BARRIERS TO THE UTILIZATION OF FAMILY PLANNING SERVICES AMONG MEN IN KISARAWE DISTRICT

By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences

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Certification

The undersigned certifies that he has read and hereby recommends for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled ***Barriers to the Utilization of Family Planning Services among Men in Kisarawe District*** in partial fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

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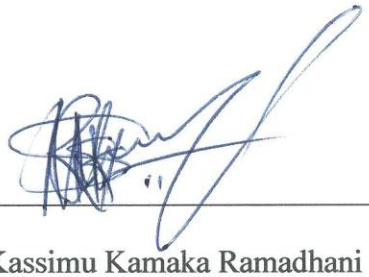
Declaration

I, **Kassimu Kamaka Ramadhani**, declare that this dissertation is my own original work and that it has not been submitted to any University for a similar degree or any other degree award.

Candidate's signature 

Kassimu Kamaka Ramadhani

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Last but not least I wish to express my heart felt thanks to my family for their kindness, support and encouragement they gave me throughout my studies.

Dedication

I dedicate this work to my beloved Wife.

Abstract

After 40 years of family planning program implementation in Tanzania, the use of modern family planning methods remains low. Studies shows that the low utilization of family planning was partly attributed to the poor involvement of men in the family planning services. The aim of the study was to determine barriers to the utilization of family planning services for men in Kisarawe District. The study was a cross sectional study involving a sample of 299 men aged 20 and older years residing in Kisarawe district. Multistage sampling technique was used to randomly pick eligible men. The barriers of family planning method revealed by the results were spouse discussion regarding family planning issues, discussion on family planning issues with others people, men approval of the partners to use family planning method, traditional permission to control fertility, belief that children provide social security, belief that male status is improved by having many children, visiting of family planning centers, distance to the family planning centers and level of knowledge on family planning services. Multiple regressions indicated that spouse discussion regarding family planning (OR = 2.112, 95%CI = 1.065-4.188) and approval of the family planning use (OR = 2.921, 95%CI = 1.271- 6.711) were most consequential barriers. Therefore, the most consequential barriers of utilization of family planning methods are spouse discussion regarding family planning and approval of the family planning use. Based on the study findings, two recommendations are made. (i) Integration of family planning CBD and HIV- home base care providers programs to increase men access to family planning methods and information (ii) Broadening the scope of family planning programs by including family planning messages directed to men.

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List of abbreviations

CBD	Community Base Distributor
DAS	District Administrative Secretary
FP	Family planning
FP	Family Planning
HBC	Home Based Care
HIV	Human Immuno-deficiency virus
ICPD	International Conference on Population and Development
ICT	Information Communication Technology
MCH	Maternal and Child Health
MOHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and allied sciences
RA	Research Assistant
RAS	Regional Administrative Secretary
RCH	Reproductive Child Health
SPHSS	School of Public Health and Social Sciences
SPSS	Statistical Package for Social Science
STIs	Sexual Transmitted Infection
TDHS	Tanzania Demographic Health Survey
UMATI	Uzazi na Malezi bora Tanzania
USAID	United States Agency for International Development

CHAPTER ONE

1.1 Introduction

Family planning services have been available in Tanzania since 1959. It was one of the first countries in Africa to introduce family planning services through the independent Family Planning Association of Tanganyika (later Tanzania) (UMATI) (Lisa, 1999). The focus was not to spread family planning methods for the purpose of population control but rather to enable families to have healthier children and to protect the health of the mother and ultimately the health of the whole family (Lisa, 1999).

Over 40 years of family planning program implementation in the country, the level of utilization of modern family planning method is 20%. Thus indicating an increase of 8% from the level of modern family planning use reported in 1996.Despite the increases of the modern family planning method uses, there is also an insignificant decrease of the total fertility rate from 5.8 to the 5.7 in 1996 and 2004 respectively. The percentages of the unmet need for family planning methods is 22% and maternal mortality of 578 per 100,000 live births which is higher than 1996 estimate of 529 per 100,000 live births (TDHS, 1996 and TDHS, 2004).

Studies show that low utilization of family planning method is partly attributed by the poor involvement of men in family planning services. The involvement of men in family planning can have significant benefits to the family planning services to the family

planning methods acceptance, continuation of use, client satisfaction and efficacy (Terefe et al 1993). Besides, poor men involvement in family planning leads to domestic violence if the woman use family planning without the knowledge of her husband (Kessy, 2007).

The movement to involve men in family planning services started after 1994 International Conference on Population and Development (ICPD). This movement to involve men in family planning services can also be identified as men's participation, men's responsibility, male motivation, male involvement, men as partners and men and reproductive health (Population reports 1998). Yet, there is no consensus about which term best describes the new perspective on men and what these terms mean. This study uses the term male involvement to mean including men in the family planning services as a supporter of their partners or as users of male oriented family planning methods (condom, vasectomy and withdrawal).

Men utilization of family planning services is one of the necessary steps to help the appropriate, efficient and continuous uses of family planning methods. It is necessary because during the visits men and their partners' can get a variety of family planning methods according to their preferences and the provider can also advise them on the suitability of the methods to be used. Further more; they can obtain counseling and screening for the appropriate methods from the trained staff and be informed more by the use of visual aids. This will increase information retention regarding options, side

effects, and appropriate use of the methods, and lastly the availability of sexually transmitted infections (STIs) treatments (Murphy & Steel 2000).

In Tanzania there is no specific reproductive services targeting men but, rather Reproductive Health services for men such as family planning services is integrated with others reproductive Health services and the name of those clinic changed from MCH to RCH to accommodate the men since 2003. Further more family planning services at the public health facility are provided free of charge. At the same time, it is the right of men, women and adolescents to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choices (National Policy Guidelines for RCH Services 2003).

In addition to that, 65% of women discuss with their husbands on family planning at least once and more than 50% of husbands approve family planning (TDHS, 2004). According to the study done in Mbeya region it was shown that in most cases men express positive attitude towards fertility-regulating methods (Mwangeni et al 1998). However, very few men are involved in family planning services as a supporter of their partners or as users of male oriented family planning methods (condom, vasectomy and withdrawal).

According to the qualitative studies done in Tanzania the barriers hindering men to utilize family planning services were Lack of couple communication on fertility issue

(TDHS, 2004) religion, having many wives (Arwen, 2007), lack of awareness of family planning services (Kessy, 2007; Arwen, 2007; Mwangeni et al, 1998) and male disapproval of family planning services (Mwangeni et al, 1998). In the study done in Uganda the revealed barriers were non-availability of the services, lack of male providers, non-availability of the services, religious belief and lack of awareness (Kaida et al 2005).In addition to that the study done in Swaziland revealed that the barrier was men belief that termination of fertility is culturally contradictory (Ziyane and Ehlers 2007).

Under utilization of family planning is not the African problem alone even some Asian countries and the United State of America suffers the same fate. According to the study done In the United States of America the most common barrier of family planning services there was unawareness of the availability of the family planning services (Lawrence, 2003). In the study done in the Rural Bangladesh the barriers revealed were lack of awareness of family planning services and lack of couple communication on fertility issue (Jill, 2008).

Although studies revealed several barriers, still there is a need to do another study because of the following reasons; firstly, most of the studies done were qualitative in nature. Secondly, some of the studies focused on a single family planning method only. Thirdly, other studies secured the information needed from the provider and not from the men. Fourthly, there is a variation of barriers from place to place. Lastly, to the best of

the author's knowledge, there are studies on men involvement done in western zone and southern highland zone but no study has been done in the eastern zone of Tanzania.

1.2 Problem Statements

The level of women utilization of family planning method was partly determined by the involvement of men in family planning services. Literature showed that, more than half (55%) of the men in Tanzania utilized family planning methods. More than two fifth (43.5%) of them utilized a condom as a family planning method (TDHS 2004).This proportion of condoms use should be interpreted with great caution because it is very difficult to establish the motives behind the condom use if it was for pregnancy prevention or disease prevention. According to the results obtained from the secondary analysis of the data from 13 Sub-Sahara African countries, condom use at most recent coitus rose from a median of 19·3% to 28·4% between 1993 and 2001 (Cleland and Ali 2006). The rise of the condoms use might be contributed by the social marketing campaigns to prevent HIV/AIDS that have improved the availability through commercial outlets and the men familiarity with the method (Hearst and Chen, 2004).

Studies show that, the involvement of men in the family planning can have significant benefits to the family planning services such as family planning methods acceptance, continuation of use, client satisfaction and efficacy. Not only that but also the men non-

involvement can lead to the domestic violence if the women uses family planning without the knowledge of her husband.

In Tanzania the family planning services are integrated into reproductive and child health clinic (RCH) in the public health facilities and some of the private facilities. Further more the family planning services at the public health facility are provided free of charge. At the same time, according to the Tanzania national policy guidelines for RCH services it is the right of men, women and adolescents to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choices. (National Policy Guidelines for RCH Services 2003)

Studies done in Tanzania indicate that men express positive attitude towards fertility – regulating methods (TDHS, 2004 and Mwangeni et al, 1998). However, very few men use family planning services as users of male oriented methods or accompany their partners to support them during the family planning services visit.

There is a wide gap between men's willingness to be involved in family planning services and actual utilization of those services. This situation is probably due to the failure of the family planning services to include them or failure of men themselves to participate or both. There is a need to investigate the barriers that prevent utilization of family planning services among men of 20 years of age and older. So far, here in

Tanzania there are few studies, which have focus on the utilization of family planning services among this group.

