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The Influence of Attitude towards Men's Participation in Family Planning Practices in Kakamega County, Kenya

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Abstract:

Family planning has attracted attentions all over the world due to its relevance in decision making, population growth and development. Despite this, family planning programmes by the government and other non-state actors have traditionally focused on women as the primary beneficiaries of family planning and also due to their feminist nature. The aim of this paper was to investigate the influence of attitude on men's participation in family planning practices in Kakamega county, Kenya. This study adopted cross-sectional survey design using mixed methodology. The study targeted 17469 household heads in Likuyani, Malava and Lugari sub-Counties. Krejcie and Morgan Sample size determination formula was used to obtain 376 respondents. Stratified, simple random, purposive and systematic random sampling techniques were used to select the participants. Questionnaires, interviews and document analysis were used to collect data. Instrument validity was done through expert judgement while reliability involved the use of test-retest method. Data obtained was analyzed using quantitative and qualitative techniques. Frequencies, and percentages was used to analyze quantitative data. Pearson Correlation Coefficient was employed to determine relationship that exists between the independent variables and dependent variables. Qualitative data from interview schedules was transcribed, thematically classified and arranged before they were reported in narrations and quotations. The study found out that there was a significant positive correlation between attitude and men's participation in family planning ($r = .276$; $p = .000$). At 95% confidence level the r value for attitudes was .276 showing a weak correlation with men's involvement in family planning. This study may be of importance to couples in understanding the effect of attitude on men's involvement in family planning, the government and other healthcare partners in Kenya may use the findings in providing health education on family planning.

Keywords: Attitude, men, participation, family planning, practices

1. Introduction

As the world gets more concerned about maternal health coupled with the rising concerns over the cost of living, it's becoming desirable to engage both women and men in Family planning to mitigate maternal health and the cost of living. Traditionally, family planning programmes have been directed towards women, since it is women who become pregnant and face the health risks associated with pregnancy and childbirth and thus have presumably the greatest motivation to prevent unwanted pregnancies (Kaida, Walter, Hessel&Konde-Lule, 2004). Moreover, women are more likely to be in contact with the health care system because of their overall responsibility for family health, especially for the health and welfare of infants and children under five years of age. However, engaging men in family planning (FP) has been found to directly influence the partner's reproductive health choices, decision-making and behaviours (Soremekun, 2014).

In Africa, and particularly so in Cameroon, men believe family planning (FP) to be the woman's responsibility, with their own role being limited to making financial contributions towards its pursuit (Kelodjouea, 2015). This explains why male contraceptive methods are few and for the most part unknown to would-be users. Even among those who use them, most complain of lack of satisfaction with the method. Majority of men complain of not having adequate sexual pleasure with the condom. The situation is not made any better by fear of side effects of female methods (Dahal, Padmadas, & Hinde, 2008). These inhibiting factors must be added poor access to family planning services, men-unfriendly FP services, unwelcoming healthcare workers, preference for large family sizes, religious sanctions, lack of finances, and long waiting times at FP clinics (Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, & Atuyambe, 2014). However, there are other factors which have not been researched on which influence both negatively and positively the adoption of family planning methods.

Male engagement has historically been depicted as obstructive by impeding women's decision-making on use of family planning, or non-existent among male partners who are absent altogether due to lack of interest in matters related to reproductive health (Greene, 2000). However, at the same time, men dominate decision-making regarding family size and their partner's use of contraceptive methods in many traditionally patriarchal settings (Soldan, 2004). This is not the case in Western Kenya where the current study was undertaken.

Ngethe (2013) in a study in Coast region of Kenya indicated that family planning efforts are a female affair where men are not engaged in implementation. This has also been compounded by civil society organizations whose target on family planning matters rest on women and ignore men. Additionally, various studies such as (Gobopamang & Kannan, 2014) have also shown that traditional gender norms in a patriarchal society have impeded rural women's ability to adopt modern family planning practices. However, little attention has been paid to men's attitudes and participation in women's' family planning practices by these interventions. For instance, In Kenya, as well as Ghana the wife's attitude toward contraception is strongly influenced by her husband's attitude and traditions (Fonn, et al., 2016) which greatly influences whether she the contraceptives or not. The current study investigated attitude towards men's participation in family planning practices in Kakemega County, Kenya.

