distractive. Given the social expectations for men to earn income for their families, use of men's limited time and mental preoccupation to discuss family planning is considered unduly burdensome. In a nutshell, all these factors hindering men participation and approval of family planning methods utilization in married couples can be grouped into cultural factors, socio-economic factors and psychological factors Vouking et al., (2014). Therefore, the promotion of men participation in contraception should among other mechanisms concentrate on reviewing these factors so that they can be user friend to both women and men.

#### **2.3.7 Family Planning Policies**

The Government of the United Republic of Tanzania through the Ministry of Health and Social Welfare has done more efforts to provide comprehensive health services

to all citizens. This is recognized among others through the formulation of the National Health Policy in 2002 which is aimed at providing direction towards improvement and sustainability of the health status of all the people, by reducing disability, morbidity and Mortality, improving nutritional status and raising life expectancy URT, (2002). In connection to this policy, the utilization of family planning methods is inseparable with good health of the citizens since good health is a major resource for poverty eradication and economic development. Additionally, the family planning has been recognized as among of the key essential health care packages in this National Health Policy. URT, (2002).

In addition, the government has formulated the National Population Policy in 2006 which has the goal of coordinating and influencing other policies, strategies and programmes that ensure sustainable development of the people and promoting gender equality and the empowerment of women URT, (2006). Therefore, with respect to this policy goal in particular women empowerment, then family planning is acting as among the mechanisms to empowering women. Additionally, the policy is focusing on addressing family planning and child spacing so as to have a national with good health status URT, (2006). Therefore, achievement of all these policy objectives in particular family planning methods depends on the participation of both men and women in choices and utilization of contraceptives and lead to improved health status of the current and future generation of Tanzania.

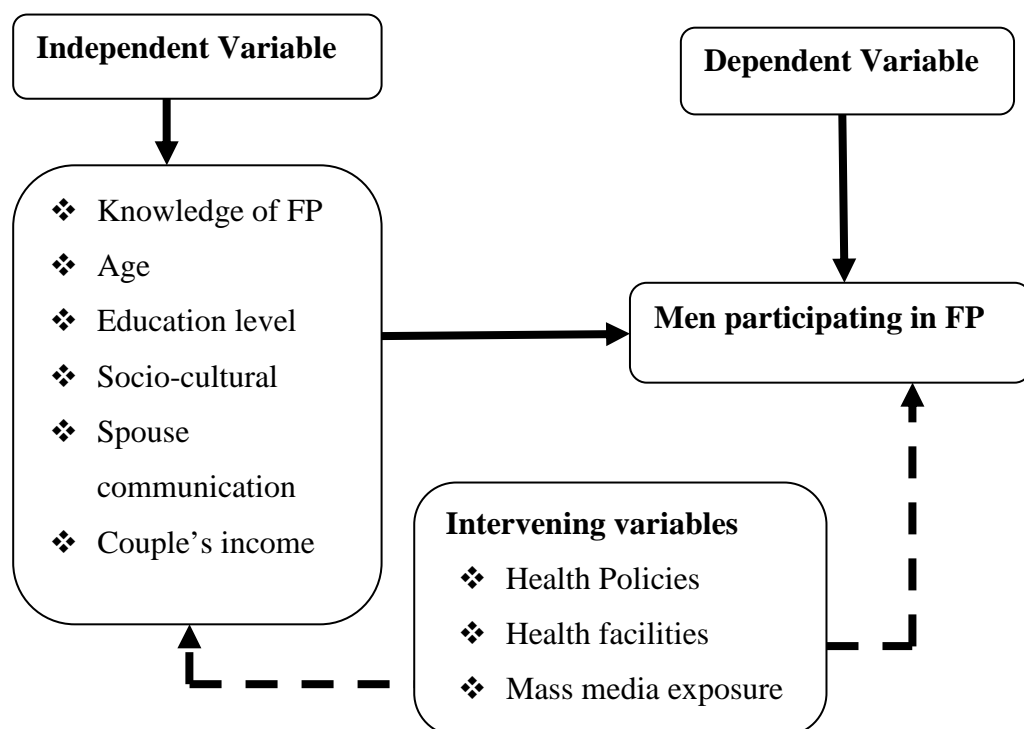
### **2.3.8 The Research Gap**

Most of the family planning programmes in Tanzania have had an inadequate focus on men. Additionally, various studies have focused on the application of family

planning methods and not on the decision making in particular to the choices of methods based on its advantages and disadvantages (UMATI, 2014). Consequently, little is known on men's knowledge and practices on family planning especially in decision making. Therefore, this study aimed at finding the Participation of Married Men in Decision Making on Households' Family Planning Methods in Mbeya City

### 2.3.9 Research Conceptual Framework

Figure 2.1 indicates the conceptual framework on which the relationships among several variables that have been identified as important to the study (men participation in family planning decision making) are shown. Those variables are categorized into three groups; independent variables, intervening variables and dependent variables.



**Figure 2. 1: Conceptual Framework of the study**

**Source: Researcher (2015)**

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the methodology used in this study. It is organized in the following sub sections: selection of the study area, description of the study area, sampling frame and procedures, sampling of households, data collection techniques, the methods of data analysis and presentation, limitations of the study and the ethical considerations of the study.

#### **3.2 Selection of the study area**

The study was conducted in Mbeya City specifically at Forest Ward. Mbeya City has been seen by PSI (2005) as among the prominent contraceptive preference region with the rate of 23.5%. However, birth rates still increasing despite of being among of contraceptive prevalence locations in Tanzania. On the other hand, the Forest ward was selected because it is among the wards in Mbeya City where there are more than one hospital and a number of health centres; thus it was expected that the residents in the vicinity of the ward could easily access family planning services provided by these aforementioned centres. Furthermore, according to the 2012 National Census, the city had a population of 385,279 constituting 182,620 males and 202,659 females (URT, 2012). The researcher thought worth to undertake the study in this area.

#### **3.3 Research design**

Research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis. Kothari



(2003) adds that research design entails about blueprint for the collection, measurement and analysis of data. This study has employed mixed research design; this is to say qualitative and quantitative research design. However, qualitative research design has been mostly used in this study in collecting information from the heads of households, spouses, ward executive officer from local government and health centers through interviews, questionnaires and observation.

### **3.4 Sampling**

Latham (2007) points that a sampling method involves taking a representative selection of the population and using the data collected as research information. Sampling is done when the population is large and geographically dispersed, hence impossible to collect data from the whole entire population. Therefore, sampling involved choosing a sub-group of the population which is called a sample. This study thought worth to include 165 male respondents, female 16 and 2 key respondents. This was obtained by taking ten percent of the total households available in the ward

#### **3.4.1 Sample size**

The sample size refers to the number of units that were chosen from which data were gathered (Shapiro, 2008). The sample size of this study therefore was one hundred and eighty three (183) respondents

#### **3.4.2 Sampling Methods**

While there number of sampling methods, the study has earmarked non-probability sampling (purposive). Oliver (2006) defines purposive sampling as a form of non probability sampling in which decision concerning individuals to be included in the sample are taken by researcher based upon a variety of criteria which may include

specialist knowledge issue, or capacity and willingness to participate in the research. The researcher in this study employed purposive sampling to select both the key informants (knowledgeable), the study area, and head of households in the study area. This study purposely employed this technique to select key informants such as the ward executive officer (1), the health worker at Maternal and Child Health Services (MCH) (1), and one hundred and sixty five (165) heads of households in the study area. Therefore, a total number of respondents involved in the study was one hundred and eight three (183) respondents. Additionally, the Forest Ward was purposely selected due to its location advantages in terms of availability hospitals and health centres. The table 3.1 below, summarizes the sample size used.

**Table 3. 1: Sampled Study area and the respondents**

Ward	Number of Households	Sampled Households	Key Informants	Number
Forest	1658	165	Health worker	1
			WEO	1
			Spouses	16
		165		18

Source: (researcher filed work 2015)

### 3.5 Types of Data

In this study, both primary and secondary data was collected. The data included socio-economic aspects, spatial and institutional data of which different information was collected based on the participation of married men in decision making of family planning methods used in the household in Mbeya City.