1.3 Rationale of the study

There is evidence to indicate that working with men in Family planning and related reproductive health areas can result in improved women health outcomes (Becker, 1996).

Therefore, results of this study may benefit programs designed to involve men in family planning services. As a result, those programs might help to increase men and women use of the family planning methods. The increase of family planning services use will reduce fertility, maternal morbidity and maternal mortality in Tanzania. In addition, the results will add more information to the available body of knowledge on the involvement of men in family planning services.

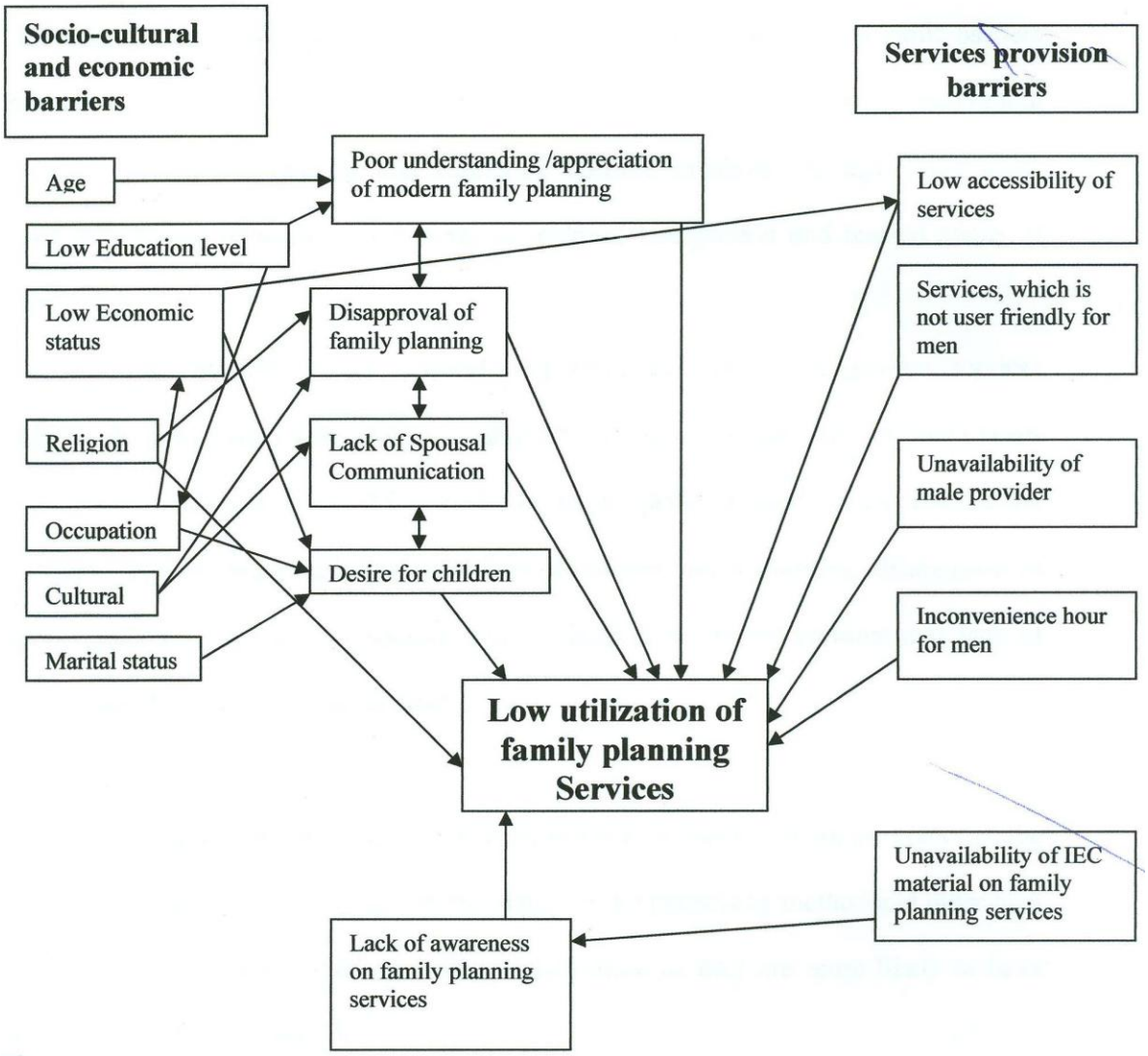
1.4 Broad Objective

To determine barriers hindering Men to utilize Family planning services in Kisarawe District.

Specific Objective

1. To determine proportion of men who utilize family planning services in Kisarawe District.
2. To determine level of knowledge among men on family planning services
3. To determine the relationship between social cultural and economic barriers and utilization of family planning services among men in Kisarawe District
4. To determine the relationship between family planning services provision barriers and utilization of services in Kisarawe District
5. To find out men's views on what should be done to promote utilization family planning services among men in Kisarawe District.

Figure 1: conceptual framework for the barriers for family planning services



1.5 Conceptual framework

Figure number 1 shows the conceptual framework used to analyze the relationship between use of family planning services by men and various barriers they encounter. In this conceptual framework, there are a set of socio-cultural barriers, economic barriers and service provision barriers hindering contraceptives use through a set of intervening barriers. The social cultural and economic barriers involved are age, occupation, economic status, education level, religion, cultural background and marital status of men.

The services provision barriers involved are poor accessibility of the services, services that are not user friendly for men, unavailability of male providers, inconvenient hours for men and unavailability of IEC material on family planning services. The intervening barriers are poor understanding/appreciation of modern family planning, disapproval of family planning and lack of spousal communication, desire for children and lack of awareness of family planning services.

Age of men influences the method to be used by them. It plays a role in the choice of the family planning methods. Younger men opting for the temporally method and older men going for the permanent method such as sterilization as they are more likely to have attained their desired family size.

Education has the positive effect on the utilization of family planning services. Men with high level of education bear modern ideas of small family sizes as it means better

standard of living. Education also ensures greater knowledge about various methods and their effectiveness.

Religious affiliation determines customs and practices regarding childbearing and family planning .The current attitude of particular religion influences even the method to be used. For instance, Roman Catholic and some Muslims prohibit Modern family planning.

Men with better standard of living are likely to be educated, exposed to mass media and thus have better knowledge of family planning methods and there fore they are more likely to utilize it. Occupation determines the economic status of men and thus the affordability to purchase contraceptives. Further more, men with low economic status have a tendency of having many children because for them children are an asset.

Husband's views about the timing, spacing, sex composition of children and family size are crucial to men contraceptive behaviour .Approval of use of family planning is important to make a person use a method.

Spousal communication help couples to be aware of each other's views and perspectives about family size and composition so that consensus can be reached on contraceptive use. The relationship between desire for children and use of contraception is quite clear. If men desire more children they will not use contraceptives and if they want to space children they will be use the spacing methods.

Men should be continuously targeted by family planning information .Lack of awareness about family planning is one barrier hindering men from participating in and practicing family planning. Very few men go to the family planning services alone or with partner, because they feel they are not welcome and few special services are available for them.

Sex of the services provider and distance to the family planning services may hinder men to utilize the services. Men seem to prefer to be served by men providers during their visit to the family planning services. Further more nearby services increase the chance of the men to utilize the services. The timing of the services can act as a barrier to men. Many men prefer evening hours and the weekends to visit the service. This barrier makes them feel the services are not user-friendly.

In some culture, men believe termination of fertility is not allowed and bearing many children is the sign of manhood. In case of polygamy, every wife would need to have child/children to win their husband's love. Therefore, automatically this will discourage their husband to use contraceptives.

CHAPTER TWO

LITERATURE REVIEW

Male involvement in family planning is the inclusion of Men in the family planning services as a supporter of their partners or as user of male oriented methods (Condom, vasectomy and withdrawal). When Men accompany their partners to meet with a family planning counselor or health worker together, they can learn about the available contraceptive methods and choose one, a man can help his partner to use modern methods correctly(for example, he can help her remember to take her pill each day). In addition to that, he can use a male method himself, or the couple can practice periodic abstinence or Men can encourage their partners to seek help from a health care provider if side effects occur. They also can endorse trying another method if one method proves unsatisfactory.

The active involvement of men in the family planning services is crucial to the success of the programs and to the empowerment of women. However, there are critics concerning the idea. For instance, Cornwall (1998) in the Newsletter quoted evidence from Middle Eastern family planning programs that men's involvement increases men's control over the fertility of women rather than resulting in the women having more choice. Further more if the increase number of men served will be achieved at the expense of female clients, this could have serious consequences to the health of women (Tina et al 2003). Despite the critics and cautions concerning involvement of men in

family planning, one study shows that involvement of men has influence on family planning methods acceptance, continuation of use, client satisfaction and efficacy (Terefe et al 1993).

Previous studies have demonstrated that for male involvement in the reproductive health intervention to have best results couples should be targeted. This was clearly justified by the review on couple's studies done by Becker (1996). The review concluded that reproductive health interventions that include couples are more effective than those directed to only one sex. In addition to that, a study done in Uganda also emphasizes on couple-oriented approaches to family planning services. The approaches suggested were recruiting male providers, offering more family planning methods and counseling for couples (Kaida 2005).

The discussion between couples on contraception is an important intermediate step along the path to eventual adoption and especially continuation of contraceptive use. In Tanzania 65% of women discuss with their husbands about family planning at least once .And more than 50% of husband approve family planning (TDHS 2004). Generally, males felt positive and wished to be involved in issues affecting their relationships such as open communication about contraceptives used by their partners, discussing contraceptive problems together, planning families jointly with their partners and being informed about contraceptive failures (Maja 2007). However, men can approve family planning in theory while disapproving their partners practicing contraception and be

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unwilling to use condoms. (Blanc 2001).Therefore men approval of family planning should be taken with caution.

