

## Determinants of Men's Level of Participation in Family Planning in Bomet County, Kenya

<sup>1</sup>Jackline C. Bii , MA,<sup>2</sup> Pacificah F. Okemwa, PhD,<sup>3</sup> Zacharia W. Samita, PhD

<sup>1,2</sup>Kenyatta University Department of Sociology, Gender and Development Studies P.O Box 43844-00100, Nairobi Kenya

<sup>3</sup>Kenyatta University Department of Philosophy and Religious Studies P.O Box 43844-00100, Nairobi Kenya

**ABSTRACT:** *The Government of Kenya (GoK) has adopted strategic interventions to reduce fertility and address unmet Family Planning (FP) needs. This study sought to examine determinants of men's level of participation in FP in Bomet County, Kenya. The study was informed by the Social Dominance Theory (Sidanius&Pratto 1999). This research adopted descriptive survey research design. Multi-stage cluster sampling was utilized to sample 394 participants from the households. Further, twelve key informants who included: seven health practitioners, three religious leaders and two community elders were selected purposively to participate in the study. Data collection were questionnaires, Key informants interview (KIIs) and focus group discussion (FGD) guides. Descriptive statistics was used to analyse quantitative data. Thematic grouping was used to analyse qualitative data. The findings revealed that there was low level of men's participation in FP in Bomet County. Men did not engage in FP issues since they were regarded as women's roles. The research further established that men did not attend FP seminars since they were regarded as women's meetings.*

**KEYWORDS:** *Family planning, Level, Men's participation, Patriarchy, Women*

### I. INTRODUCTION

According to Bearak, Popinchalk, Ganatra, Moller, Tuncalp, Beavin, Kwok&Alkema (2020), there were roughly 121 million unintended pregnancies globally between 2015 and 2019; with sub-sahara Africa recording the highest rates. The factors that have contributed to unplanned pregnancies in sub-sahara Africa include: unequal gender power relations in the household: these may limit women from negotiating FP methods use, lack of knowledge on modern FP methods, limited access to education and poverty (Niemeyer, Omer, Tydén, Jonsson, Maseko and Malqvist2021). Moreover, in many African countries, limited male involvement in FP and husband opposition to contraception has resulted into low uptake of FP services (Kriel, Milford, Cordero, Suleiman, Beksinska, Steyn& Smit 2019).

UNFPA (2021) argues that FP is entrenched in the codes of human rights. The International Conference on Population and Development (ICPD) recognizes; "the right of women and men to be conversant on FP and have access to safe, acceptable, affordable and effective methods of FP of their choice". According to WHO (2018), FP prevents unwanted pregnancies, promotes women empowerment and reduces the number of abortions. Access to FP enables women to plan and make decisions regarding the number of children they should have, when to have them and the FP method to use. Women who access FP have a better level of

independence in the household; they can access more education opportunities and can contribute more to the economy.

UNFPA (2020) opines that in the past, FP programs primarily focused on women in order to reduce infant and maternal mortality. The aim was to free women from too much childbearing through utilization of modern FP methods. Most FP services were offered in maternal health care clinics whereby information campaigns and studies focused on women. However, according to Parija, Pal, Panigrahi, Thakur and Pal (2022), this emphasis on women reinforces the belief that FP is entirely a women's affair, relegating husbands to a peripheral role. Therefore, FP methods and services have primarily focused on women yet men are usually key decision makers.

Irawaty and Yudi (2021) assert that stigmatization and misconception limit uptake of male FP methods among men in Indonesia. For instance, vasectomy is believed to result to reduced sexual performance; it is viewed as a form of castration that leads to loss of power within the family. Men who have undergone the procedure are stigmatized and labeled with offensive terms. These acts discourage men from undergoing the medical procedure.