#### 3.5.1 Primary data

Primary data was collected directly from the field, including respondents' bio data, information on the extent of male participation in family planning decision making,

the advantages and factors hindering male involvement in decision making about family planning in the study

### **3.5.2 Secondary data**

Secondary data were obtained from various sources such as district and village annual reports, National Bureau of Statistics (NBS), maps, university library and internet. These data provided an initial overview of the extent of the problem in the study area. Relevant reports on the participation of married men in decision making of family planning methods used in the household in the study area were mainly collected at the ward and city levels.

## **3.6 Data collection Methods and Tools/instruments**

Data collection methods entails about a systematic approach to gathering information from a variety of sources. Accordingly, nature of the data determines kind of method or tool to be used. During the fieldwork, the researcher used two tools/instruments to facilitate data collection. These were structured questionnaires, and interview guides. The structured questionnaires were administered to the head of the households. The tools were pre tested prior to field work the aim being to find out the validity and reliability.

### **3.6.1 Questionnaires**

Questionnaire refers to research instrument consisting of a series of questions by K.Kopper, (2004).The questionnaire used in this study had both open and closed ended questions designed to gather information on the participation of married men in decision making of family planning methods used in the household in Mbeya City. The questions covered the demographic and socio economic profiles of the

respondents, the extent of male participation in family planning decision making, the advantages and factors hinders male involvement in decision making about family planning in the study area. Questionnaires were administered to the sampled heads of households in the study area. Additionally, this data collection tool was suitable due to its flexibility and privacy; most of respondents were free to put forward their views on different aspects in this study. Moreover the technique gathered most of the information required for the purpose of this study compared to other techniques.

### **3.6.2 Interviews**

Interview is a conversation between two or more people where questions are asked. The researcher conducted personal interviews to collect data from key informants, the WEO, MCH officer and the spouses of the heads of households. A semi-structured interview guide was used to gather bio-data of the respondents as well as information on the participation of married men in decision making of family planning methods used in the household, especially the available opportunities to family planning as well as the utilization of the opportunities in the study area.

## **3.7 Methods of Data Analysis and Data Presentation**

Data were analyzed using both qualitative and quantitative statistical techniques. The results were presented in tables, figures and Charts of different types.

### **3.7.1 Qualitative Data Analysis**

In order to assess the flows, patterns, benefits and losses in the rural urban interaction in the study area, qualitative technique was used to describe the information gathered from interviews. The qualitative data gathered from the key informants were very instrumental in enriching and analyzing the information on the extent of male

participation in family planning decision making, the advantages and factors hinders male involvement in decision making about family planning in the study area. Narrations and other qualitative information were subjected to content analysis and used to augment data drawn from interviews. Some of the responses or explanations have been presented as quotations.

### **3.7.2 Quantitative Data Analysis**

Quantitative data analysis involved coding, classification, cleaning and entering data into the computer soft ware programme. Raw data were cleaned, coded, verified and analysed by using Statistical Package for Social Scientists (SPSS) version 16.0. The SPSS and Microsoft Excel 2003 programmes were employed to manipulate and analyse data on the extent of male participation in family planning decision making, the advantages and factors which hinder male involvement in decision making about family planning in the study area. Descriptive statistical analysis was used to produce, frequencies and percentages alongside charts of different types. The results were presented in tables, pie charts, line and bar graphs.

### **3.8 Limitations of the Study**

The process of data collection had some limitations in that some of the respondents were reluctant to cooperate in the provision of information. Some of the respondents wanted to be paid before they could be interviewed, while others refrained with no specified reasons. For those who were reluctant or refraining, they were substituted by other households. The significance of the study itself facilitated and made the collection process successful. Furthermore, the researcher had to explain some key variables to respondents who could not properly understand. The explanation made

the respondents feel being part of the study as well as being part of the entire community development. In general, the research exercise went on successfully as planned.

### **3.9 Ethical Considerations define it**

Research clearance was sought from the Directorate of Postgraduate Studies Research and Publication through the Post graduate Coordinator of Social Work programs of Open University of Tanzania. Prior to study commencement, consultations were first made with the Mbeya Regional Administrative Secretary (RAS) and the Mbeya City Director to introduce the study and obtain permission for carrying out the study in the selected ward.

On the other hand, the respondents' consent was sought and rapport was established. The nature and significance of the study was well thought by articulating the importance of understanding males' participation in family planning practices at household level. Respondents' confidentiality on the information provided was well assured, and participant's names were discouraged in this study.

### **3.10 Chapter summary**

The chapter deals with methodology where it has justified the selection of the study setting and the methodologies used. It has described in detail the approach used in the study which was mixed research design and justified why such an approach was necessary. In addition, the chapter has explained the selection of respondents and the study area through different sampling techniques. The chapter has gone further to describe the research tools used which include interview and questionnaires. These two were pretested for validity and reliability prior to be used in the really field. The

chapter ends by highlighting the limitations as well as the strategies to overcome the aforementioned limitations. Lastly it has highlighted ethical consideration of the study.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND DISCUSSION

#### 4.1 Overview

This chapter presents the findings of the study. It is organized into four parts. The first part covers the demographic and socio economic characteristics of the study population. The second part analyzes the factors hindering men's involvement in family planning methods decision making in the study area while the third part focuses on the extent to which men are involved in decision making pertaining to use of methods of family planning by the couple in the study area. The fourth part identifies the advantages of men's involvement in decision making concerning family planning.

#### 4.2 Demographic and socio economic characteristics of the respondents

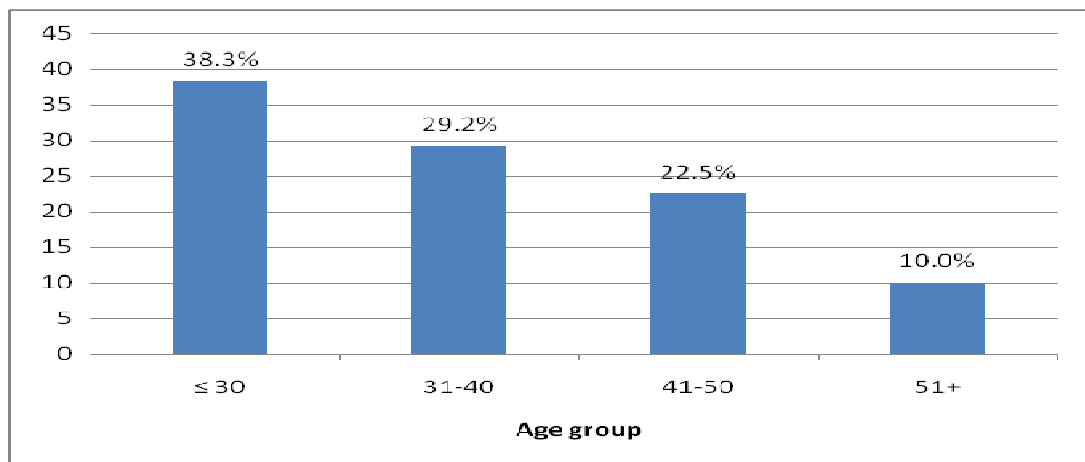
This section presents the demographic and socio economic characteristics of the study population. The demographic characteristics presented are age and sex of the respondents while the socio economic characteristics include education and occupation of the respondents in the study area.

##### 4.2.1 Age

According to Ijadunola *et al.*, (2010), age is among the determining factors for males' involvement in family planning decisions. Accordingly, men in their fifth decade, compared with those in their fourth decade, are less likely to agree that should make decisions on adoption of family planning. In this study, the age of the respondents ranged from those aged 30 years to 50 years and above (Figure 4.1). However, there were variations in the proportional representation of each age group.