2. Literature Review

Men's attitude is very important in family planning issue since it influence men's partner's attitudes and eventual adoption of family planning methods (Shraboni & Rakesh 2014). The present study addressed men's attitudes towards the use and choice of various family planning methods in Kakemega County. Many studies have suggested that family planning programs in many African societies were unsuccessful because they failed to take into account the power relations between couples and the patriarchal nature of the societies (Ezeh et al., 1996). The exclusion of men involvement in family planning programs has affected acceptability and utilization of family planning services. Shattuck et al (2011) further elaborates that male involvement may increase contraceptive use. In India, a study to assess the attitude of people towards family welfare demonstrated that men in the study area had shown poor interest to adopt family planning due to various social, economic and demographic factors (Alok et al., 2011). This study did not address the cultural, traditional and gender roles affecting male participation as it has been suggested by Amirrtha et al (2008), as they could influence contraceptive use among people from different backgrounds.

While Cleland et al (2011) explains that attitude resistance is the major barrier to the utilization of family planning services. However, Tawaih et al (1997) elaborates that male participation in family planning is very low and little is known about their attitudes and willingness to use modern family planning methods. The advantaged position of males in family matters, their roles in family planning remains largely unutilised. Nte et al (2009) explains that if the acceptance of family planning must improve, males should also be targeted by family planning programmes. The factors influencing the attitude and willingness of men to use modern family planning methods should be addressed. The fact that women bear the physical, emotional strain of pregnancy and childbirth has meant that fertility and prevalence rates are based solely on the female population A study done in Nigeria showed that male involvement in family planning decision making was poor and their patronage of family planning services was low (Ijadunola et al., 2010). This is further supported by Hartmann et al (2012) that spousal communication and shared decision making about family planning improves the use of modern family planning methods.

In India, a study to assess the attitude of people towards family welfare demonstrated that men in the study area had shown poor interest to adopt family planning due to various social, economic and demographic factors (Alok et al 2011). These studies did not address the cultural, traditional and gender roles affecting male participation as it has been suggested by Amirrtha et al (2008) as they could influence attitudes and consequently contraceptive use among people from different backgrounds. According to Laurie et al (2004), in every country, the proportion of women who correctly report their spouse's disapproval of contraception is smaller among those who had discussed family planning with their husband than among those who had never done so. It is therefore important that for the effective utilization of family planning services, it is necessary that male-specific family planning programs are designed and implemented (Zeyneloglu et al., 2013). Avogo et al (2008) further elaborates that encouragement of men from their social networks significantly increases the likelihood of subsequent contraceptive use by their wives. In addition, Farrokh et al (2006) shows that communication between spouses increases the probability of using family planning methods by men.

Odimegwu, (2009) opined that involving men and obtaining their support and commitment to family planning is of crucial importance in the Africa region, given their elevated position in the African society. According to IPPF (2007), most decisions that affect family life and political life are made by men. Furthermore, these men hold positions of leadership and influence the family unit right through the national level.

3. Research Methodology

This study adopted cross-sectional survey design which allows for rapid collection of data from a large sample within the shortest time possible by use of questionnaires, interview schedules and document analysis. In addition, the study adopted convergent mixed methodology. Mixed methodology is the combination of two or more methods in a research project yielding both qualitative and quantitative data (Cresswell & Plano Clark, 2007; Greene, 2007). The study was mixed methods in a single research which allows for pragmatism. The amalgamation of qualitative and quantitative methods in this study neutralizes bias and allows for convergence of results which has an advantage of contribution of both approaches.