Most men wanted to be involved in the family planning programs that viewed them as caring partners rather than irresponsible adversary partners. Those programs were very successful in involving of men (Berer 1996). In addition, studies have asserted that men express positive attitudes towards fertility-regulating methods (Mwageni et al 1998 and Olawepo 2006). In the study done in Tanzania on Unsafe abortion and the need for involving men in post abortion contraceptive counseling reveal that majority of the men surveyed had a positive attitude toward family planning and about being involved in family planning counseling (Vibeke 2005).

According to the study done by Kessy (2007) some women were using family planning methods secretly, without the consent of their husbands. The women utilization of family planning services in secrecy exposed them to the emotional or physical violence if discovered by their husbands (Blanc 2001). In fact many men feel that it is men's responsibility to allow women to use family planning methods (Mwageni et al 1998).For these reason, it is important to involve men in the family planning services as a way to prevent women who using family planning methods from domestic violence.

The knowledge on family planning services means the ability of the individual to name the methods or others practices and sources of services or supplies. According to the

study done by Kessy (2007) in Tanzania, majority of men heard about family planning use. However, knowledge of proper use, risks and benefits of methods was lacking especially in the rural areas. Lack of information and belief in rumors discourage family planning methods use. Similar results of limited knowledge about family planning depicted by the study done in Uganda (Kaida et al 2005). In addition to that lack of information, misunderstanding and rumors about vasectomy process contribute to the many people's reluctance to choose vasectomy (Arwen 2007)

Family planning providers have been facing the challenge of attracting men to utilize the family planning services. Previous studies have asserted factors hindering Men to utilize the family planning services as the users of the services or the supporter of their partners. According to the study done in Kigoma Tanzania factors affecting vasectomy acceptability are economics, spousal influence, religion, provider availability and reputation, future uncertainty and vasectomy knowledge and understanding. Further more men who participated in the study prefer to obtain services from the men provider (Arwen 2007).The results of these studies are subject to some limitations. Firstly, it is difficult to generalize the results because data collection did not involve random selection of participants. Secondly, the studies focused only on vasectomy not general men utilization of family planning services as users or supporter of their partner.

Another study done in Mbeya Tanzania on the attitudes of Men towards family planning revealed some barriers for men to utilize the family planning. Those barriers are lack of

awareness of family planning services, side effect incurred by the uses of certain family planning method, worried about promiscuity among their partners and having of many wives (Mwageni et al 1998). This study also encounters limitation of difficulty to generalize the results because the data collection does not involve random selection of participants.

The qualitative study done in Mpingi district in Uganda on Male participation in family planning also revealed some barriers to utilize the family planning services among men. The barriers are lack of information or misconceptions, side-effects associated with using family planning methods, unavailability of family planning service and supplies, lack of trust in family planning personnel ,lack of couple communication and cultural and religion factors(Kaida et al 2005).The methodology used in this study limits generalization of the results.

Further more, a study done in Swaziland on men contraceptives knowledge, attitudes and practices stipulated the barriers. The study found that men believe termination of fertility is a cultural contradiction. They should bear as many children as possible. In addition to that in Swazi culture one of the social security for men in old age is the having big numbers of children. Not only that but also male fertility is a sign of sustained manhood even during old age. The last barrier found by Swazi study was men felt the family planning services were not user friendly to them (Ziyane and Ehlers 2007) .The qualitative nature of the study does not allow the generalization of the

finding. Therefore, to overcome this limitation there is a need to do another study of quantitative nature.

Under utilization of family planning services is not a problem of developing countries even developed one suffers the same problem. According to the study done In the United States of America the most commonly barrier for the men to utilize public funded family planning services was unawareness of the availability of the family planning services. Others barriers were inadequate funding, shortage of male providers, facility not male oriented, inconvenient hours for men and general perception that clinics are for women (Lawrence 2003).This information was obtained from publicly funded family planning agencies personnel and not from the men themselves.

In summary, the literature suggests barriers for the utilization of family planning services among men. The barriers are men's low economic status, lack of couple communication on fertility issue, religion, availability of the services, lack of awareness of family planning services and misconception, side effect experienced by the users of certain family planning methods, worried about promiscuity among their partners. In addition to that, having many wives, lack of trust in family planning services providers, men believe termination of fertility is cultural contradiction, the services were not user friendly to male clients, lack of male providers, inconvenient hours for men and general perception that clinic are for women. Although the studies revealed several barriers, there is a need to do another study because most of the studies done are qualitative in

nature. In addition to that, some studies focus only on single methods and other study got information from providers and not from the men. Further more there is variation of barriers from place to place.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The design of the study was cross-sectional to determine barriers to the use of family planning service among men.

3.2 Study Area

The study was conducted in Kisarawe district, Coast region in Tanzania. Kisarawe is one of 6 districts of the Coast Region . It is bordered to the North by the Kibaha District, to the East by the Mkuranga District, to the South by the Rufiji District and to the West by the Morogoro Region. According to the 2002 Tanzania National Census, the population of the Kisarawe District was 95,614. The Kisarawe District was administratively divided into 15 wards namely ;Cholesamvula, Kibuta, Kiluvya, Kisarawe, Kuruhi, Mafinzi ,Maneromango, Marui, Marumbo, Masaki, Msanga, Msimbu, Mzenga, Vihingo and Vikumbulu .The reasons that guided the selection of the study area is that ,Coast region is one of the regions with low contraceptives use(19%) which is below the country prevalence(20%)(TDHS 2004).

3.3 Study Population

The population of this study was all men age 20 years and older years residing in the Kisarawe district.

3.4 Sample Size

Sample size estimation was calculated by using the following formula

$$n = \frac{Z^2 P (100-P)}{\varepsilon^2}$$

Where

N=Sample Size

$Z = (1.96)^2$(for 95% confidence level)

P = 55% (Proportion of Men uses contraceptives (TDHS 2004))

ε = margin of error(6%)

$$n = \frac{(1.96 \times 1.96) \times 55 \times 45}{36}$$

n = 264 + 10% of non-respondent

Therefore, the minimum Sample size was 300.

3.5 Sampling techniques

The multistage sampling technique was used because the sample was expected to be drawn from a large and diverse population with defined geographical areas.

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First stage was the selection of wards

At the district level 2 wards were selected from 15 wards of Kisarawe district. A selection was done by using simple randomly sampling technique. The two wards (Maneromango and Marumbo) were selected.

Second stage was selection of villages

From each of the 2 wards selected in the first stage, three villages were selected by using simple randomly sampling technique and making a total of 6 villages. The selected villages were Boga , Mango-kaskazini and Mango-sokoni from Maneromango ward and Kikwete, Mfulu and Marumbo from Marumbo ward .

Third stage was selection of hamlets

From each of 6 villages selected in the second stage, 2 hamlets were selected by using simple randomly sampling technique and making a total of 12 hamlets.

Fourth stage was selection of eligible participants

In every selected hamlet, a list of all men aged 20 and above (sampling frame) was prepared. Then simple randomly sampling technique was used to pick eligible men for the study until the desired sample was obtained.

3.6 Data collection instruments

A questionnaire with open and closed ended questions was used to collect information needed based on the objectives. The items of the questionnaire were drawn from other studies done in their area of male involvement in family planning. The questionnaire was translated into Kiswahili language (Tanzania national language) and tested at Masaki ward in Kisarawe district .Based on pre-testing results, the research tool was modified and finalized.

3.7 Deployment and Training of Manpower

Three research assistants were recruited to assist in collection of data during data collection process. All three research assistants recruited were men. The selection of the research assistant was done according to the sex to match their sex with the sex of research participants. All of them had completed form four and were fluent in speaking Kiswahili. Two days training was done for the research assistants.

3.8 Data cleaning, entry and Analysis

Every evening the principal researcher assisted by research assistants reviewed the questionnaires for completeness and gave each a serial number. Data entry was done using Epi info 2000 and analysis was done by SPSS version 15.0 program. Explorative analysis was carried out using frequency distribution and proportions were compared

using chi-square test at significance level of 0.05. In addition, Logistic regression analysis was done to compare dependent variables with a set of independent variables. The independent variables selected to enter in the model of logistic regression were those found to be significantly correlated with dependent variables at the bivariate level.

Men knowledge on family planning services was assessed by asking them to name ways couples can use to prevent pregnancy and if they know, any facility that provides family planning services. Each correct family planning method mentioned was given a score of one and knowledge of facility was given a score of two. The maximum score was eight points and the lowest score was zero. Men with zero to one point were categorized as having low knowledge; two to three were categorized as having medium knowledge and four or above points were categorized as having high knowledge.

3.9 Ethical Consideration

The proposal was submitted to the Muhimbili University of Health and Allied Sciences (MUHAS) research and publication Committee for ethical clearance. Letters to seek permission to conduct the study were sending to the Cost Region Administrative secretary (RAS).

Verbal consent was sought from all respondents for their voluntary participation in the study after being explained the purpose of the study. The participants' names or address was not written on the data collection tool to increase anonymity. Participants were told

to be free to drop from the study at any time if they felt to do so. Information revealed by the participants was kept confidential.