Those aged below 30 years the below 30 is not clear as you have to establish a demarcation of below 30 to which age or above 50 to which limit had the largest contribution as it accounted for 38.3% of all the respondents. The representation declined with age as those aged between 31 and 40 years accounted for 29.2% of all the respondents while those aged between 41 and 50 years accounted for 22.5%. Those aged 51 years and above accounted for 10.0% of all the respondents. Briefly, the most of the respondents (67.5%) were 40 years or less, and this represents the most active age-group with regard to the adoption of family planning methods. These responses were drawn from men in particular the heads of households because the study focused men as key respondents.



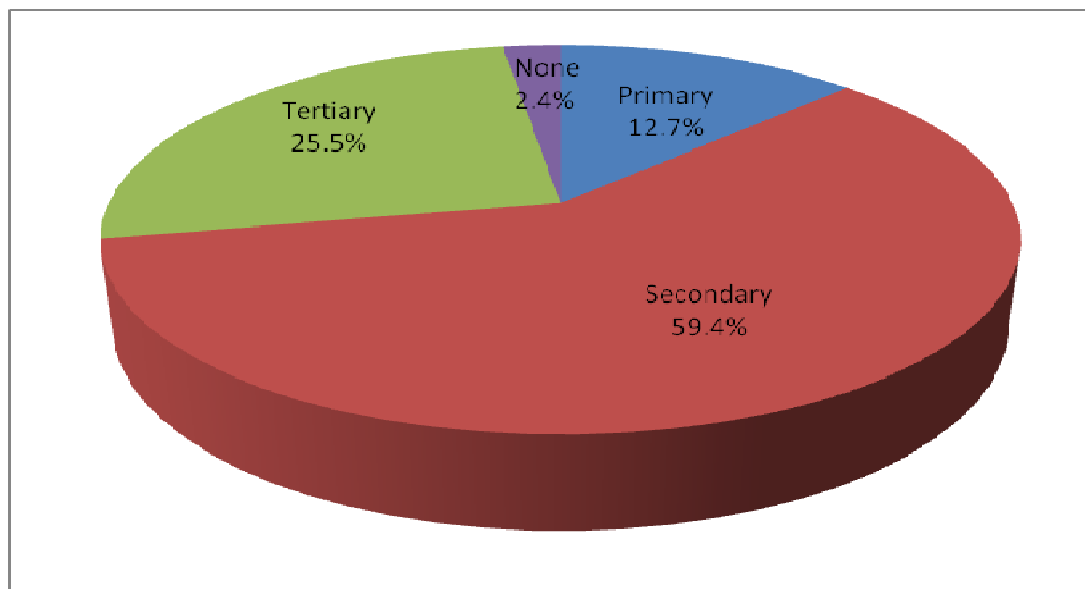
**Figure 4. 1: Age of the respondents in the study area**

Source: Field data, 2015

#### **4.2.2 Education**

According to Michael (2012) education level was found to be associated with use of contraceptive methods in the family. The argument is that higher education is associated with at least a basic understanding of the need for family planning among men.

Most of the respondents (97.6%) in the study area had different level of formal education, and only 2.4% had no formal education. Thus, most of the respondents in the study area were educated. About 59.4% had completed secondary school education and 25.5% had completed tertiary education. Only 12.7% had acquired a primary school level of education (Fig 4.2). This distribution suggests that a large proportion of the respondents had the potential of involving themselves in the decision about family planning methods in their marriage.



**Figure 4. 2: Education of the sampled heads of households in the study area**

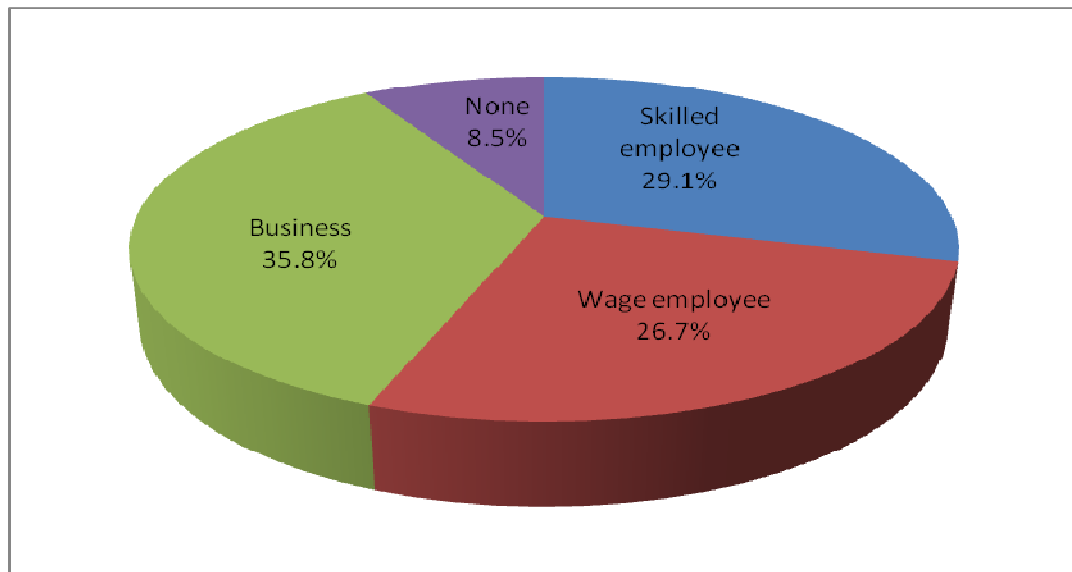
Source: Field data, 2015

Generally, these findings in regard to education level of respondents implies that, the vast majority in the study had enough education which can influence them to be involved in family planning decision making as well as its utilization. Therefore, low rate of men participation in family planning methods might be associated with other factors like fear of side effects to women and local beliefs like prostitution of spouses resulting from the utilization of contraceptives.

### 4.2.3 Occupation

Generally, the working status of husband has significant influence on the male participation in family planning and reproductive health. The association between husband occupation and male participation in family planning and reproductive health is significant. Literature shows that male participation in family planning is higher among the skilled workers and the professionals. In contrast; male participation in family planning and reproductive health is low among unskilled workers (Kamal *et al.*, 2013). In this study, it was revealed that the majority of the respondents (55.8%) were employees of several sectors in the study area as 29.7% reported to be skilled employees of certain profession in the formal sectors and 26.7% were wage employees in some informal sectors in the City.

The proportion declined to 35.8% of those respondents who were self employed specifically as businessmen. The remaining 8.5% did not reveal their occupation (Figure 4.4). The large proportions of the heads of households were involved in certain activities like formal employment in both public and private sectors, wage employment (temporal employments). Those who were employees, those involved in petty trade and those unoccupied creates a reasonable platform for the determination of the factors, extent and prospects for males' participation in family planning methods. Based on the facts that married men are so much engaged with the socio-economic activities which affect participation in decisions making concerning family planning in their households.