Kriel et al. (2019) conclude that gender dynamics play a fundamental role in perpetuating unplanned pregnancies in patriarchal societies. Limited male involvement and spousal opposition to contraceptives uptake have been identified as some of the causes of low uptake of FP services in various African countries. Husbands' opposition to utilize FP methods results from lack of knowledge and misunderstanding concerning FP side effects. Furthermore, their predominance in the marital relationship limits contraceptive use among their partners.

Fp commitment (2020) argues that voluntary and high-quality FP can help limit fast population growth as well as drive development. In recognition to this, the GoK has committed to increase access to FP services through making some commitments. First, it has finalized and disseminated the FP national Costs Implementation Plan (CIP) (2017-2020). Second, is by strengthening national FP program by increasing finances for FP at both national and county level. Third, is strengthening corporation with the private sector by adopting a total market approach which enables more involvement of FP delivery contributions by private sector.

Kenya National Bureau of Statistics-KNBS (2019) established that there has been improved FP usage and reduced fertility in Kenya. The rate of population plummeted from 2.9% to 2.2 % between the years 2009 and 2019. Moreover, some counties have recorded improvement in FP uptake among women of reproductive age (15-49 years). These include; Kericho County 60.2%, Kisii County 68.1%, Nakuru County 72.5%. TaitaTaveta County 67.5%, Meru County 76%, Tharaka- Nithi County 74.7% and Embu County 81.7 %. However, according to Ministry of Health-MoH (2019), the uptake of FP among married women of procreative age (15-49 years) in Bomet County is about 47.5 percent, still low compared to the national rate of 55 % and as compared to other counties. KNBS (2019) affirmed that crude birth rate in the county is 26.2 per 1,000 populations; the mean number of children born by women is 5.7% higher than national figure of 5%. This research therefore sought to examine determinants of men's level of participation in FP in Bomet County, Kenya.

## **II. STATEMENT OF THE PROBLEM**

Kenya was one of the first African countries to identify challenges linked to high fertility. It therefore adopted FP policies to regulate its population; thus encouraged its citizens to embrace FP. The GoK has also supported establishment of FP facilities in order to increase FP uptake. Bomet County in particular is well endowed with both public and private health facilities that provide FP services. The county has also partnered with World Bank and Marie Stopes to support her FP initiatives. Despite these efforts, uptake of FP among married women of reproductive age (15-49 years) remains low. Moreover, crude birth rate and the mean number of children born by women in the county are higher than the national figure 5%. This may be attributed to low

contraceptive use among the women because of men's opposition of FP use. Therefore, women may not limit and space pregnancies, hence unwanted pregnancies and dangerous births. Considering the central role of men in families, the proposed study therefore, sought to establish their level of participation in FP Bomet County, Kenya.

### **III. OBJECTIVES OF THE STUDY**

The general objective of the study was to examine determinants of men's level of participation in FP in Bomet County, Kenya. The specific objectives of the study were to: first, to examine the FP methods adopted by men in Bomet County, Kenya, second, it was to assess men's participation in FP seminars in Bomet County, Kenya.

### **IV. THEORETICAL FRAMEWORK**

This research was guided by the Social Dominance Theory as proposed by Sidanius and Pratto (1999). Four sources gendered of influence are underlined within the social dominance school of thought: consensual ideologies, social resource control, obligation and force. Although these four bases are distinct, they are also intertwined, complementing one another. This theory was used to explore the link between gender power relations men's inability to use contraceptives.

Consensual ideologies refer to norms, stereotypes, gender roles and any other societal beliefs and anticipations about women and men that are universally agreed upon in a culture or society. Women are subsequently always placed in a lesser status than men. Thus, men can decide to utilize or not to utilize the FP methods. These mutually beneficial theories reduce women's influence in heterosexual relationships, potentially resulting in their inability to negotiate or regulate their fertility through contraception.

Social obligations usually work as one of the bases of gendered power, centering on provisions of care and relationships as causes of inequality between men and women. Such social obligations place them in a weak position regarding their contraception uptake and desires. Married women may find it more difficult to negotiate contraceptive use; because they feel compelled to bear children as part of their marital and maternal roles.