Participants were told that the research had no direct benefits to them. However, they might benefit indirectly from programs designed to involve men in family planning services as a result of utilization of the finding of this study. In addition, they were told that, there was no anticipated harm to them or their family because of participating in this study. Hence, there were no planned compensations to them or their family. In addition to that, participants were given the contacts of the Chairman of MUHAS Research and Publications Committee. They were free to contact him in case of any issue that might need more clarification

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the results of the study. It starts by describing the distribution of the respondents in terms of the wards where they reside and where they were selected for this study, and proceeds to describe their socioeconomic characteristics. Then follows the substantive findings of the study, and these are presented according to the pertinent research objectives.

4.2 The sample distribution by study site

The sample comprised of 299 men from Maneromango ward and Marumbo ward in Kisarawe district. Some 148 (49.5%) of the respondents were from Maneromango ward and 151(50.5) were from Marumbo ward.

4.3 Socio-demographic characteristics of the respondents

The socio-demographic characteristics of the respondents are shown in table 1. All respondents were men. Their age ranged between 20 to 80 years with mean age 35.8 (SD of ±12.6).

Two thirds of the respondents (66.9%) were aged between 20 to 39 and 66.9% were married.

More than three quarters (80.3%) of the respondents had reached primary education, and cultivating was the main economic activity of the respondents, with 84.3% involved in this economic activity.

Most (80.9%) of the respondents had children, and over two thirds of them (68.5%) had two or more than two children.

4.4 Utilization of family planning services by men in Kisarawe District

Table 2 shows the patterns of respondents or their partners' utilization of family planning method during the last act of sexual intercourse in the past six months before the day of interview by age, marital status and education level. The results suggest that the young men utilize family planning methods more than the older men do, as the highest percentage of men (52.9%) whose utilization of family planning method was in a young age group (20-29). With age, the percentage of men who utilize family planning method decreases. So there appears to be an association between the age men utilizes family planning method.

The percentage of family planning method utilization is higher (57.1%) among cohabiting men than single men (56.5%), married men (48.6%) and divorced men (33.3%).Therefore cohabiting men utilize family planning method more compared to the others. The percentage of family planning method utilization is higher (67.6%) among men with secondary education than those men with primary education (47.2%) and no formal education (50%). Therefore, men with secondary education utilize the family planning method more compared to men with primary education and with no formal education.

Overall, more than half (52.9%) of the respondents or their partners had used family planning method during the last act of sexual intercourse in the past six months before the day of interview.

Table 2: Utilization of family planning methods by age, marital status and Education level

Characteristics	FP method use		Total
	Yes No (%)	No No (%)	
Age (years)			
20-29	46 (52.9%)	41 (47.1%)	**87**
30-39	41 (51.3%)	39 (48.8%)	**80**
40-49	24 (48.0%)	26 (52.0%)	**50**
50+	11 (42.3%)	15 57.7%)	**26**
Total	**122(50.2%)**	**121(49.8%)**	**243**
Marital status			
Married	86 (48.6%)	91(51.4%)	**177**
Single	26 (56.5%)	20 (43.5%)	**46**
Cohabiting	8 (57.1%)	6 (42.9%)	**14**
Divorced	2 (33.3 %)	4 (66.7%)	**6**
Total	**122(50.2%)**	**121(49.8%)**	**243**
Level of education			
No formal education	5 (50.0%)	5 (50.0%)	**10**
Primary	94 (47.2%)	105 (52.8%)	**99**
Secondary	23 (67.6%)	11 (32.4%)	**34**
Total	**122 (50.2%)**	**121 (49.8%)**	**243**

Table 3 shows the distribution of family planning method use according to age, marital status and education level. The common male and female oriented family planning method used by the respondents or their partners during the last act of sexual intercourse in the past six months before the day of interview were condom (23.8%) and injectables (14.6%).

According to the results in table 3, young men had utilized condoms more than the older men did as the highest percentage of men (32.2%) whose utilization family planning method was in a young age group (20-29). The percentage of men who utilize condom decreases with age.

In addition to that, percentage of condom utilization is higher (47.8%) among single men than cohabiting (14.3%), married men (17.8%) and divorced men (33.3%).Therefore single men utilizes condom more compare to other groups. Further more percentage of condom utilization is higher (32.4%) among men with secondary education than those men with primary education (22.3%) and those with no formal education (22.2%). Therefore men with secondary education utilizes condom more compared to those with primary education and those with no formal education.

Furthermore, respondents were asked whether they had visited family planning center during the last six mouths. The results revealed that only 20.1% of the respondents had visited family planning center in the past six months. Forty eight percents (48.3%) of

those who had gone to the family planning centers accompanied their partners. More than three fifths of those who accompanied their partners (62.1%) did not enter inside the centers to take family planning counseling. The main barrier mentioned by those who did not enter inside the centers was general perception that family planning centers are for women. (Not shown in the table)

More than half of the respondents (54.5%) had used health facilities to seek health care during the last six mouths. (Not shown in the table) This proportion of those respondents who had used health facilities was more than two times that of the proportion of those who had visited family planning (20.1%) center in the past six months. Most of the family planning centers in the study area are placed within health facilities.

Table 3: Distribution of family planning method use according to age, marital status and education level

Characteristic	FP method used during the last sexual intercourse in the past six months									Total
	Female Sterlization	Pill	IUD	Injectables	Implants	Condom	Periodic Abstinence	Withdrawal	Not use any FP	
Age (years)										
20-29	0	4(4.6%)	0	13(14.9%)	0	28(32.2%)	1(1.2%)	0	41(47.1%)	**87**
30-39	0	7(9%)	1(1.3%)	10(12.8%)	1(1.3%)	18(23.1%)	1(1.3%)	1(1.3%)	39(50.0%)	**78**
40-49	0	3(6.1%)	0	8(16.3%)	1(2.0%)	8(16.3%)	0	3(6.1%)	26(53.1%)	**49**
50+	1(3.8%)	3(11.5%)	0	4(15.4%)	0	3(11.5%)	0	0	15(57.7%)	**26**
Total	**1(0.4%)**	**17(7.1%)**	**1(0.4%)**	**35(14.6%)**	**2(0.8%)**	**57(23.8%)**	**2(0.8%)**	**4(1.7%)**	**121(50.4%)**	**240**
Marital status										
Married	1(0.6%)	14(8.1%)	1(0.6%)	29(16.7%)	2(1.2%)	31(17.8%)	2(1.2%)	3(1.7%)	91(52.3%)	**174**
Single	0	1(2.2%)	0	3(6.5%)	0	22(47.8%)	0	0	20(43.5%)	**46**
Cohabiting	0	2(14.3%)	0	3(21.4%)	0	2(14.3%)	0	1(7.1%)	6(42.9%)	**14**
Divorced	0	0	0	0	0	2(33.3%)	0	0	4(66.7%)	**6**
Total	**1(0.4%)**	**17(7.1%)**	**1(0.4%)**	**35(14.6%)**	**2(0.8%)**	**57(23.8%)**	**2(0.8%)**	**4(1.7%)**	**121(50.4%)**	**240**
Level of education										
No formal education	0	1(11.1%)	0	1(11.1%)	0	2(22.2%)	0	0	5(55.6%)	**9**
Primary	0	11(5.6%)	1(0.5%)	30(15.2%)	1(0.5%)	44(22.3%)	1(0.5%)	4(2.0%)	105(53.3%)	**197**
Secondary	1(2.9%)	5(14.7%)	0	4(11.8%)	1(2.9%)	11(32.4%)	1(2.9%)	0	11(32.4%)	**34**
Total	**1(0.4%)**	**17(7.1%)**	**1(0.4%)**	**35(14.6%)**	**2(0.8%)**	**57(23.8%)**	**2(0.8%)**	**4(1.7%)**	**121(50.4%)**	**240**

4.5 Knowledge of the men on family planning services

Table 4 show that The level of knowledge on family planning services is higher (66.7%) among respondents in age group of 40-49 years than others age group. Therefore, respondents in age group of 40-49 have higher knowledge of family planning services.

In addition to that, the respondents with secondary education have a higher level of knowledge on family planning services compared to those with primary education and those with no formal education, as the highest percentage of respondents (76.7%) who have higher level of knowledge on family planning services are those with secondary education. With the increase of the education level, the percentage of respondents level of knowledge increases as well. Therefore, the respondents with secondary education have a higher level of knowledge on family planning services.

Table 4: Knowledge of family planning by age and Educational level

Characteristic	Level of knowledge			Total
	Low	medium	High	
Age (years)				
20-29	23(21.9%)	21(20.0%)	61(58.1%)	**105**
30-39	16(16.8%)	18(18.9%)	61(64.2%)	**95**
40-49	8(14.0%)	11(19.3%)	38(66.7%)	**57**
50+	10(23.8%)	5(11.9%)	27(64.3%)	**42**
Total	**57(19.1%)**	**55(18.4%)**	**187(62.5%)**	**299**
Level of education				
No formal education	8(50.0%)	2(12.5%)	6(37.5%)	**16**
Primary	43(17.9%)	49(20.4%)	148(61.7%)	**240**
Secondary	6(14.0%)	4(9.3%)	33(76.7%)	**43**
Total	**57(19.1%)**	**55(18.4%)**	**187(62.5%)**	**299**

4.6 The relationship between social cultural and economic barriers and utilization of family planning services among men in Kisarawe District.

Relationship between socio-demographic barriers and utilization of family planning methods was explored. Results from table 5 shows that respondents aged 60 and above had the highest proportion of family planning method use (62.5%) compared to 44.4% of those aged between 50 and 59 years. P=0.794, therefore the age of the respondents is not associated with utilization of family planning method.