**Figure 4. 3: Occupation of the heads of the sampled households in the study area**

Source: Field data, 2015

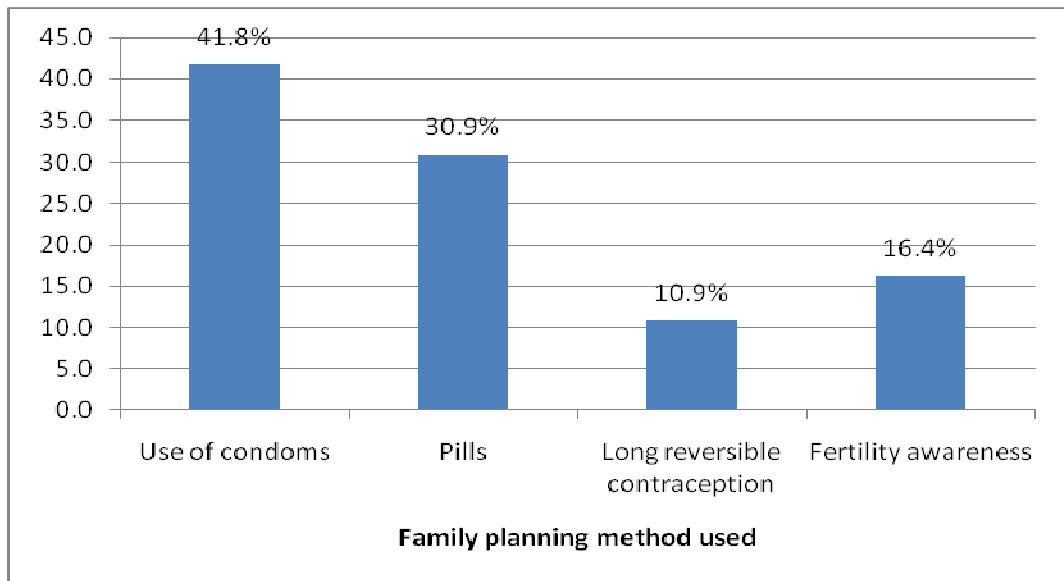
Based on these findings, a study area featured with high rate of employed heads of households can contribute to the low rate of men participation in family planning decision making for the welfare of their families.

#### **4.3 The extent to which men participate in decision making pertaining to choice of methods of family planning to be used by the couple**

Char (2011) in the study conducted in India, contends that men conceptualized family planning to mean female sterilization while contraception connoted spacing methods, and pointed to a clear male preference for female sterilization as the preferred family planning method. In addition young unmarried men lacked information on reproductive health issues and access to condoms, even in their own settings. These aspects inhibit the extent to which males participate in the decision about family planning methods.

In order to determine the extent to which men participate in the decision about family planning in the study area, the study sought to investigate whether the household had ever applied the family planning methods in their lifetime or not. One hundred percent of all respondents who are the heads of households said that they had ever applied the family planning methods with their spouse in their marriage. However the application on the family planning method was associated with the knowledge on family planning methods, thus; all (100%) heads of households involved in this study had at least a basic knowledge on the rationale of certain planning methods practically.

The question on the application and knowledge on family planning methods was followed by the question seeking to explore the family planning methods that are applied or ever applied by the households. Generally, the use of condoms, pills, long reversible contraception and the fertility awareness were the prominent family planning methods used in the study area (Fig 4.4). Majority (41.8%) were using or have ever used condoms as part of family planning methods in the study area. The proportion declined to 30.9% of the respondents in the study area who were aware on the use of pills as part of family planning methods in their families. However, the use of pills was exclusively done by the spouse. Thus, the heads of households were just aware that their spouses were using or have ever used the pills in managing family planning. Another important method of family planning was the fertility awareness among the couples. This aspect was represented by 16.4% of the respondents in the study area, representing those heads of households who counted the fertility days with their spouse in the study area. The rest 10.9% used long reversible contraception such as Inter Uterine Devices and implanting.



**Figure 4. 4: Occupation of the heads of the sampled households in the study area**

Source: Field data, 2015

Generally, the majority of the heads of households in this study either applying or have ever applied condoms as part of family planning methods signifies the fact that condoms are the most accessible family planning method to males compared to other methods. This may be associated also with the fact that condoms are directly associated with males as they are responsible to bear. The long reversible contraception was reported by few respondents in the study area signifying the aspect that more heads of households in the study area were unaware of the method of family planning. The aspects are considered by the TDHS (2010) to be associated by the fact that Condoms are most commonly obtained at shops and kiosks, while most other methods were obtained from public health centers and dispensaries.

Another question posed during the study is on the participation of the heads of households in managing family planning methods at household level revealed data

for the heads of households who participated in decision making, in purchasing, in the use and those who did not participated in any way. The responses are summarized in Table 4.1.

**Table 4. 1: Male participation in the decision about family planning**

Total sample	Participation	Frequency	Percent (%)
N=165	Decision making	14	8.5
	Purchasing	52	31.5
	Use	64	38.8
	Not involved	35	21.2
	Total	165	100.0

Source: Field data, 2015

From Table 4.1, majority 38.8% of the heads of households are participating in family planning methods as users. This mainly involved those respondents who specified to use condoms in the previous section thus it was inevitably for them to participate as users of the family planning methods in the family. The proportion declined to 31.5% of the respondents who were participating in family planning methods as purchasers of the family planning methods specifically those methods involving purchasing and/or buying such as the condoms (both males and females) as well as the pills. In the same page, about (8.5%) participated in family planning methods decision making. Another important phenomenon was those heads of households who were not involved anyhow in the practice of family planning as far as their families were concerned. But the majority of respondents used condoms.

The dominance of the respondents using family planning methods while few heads of households participated in the decision about family planning methods to be used

signifies the aspect that male involvement in the choice of family planning methods is minimal. This aspect is further shown by the one fifth of the heads of households who were not involved at all in deciding about family planning methods in the household.

The aspect was further specified in the discussion with the spouses of the heads of households in the study area. They were probed on how their husbands participate in the decision of family planning as far as their family is concerned. Additionally, they were to reveal whether they were satisfied or not satisfied with the participation of males in the decisions about family planning. In the light of the findings, it was revealed that more males felt irresponsible as far as family planning was concerned. However, in some cases they were satisfied with the way their husbands are involved in family planning practices. It was shown that males in those households which had reached the expected number of children were cooperative in managing family planning methods compared to those who were still expecting new babies. These facts were reported by spouses who already have a maximum number of expected children that their husbands are more responsible in decision making and in participation for the fear of unexpected pregnancies

On this ground, it was evident that male involvement in the decisions about family planning was minimal at household level. Thus the study sought to investigate the factors that contributed to this aspect. Three factors were revealed by the heads of the household namely; the family preferences, the demographic factors, and the character of females' ambiguous nature about their marital related aspects. These aspects are summarized in Table 4.2.



**Table 4. 2: Factors concerned with males low participation in family planning**

Total sample	Factors	Frequency	Percent
N=165	The family preference	74	44.8%
	Demographic factors	12	7.3%
	Ambiguous nature of women	79	47.9%
	Total	165	100.0%

Source: Field data, 2015

From Table 4.2, the ambiguous nature of women in disclosing their maternal aspects was the concern to most heads of households in this study. This aspect was reported by about 47.9% of the respondents in the study area, representing those heads of households who had no proper information about the definite maternal circles of their wives thus they could not participate in matters about family planning in their households. The argument was that those heads of households whose families had reached the maximum expected number of children would actively participated in family planning methods with their wives compared to those who were still looking for babies or still looking for babies of a certain sex. The rest 7.3% included those who were concerned with the demographic fact that women are the determinants of fertility and hence should decide on their own about reliable family planning methods to be adopted.

In general, the confidentiality nature of the women on the issue of family planning deny the rights of males' participation in the matter. This might be a cultural aspect that disclosing maternal matters to the opposite sex is a taboo to most African cultures. This aspect is what has been explained in Char (2011) that the mother-in-law's role with regard to female methods of family planning acceptance by the

daughter-in-law continued to pre-dominate which considerably reduces couple's decision on family planning methods.

Another important aspect was the heads of households' opinions on the reliability of the family planning methods suitable to their families. The long-reversible contraception, Hormonal contraception, Barrier methods, Fertility awareness and permanent contraception was randomly picked methods that the heads of households provided their opinions on their reliability. The opinions are summarized in Table 4.3.