Resource control refers to the control particularly over economic resources: for example, wages and assets which worldwide, traditionally benefit men more than women. The role of social and systemic disparity in women's subordination is highlighted by resource management. Women are frequently economically dependent on their male partners as a result of unequal access to resources. This renders contraceptives such as condom difficult to use or dangerous to negotiate.

Force is a type of gendered power that aids establishment of a dominance hierarchy between men and women in society. Force may include assault, physical abuse and rape among other forms of violence against women which undermine their power and status. A power imbalance between men and women triggers inequality and gender-based violence (GBV) in relation to FP use.

### **V. RESEARCH METHODOLOGY**

A descriptive survey research design was adopted in the research. Through descriptive survey research design, the researcher was able to study in depth men's level of participation in FP. This research design was considered appropriate; it allowed exploration of the problem by using diverse ways; hence, better understanding of the research problem. The research was carried out in Bomet County, Kenya. The study targeted men aged 18 - 60 years and women aged 18 - 45 years. Further, twelve KIIs (seven health practitioners, three religious leaders and two community elders) were purposively selected to participate in the study. Data was generated through questionnaires; for the household heads, KIIs for the key informants and FGD guides for the women. This research employed a multi-stage cluster sampling method. The clusters in this research included sub-counties, wards, locations, sub-locations and households. As a result, a five-stage cluster sampling procedure was used. In the first level, Bomet Central and Sotik Sub-counties were chosen on the basis of their population; the two have the highest population. The latter has 227,380 residents and 47,315 households, while

the former, 173,758 residents and 38,259 households (KNBS, 2019). The remaining stages employed simple random sampling with a 10%-30% criterion to survey the participating wards, areas, and sub-locations. Mugenda and Mugenda (2003) assert that a sample frame can contain about 10% and 30% of a sample frame in an analogous environment. The sampling of the households was drawn from the list of the number of households in the sub-locations (KNBS, 2019). Households were randomly selected; the study considered every 10<sup>th</sup> household which had a married man in 18- 60 years age bracket and women aged 18 - 45 years. A total of 406 respondents participated in the research.

## VI. STUDY FINDINGS

This study sought to determine men's level of participation in FP in Bomet County, Kenya. The research established that there was low level of participation of men in FP. Men did not adopt FP methods; they regarded FP as women's responsibility. Further, men were reluctant to support their wives' adoption of FP; it would lead to infidelity in their marriage. Finally, men did not attend FP seminars. They viewed such seminars as women's sphere hence avoided being regarded as feminine. Let us look at the findings along the key objectives.

### 6.1 Family Planning Methods Adopted by Men

First respondents were asked to indicate the FP method they had adopted. The analysed results are shown in Table 1 below.

Table 1: Current FP Method Used by Men

FP method	Frequency	Percentage
Spermicidal	5	2
Condom	35	14
Vasectomy	2	0.8
Periodic abstinence	7	3
Withdrawal	12	4.2
None	190	76
<b>Total</b>	<b>251</b>	<b>100</b>

Table 1 above reveals that majority of the respondents (76%) did not use any form of contraception. One of the reasons for non-use of FP methods among men in the community was that FP issues were regarded as women's responsibilities. A male household head (Oral Interview-OI, 4<sup>th</sup> February, 2022, Silibwet Township Ward) noted:

Issues to do with FP are solely the obligations of women; it is never the responsibility of men. Society expects women to take care of the children and seek FP services. Men's role is to protect the family and provide them with food, clothing, shelter and education.

Further, another male household head (OI, 11<sup>th</sup> February, 2022, Mutarakwa Ward) reported:

Men do not have time to engage in FP issues because they are busy looking for money and participating in other productive activities. FP issues belong to women since they are the ones responsible for carrying pregnancy and giving birth.