The research only targeted three sub-counties; Malava (purely homogenous), Lugari (fairly mixed) and Likuyani purely (cosmopolitan in nature) with a total household population of 17,469 units. In each ward, the researcher narrowed down to two wards based on population density; one with the highest population density and one with the lowest population density. In addition, the study further targeted 93 public health officers who are in-charge of family planning units in the three sub-counties. The sample size formula for this study is based on Krejcie and Morgan (1970) as quoted by Kasomo (2001). Using the formula 376 households were selected to participate in the study. The sample size as per each ward is presented in Table 1.

Sub-County	Ward Name	Number of Households	Sample Size
Likuyani	Likuyani	3223	69
	Sinoko	2698	58
Malava	Butali/Chegulo	3584	77
	East Kabaras	2802	60
Lugari	Mautuma	2678	58
	Chekalini	2484	54
Total		17469	376

Table 1: Sample Size per Wards in Likuyani Sub-County

The researcher stratified the respondents into the six wards; Likuyani, Sinoko, Butali/Chegulo, East Kabras, Mautuma and Chekalini. In order to ensure that representative samples are derived from each ward, a multi-stage-cum-stratified random sampling technique was used in selecting the household heads for the study. In the study, simple random sampling technique was used to select the first household in each ward followed by systematic random sampling where every 10th household was selected. The household heads present at the time of the study was issued with a questionnaire. This procedure ensured that all the members of the population are given an equal chance of being included in the sample. In selecting health care workers who are in-charge of family planning units, purposive sampling was used since there are six government healthcare centres in the region with 8 personnel manning the family planning units.

According to Kombo and Tromp (2006), social science commonly uses questionnaires, interview schedules, observational forms and standardized test as research instruments. This study used questionnaires to collect data from household heads and interviews to collect data from healthcare workers in-charge of family planning units in the various health centres. This group was considered due to the fact that they fully understand the level at which men are involved in family planning implementation, factors that influence men's participation in family planning implementation the social construction of family planning implementation in Kakamega County. In addition, the researcher checked documents such as family planning record books at the health centres in order to understand specifically levels of men's involvement in family planning. The documents analyzed were used to compute the percentages of men who have used family planning methods from 2013 to 2017.

The instruments were also piloted to a selected sample of household heads in the nearby Lugari sub-county which shares the same characteristics and Likuyani Sub-County. The researcher sought expert opinion on content and construct validity. Comments solicited from them were used to improve the research instrument before commencing data collection. Foxcroft (2004), note that by using a panel of experts to review the test specifications and the selection of items, the content validity of a test can be improved.

To determine the reliability of the instruments, questionnaires were pilot tested using 30 household heads from the nearby Lugari Sub-County which shares similar characteristics as the study area. The test-retest method was employed to test the reliability of questionnaires. The first test was administered to the respondents and after two weeks a second test was given to the same respondents. The two tests were analyzed separately and adjustments on areas of weakness were made to the instruments. The Pearson's Product Moment Correlation (r) was used to calculate the reliability coefficient between the first and second scores. A correlation coefficient of (r) 0.75 or more was considered appropriate to ascertain the reliability of the instruments as indicated by Orodho (2009). In this study a correlation coefficient of 0.81 was obtained showing that the instruments were reliable and therefore adopted for use in the study.

Data obtained was analyzed using quantitative and qualitative techniques. The quantitative data from the questionnaires were first subjected to preliminary processing through validation, coding and tabulation in readiness for analysis with the help of the statistical package for social science (SPSS version 20) computer package as a 'toolbox' to analyze data related to objectives. Frequencies, percentages, mean and Standard deviation was used to analyze quantitative data. Qualitative data from interview schedules was transcribed, thematically classified and arranged before they were reported in narrations and quotations.

4. Results and Discussions

The aim of this research was to investigate the influence of men's attitude towards their participation in family planning practices in the Kakamega County, Kenya. To achieve this, aim the study participants were requested to rate their level of agreement of a five-point Likert Scale items in the questionnaire. The results of the analyzed information are presented in Table 2.