**Table 4. 3: Respondents' opinion on the reliability of family planning methods**

Family planning methods	Reliable	Unreliable	No information	Total
Long-acting reversible contraception (N=165)	20.6%	27.9%	51.5%	100.0
Hormonal contraception (N=165)	29.1%	31.5%	39.4%	100.0
Barrier methods (N=165)	35.8%	35.2%	29.1%	100.0
Fertility awareness (N=165)	29.7%	47.9%	22.4%	100.0
Permanent contraception (N=165)	11.5%	25.5%	63.0%	100.0

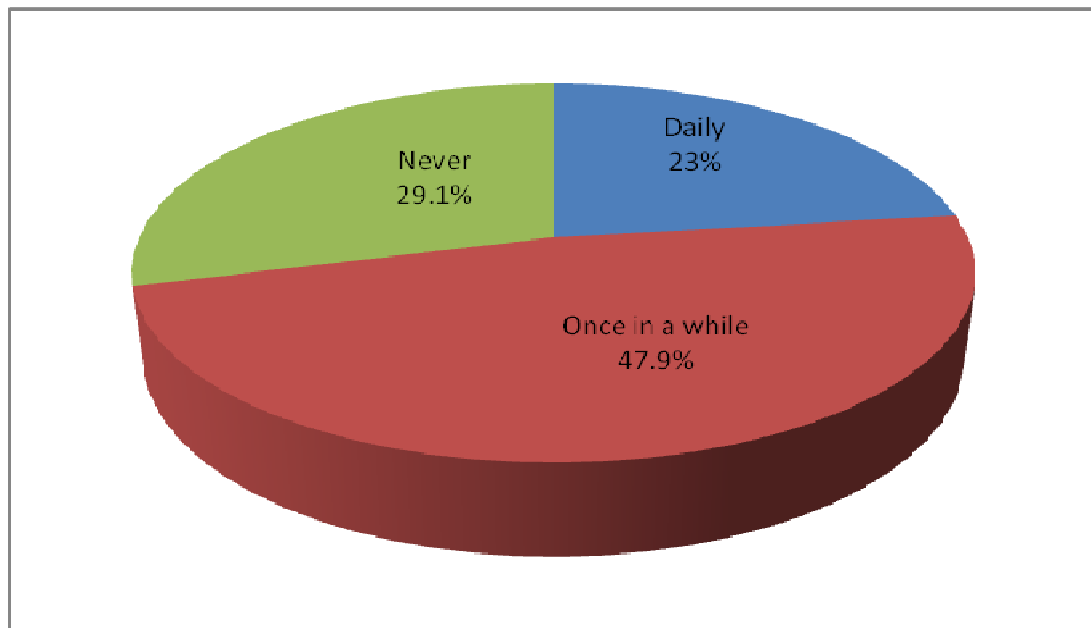
Source: Field data, 2015

From Table 4.3, With regard to the findings, more than half of the heads of households required more information on the long-acting reversible contraception and the permanent contraception compared to other methods. Accordingly, more respondents were aware on the fertility awareness; probably because is among the traditional method of family planning that has been used worldwide. On the other hand, the respondents views on the reliability of the family planning methods predicts their level of participation in the decision about family planning given that all matters concerning family planning would be disclosed to the couples.

On this basis, it was evident that although the heads of households in the study area had knowledge on the use and availability of planning methods such as the condoms, pills, implants and the fertility awareness, the extent to which males participated in the decision making about family planning was minimal in the study area. Nevertheless, more than half of the heads of households had no information on the long-term reversible contraception and the permanent contraception. The concern was on the family preference, demographic factors and the confidential nature of women. This finding implies that the majority of respondents were not aware on the reliability of family planning in the study area. Therefore, awareness creation on the reliability of family planning methods is of paramount important in the study area and the national at large.

#### **4.4 Advantages of men's participation in decision making concerning family planning**

The advantages of men's' participation in family planning were explored by probing the respondents on how often they talked about issues of family planning with their spouses. Generally, the frequency with which the couple talked about family planning revolved on those who spoke daily to their spouse about family planning, those speaks once in a while and those who had never spoken with their spouses about family planning methods. The frequencies are as summarized in Figure 4.5.



**Figure 4. 5: The frequency in which the spouse talk about family planning**

Source: Source: Field data, 2015

From Figure 4.5, the majority of the respondents in the study area were talking to their spouse about family planning at least once in a while. The proportion declined among those who had never spoken about family planning with their spouse comprised about a third of the respondents. This was mainly associated with cultural aspects (featured well in previous section) that inhibit the exposition of maternal aspects to opposite sex. The rest 23% of the respondents were talking to their spouse on family planning matters on daily basis. This constituted few respondents in the study area who are able to freely speak about family planning with their spouse despite underlying circumstances. Generally, most of the respondents in the study area specifying to speak about family planning matters with their spouse at least once in a while and those who had never spoken with their spouse on this issue signifies that the discussion about family planning at household level is inadequate to facilitate the need for family planning in the study area.

The frequency in which couples discussed about family planning matters was followed by the question seeking to explore the concentration of the of the couples' discussion about family planning. The respondents identified the concentration to revolve on the methods of family planning, appropriate number of children and those who provided the responses that could not be categorized in the specific entity (Table 4.4). This follows Gertner's, (2009) argument that child bearing and contraceptive use are among the most important reproductive health decision that many have to make. Family decision and choices are most likely to meet these decisions based on accurate, relevant information, and are medically appropriate, that is, when they are informed choices.

**Table 4. 4: Couples' conversation on family planning**

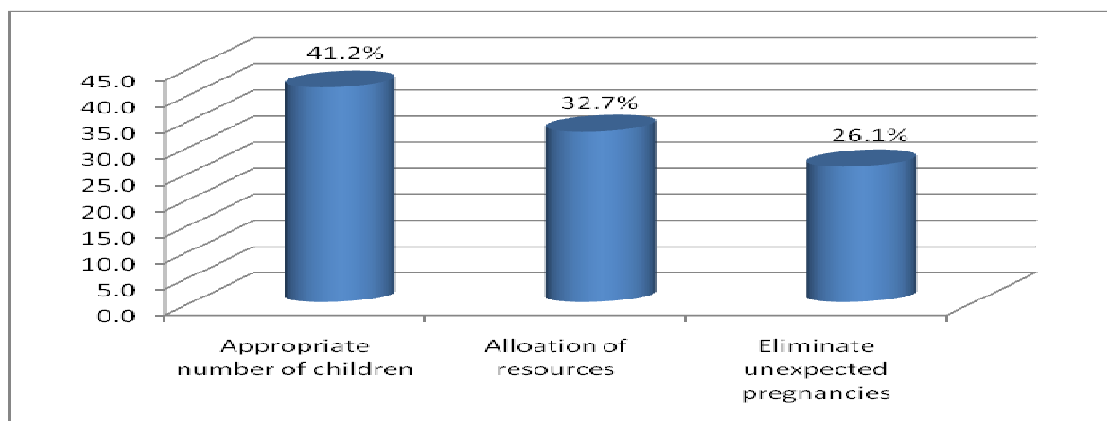
Total sample	Concentration of the conversation	Frequency	Percent (%)
N=117	Methods of family planning	21	17.9
	Appropriate number of children	66	56.4
	Un categorized responses	30	25.6
	Total	117	100.0

Source: Field data, 2015

Table 4.5 indicates that, majority (56.4%) of the heads of households involved in this study reported that they had discussed about the appropriate number of children supposed to be born per spouse. This represents those heads of households who discussed about the child spacing, required number of children and/or the preferred sex of the children. They were followed by those respondents in the study area who could not specify the real aspects that they had discussed with their spouses. This accounted to about 25.6% of the heads of households involved in this study. These were discussing several related family planning matters but could never stipulate

what comes out of their discussion. The rest 17.9% stated that they had discussed about the methods of family planning with their spouse. Generally, the appropriate number of children was a dominant topic in the discussion among the couples in this study while the family planning methods was rarely discussed compared to other themes. This aspect signifies a lack of motivation among couples to discuss on family planning methods rather the appropriate number of children.

However, it was desirable to explore the respondents' opinions on the advantages that are associated with family planning at household level. The argument was that if family planning would bring about the benefits to the household, then one could initiate its use. Generally, all (100.0%) heads of household agreed that their participation in the decision about family planning methods is of advantageous to their households. Variations were on their opinions of what it brings out of their participation. The respondents' opinions revolved around the appropriate number of children, the allocation of resources as well as the elimination of unwanted pregnancies at household level. These benefits are summarized in Fig 4.6.