In a women FGD # 1 (10<sup>th</sup> March, 2022, Mutarakwa Ward) a respondent voiced:

It is unusual to find a man using FP methods in this community; men regard FP as women's duties. Most men believe that going to a FP clinic to get the FP methods or using them in their marriage is never their role since they will be seen to have taken over women's roles hence, lose respect in the society.

The above statements are a kin to those raised by County Reproductive Health Coordinator (RHC), Bomet County (KII 1, 2<sup>nd</sup> February, 2022, Silibwet Township Ward) who stated that:

Culturally, FP matters are regarded as women's issues in this community; this explains the low participation of men in FP in the county. Most men in this community believe that FP issues are women's obligations/roles and those who are seen participating in it are ridiculed. This discourages them from engaging in FP. Most men do not support their spouses in FP decision making and even shy away from discussing FP issues.

The views expressed above demonstrated a socio-cultural division of labour within the Kipsigis community that placed FP issues predominantly as women's responsibilities rather than men's responsibility. Women were expected to engage in reproductive roles such as carrying pregnancy, giving birth and taking care of the children. Men on their part were expected to engage in roles such as protecting and providing for the family. Accordingly men who engaged in FP issues were disrespected in the society; those who attended FP clinics would be ridiculed. The society expected them to adhere to these gender roles. The study established that men who participated in FP were disrespected and ridiculed for having engaged in women's issues; this discouraged most men from involving themselves in FP activities.

The findings above concur with those of Lusambili, Wisofski, Shumba, Muriuki, Obure, Mantel, Mossman, Pell, Nyaga, Ngugi, Orwa, Luchters, Mulama, Wade and Temmerman (2021) who intimated that, culturally, FP and sexual reproductive health is perceived as women's domain. Reproduction is usually regarded as women's responsibility because of their biological make up and reproductive role. Not all studies share this frame of cultural mindset. Women and men in Malaysia, for example, viewed FP as a shared responsibility whereby couples held discussions on desired family size, past pregnancies, methods of contraception and plans for future deliveries (Ling & Tong, 2017).

The study further found out that men could not utilize any FP method since traditionally; men were expected to sire children immediately after marriage. Attaining a fatherhood status was very important in the community. A Male household head (Oral interview, O.I, 21<sup>st</sup> February, 2022, Kapletundo ward) posited.

A Kipsigis man attains a special status in the society once he has a child. Marriage is an important stage in a man's life since it signifies transition from childhood to adulthood and this is not complete without a child. Moreover, it is the responsibility of a man to have children immediately after marriage in order to prove to the extended family and the society his fertility hence most men cannot utilize FP methods.

In a women FGD # 2, (15<sup>th</sup> March 2022, Silibwet Township Ward) a respondent voiced:

Majority of men in this society cannot use FP methods in marriage since they want to prove to their peers and the society at large that they are fertile. The first responsibility of a man immediately after marriage is to make his wife pregnant. Infertile men are pitied and seen as "powerless" this is the reason why in most cases women are blamed for childlessness in marriages in order to protect the man's image.

The foregoing discussion reveals that a man attained a special status in the Kipsigis community after siring a child. Birth of a child perceptually marked a man's transition to adulthood hence; this earned him much respect among his relatives, peers and the society at large. Thus, a man had to prove his fertility immediately after marriage by having a child. This implies that, cultural factors immensely influenced men's participation in FP in the community. Men were pressurized by both the family and the society to have children immediately after marriage thus; discouraged them from accessing FP services. The women in the community noted that they were blamed for childlessness in marriage even if it was their husbands who had fertility challenges. This was done to protect the man's image and retain respect among his peers and the society. In relation to Social Dominance Theory, the status of a man in the society is linked to his ability to have children. Although the role of bearing children is women's responsibility, the children automatically belong to a man immediately after birth. This pressurizes a man to prove his fertility immediately after marriage. Therefore, men should be

sensitized on the need to attend FP seminars and FP clinics in order to acquire vital knowledge on participating in FP. The MoH, Bomet County should encourage both men and women to examine their fertility issues.