Statement	SD		D		UD		A		SA	
	F	%	F	%	F	%	F	%	F	%
I use family planning methods to avoid pregnancy/HIV/AIDs	83	24.0	43	12.4	13	3.8	123	35.5	84	24.3
Some family planning methods like condom use reduces pleasure during sexual intercourse	46	13.3	56	16.2	66	19.1	71	20.5	107	30.9
Use of some family planning methods is a sign of lack of trust between partners	57	16.5	102	29.5	2	0.6	124	35.8	61	17.6
It is embarrassing to use family planning methods in our culture	172	49.7	22	6.4	0	0.0	43	12.4	109	31.5
My partner coerced me not to use family planning methods	62	17.9	162	46.8	15	4.3	104	30.1	3	.9
I usually spend time with my partners discussing health risks associated with non-use of available family planning methods	66	19.1	126	36.4	12	3.5	111	32.1	31	9.0
I was inspired to use family planning by healthcare providers in my home area	39	11.3	93	26.9	2	.6	178	51.4	34	9.8
My religion does not allow the use of any family planning methods at all	70	20.2	94	27.2	26	7.5	83	24.0	73	21.1
Family planning methods are harmful to my health	55	15.9	134	38.7	20	5.8	79	22.8	58	16.8
Use of family planning methods has enabled me to have control on the number of children	41	11.8	67	19.4	8	2.3	132	38.2	98	28.3

Table 2: Men's Attitude towards Use of Family Planning Methods

Table 2 shows that 35.5% of the respondents agreed with the statement that they use family planning methods to avoid pregnancy/HIV/AIDs, 24.3% of the respondents strongly agreed with the statement and 24.0% of the respondents strongly disagreed while 12.4% of the respondents disagreed with the statement. The study findings showed that majority (59.8%) of the study participants reported that they were using family planning methods as a way of avoiding pregnancy and HIV/AIDs. This implies that inhabitants of the study area use available family planning methods like condoms so as to prevent pregnancies and avoid HIV/AIDs infection. Access to safe and effective contraception is essential for optimal sexual and reproductive health (Frost & Lindberg, 2013; Cleland, Harbison & Shah, 2014) and allows for the prevention of unintended pregnancies, improved pregnancy spacing and reduced transmission of sexually transmitted infections and HIV (Glasier, 2006; WHO, 2016).

Further, 30.9% of the respondents strongly agreed with the statement that some family planning methods like condom use reduces pleasure during sexual intercourse, 20.5% respondents agreed with the statement, 19.1% respondents were undecided on the statement and 16.2% respondents disagreed with the statement while 13.3% respondents strongly disagreed with the statement. From the responses, majority (51.4%) of the participants believed that some family planning methods like condom use reduces pleasure during sexual intercourse. This implies that most of the inhabitants may not be willing to use family planning methods due to the attitude that they reduce sexual pleasures. This is consistent with the findings in Ghana by Abdulai et al (2017) which indicated that sexual partners in Ghana did not like condoms because it reduced sexual pleasure. The study further noted that some women indicated that, beyond their partners not liking condoms, they equally disliked the use of condoms during sexual intercourse.

Additionally, 35.8% of the respondents agreed with the statement that use of some family planning methods is a sign of lack of trust between partners, 29.5% of the respondents disagreed with the statement, 17.6% of the respondents strongly agreed with the statement while 16.5% of the participants strongly disagreed with the statement. From the responses, majority (53.4%) of the respondents believed that use of some family planning methods is a sign of lack of trust between partners. The findings showed that members who use contraceptives like condoms are believed to have multiple sexual partners. This was found to be in line with the findings of Pool (2000) in Uganda which pointed out that discussions about and use of condoms within committed relationships were reported as difficult and as suggesting a lack of trust in one's partner.

Similarly, 49.7% of the respondents strongly disagreed with the statement that it was embarrassing to use family planning methods in their culture, 31.5% of the respondents strongly agreed with the statement and 12.4% of the respondents agreed with the statement while 6.4% of the respondents were in disagreement with the statement. The study findings showed that majority (56.1%) of the respondents who participated in this study reported that it was not embarrassing to use family planning methods in their culture. This implies that culture of the people of Kakamega County allows for use of family planning methods. However, a study by Yiu, (2017) who noted that cultural beliefs and social norms significantly impact the way people choose contraceptive methods.