Furthermore, findings from the study revealed that respondents with secondary education had the highest proportion of family planning method use (69.7%) compared to their counterpart with no formal education (50%) and those with primary education (47.2%) .P=0.089, therefore the level of education of respondents is not associated with utilization of family planning method.

More than half of the respondents who were cohabitating (57.1%) and single (56.5%) had used family planning method more compared to those who were married (48.6%). P=0.614, therefore there is no association between marital status of the respondents and utilization of family planning method. Less than half of respondents with more than four children (45%) had the lowest proportion of family planning method use compared to those with less number of children. P=0.74 therefore the number of children in a family is not associated with utilization of family planning method. More than half of the Muslim respondents (51.9%) used family planning more compared to the Christian respondents (37%). P=0.147, therefore the religion of respondents is not associated with utilization of family planning method.

In comparison the respondents who did Handcraft as a source of income had the highest proportion of family planning method use (71.4%) than the counterpart who cultivate the land (50.5%), Daily wage labour (50%), Petty trader (45.0%) and Civil servant (33.3%).P=0.710, therefore the occupation of respondents is not associated with utilization of family planning method.

Table 5: Association between demographic barriers and the FP method use

Characteristic	FP method use			Significance
	Yes No (%)	No No (%)	Total	
Age (years)				
20-29	46(52.9%)	41(47.1%)	87	Chi-square= 1.029
30-39	41(51.3%)	39(48.8%)	80	P-value =0.794
40-49	24(48.0%)	26(52.0%)	50	
50+	11(42.3%)	15(57.7%)	26	
Marital status				
Married	86(48.6%)	91(51.4%)	177	Fisher's exact =1.877
Single	26(56.5%)	20(43.5%)	46	P-value= 0.614
Cohabiting	8(57.1%)	6(42.9%)	14	
Divorced	2(33.3 %)	4(66.7%)	6	
Religion				
Muslim	112(51.9%)	121(48.1%)	216	Chi-square= 2.107
Christian	10(37%)	17(63.0%)	27	P-value= 0.147
Level of education				
No formal education	5(50.0%)	5(50.0%)	10	Chi-square = 4.839
Primary	94(47.2%)	105(52.8%)	99	P-value = 0.089
Secondary	23(67.6%)	11(32.4%)	34	
Occupation				
Cultivation	104(50.5%)	102(49.5%)	206	Fisher's exact = 2.168
Petty trader	9(45.0%)	11(55.0%)	20	P-value = 0.710
Daily wage labour	2(50.0%)	2 (50.0%)	4	
Hand craft	5(71.4%)	2(28.6)	7	
Civil servant	2(33.3%)	4(66.7%)	6	
Number of children				
One	17(56.7%)	13(43.3%)	30	Chi-square = 2.688
Two	27(51.9%)	24(47.1%)	51	P-value = 0.74
Three	27(51.9%)	25(48.1%)	52	
Four	16(55.2%)	13(58.5%)	29	
More than four	18(45.0%)	22(55.0%)	40	

Note: Fisher's exact test used when 20% or above of the cell have expected count of less than 5.

In addition to that, the relationship between social barriers toward the family planning methods use was also explored. Table 6 showed that respondents who had talked about family planning with their partners had used family planning method more (63.3%) compared to the respondents who had not talked with their partners about family planning (28.6%). $P < 0.001$, therefore the couple discussion on family planning issues is associated with men utilization of family planning method .Not only that but results showed that respondents who discussed family planning with other people had the highest proportion (63.5%) of family planning use compared to those respondents (58.5%) who did not discussed with other people. $P=0.01$, therefore the discussion on family planning issues between respondents and other people is associated with utilization of family planning method.

Respondents were asked about approving their partner to use a contraceptive to prevent pregnancy. The results showed that 61.1% of those who had used family planning had approved their partner to use family planning method compared to 19.0% of those who had used family planning while disapprove their partners to use the family planning. $P<0.001$, therefore the men approval of the partners to use family planning method is associated with utilization of family planning method.

In additional to that participants were asked if fertility control is allowed in their tradition. The results revealed that 58.3% of the respondents who were allowed by their tradition to control fertility had use family planning compared to 37.0% of the

respondents who were not allowed by their tradition to control fertility. P=0.001, therefore the tradition permission to control fertility is associated with men utilization of family planning method.

Table 6: Association between social barrier (behaviour) and family planning and the FP method use

Characteristic	FP method use			Significance
	Yes No (%)	No No (%)	Total	
Discussed FP with partner				
Discussed	95(63.3%)	55 (36.7%)	150	Chi-square = 27.377
Not discussed	26 (28.6%)	65 (71.4%)	91	P-value < 0.001
Discussed FP with other				
Discussed	61(63.5%)	35(36.5%)	96	Chi-square = 11.289
Not discussed	86 (58.5%)	61(41.5%)	147	P-value = 0.01
Who should decide				
Father only	73(50.3%)	72(49.7%)	145	Chi-square = 4.349
Mother only	3(23.1%)	10(76.9%)	13	p-value = 0.114
Both	46(54.1%)	39(45.9%)	85	
Approve partner to use contraceptive				
Yes	110(61.1%)	70(38.9%)	180	Chi-square = 33.028
No	12(19.0%)	51(81.0%)	63	p-value < 0.001
Tradition allowed FP				
Allowed	88(58.3%)	63(41.7%)	151	Chi-square = 10.369
Not allowed	34(37.0%)	58(63.0%)	98	P-value = 0.001

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Results from Table 7 shows that two third of the respondents (66.7%) who disagreed with the statement that "Children provide social security for the parent's at old age" had used family planning method more compared to 44.6% of respondents who agreed with the statement. P=0.007, therefore respondents belief that children provide social security is associated with utilization of family planning method.

In addition to that, three fifths of the respondents (60.9%) who disagreed with the statement that "The status of males is improved and gained enhanced respect from the community when they have many children" had used family planning method more compared to 36.4% of respondents who agreed with the statement. P=0.001, therefore respondents belief that status of male is improved in the community when they have many children is associated with utilization of family planning method.

Further more nearly three fifths of the respondents (57.6%) who disagreed with the statement that "Most men preferred sons over daughters because boys become members of their father's clan" had used family planning method more compared to 42.5% of respondents who agreed with the statement. P=0.071, therefore respondents preference for son over daughter is not associated with their utilization of family planning method.

4.7 Association between family planning services provision barriers and utilization of services in Kisarawe District

Relationship between family planning service provision barriers and utilization of family planning methods was explored. Results from Table 8 shows that the use of family planning method during the last act of sexual intercourse in the past six months was strongly associated with visiting of family planning center. The results revealed that more than two third (71.7%) of respondents who used family planning method had also visiting family planning centers compared to the 55.8% of those who use family planning method without visiting family planning center. $P<0.001$, therefore male visiting of family planning centers is associated with their utilization of family planning method.

Furthermore, findings from the study revealed that almost two third (65.2%) of the respondents who resided 6km or more from the family planning centers utilized family planning methods more compared to those residing between 2km to 6km (62.2%) and those residing below 2km from family planning centers (56.6%). $P<0.001$, therefore distance to the family planning centers is associated with men utilization of family planning method. According to the results, those residing far from family planning centers utilize family planning more compared to those who residing near.

The results showed that more than three fifth of the respondents (62.7%) had a high level of knowledge on family planning services compared to those respondents who had a medium level of knowledge (35.7%) and who had a low level of knowledge (15.0%).

P<0.001, therefore the male level of knowledge on family planning services is associated with utilization of family planning method.

The results showed that nearly three fifth (58.4%) of the respondents who knew where family planning center was located had used family planning method more compared to those respondents (30.0%) who did not know where the family planning center was located. P<0.001, therefore respondents knowledge on location of the family planning centre is associated with utilization of family planning method.

Further more, results reveled that more than three fifths (62%) of the respondents had known two or more family planning methods, utilized family planning method more compared to those who had known only one family planning method (38.7%) and those who had known nothing (16.1%). P<0.001, therefore the utilization of family planning increases with the increase of the number of family planning method known by respondents

Table 8: Association of family planning services Provision barriers and family planning method used

Characteristic	FP method use: Yes No (%)	FP method use: No No (%)	Total	Significance
FP center utilization				
Utilize	38(71.7%)	15(28.3%)	53	Chi-square = 12.525
Not utilize	84(37.4%)	106(55.8%)	190	P-value < 0.001
Distance to the FP center				
Residing below 2km	64(56.6%)	49(43.4%)	113	Chi-square = 23.323
Residing between 2km to 5km	28(62.2%)	17(37.8%)	45	P-value <0.001
Residing between 6km and more	15(65.2%)	8(34.8%)	23	
Don't know	15(24.2%)	47(75.8%)	62	
Know FP center				
Know	101(58.4%)	72(41.6%)	173	Chi-square = 16.057
Not know	21 (30.0%)	49(70.0%	70	P-value < 0.001
Know FP method				
None	5(16.1%)	26(83.9%)	31	
One	24(38.7%)	38(61.3%)	62	Chi-square = 26.697
Two or more	93(62.0%)	57(38.0%)	150	P-value < 0.001
Level of knowledge of FP services				
Low	6(15.0%)	34(85.0%)	40	
medium	15(35.7%)	27(64.3%)	42	Chi-square = 33.466
High	101(62.7%)	60(37.3%)	161	P-value < 0.001

4.9 The consequential barriers to the utilization of family planning method among men

Table 7 presents the results of the logistic regression analysis, in the model the barriers entered were those found to be significantly correlated with family planning method use at the bivariate level. The effect of each barrier on the dependent variable (family planning use) was indicated by the odds ratio for each variable relative to the reference category.