Bornstein, Gipson, Failing, Banda and Norris (2020) opined that, men's ability to father children denotes status, strength and masculinity. Men who are unable to impregnate their spouses are considered fundamentally broken; they are required to prove their paternity through subsequent pregnancies. Men who are suspected of being infertile are usually subjected to ridicule both in the family and the community hence this discourages them from participating in FP activities.

As demonstrated in Table 1, condom was the most popular FP method used by men. Most of them however, indicated that they were not comfortable using it in their marriages. One of the hindering factors to men's utilization of condom was discontent with sexual intercourse. Men believed that utilizing a condom poses a threat to their masculinity by decreasing sexual desire and satisfactions; making them also feel more feminine. A male household head (OI, 3<sup>rd</sup> February, 2022, Kapletundo Ward) underlined:

I will never use a condom in my marriage because we are a family and I have paid bride wealth for my wife. The primary goal of marriage is to have children. A childless marriage is seen as a curse in the community. Furthermore, using a condom reduces sexual pleasure and men cannot enjoy sexual intercourse. I can only use a condom outside marriage to prevent my outside partner from getting pregnant.

The statement above was confirmed by Sotik Sub-County RHC (KII 3, 22<sup>nd</sup> February, 2022, Chemagel Ward) who posited that:

Although we provide condoms freely in our health facilities, most men do not use them as a form of FP method but as a form of protection from contracting STIs from partners outside their marriages. Men who have extra marital relationships use them to prevent partners outside their marriages from becoming pregnant. Furthermore, most men fear picking condoms from the healthcare facilities.

One of the women in FGD#1(10<sup>th</sup> March, 2022, Mutarakwa Ward) voiced that:

Most men will not accept to use condoms in their marriages since they feel they have been overpowered by their spouses. Some women are even aware that their spouses are engaged in extramarital affairs and they usually use condoms but they will never use it in their marriages. Some of us find the condoms when doing laundry and we find it difficult to confront our husbands. Besides, it is shameful to expose such instances.

The research established that, women could not confront their partners' use of condoms in extra-marital affairs but not in their marriages. They noted that although they were aware that their spouses were using condoms in their extramarital affairs, they were afraid to confront them. Culturally it was not acceptable for women to confront their spouses concerning their sexual affairs. Thus, those who did so were seen to have disrespected their husbands. Men had power to decide whether to use the FP method or not since they were the household heads. This placed women at a disadvantaged position; unable to negotiate concerning their reproductive health.

The sentiments above demonstrated that gender-based power imbalance in the family level negatively influenced the uptake of FP services among the men in the community. The Social Dominance Theory by Sidanius and Pratto (1999) avers that power imbalance between women and men has generated gender-based discrimination and inequality in family or marital relations. Osuafor, Maputle, Ayiga and Mturi (2018) posit that, the cultural norms prevailing in sexual relationships and marriages award men power in decision making. This always gives them a leeway to resist condom use which causes a lot of frustrations among women. Men

avoid utilizing male FP methods because of the reasons related to the FP methods. They avoid using a condom during sexual intercourse because it reduces sexual pleasure (Sharma and Khatri 2018).

As shown in Table 1, vasectomy was the least used FP method among the men in the community. Less than 1% of the men had undergone vasectomy; most of them were reluctant to undergo the permanent FP method. The respondents gave various reasons for avoiding this medical procedure. A male household head (OI, 21<sup>st</sup> March, 2022, Mutarakwa Ward) reported:

Vasectomy is not acceptable in the Kalenjin culture because it is regarded as a taboo. Furthermore, it makes a man to be sexually inactive. Most men cannot accept to undergo vasectomy since it is seen as a form of castration and people will refer you as “half man”. Those who have undergone it are termed as “eito” (castrated bull) a name that, when applied to a man, is very demeaning; this makes a man lose his self-worth and will not be respected anymore in the society. Furthermore, how will a man still have other children just in case he loses them through death or divorces his wife and remarries?