In addition, 162(46.8%) respondents disagreed with the statement that their partners coerced them not to use family planning methods, 104(30.1%) respondents agreed with the statement, 62(17.9%) respondents strongly disagreed with the statement while 15(4.3%) respondents were undecided on the statement. From the responses, it emerged that majority (64.7%) of the study participants reported that they were not coerced by their partners to use family planning methods. This implies that use of family planning methods by inhabitants of Kakamega County were using family planning methods on their own will. Heinemann, et al., (2005) in a survey of more than 9,000 men ages 18–59 across nine countries, found out that 28.5–71.4% of men of various nationalities expressed a willingness to use a hormonal male contraceptive.

Moreover, 36.4% of the respondents disagreed with the statement that they usually spend time with their partners discussing health risks associated with non-use of available family planning methods, 32.1% of the respondents agreed with the statement and 3.5% of the respondents were neutral. As shown from the responses, majority (55.5%) of the study participants were not spending time with their partners discussing health risks associated with non-use of available family planning methods. This implies that either men or women decided on the best family planning methods to use on their own without consulting their partners. However, for effective adoption and implementation of family planning methods, couples need to discuss the best methods for use. As noted by Shattuck et al., (2011) although men remained the decision-makers within the household, the experience of family planning use facilitated greater discussion among couples. Women in the study reported that they felt more respected by their partners where their input on family planning use was adopted. This represents a positive shift toward more equitable decision-making in family planning use.

Similarly, 51.4% of the respondents agreed with the statement that they were inspired to use family planning by healthcare providers in their home areas, 26.9% of the respondents disagreed with the statement, 11.3% of the respondents strongly disagreed with the statement while 9.8% of the respondents strongly agreed. As shown by responses, majority (61.2%) of the respondents reported that they were inspired to use family planning by healthcare providers in their home areas. It is helpful if one talks with a health care provider to make sure he/she has no health conditions that may make a method unsuitable, to learn the specifics about the method, and to choose one that is right for him/her. This supports the findings of Tebeje & Workneh (2017) who found that in Ethiopia, successful implementation of family planning methods has been achieved through the involvement of healthcare providers in offering counselling services on family planning methods and use.

Moreover, 27.2% respondents disagreed with the statement that their religion did not allow the use of any family planning methods at all, 24.2% respondents agreed with the statement, 21.1% respondents strongly agreed with the statement and 20.2% respondents strongly disagreed with the statement while 7.5% respondents were not decided. From the responses, it can be shown that most of the respondents argued that their religion allowed them to use family planning methods while almost a similar number of respondents argued that their religion was against the use of family planning methods. As argued by Jalang'o, et al., (2017) religious affiliation is associated with adoption of family planning methods in Kenya. The Catholics in Kenya are against the use of family planning methods while other religions like the Adventists and the protestants allow the use of family planning methods.

In addition, 38.7% of the respondents disagreed with the statement that family planning methods are harmful to their health, 22.8% of the respondents agreed with the statement and 16.8% of the respondents strongly agreed with the statement while 15.9% of the respondents strongly disagreed with the statement. As shown by the responses, majority (54.6%) of the inhabitants of Kakamega County believed that family planning methods were not harmful to their health. Other researchers (Tebeje & Workneh, 2017; Kabagenyi et al., 2014) noted that clients using family planning methods had stopped their use after they experienced what they perceived were side effects of the family planning methods. Further, studies conducted in Ethiopia and Bangladesh (Nuruzzaman, 2010) pointed out that fear of side effects was identified as the reason for not using contraceptives among married women. This was found to be contrary to this study findings.