**Figure 4. 6: Advantages associated with male involvement in the family planning**

Source: Field data, 2015

From Fig 4.6, the benefits of males' participation were skewed with majority specifying that participating in the decision making about family planning would bring about an appropriate number of children in a family. This aspect was reported by 41.2% of the heads of households involved in this study; representing those heads of households that believe that the family requires a number of children that is appropriate; hence it is important to have males' participation in the decisions about family planning methods.

Allocation of resources was another important aspect that was identified as a benefit towards male participation in the family planning practices. This aspect was reported by 32.7% of the respondents in the study area. These represents those heads of households who think that participating in family planning matters would enhance family allocation of resources both materials and financial resources that are supposed to be reserved in order to facilitate bringing up children.

Unexpected pregnancies were another aspect reported by the heads of households involved in this study. It was reported by 26.1% of the respondents in the study area, representing those heads of households who believe that unexpected pregnancies occur as a result of inappropriate involvement of males in decision making about family planning. Therefore, their involvement is believed to facilitate the elimination of the unwanted pregnancies. On the other hand the benefits at community level were explored during the interviews with the key informants in the study area. Generally, during the discussion four aspects were identified by the health worker specifically the MCH, and the leaders of the local government of the study area. The benefits identified included reduction in the infant-maternal mortality, the control of

population, reduction of female abortions, and the minimization of the households' marital conflicts. Minimization of the households' marital conflicts was reported by the leader of the local government who reported to receive cases related to lack of agreement on family planning decisions among spouses at household level. It was revealed that males' participation is vital in facilitating the minimization of the households' conflicts about family planning. In the course of discussion, one of the local leaders had this to say,

*“We receive spouses' cases that are related to disagreement on the aspects of family planning methods and results. More clients' quarrel because either a wife conceives unexpectedly, without the consent of a husband, therefore one partner may require a divorce. This could be eliminated if males are involved in the practices of family planning with a spouse...”*

The reduction in the maternal and infant mortality rates was revealed in the discussion with the health worker in the maternal and child health unit. It was said during the discussion that since the husband is the immediate care taker of a pregnant wife, thus his participation in enabling the spouse to be healthy before and after conception as well as during child bearing stages is vital in reducing infant and maternal mortalities. In the light of the findings, it is expected that husbands should immediately report a pregnant wife's problem to a health care provider in order to rescue the wife from complications they suffer from. However, in the discussion it was learned that there is lack of motivation among males to facilitate the health of their wives.

Population control was another aspect identified in the study area. The argument was that males' involvement in family planning decisions would bring about population



control in terms of fertility and birth rates. However, during the discussion it was revealed that males have low motivation in attending community seminars about family planning scheduled by the local government that provides knowledge on birth and fertility controls.

#### **4.4.1 Communication among couples on family planning methods**

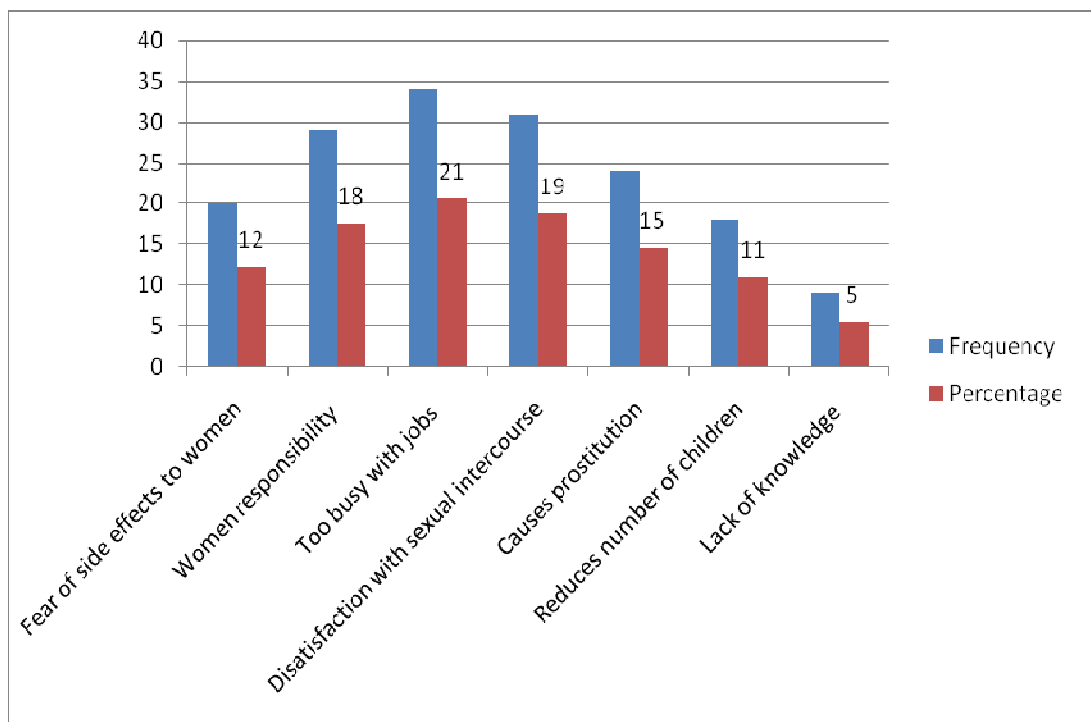
With regards to communication on family planning methods among couples, it was evident that communication among couples on family planning at household level was minimal as more respondents rarely communicated on family planning issues to their spouse while others did not communicate at all. In the vein, (Ida 2013) reports that 75% of men in west Africa have never discussed issues to do with family planning with their wives. On the other hands, those who at least communicated on family planning issues concentrated mainly on the number of children rather than the family planning methods. Nevertheless, males' involvement in family planning decisions was perceived to be beneficial both at community and household level. At community level, it was reported that FPM reduces infant and maternal mortality rates, controls population growth as well as the alleviation of marital conflicts that occur among spouses who disengage themselves from family planning decision making. On the other hand, it was believed that FPM facilitates at bringing about an appropriate number of children as reported by (Dewi, 2009) allocation of resources and elimination of the unwanted pregnancies at household level.

#### **4.5 Factors Hindering Men Participation in Family Planning Decision**

##### **Making**

Participation of men in family planning methods decision making and utilization is vital for the effective and efficiency of health status improvement for women,

children and the nation at large. In this study 165 household respondents were asked to state the major factors hindering men participation in the use of contraceptives. The key factors identified by those respondents are as shown in Figure 4.7 which includes; men being busy with jobs, dissatisfaction in sexual intercourse, women responsibilities, causes prostitution, fear of side effects to women, reduce number of children and lack of knowledge.



**Figure 4. 7: Factors hindering men participation in family planning**

Source: Field data, 2015

#### **4.5.1 Men being too busy with jobs**

The majority of households (21%) involved in this study have reported being busy with socio-economic activities as the main hindering factor for participation of men in family planning methods decision making. Being busy with the aforementioned activities, thus spare little time or no time to participate in family planning methods.

Different studies like that of Dewi (2009) have indicated that, in most cases men are the key decision makers in various family issues including those related with family planning methods, thus by being busy with socio-economic activities, it largely hinders men's' participation in Female Planning Methods in their households. Additionally, WHO (2009) states that men are responsible for the large proportion of ill reproductive health suffered by their female partners. For that reason, this responsibility of men (taking care of their partners' health status) can be fulfilled if both men and women are actively participating in the selection and utilization of family planning methods.

However, lack of men participation in family planning methods by being busy with jobs may be associated with poor communication among the marriage couples in issues to do with FPM. Additionally, men being busy with jobs which result into poor participation in family planning methods decision making can be associated with lack of knowledge on the importance of involvement in family planning decision making. In turn, poor communication in marriage couples can result into spousal disagreement on reproductive matters and affect the choice and uses of contraceptives (WHO, 2009). Consequently, spousal disagreement on family planning methods which might be caused by the lack of men participation can lead to poor health status of women, children and the entire society.