Another male household head (OI, 26<sup>th</sup> February 2022, Kapletundo Ward) noted.

I do not have knowledge about vasectomy; some men in this community are not aware about it. I have never attended any seminar on FP therefore I’m ignorant about vasectomy procedure and its effects on men’s health. Men should be trained on FP methods and especially vasectomy and may be some will embrace it.

A woman in the FGD # 3 (24<sup>th</sup> March, 2022, Chemagel Ward) stated:

Men in this community cannot undergo vasectomy since they believe FP is a woman’s role. They also regard the medical procedure as adoption of western culture hence against societal cultural beliefs. Moreover, the procedure is believed to cause sexual malfunction and makes men physically weak thus unable to perform their daily activities. Women in this community discourage their husbands from undergoing the procedure.

The above findings were affirmed by the health care professional (KII # 1, 2<sup>nd</sup> February 2022, Silibwet Township Ward) who argued:

There is still gross misconceptions and stigmatization in the community about vasectomy. Although Marie Stopes organization offers vasectomy services for free, most men have not accepted to undergo the procedure. Culturally, vasectomy is unacceptable in the community. Men who have undergone it are disrespected and regarded as outcasts. This forces us to arrange for the procedure to be done in a facility outside the county, in secrecy to protect our clients from stigmatization. Moreover, women discourage their husbands from undergoing vasectomy since they believe they will not be able to perform their sexual activities like before. So they prefer to undergo Tubal Ligation themselves. Vasectomy is seen as a form of castration; hence, makes men lose their manhood.

The study established that cultural barriers negatively influenced men’s adoption of vasectomy in the county. Kipsigis culture regarded vasectomy as a form of castration; hence, makes men to be disrespected by their wives, peers and the entire society. A castrated man was regarded as impotent, hence useless since he could not reproduce anymore; thus, was referred as “half man”. Men who underwent the procedure also lost authority both in their families and the society.

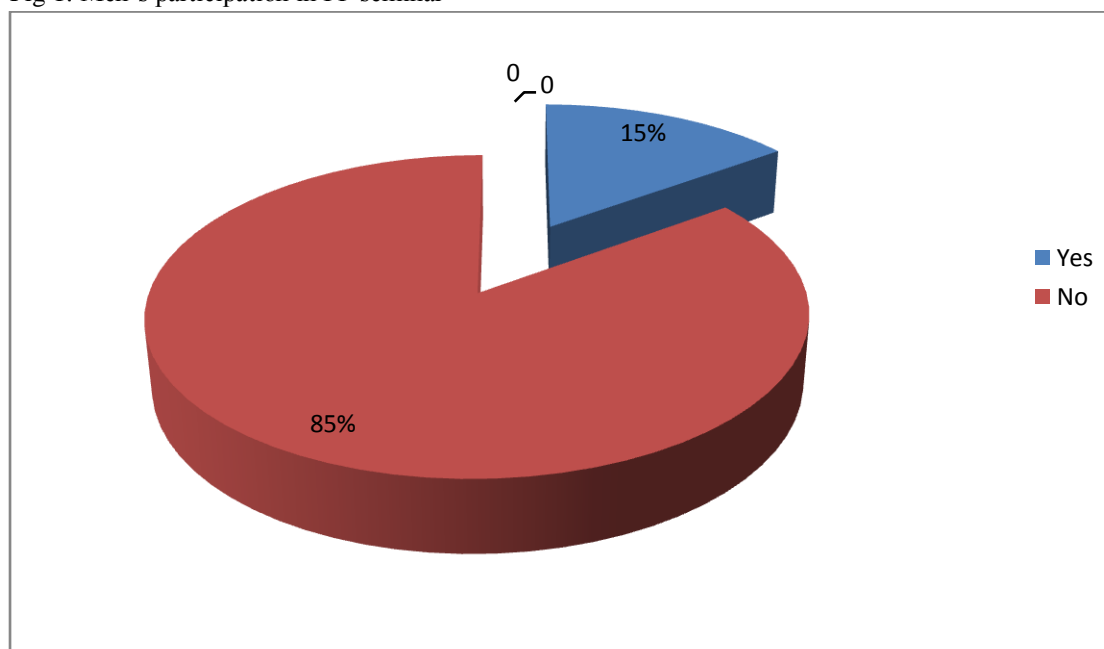
The study further found out that lack of knowledge and misinformation about vasectomy limited men from adopting the medical procedure. Men believed that undergoing vasectomy caused sexual malfunction as well as loss of manhood. Satisfying a wife sexually was very important to men; hence, men avoided the FP