On the statement that use of family planning methods has enabled the respondents to have control on the number of children, 38.2% of the respondents agreed with the statement, 28.3% of the respondents strongly agreed with the statement and 19.4% of the respondents disagreed with the statement while 11.8% of the respondents strongly disagreed. From the responses, it was shown that majority (66.5%) of the inhabitants of Kakamega County reported that their use of family planning methods had enabled them to have control on the number of children. This implies that sexual partners can have control of unwanted pregnancies as indicated by Gupta (2013) who pointed out in her paper that expanding access to contraception is of greatest benefit to poor, uneducated women, helping them avoid unplanned births.

Interviews with the healthcare facility in-charges in the study area pointed out that peoples' attitude had negatively influenced the use of various family planning methods in the study area. In one of interviews contacted the in-charge pointed out that;

Men fear using vasectomy as a family planning method due to the notion that they will not be in a position to perform their sex normally thus prefer their women to undergo tubal ligation. They believe that their manhood will not function normally and will only be used for urination alone. Additionally, the method is a form of castration (37 year Likuyani Health Centre In-charge Interview Session, 2017,)

Additionally, one of the interviewee noted that:

In this community, men are not willing to undergo vasectomy since they believe that vasectomy is only meant for the cursed or prisoners who are forced to undergo the procedure. Even women in this region are against the use of vasectomy as a family planning method (45 year old woman, Chekalini Ward, 2017) In a further interview with the in charge, vasectomy was seen as a form of weakness for a man yet the woman was there...that it was the work of a woman to family plan and not a man (Matunda Health Centre, In-charge, 2017).

The in charge too reported that men said:

If I undergo vasectomy...I will give my wife room to undermine me and she can say anything because I'm now not able to make her pregnant (Matunda Health Centre, In-charge, 2017).

The above statements point out that men have a negative attitude towards the use of vasectomy. This corroborates the findings of Mutahir, et al., (2004) who pointed out that in developing countries particularly Africa, there is limited acceptance of vasectomy as a family planning method due to lack of awareness, culture and poverty. Furthermore, misunderstandings about vasectomy especially, fear of decreased sexual performance as a result of the procedure limit its acceptance (Akpamu et al., 2010).

Pearson Correlation Coefficient (simply, r) was employed to determine the potential relationship between men's attitude and participation in family planning. Table 3 presents the correlation coefficient between attitude and men's participation in family planning.

	Men's Participation in Family Planning
Attitudes	$r = .276^{**}$
	$p = .000$
	$n = 346$

Table 3: The Correlation Coefficient between Attitude and Men's Participation in Family Planning

*** Correlation Is Significant at the 0.01 Level (2-Tailed)*

Table 3 shows that there was a significant positive correlation between attitude and men's participation in family planning ($r = .276$; $p = .000$). At 95% confidence level the r value for attitudes was .276 showing a weak correlation with men's involvement in family planning. However, there r value was positive implying a positive correlation. This implies that an improved attitude leads to men's increased participation in family planning. Therefore, the hypothesis which stated that there is no significant relationship between men's attitude towards family planning and their participation in family planning implementation was rejected showing that there was a significant relationship between men's attitude towards family planning and their participation in family planning implementation. This shows that attitude has a positive association with men's participation in family planning. This study finding were found to be similar to those of other researcher including Ezegwui and Enwereji (2009); Nishtar et al., (2012) who pointed out in their studies that attitude towards vasectomy as a family planning method have significant influence on its uptake among men. This shows that men with positive attitude would be willing to undergo vasectomy while those with negative attitude would not be willing to undergo vasectomy as a family planning method.

5. Conclusions and Recommendations

The current study concluded that there was a significant positive correlation between attitude and men's participation in family planning. This implies that men's positive attitude leads to their increased participation in family planning. This shows that men with a positive attitude to family planning will be involved in it. Promotion and sensitization campaigns on various family planning methods and their advantages mainly targeting men need to be undertaken in the region by the national government, county government and non-state actors. Therefore, men need to be informed on the importance of having manageable number of children irrespective of their sexes. This can be done by both the national and county governments through local forums, media among other channels.

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