#### **4.5.2 Dissatisfaction with Sexual Intercourse**

Basically, sexual intercourse is among the fundamental rights in particular to the married couples which need to be satisfied by each other. However, in this study dissatisfaction with sexual intercourse was another hindering factor to the

participation of men in family planning decision making and utilization. It was evidenced that 19% of the heads of households in Forest ward criticizes the use of male condoms saying that it reduces the pleasure of sexual intercourse which in turn limits the sexual satisfaction among married couples. Therefore, failure of men to be satisfied with sexual intercourse which is attributed to the use of contraceptives like condoms hinders them to participate in family planning decision making and utilization. During the interview process, one married couple was of these views, “...utakulaje pipi ikiwa kwenye ganda lake?” meaning that, how can you enjoy the sweetness of the candy while still in its packet (*Researcher’s own translation*).

The above informant cements the point that condom during sexual intercourse reduces sexual pleasure and individual can hardly enjoy sexual intercourse while in condom. These study findings are in line with that of WHO (2012) which revealed that male contraceptive methods are reported as unappealing like male condoms which limit them to engage in the utilization of family planning methods.

The consequence of rejecting the utilization of contraceptives like the use of condoms lead to frequent unplanned pregnancies which are harmful to the health of women and children. Additionally, high spread of STDs is another consequence which can emerge in the marriage couples especially when one or all partners are unfaithful.

#### **4.5.3 Family Planning Methods claimed to be Women Responsibility**

With respect to men’s participation in FPM, 18% of men interviewed saying that FPM has nothing to do with them, it is the responsibility of women to handle family planning matters. In the cause of interview, one man was head saying,

“.....family planning matters have nothing to do with men. My job is make sure that my family gets enough food, pay school fee, get clothed. FPM is women responsibility”

The above finding is beefed up by studies like that of Kabwigu, (2001) which argue that in most societies, childbearing and child-rearing as well as health system like use of contraceptives are women concern. Based on this cultural belief in Forest ward the responsibility of family planning methods selection and utilization was assigned to women. Generally, men are the key decision makers in most families. Therefore, leaving family planning decisions to women can cause conflicts in marriage couples particularly when the chosen method leads to health problems or dissatisfaction in sexual intercourse.

The situation highlighted above, can hinder the achievements of the National Health Policy objectives which aim at providing direction towards improvement and sustainability of the health status of all the people, by reducing disability, morbidity and mortality, and raising life expectancy under participatory approach (URT, 2002). Participatory approach includes the consideration of groups of beneficiaries by gender. Therefore, deliberate efforts need to be devoted on imparting the knowledge to the community in particular the importance of women and men involvement in the choice of family planning methods. Additionally, promotion of men participation in contraceptive use should among other mechanisms concentrate on eliminating socio-cultural factors so that they can be user friendly to both women and men. In turn, this can lead to good selection of family planning methods which is vital for improving the health status of the families.

#### **4.5.4 Family planning methods verses Prostitution among women**

In the cause of study, 15% of heads of household involved in this study pointed out that men are not participating in family planning decision making due to the perception that the use of contraceptives causes prostitution among married women. Moreover, those heads of households (men) believed that allowing women to use contraceptives reduces the chances of women getting pregnancies and therefore increases the unfaithfulness of those women such as having sexual intercourse with other partners outside their marriage couples. This is a local belief because practicing sexual intercourse outside wedlock can be attributed to various factors (such as socio-economic factors and individuals behavior to mention few) not only the use of contraceptives.

“.....allowing my wife to use family planning methods of whatsoever, it is like permitting her having sexual intercourse with other men”

Similarly, the study by Sigwa (2010) on “barriers of the involvement and participation of males in family planning” has identified that, some men in Iringa region were reluctant on approving family planning methods to be used by their wives with the fear of partner sexual promiscuity. As a result, the fear of partner sexual promiscuity resulted to low and/or lack of utilization of contraceptives among marriage couples

This is contrary to the National Population Policy which aims at ensuring sustainable development of the people and promoting gender equality and the empowerment of women (URT, 2006). For that reason, it can be argued that, prohibiting utilization of contraceptives due to local beliefs such prostitution denies the women rights like socio-economic empowerment. Therefore, there is a need of strong advocacy to the

community on the rationale of not relying on local beliefs in the choice and use of family planning methods which is essential to health improvement of the individuals and the entire community.

#### **4.5.5 The Fear of Side Effects of Contraceptives to Women**

The side effects emanated from the use of contraceptives among women was another hindering factor mentioned by the heads of households (men). In this study 12% of respondents were reluctant on deciding and allowing their spouse to use contraceptives with the fear of side effects on their wives. The commonly reported side effects to women which was caused by the use of contraceptives included; reducing sexual pleasure, unwanted weight gain, vomiting and increasing women's risks of infertility and illness, increasing or decreasing women body size, prolonged bleeding as well as vaginal dryness. Similarly, a study by Hossain *et al.*, (2007) which identify the side effects of contraceptives to women include reducing sexual pleasure and increasing women's risks of infertility and illness, irregular and prolonged bleeding. All these side effects experienced by women hindered men participation in family planning decision making.

Moreover, lack or insufficient guidance was more justified by the interview with family planning unit officer at Mbeya Regional Hospital who said that "*most women are using contraceptives secretly without the permission from their husbands*". Therefore, when those women visit, family planning units had no time to discuss with the health practitioners on the types and advantages as well as disadvantages of family planning methods. This is because being permitted or coming together as couples can create enough time for discussion with health practitioners prior to selection and application of contraceptives.

#### **4.5.6 Female Planning Methods Reduces the Number of Children**

This study among others ought to identify the factors hindering participation of men in family planning decision making for the welfare of households and the entire community. The responses given by heads of households indicated that 11% of them were not engaged in family planning decision making because with uphold the belief that contraceptives tend to limit the number of children per woman. They added that having many children is associated with social status (prestige), sources of security and incomes. The finding of this study correspond with that given by Dewi (2009) who revealed that, some parents in developing countries especially men consider children as sources of security and incomes. Consequently, the use of contraceptives for those men is not acceptable because it limits the number of children per woman.

This finding calls for men empowerment on the importance of having a desirable number of children to which a couple can provide basic needs and other human requirements. A desirable number of children per family and appropriate child spacing is vital for improving the health of women as well as the growth and development of children. This is in line with both National Health Policy and National Population Policy (URT, 2002 and URT, 2006) respectively. These policy goals can be achieved through ensuring that undesirable local beliefs are reduced in communities via awareness creation so as to enable both men and women to be active participants in family planning methods.

#### **4.5.7 Lack of Knowledge on Contraceptives**

With regards to Knowledge on usage of Contraceptives, Only 5% of heads of households in this study have reported that men do not use family planning due to



inadequate knowledge about family planning methods. The low percent reported by respondents substantiate that the majority of respondents were aware of family planning methods. These study findings correspond with that of TDHS (2010) which revealed that more than 80% of Tanzanians have knowledge of the use of modern methods of contraception. However, inadequate knowledge about family planning methods among married couples men in particular, might be attributed by various factors like poor communication with their partners, reluctance of accompanying their wives in family planning units where free education are provided to clients, fewer health practitioners and distant health centers to mention few.

#### **4.6 Chapter Conclusion**

This chapter has presented and discussed the findings of the study. The discussion of the chapter was divided into four categories. Category one discussed the demographic and socio economic characteristics of the study population while the second category covered issues related to the extent of men's participation in family planning methods decision making in the study area. The third category discussed the advantages of men's participation in decision making pertaining to use of methods of family planning by the couple in the study area. Finally the fourth category discussed the hindering factors of men's participation in decision making concerning family planning methods.