method since it was believed to cause sexual dissatisfaction. Moreover, women’s lack of knowledge about vasectomy made them discourage their husbands from embracing the procedure. Women believed that vasectomy makes men not to perform their daily chores normally. Men in the community were regarded as bread winners. They were expected to engage in manual labour in order to provide for their families. Therefore, undergoing the procedure would make them not to accomplish their roles as providers since this was believed to make them physically weak. More information on vasectomy should be channelled to both women and men in Bomet County in order for them to make informed decisions on the FP method. This will also rule out the myths and misconceptions surrounding the medical procedure. Fayahun (2020) notes that, barriers of adoption of vasectomy among men include; misconceptions and lack of adequate knowledge. Men harbour misconceptions that vasectomy equals to castration; it causes erectile weakness and impotence which makes men to lose their power in the family. However, Svallfors and Billingsley (2019) observe that men in Colombia have embraced vasectomy as a form of FP method. If men are effectively sensitized and they have sufficient knowledge about the procedure; then the FP method may be socially accepted.

### 6.2 Men’s Participation in Family Planning Seminar

Further, the respondents were asked to state if they had ever attended a FP seminar. Men’s attendance of FP seminars was important since it signified their involvement in FP issues. Their responses are shown in Figure 1 below.

Fig 1: Men’s participation in FP seminar



The findings above indicate that majority of the respondents (85%) had never attended any FP seminar. There were several barriers that limited men from participating in FP programs. One of the respondents (Male household head, 18<sup>th</sup> February, 2022, Silibwet Township Ward) reported:

Men are not willing to attend FP seminars since they regard them as women’s programs. Most men see such programs as unproductive or insignificant; hence, not necessary for them. They would rather attend other seminars or trainings that are productive for instance financial trainings and agricultural seminars. Some men feel ashamed since they will be tagged as feminine by their peers.



An interviewee (KII 11, 13<sup>th</sup> March, 2022, Kapletundo Ward) remarked that:

Men in this community believe that FP seminars belong to women. This is because FP programs are geared towards women and men are left out which makes them not to participate in FP activities. Furthermore, I have never heard of any FP seminar in this community meant specifically for men. It is important to involve men in FP and reproductive health issues because culturally, men are the final decision makers in their families.

In the women FGD (FGD 3, 30<sup>th</sup> March, 2022, Kapletundo Ward) a respondent noted:

The FP seminars (Health Action Days) offered by MoHBomet County have been helpful to women in this community. We learn on various FP methods and ask questions whenever we have FP side effects. However, these programs have been tagged as “women’s meetings” making men not to participate in them.

A nurse in a health facility (KII 5, 23<sup>rd</sup> February, 2022, Chemagel Ward) affirmed that:

Even though there are FP programs being offered in the community, most men are not willing to attend. Although Health facilities offer Health Action Days (dialogue days) through community health volunteers to give information on FP methods and services, few men are willing to participate. Men have labelled such programs as women’s; hence, they have left their spouses alone to participate in them.