The likelihood of use of family planning was two times (OR = 2.112, 95%CI = 1.065-4.188) higher if the respondents discussed family planning with their partners than if there was no discussion. In addition to that, respondents who approved family planning were almost three times (OR = 2.921, 95%CI = 1.271- 6.711) more likely to use family planning method than those who disapproved it.

Therefore, the most consequential barriers hindering men to utilize family planning services were spouse discussion regarding family planning issues and approval of the family planning use.

Table 9: Logistic regression analysis results of family planning method use among men, by selected barriers

Characteristics	N	Odds Ratio	(95%CI)	P-value
FP center utilization				
Utilize	53	1.371	0.631-2.980	0.425
Not utilize (r)	188			
Distance to the FP center				
Below (r)	174			
Between 2km to 5km	45	0.526	0.230-1.202	0.128
6km and more	22	0.474	0.145-1.548	0.216
To know FP center				
Yes	171	1.170	0.530-2.580	0.698
No(r)	70			
Know FP method				
None(r)	31			
One	62	0.400	0.112-1.425	0.158
Two or more	148	0.233	0.070-0.774	0.117
Discussed FP with partner				
Discussed	150	2.112	1.065-4.188	0.032*
Not discussed (r)	91			
Discussed FP with other				
Discussed	96	1.189	0.606-2.335	0.615
Not discussed (r)	145			
Approve partner to use contraceptive				
Approves	63	2.921	1.271-6.711	0.012*
Disapproves (r)	178			
Tradition allowed FP				
Allowed	150	1.896	0.984-3.652	0.056
Not allowed (r)	91			
Children provide social security				
Agree	156	1.840	0.880-3.845	0.105
Disagree (r)	65			
Undecided	20	2.952	0.859-10.145	0.086
Male status improved by having many children				
Agree	98	1.578	0.791-3.145	0.195
Disagree (r)	132			
Undecided	11	1.126	0.248-5.115	0.878

Note: r indicates the reference category for each variable.
: *P<0.05

4.8 Men views on what should be done to promote them to utilize family planning services in Kisarawe District

Respondents were asked to give their views on what should be done to facilitate them to utilize family planning services. More than half (56.2%) of the respondents suggested that family planning services information provision should be done in the place where men gather. More than 18.1% of the respondents suggested ICT material that target men should be used. For others opinions refers to the table 8

Table 10: Respondents' opinions on ways to increasing family planning service utilization

Opinions	Frequency	Percentage
To increase number of Family Planning center	44	12.1
To use HBC provider to distribute Family Planning Method	26	7.1
Uses of ICT material which is target men	66	18.1
Provision of FP services information to the place men gather	205	56.2
Uses of community leader to sensitize men	24	6.6

CHAPTER FIVE

DISCUSSION

5.1 Discussion

The findings of this study showed that a significant proportion of men reported to have used family planning method themselves or their spouses. The proportion of current users of family planning method is one of the indicators mostly frequently used to assess the success of family planning services activities. It is interesting to note that, the proportion of men who have reported to have used any family planning method is higher compared to the proportion of women reported by TDHS (2004) currently using any family planning method. This difference may be due to the tendency of men to have multiple partners. In addition to that, the sources of the collected data of this study were men while in TDHS (2004) were women. Not only is that but the finding also inconsistent with the study done in Kenya. In the Kenya study, the proportion of men who use any family planning method was higher than the finding of this study (Sitawa and Donald 2001). The inconsistence may have been be caused by the design of the question in the questionnaire. In this study, the question was asking about the use of family planning method during the last act of sexual intercourse in the past six months while the question in the Kenya study asked about ever used of any family planning method in a lifetime. Another explanation may be the differences in social-cultural background between the populations of these two studies.

The common male oriented method used was condom. This finding is lower compared to the one reported by TDHS (2004).The discrepancy may be due to the design of the question in the questionnaire. The question in the TDHS (2004) asked about ever use of any family planning method in a lifetime. Further more the proportion of condoms uses should be interpreted with great caution because it is very difficult to establish the motives behind the condom use if it was for pregnancy prevention or disease prevention (Cleland and Ali 2006).

Family planning center is a site where family planning method, counseling, education and services are provided. The finding of the studies showed that one fifth of the men had utilized family planning center during the last six mouths. However, majority of the men knew where family planning center was located. General perception that family planning centers are for women only was the main reasons of poor utilization. Approximately half of those who visited family planning centers were accompanying their partners. In addition to that, more than half of those who accompanied their partners had stopped at the door of the center. More than three fifth of those who accompanied their partners did not enter inside the centers to take family planning counseling and method. This means that more than half of men who accompanied their partners to the family planning centers lost the opportunity to get couple counseling. Couple oriented approach is one of the measures that improve the outcome of family planning service delivery (Terefe et al 1993 and Kaida et al 2005).

Knowledge about family planning method is an important step towards gaining access to and then using a suitable family planning method in a timely and effective manner. Increased knowledge gives men, who often turn out to be the primary decision-makers in heterosexual relationships, the awareness of availability of contraceptive methods with which to make informed decisions. From this study, it was observed that more than three quarters of all men knew at least one method of family planning. This suggests that the male population is not ignorant of the means of preventing pregnancies. Similar findings have been reported by TDHS (2004). Interestingly, male sterilization (vasectomy) and withdrawal are among the least known methods. This finding may be suggesting that there is low promotion of some male oriented family planning method.

The findings of this study showed that there is a strong relationship between the use of family planning method by men and spouse discussions on family planning issues. Those men who discuss it were more predisposed towards use of family planning method. In addition to that, Partner's communication may help couples to learn of each other's perspective about family size and its composition so that consensus can be reached on the contraceptive to use. In essence, increased communication between the couples suggests that spouses are sharing decisions about family planning and thus sharing marital power. This result is not isolated because there are a number of studies with similar results (Karin 1993, Sitawa & Donald 2001, Kaida et al 2005, Maja 2007 and Winfred & Victor 2008).

The findings of this study showed that there is a strong correlation between utilization of family planning method by men and their approval of family planning. Approval of family planning is a precondition for successful practice of contraception. In societies where men have a dominant role over their wives reproductive decisions, men's family planning approval becomes an integral part to a person use of family planning method. However, men can approve family planning in theory while disapproving of their partners' use of it and be unwilling to use family planning method themselves (Blanc 2001). Despite this caution, other studies found a positive influence of men's family planning approval to the utilization of family planning services (Mesfin 2002, Adewuyi & Ogunjuyigbe 2003 and Mohammad et al 2006).

The finding of the study showed that there is a strong relationship between men allowed by their cultural to control fertility and the use of family planning method. This finding suggests that the culture of the community in general has an influence on the regulation of individual fertility. The behaviour that promotes the use of family planning services is less likely to occur in a society where traditions prevent people to regulate their fertility. Further more the finding of the study showed that men who believe that children could provide social security for the parents at an old age use family planning method less compared to those who do not have that belief. The finding of this study confirms Ziyane and Ehlers (2007) study, which showed that value of children acted as a deterrent to family planning method use due to the belief that the use decreases family wealth and security, notably during old age.

More over the finding of the study showed that agreement with the statement; "The status of males improved and gained enhanced respect from their community when they have many children" is strongly associated with the low utilization of the family planning method. This suggests a great value attributed to children by the men who agree the statement could be a major deterrent for men and women to use family planning method. This results in agreement with the qualitative study done in Swazi by Ziyane and Ehlers (2007). In additional to that even the rate of men's love to his spouse increases in accordance with the number of children borne by his partner.

The finding showed that the utilization of family planning method was strongly associated with the visiting of family planning centers. The association may be because family planning centers provided practical information on how to use family planning method, as well as basic explanation of how the method works. Clear and specific instructions are associated with better client adherence and outcomes. Therefore the finding shows the importance of men visiting the family planning centers. However, more than half of men who visited the family planning centre accompanying their partners had stopped at the door of the center. But the finding reported by Terefe (1993) showed that the inclusion of men in the family planning programs had resulted in the increase of family planning method use.

The findings showed that men's knowing the location of family planning center was strongly associated with the utilization of the family planning methods. This suggests

that knowledge of a source of family planning method is important to the utilization of the family planning method.

The finding of the study revealed that the utilization of the family planning method is inversely related to the distance of the family planning centers. Those who reside far from the centers utilize the method more compared to those who reside close to the centers. This finding was inconsistence with findings of the Uganda study. In the Uganda study, almost all participants mentioned distance to the nearest family planning as a barrier to receiving family planning services (Kaida et al 2005). The inconsistence may be due to the differences of design of the two studies. The design of the study done in Uganda was qualitative while the design of this study is quantitative. Further more, the inconsistence may be due to fears of stigma facing men if they obtained family planning services from the nearest centers. In the reviews done by Karin (1993) reported that men were less embarrassed to obtain condoms from a pharmacy than from a family planning center.

The findings of the study showed that men's utilization of family planning method increases with the increasing of the number of the family planning method known by them. Similar findings have been reported by the studies done in Bangladesh and Vietnam. These two studies shows that men's knowledge on family planning methods were significantly positively associated with their family planning method use (Bui 2005 and Jill 2008).

Respondents made a list of suggestions on how to increase use of family planning services among men in the study area. The most mentioned suggestions were provision of family planning information to the place men gather and uses of ICT material which including family planning messages targeting men.

The logistic regressions findings showed that all of the barriers were found to be significantly correlated with family planning method use at the bivariate level but only two were significant in explaining the correlation at multivariate level i.e.; Discussion of family planning with partner and approval of family planning use.