Men's participation in decision making on family planning methods in their household holds a massive importance to a better family and society at large. However, from data obtained and analyses above, a lot should be done, especially in education provision in order to equip men with more knowledge on this subject.

Education will also help to break cultural barriers (taboos) and change men's perception on the matter. Men will feel more responsible to seek for correct information and feel more involved and responsible to know and decide on suitable family planning methods for the betterment of their families and societies at most.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter provides the general summary of the study on the participation of men in the choice of family planning methods. Additionally, the chapter gives a conclusion of the study and recommendations as well as areas for further studies.

#### **5.2 Summary**

This study on “Men’s Participation in Family Planning Decision Making” was conducted in Forest Ward in Mbeya City Council. The main objectives were to; find out the extent of men participation in family planning decision making, identify the advantages of men participation in family planning decision making and to analyze the factors hindering men participation in family planning decision making. Related studies were reviewed in order to enrich the researcher’s knowledge about the context of the study and identify the gap to be filled. It was revealed that most studies on family planning programs in Tanzania have had an inadequate focus on men. Moreover, various studies have focused on the application of family planning methods and not on the decision making in particular to choices of methods by men based on their advantages and disadvantages.

Mbeya City, specifically the Forest Ward was chosen as the study area Mbeya City has been placed by PSI among prominent contraceptive preference regions with the rate of 23.5%. However, birth rates are still increasing despite it being among contraceptive prevalence locations in Tanzania. On the other hand, the Forest ward was selected because it is among the wards in Mbeya City with more than one

hospital, the regional hospital, Meta Maternal Hospital, Mbeya Surgical Clinic, and a number of health centers. It was, thus, expected by a researcher that the residents in the vicinity of the ward could easily access family planning services provided by these centers. The study applied a case study design with a combination of qualitative and quantitative approaches to collect data from 183 respondents through questionnaires and interviews. Those respondents included 165 as heads of households and 18 women spouses who were the key informants. Generally, the study involved more men than females because it focused on men's participation on decision making with regard to family planning methods. However, in some cases women were involved for justifying the responses drawn from the heads of households who were usually men.

### **5.2.1 The extent of men participation in family planning decision making**

It was evident that although the heads of households in the study area had knowledge on the use and availability of family planning methods such as the condoms, pills, implanting and the fertility awareness, the extent to which males participated in the decision making about family planning was minimal in the study area. Nevertheless, more than a half of the heads of households had no information on the long-term reversible contraception and the permanent contraception. The concern was on the family preference, demographic factors and the ambiguous nature of women behavior.

### **5.2.2 The advantages of men participating in family planning decision making**

With regard to the advantages of the participation of men in family planning decision making it was evident that the spouse communication on family planning at

household level was minimal. Many respondents rarely communicated family planning issues to their spouse while others did not communicate at all. However, those who at least communicated about family planning issues, concentrated mainly on the number of children rather than the family planning methods. Nevertheless, males' participation in family planning decisions has benefits both at community and household level. At community level it brings about alleviation in infant-maternal mortality rates, population control as well as the alleviation of marital conflicts that exist among spouses who disengage themselves in family planning decisions. On the other hand, it was believed to bring about appropriate number of children, allocation of resources and elimination of the unwanted pregnancies at household level.

### **5.2.3 Factors hindering men participation in family planning decision making**

The study findings indicated that, the key factors identified by households as hindering men participation in family planning methods included; men being busy with jobs, dissatisfaction with sexual intercourse and family planning as women concern. Moreover, other factors identified were the perception that family methods is causing prostitution among marriage couples, fear of side effects, reduce number of children and lack of knowledge about family planning methods. Most of those hindering factors of men participation in family planning methods decision making were highly associated with poor communication with their partners, reluctant on visiting family planning units where free education is provided to clients, fewer health practitioners and cultural beliefs.

### **5.3 Conclusion**

Generally, the study findings indicated that, the vast majority of heads of households in the study area were knowledgeable of different types of family planning methods.

However the participation of men in family planning decision making in the choice of methods to be used by a couple, was mostly found among men below 50 years. The identified advantages of men participation in family planning decision making included; improved women and children health, reduced unwanted pregnancies, appropriate allocation of resources, reduced the spread of STDs and HIV/AIDS, increased chances of women participation in education and development activities. However, few men participated in the family planning decision making due to being busy with jobs for earning family income, dissatisfaction with sexual intercourse, family planning as women concern, infidelity among married couples, fear of side effects to women, and reduction of family size preferences and lack of knowledge. Do you think, social workers; are involved in these efforts?

#### **5.4 Recommendations**

Following herewith are recommendations put forward by this study in order to enhance men participation in family planning decision making:

- i. The government in collaboration with other stakeholders should establish adults' family planning clinics so that males could feel comfortable and visit the clinic to access family planning services. This is because family planning services are currently offered mainly throughout the maternal and child health Clinics.
- ii. The government should establish and/or strengthen mobile family planning clinics to reach clients in their respective residencies so as to favor reluctant men or married couples on visiting family planning units.
- iii. Being the key decision makers in various family matters, men should be sensitized on initiating discussion with their partners about family planning methods and the desirable number of children to have.

- iv. The responsible ministry for health and other stakeholders should set appropriate strategies on ensuring that both men and women are actively involved in family planning decisions.
- v. Social workers should be involved in intervention as well as in raising awareness to the society on the importance of family planning decision making so as to solve marital conflicts which has a source on the mentioned topic.

### **5.5 The Areas for Further Studies**

Based on the study findings, the following areas are recommended for further studies:

- i. Since the family planning services are currently offered mainly throughout the maternal and child health Clinics which are not user friendly to men, the study on the effects of adults' family planning clinics on male participation in family planning is needed.
- ii. Most of men are reluctant to visit family planning Units for health services provision. Therefore, a study on the contribution of mobile family planning units on promoting family planning methods is important to be taken.
- iii. Since social work is all about bringing social wellbeing in the society, this aspect should be disseminated in the curriculum as well as in their roles.

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**APPENDENCES****ASSESSMENT OF MALE PARTICIPATION ON FAMILY PLANNING  
DECISION MAKING TO BE USED IN THE HOUSE HOLD A CASE  
OF FOREST WARD IN MBEYA CITY.****QUESTIONNAIRES FOR THE HEAD OF HOUSEHOLD**

1. Sex
  - a) Male
  - b) Female
  - c)
2. Age
  - a)  $\leq 30$
  - b) 31-40
  - c) 41-50
  - d) 51+
3. Education Background?
  - a) Primary
  - b) Secondary
  - c) Tertiary
  - d) Non
4. Employment status
  - a) Skilled Employment
  - b) Business

- c) Employed (wage).
- d) Non

**TO WHAT EXTENT DOES MARRIED MEN PARTICIPATE IN DECISION  
MAKING ON FP**

5. Do you participate in the decision making on Family planning?
  - a) Yes
  - b) No
6. What role do you play as part of family planning decision maker?

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7. What family planning method do you apply with your spouse?
  - a) Condoms
  - b) Pills
  - c) Long reversible contraception
  - d) Others (Please specify)
8. In your opinion, what is needed to enable you in participation as far as family planning is concerned?
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
9. In your opinion how do you consider the reliability of the following family planning methods as far as your family is concerned?

Family planning methods	Reliable	Unreliable	No information
Long-acting reversible			

contraception			
Hormonal contraception			
Barrier methods			
Fertility awareness			
Permanent contraception			

10. How often does you discuss about family planning with your spouse?

- a) Never
- b) Daily
- c) Once in a while

11. Which aspects do you talk specifically?

- a) About the Methods of Family Planning
- b) Appropriate number of children
- c) Other (specify).

**ADVANTAGES OF MALE INVOLVEMENT IN DECISION MAKING  
CONCERNING FAMILY PLANNING.**

12. What do you think are the advantages of men participation in family planning decision making? Explain

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**HINDERING FACTORS ON MEN INVOLVEMENT IN FP**

13. What are the factors hindering men who are the head of household to participate in Family planning decision making?

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