The sentiments voiced above show that men regarded FP seminars as women’s programs. In addition, men opted to attend seminars that generated income instead of attending FP seminars. Women argued that FP seminars were helpful to them since they could get information on both female and male FP methods. However, their partners were not willing to attend since such programs had been labelled as women’s programs. Finally, men noted that there were no FP seminars in the community that were meant specifically for men. This implied that men in the community did not attend FP seminars because they believed that FP information should only be channeled to women since FP issues are women’s roles. Men opted to attend seminars that dealt with income generating activities (IGAs). This demonstrated that reproductive roles in the community were meant for women and the productive ones for men.

The study further established that men felt uncomfortable being seen attending FP seminars since it was understood as going against the community norms. Moreover, FP seminars that were meant specifically for men were not available in the community which reinforced the belief that FP was a women’s responsibility. This discouraged men from involving themselves in FP issues. The healthcare practitioners should involve men in passing FP information to the community in order to demystify the myth that FP is a women’s obligation.

Basing these study findings on Social Dominance Theory by Sidani and Pratto (1999), it is evident that gender roles and norms in the community negatively influence participation of men in FP. Men never engage in activities that are perceived to be women’s. In addition, society expects women to participate in caregiving roles and those associated with FP, while men should engage in productive activities since they are expected to financially support their female partners. Therefore, men in the community attended those seminars that generated income while FP seminars were left for women. Societal expectations about women and men in the community acted as a barrier to men attending FP programs.

Some studies for instance that of Sylvest, Koert, Vittrup, Petersen, Hvidman, Hald and Schmidt (2018) indicate that men are willing to engage in FP programs. Most men in Denmark were interested and felt endowed by fertility counselling despite not having initial education on the subject. Men had positive attitude towards FP counselling and were willing to engage in it.

The research findings in Figure 1 show that, 15% of the respondents broke the cultural barriers and engaged in FP matters. One of the respondents (Male household head, 9<sup>th</sup> March, 2022, Chemagel Ward) stated: I appreciate the Health Action Days (dialogue days) that the Ministry of Health offers in the community. This program has enabled my wife and me to obtain knowledge on FP which we have applied in our family. My wife is now in a position to use contraceptives that suit her and this has reduced health complications that come with the adoption of FP methods unlike in the past. I think it is very important for men to participate in FP seminars since it is the responsibility of both a husband and wife to bring up a healthy family.

From the above sentiments, it is clear that some men appreciated the FP seminars that were being offered in the community. They appreciated the health action days since they enabled them to gain knowledge on FP methods leading to informed choices on contraceptive use. This implied that, there were men who went against the societal expectations by attending FP seminars although they had been branded as women's programs.

The study established that FP seminars enhanced communication among the couples which encouraged joint decision making on FP leading to shared FP responsibilities. More of such seminars should be encouraged in the community and men should be used as ambassadors of FP information. This will lead to joint FP decision making in the family, more men participation in reproductive health issues and FP being regarded as obligation for both women and men. The above sentiments corroborate those of Nkwonta and Messias (2019) who posit that, male involvement in FP result to increased uptake of FP services. Men's engagement in FP not only supports the uptake of contraceptives but also facilitates effective FP method utilization and continuation among them and their partners.

## VII. CONCLUSION AND RECOMMENDATIONS

The research findings revealed that, there was low level of participation of men in FP in the county. Majority of the men had not adopted any male FP method and did not attend FP seminars. This implied that, there was still a negative perception towards men's engagement in FP activities in the county. Culturally, FP issues were seen as women's roles in the community; this discouraged men from engaging in them. Men avoided the use of FP methods in order to prove their fertility immediately after marriage. Vasectomy was regarded as a form of castration hence those who underwent the procedure were stigmatized. Men did not embrace condom use in their marriages in order to show their sexual prowess. Moreover, FP seminars were seen as women meetings hence men did not attend. They in turned missed on knowledge of both male and female FP methods hence hindered them in making proper decisions on FP issues. Based on the research findings, the study proposes the following recommendations: civic education of men on FP issues in order to increase their level of participation in FP, involving external partners on FP and adoption of gender inclusive FP policies.

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