The study findings are subject to some limitations. In the first place, the study was conducted in the community of Kisarawe district and may be context specific. This may affect the generalization of the findings to other area. In addition to that, reliability of the instrument developed for this study was not systematically studied prior to its use, though pre-test aided in refining the wording of questions in the questionnaire was done.

5.2 Conclusions

Inspiring men to use family planning services is one of the ways to involve them in family planning and reproductive decision making. Therefore, it is important to understand the barriers which hinders men to utilize family planning services. This study has shown that among all the barriers of utilization of family planning considered

during analysis the most consequential ones is spouse discussion regarding family planning and approval of the family planning use.

The discussion between the partners may help when the women face problems with female oriented method their husbands can take the responsibility by using male oriented family planning methods. In addition to that, men's approval of family planning use is the precondition for successful practice of contraception especially in societies where men have a dominant role over their spouse's reproductive decisions.

5.3 Recommendations

1. Since very few men utilize family planning centers, I recommend that family planning services should be made available to men in other places including men's homes. Thus integration of existing family planning community base distributors and HIV- home based care providers programs would be one such alternative. This would increase the access of men to family planning methods and information.

2. Approval of family planning and spouse's discussion are associated to the utilization of family planning services. Fore these reasons, there is an urgent need to broaden the scope of family planning programs by including family planning messages directed to men. Those programs should be designed in such a way to reach them where they naturally congregate, such as social clubs and sporting events.

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Appendix 1: Informed consent form (English version)

INFORMED CONSENT FORM

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS, MUHAS

CONSENT FORM

ID-NO ☐☐☐

Consent to participate in study.....

Greetings! My name is ....., I am a doing research on **BARRIERS TO THE UTILIZATION FAMILY PLANNING SERVICES AMONG MEN AT KISARAWE DISTRICT.**

Purpose of the study

To determine barriers hindering Men to utilize Family planning services in Kisarawe District.

What Participation Involves

If you agree to join this study, you will be required to answer a series of questions that have been prepared for the study in through interview in order to obtain the intended information regarding the utilization of family planning services among men.

Confidentiality

All collected information will be kept confidential and will only be used for study purposes. Identification numbers will be used instead of names.

Risks

We do not expect any harm to happen to you because of participating in this study.

Rights to withdraw and alternatives

To participate in this study is completely voluntary. You can freely choose not to participate in this study, and even if you will have already accepted to participate in the study you can quit at any time if you feel so. No penalty or loss of any benefits upon refusal to participate or withdrawal from the study.

Benefits

There will be no direct benefit in participating in this study. However, the information we gather from this study will help to improve the provision of family planning services among men in the district as well as other places in the country.

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participating in this study. There will be no compensations to you or your family.

Who to contact

If you have questions about this study, you should contact the study Coordinator or the Principal Investigator **KASSIMU K RAMADHANI**, Muhimbili University of Health and Allied Sciences, P.O.Box 65001, Dar es Salaam.

If you have questions which need further clarification, as a participant you have a right to call **Prof. E .F .LYAMUYA**, Chairman of the University Research and Publications Committee, P.O.Box 65001, Dar es Salaam. Tel: 2150302-6.

Signature:

Do you agree?

Participant agrees…… Participant does not agree ……

I _____ have read the contents in this form.

My questions have been answered. I agree to participate in this study.

Signature of Participant _____

Signature of Research Assistant_____

Date of signed consent _____

Appendix 2: Informed consent form (Kiswahili version)

INFORMED CONSENT FORM

FOMU YA RIDHAA

Namba ya utambulisho ☐☐☐

Ridhaa ya kushiriki kwenye utafiti

Hujambo! Ninaitwa .....nafanya utafiti wa **VIKWANZO VINAVYOZUIA WANAUME KUTUMIA HUDUMA ZA UZAZI WA MPANGO KATIKA WILAYA YA KISARAWE.**

Madhumuni ya Utafiti.

Utafiti huu unalenga kuainisha **VIKWANZO VINAVYOZUIA WANAUME KUTUMIA HUDUMA ZA UZAZI WA MPANGO KATIKA WILAYA YA KISARAWE**

Nini kinahitajika ili kushiriki.

Ili kushiriki katika utafiti huu inabidi kukubali na kujiunga kwa kujibu maswali toka kwenye dodoso la maswali yaliyotungwa kwa ajili ya utafiti huu.

Usiri

Taarifa zitakazokusanywa kupitia dodoso hili zitakuwa siri na hakuna mtu yeyote atakayeambiwa ulichosema. Taarifa zitaingizwa kwenye ngamizi kwa kutumia namba za utambulisho.

Hatari

Hatutegemei hatari yoyote kukupata kwa sababu ya kushiriki kwako katika utafiti huu.

hiyo hakutakuwa na fidia yeyote kwako au familia yako.

Nani wa kuwasiliana naye

Kama una maswali kuhusiana na utafiti huu itakubidi kuwasiliana na Mtafiti mkuu **KASSIMU K KASSIMU** wa Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, SLP 65001, Dar es salaam. Kama una maswali ambayo yatahitaji maelezo zaidi una haki ya kumpigia simu **Prof. E.F. LYAMUYA**, Mwenyekiti wa kamati ya utafiti na uchapishaji,Chuo Kikuu cha Afya na sayansi ya tiba Muhimbili S.L.P 65001, Dar es salaam, Simu 2150302-6

Sahihi:

Je umekubali?

Mshiriki amekubali …….. Mshiriki hajakubali ……..

Mimi _____ nimesoma maelezo ya fomu hii.Maswali yangu yamejibiwa na nimeridhika.Nakubali kushiriki katika utafiti huu

Sahihi ya mshiriki……..

Faida

Hakutakuwa na faida ya moja kwa moja,hata hivyo taarifa zitakazokusanywa kutokana na utafiti huu zitasaidia uboreshaji wa utoaji wa huduma za uzazi wa mpango kwa wanaume katika wilaya na sehemu zingine za nchi.

Endapo utapata madhara .

Hutegemewi kupata madhara yoyote kutokana na ushiriki wako katika utafiti huu. Kwa

Sahihi ya shahidi (Kama Mshiriki hawezi kusoma/kuandika) .....

Sahihi ya mtafiti msaidizi.....

Tarehe ya kutia sahihi ya kushiriki.....

Appendix 3: Questionnaire (English version)

A QUESTIONNAIRE OF A STUDY ON BARRIERS TO THE UTILIZATION OF FAMILY PLANNING SERVICES AMONG MEN AT KISARAWE DISTRICT

IDENTIFICATION
1. QUESTIONNAIRE NUMBER_____
2. DISTRICT_____
3. WARD_____
4. VILLAGE_____
5. HAMLET_____
6. DATE_____/_____/2008

ADMINISTRATION

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME *RESULT	_____ _____ _____	_____ _____ _____	_____ _____ _____	Date of final visit _____ Final result___
APPOINTMENTS NEXT VISIT: DATE TIME	_____ _____	_____ _____		Total number of visits_____
*Results code 1. Completed 2. Postponed 3. Absent for short period of time 4. Refused 5. Language barrier 6. Other_____			→ You have to return → You have to return	

This questionnaire consists of 42 questions. This is not an examination for you; so ,no answer is most correct than the rest, just respond according to the best level of your understanding and experience on barriers to the utilization of family planning services . **Please provide information on the following questions by writing your best answer(s) in the spaces or by marking (√) in the boxes provided.**

7. How old are you? (at your last birthday)_____Years
8. Marital status:
    1. Married
    2. Single
    3. Window
    4. Divorced
    5. Cohabiting

If the answer is married, go to the question no.9

9. How many wives do you have?
    1. One
    2. Two
    3. Three
    4. Four
10. What is your religion
    1. Christian
    2. Muslim
    3. No religion
    4. Any other(please specify) _____
11. What is your level of Education?
    1. No formal education
    2. Primary school
    3. Secondary
    4. College

12. What is your occupation (economic activity)?

    1. Cultivation
    2. Daily wage labour ☐
    3. Business
    4. civil servant
    5. Any other(please specify)_____

13. Do you have children

    1. Yes ☐
    2. No

If the answer is yes, go to the question no.14

14. What is the number of your children

    1. One
    2. Two
    3. Three ☐
    4. Four
    5. More than four

15. Have you heard Family planning methods

    1. Yes ☐
    2. No

If the answer is yes, go to the question no.16

16. Mention the methods you know_____

_____

Family planning methods utilization

17. Have you had sex with your partner in the past six months?

    1. Yes ☐
    2. No

If the answer is yes, go to the question no.18

18. In the last time you had sex did you or your partner use any Family planning Method?
    1. Yes ☐
    2. No

If the answer is yes, go to the question no.19

19. Mention the method you was used_____

_____

Utilization of family planning Services

20. Have you ever gone to the health facilities to seek health care in the past 6 months
    1. Yes ☐
    2. No
21. Do you know of any facility which provides family planning services?
    1. Yes
    2. No ☐

If the answer is yes, go to the question no. 22

22. What is the distance to the nearest facility you know which provide family planning services
    1. 2 to 5 km
    2. 5 to 10 km ☐
    3. 30km and above
23. Have you ever used family planning services in the last six months?
    1. Yes ☐
    2. No

If the answer is yes, go to the question no.24 and if the answer is no 27, go to the question

24. What was the reason(s)that made you to use the family planning services(**you can choose more than one response)**

    1. To accompany my partner to obtain the family planning methods ☐
    2. Looking for male oriented family planning methods ☐
    3. Looking for family planning information ☐
    4. To seek the treatment of STI ☐
    5. Others(please specify)_____

If the reason is accompany you partner go to the question no.25

25. When you accompany your partner to the family planning services do you were stop at the door of the family planning clinic without entering inside the clinic.

