

Factors influencing male participation in family planning in Kenya

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Extended Abstract

Background

Fertility rates remain highest in Sub-Saharan Africa and it is projected that this trend will continue if nothing is done to avert this population explosion (Gregory Flechet, 2008). Kenya's population has continued to grow at very high rates despite the scale up of family planning services in the country. Utilization of family planning services has remained quite low with only about a third (39%) of married women utilizing the contraceptives (KDHS, 2008-09). Current reports have shown that male participation in family planning can improve uptake since men are the key decision makers in the family and/or relationships (Peak et al 2008). According to a report by UNFPA, the decision to use or not to use contraceptives and the choice of contraceptives among women in developing countries is largely dependent on the approval from their husbands (UNFPA, 2012). However, previously emphasis was mainly on women and the men who are the key group of people had been left out. Proper and appropriate use of family planning by men/partners can prevent unplanned pregnancies and closely spaced deliveries hence reducing maternal morbidity and mortality.

Methods

Objective: We sought to determine factors that influence male participation in family planning. We defined male participation in family planning as; a man using a modern contraceptive method such as a condom or vasectomy and if it is female related method, joint decision or male decision.

Design: Data from the Kenya Demographic and Health Survey (KDHS) conducted in 2008–09 were analysed. The Demographic and Health Survey utilizes a two stage stratified sampling technique.

We fitted an unadjusted logistic regression model and, to control for confounders, an adjusted binary logistic regression model to look for associations between male participation in family planning and other key variables such as demographic characteristics, number of wives, source of information, desire for more children, total number of children and talking to a health worker.

Setting: The KDHS is a nationally representative survey in Kenya.

Subjects: The unit of analysis was sexually active men both married and unmarried. The final weighted sample size was 3,465 men in the male recode file. In all our analyses we used the “svy” set command in Stata to adjust for the complex sampling scheme used in the DHS. We used the weights provided in the male dataset in the KDHS. All statistical testing was performed at a 95 percent level of significance.

Results: From the adjusted odds ratio after controlling for other factors, we found higher education AOR 1.59 (C.I.0.767-3.299), employment AOR 1.67 (C.I.1.127-2.496), Media as the source of information AOR 1.75 (C.I.1.308-2.367), discussion with a health worker AOR 1.71 (C.I.1.206 – 2.430), number of wives (one wife AOR 0.07 C.I. 0.007-0.769), No more desire for children AOR 2.83,C.I 1.794-4.489) and the total number of children one has (1-4) AOR 2.55,CI 1.616 -4.029) as the main factors that influence male participation in family planning (see table 2).

Table 2: Factors influencing male participation in family planning (Adjusted Odds Ratio)

Variable	Adjusted OR	(95%) C.I
Age in years		
15 – 24	1	
25 – 34	1.38	(0.902 - 2.121)
35 – 44	1.10	(0.656 - 1.874)
45 - 54	1.01	(0.580 - 1.763)
Religion		
Catholic	1	
Protestant	1.01	(0.812 - 1.262)
Other	0.62	(0.438 - 0.881)

Region		
Nairobi	1	
Central	1.18	(0.736 - 1.908)
Coast	1.11	(0.681 - 1.817)
Eastern	0.72	(0.434 - 1.224)
Nyanza	1.22	(0.784 - 1.910)
Rift valley	0.98	(0.648 - 1.488)
Western	0.83	(0.490 - 1.420)
Northeastern	0.14	(0.052 - 0.411)
Highest Education level		
None	1	
Primary	1.00	(0.495 - 2.037)
Secondary	1.07	(0.531 - 2.176)
Higher	1.59	(0.767 - 3.299)
Type of residence		
Urban	1	
Rural	1.15	(0.823 - 1.616)
Number of wives		
0	1	
1	0.07	(0.007 - 0.769)
2	0.03	(0.003 - 0.416)
Employed currently		
Yes	1.67	(1.127 - 2.496)
No	1	
Wealth Index		
Poorest	1	
Poorer	1.74	(1.152 - 2.646)
Middle	1.77	(1.192 - 2.634)
Richer	1.85	(1.232 - 2.779)
Richest	2.36	(1.440 - 3.869)
Source of information (Media)		
Yes	1.75	(1.308 - 2.367)
No	1	
Discussed FP with health worker		
Yes	1.71	(1.206 - 2.430)
No	1	
Desire for more children		
2 years	1	
After 2 years	1.98	(1.234 - 3.206)
Undecided	1.11	(0.557 - 2.225)
No more/ Sterilized	2.83	(1.794 - 4.489)
NA	0.36	(0.037 - 3.593)

Total children ever born		
None	1	
1 to 4	2.55	(1.616 - 4.029)
Above 4	2.18	(1.215 - 3.931)

Conclusion: In Kenya, programs intending to actively have men participate in family planning should focus on addressing all the above mentioned factors which influence men's participation in family planning.

Key words: Male participation, male involvement, family planning, contraceptive use, DHS, factors that influence, barriers, factors that promote.

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