    1. Yes
    2. No ☐

If the answer yes go to the question no.2

26. Why did you not enter in the family planning clinic_____

    _____

    _____

27. Have you talked about family planning with your partner?

    1. Yes ☐
    2. No

If the answer is yes, go to the question no. 28 and if the answer is No go to the question no.29

28. How often do you talk about family planning with your partner in a week?

    1. Once
    2. Twice ☐
    3. Three/more

29. Have you discussed family planning with any other person?
    1. yes
    2. No ☐
30. On your view, who should decide to have another child
    1. Husband only
    2. Wife only ☐
    3. Wife and Husband
    4. Any others (please specify)_____
31. Do you approve your partner to use a contraceptive method to prevent pregnancy
    1. Yes
    2. No ☐
32. In you are tradition the control of fertility is allowed?
    1. Yes ☐
    2. No
33. Children provide social security for the parent's at old age
    1. Agree
    2. Disagree ☐
    3. Undecided
34. The status of males improved and gained enhanced respect from their peer and the community when they have many children
    1. Agree
    2. Disagree ☐
    3. Undecided
35. The big number of children are important for labour and social security
    1. Agree
    2. Disagree ☐
    3. Undecided

36. Most men preferred for son over daughter because boys become members of their father's clan.
    1. Agree
    2. Disagree ☐
    3. Undecided

37. The competition between wives in the polygamy for a husband's love is often played out with the number of children, most importantly sons, borne by each woman.
    1. Agree
    2. Disagree ☐
    3. Undecided

38. What is your view on what should be done to increase the number of Men who accompany their partner or user of the services?

_____

_____

_____

_____

Thank you

Appendix 4: Questionnaire (Kiswahili version)

DODOSO LA UTAFITI WA KUHAINISHA VIKWANZO VINAVYOZUIA WANAUME KUTUMIA HUDUMA ZA UZAZI WA MPANGO KATIKA WILAYA YA KISARAWE

IDENTIFICATION
39. NAMBA YA DODOSO_____
40. WILAYA_____
41. KATA_____
42. KIJIJI_____
43. KITONGOJI_____
44. TAREHE_____/_____/2008

ADMINISTRATION

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME *RESULT	_____ _____ _____	_____ _____ _____	_____ _____ _____	Date of final visit _____ Final result___
APPOINTMENTS NEXT VISIT: DATE TIME	 _____ _____	 _____ _____		 Total number of visits_____
*Results code 7. Completed 8. Postponed 9. Absent for short period of time 10. Refused 11. Language barrier 12. Other_____			 → You have to return → You have to return	

Maelekezo:

Hili dodoso lina maswali 41 .Huu sio mtihani na wala hakuna jibu sahihi kuliko jingine.Kinachotakiwa ni wewe kujibu kutokana na uelewa na uzoefu wako juu ya vikwanzo vinavyozuia wanaume kutumia huduma za uzazi wa mpango.

Tafadhali toa majibu katika maswali yafuatayo kwa kuandika majibu katika nafasi zilizoachwa wazi au kuweka alama ya vema(√) katika box lililowekwa.

13. Una umri gani?Miaka_____

14. Hali yako ya ndoa

    1. Nimeoa ☐
    2. Sijaoa
    3. Nimefiwa na mke
    4. Nimeachana na mke
    5. Nakaa na kimada

Kama jibu ni nimeoa nenda swali namba 9

15. Una wake wangapi?

    1. Mmoja ☐
    2. Wawili
    3. Watatu
    4. Wanne
    5. Nyingine (Tafadhali taja) _____

16. Dini yako ni ipi?

    1. Mkristo
    2. Muislam ☐
    3. Sina dini
    4. Nyingine (tafadhali taja) _____

17. Una kiwango gani cha elimu?
    1. Sijasoma
    2. Shule ya msingi
    3. Sekondari ☐
    4. Chuo
18. Unafanya kazi gani?
    1. Mkulima
    2. Kazi ya kibarua ☐
    3. Biashara
    4. Muajiriwa
    5. Nyingine(Tafadhali taja)_____
19. Je una watoto?
    1. Ndiyo ☐
    2. Hapana

Kama jibu ni ndiyo nenda swali namba 14

20. Una watoto wangapi
    1. Mmoja
    2. Wawili
    3. Watatu ☐
    4. Wanne
    5. Zaidi ya wane

15. Umeshawahi kusikia njia za uzazi wa mpango?
    1. Ndiyo ☐
    2. Hapana

Kama jibu ni ndiyo nenda swali namaba 16

16. Taja njia za uzazi wa mpango unazozijua

_____

_____

_____

MATUMIZI YA NJIA ZA UZAZI WA MPANGO

17. Je umefanya tendo la ngono katika kipindi cha miezi sita iliyopita?
    1. Ndiyo
    2. Hapana ☐

Kama jibu ni ndiyo nenda swali namba 18

18. katika mara yako ya mwisho kufanya ngono wewe au mwenza wako mlitumia njia yeyote ya uzazi wa mpango?
    1. Ndiyo
    2. Hapana ☐

Kama jibu ni ndiyo nenda swali la 19.

19. Taja njia mliyotumia_____

MATUMIZI YA HUDUMA ZA UZAZI WA MPANGO

20. Je umeshawahi kwenda kwenye kituo cha afya kupata huduma yoyote ya afya katika kipindi cha miezi sita iliyopita
    1. Ndiyo
    2. Hapana ☐
21. Je unajua kituo chochote kinachotoa huduma ya uzazi wa mpango?
    1. Ndiyo
    2. Hapana ☐

Kama jibu ndiyo nenda swali la namba 22.

22. Kuna umbali gani kutoka kituo cha karibu unachokijua kinachotoa huduma za uzazi wa mpango?
    1. Chini ya 2 km
    2. Kati ya 2 km na 5 km ☐
    3. 6 km au zaidi

23. Je umewahi kwenda kwenye kituo kinachotoa huduma ya uzazi wa mpango katika kipindi cha miezi sita iliyopita?
    1. Ndiyo ☐
    2. Hapana

Kama jibu lako ni ndiyo nenda swali namba 24 na kama jibu lako ni hapana nenda swali namba .

24. Nini ilikuwa sababu iliyokufanya wewe kwenda kwenye kituo cha uzazi wa mpango?
    1. Kumsindikiza mwenzawangu kupata huduma ya uzazi wa mpang [ ]
    2. Kupata njia za kiume za uzazi wa mpango [ ]
    3. Kupata habari za uzazi wa mpango [ ]
    4. Kutibiwa magonjwa ya ngono [ ]
    5. Nyingine(tafadhali taja)_____

Kama sababu yako ni kumsindikiza mwenzawako nenda swali namba 25

25. Wakati umemsindikiza mwenza wako katika kituo cha uzazi wa mpango.Uliingia ndani.
    1. Ndiyo ☐
    2. Hapana

Kama jibu lako ni ndiyo nenda swali namba 26

26. Kwa nini hukuingia ndani_____

_____

_____

_____

27. Umeshawahi kuongea kuhusu uzazi wa mpango na mwenza wako?
    1. Ndiyo ☐
    2. Hapana

Kama jibu lako ni ndiyo nenda swali namba 28 na kama jibu lako hapana nenda swali namba 29.

28. Mara ngapi huwa unaongea na mwenzawako kuhusu uzazi wa mpango katika wiki?
    1. Mara moja
    2. Mara mbili ☐
    3. Mara tatu au zaidi
29. Umewahi kuongea na mtu mwingine yeyote kuhusu uzazi wa mpango?
    1. Ndiyo
    2. Hapana ☐
30. Kwa mtazamo wako ni nani aamue kupatikana kwa mototo mwingine?
    1. Baba peke yake
    2. Mama peke yake ☐
    3. Baba na mama kwa pamoja
    4. Mwingine (tafadhali mtaje)_____
31. Unakubali mwenza wako atumie njia za uzazi wa mpango kuzuia ujauzito?
    1. Ndiyo
    2. Hapana ☐
32. Katika mila yako kuzuia uzazi kunaruhusiwa?
    1. Ndiyo
    2. Hapana ☐
33. Kuwa na watoto kunatoa uhakika wa kutuzwa kwa wazazi wakati wa uzee
    1. Nakubali
    2. Nakataa ☐
    3. Sijaamua

34. Hadhi ya mwanaume inaongezeka kutoka kwa wanaume wenzake na jamii kwa ujumla kama akiwa na watoto wengi
    1. Nakubali
    2. Nakataa
    3. Sijaamua

35. Idadi kubwa ya watoto ni muhimu kwa ajili ya kupata watu wa kufanyakazi .
    1. Nakubali
    2. Nakataa
    3. Sijaamua

36. Wanaume wengi wanapenda watoto wakiume kwa sababu watoto wa kiume wanakuwa ni wa ukoo wa mwnaume.
    1. Nakubali
    2. Nakataa
    3. Sijaamua

37. Ushindani wa wake walio kwenye ndoa ya mitala(uke wenza) kwa penzi la mume huwa mara nyingi unakwenda sambamba na kushindana kwa idadi ya watoto hasa watoto wa kiume wanaozaliwa na kila mama.
    1. Nakubali
    2. Nakataa
    3. Sijaamua

38. Una maoni gani kuhusu nini kifanyike ili kuongeza idadi ya wanaume ambao wanatumia vituo vya uzazi wa mpango?

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Ahsante