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Socio-cultural Factors That Influence Men's Participation in Family Planning in Bomet County, Kenya

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Abstract:

The Government of Kenya (GoK) has adopted strategic interventions to reduce fertility and address unmet Family Planning (FP) needs. This study sought to examine socio-cultural factors that influence men's participation in FP in Bomet County, Kenya. The study was informed by the Social Dominance Theory (Sidanius & Pratto, 1999). This research adopted a descriptive survey research design. Multi-stage cluster sampling was utilized to sample 394 participants from the households. Further, twelve key informants, including seven health practitioners, three religious leaders and two community elders, were selected purposively to participate in the study. Data collection were questionnaires, Key informants interview (KIIs) and focus group discussion (FGD) guides. Descriptive statistics was used to analyse quantitative data. Thematic grouping was used to analyse qualitative data. The findings revealed that socio-cultural factors determine men's participation in FP. They included: the desire to have large families, son preference and religious beliefs.

Keywords: Family planning, men's participation, culture, men, women

1. Introduction

According to the World Health Organization - WHO (2020), contraceptive use is a crucial public health issue both in developed and developing countries. The United Nations Population Fund- UNFPA (2020) avers that FP is central to the advancement of gender equality. While there has been an increase in contraceptive uptake globally in recent decades, sub-Saharan Africa (SSA) has continued to record low contraceptive rates uptake at 28%. Globally, 77% of women of reproductive age have access to FP. However, only 56% of women in developing countries who are interested in avoiding pregnancy are presently using a modern FP method (United Nations Department of Economic and Social Affairs, 2020). Male involvement in FP is more than encouraging more men to use condoms and embrace vasectomy. It also entails inspiring men to support their partners' and peers' adoption of FP methods and influencing policymakers to develop male-related programs. Further, it includes all national program undertakings that increase awareness, prevalence and acceptability of FP methods among men. The primary role of FP is to enable men and women to space their pregnancies and plan their families by adopting modern contraceptives (Shekhar, Bhar & Singh, 2019). According to Shattnawi, Khader, Al-Sheyab, Alyahya, Halasa-Rappel and Prince (2021), religion and culture are significant determinants of family size in Jordan. Some religious teachings discourage the use of FP and contraceptives by couples. Besides, preference for male children and large families immensely influence FP decisions. Additionally, familial pressure from in-laws and husbands strongly discourages FP utilization. Additionally, Khanna, Chandra, Singh and Mehra (2018) assert that among Indians, women face a lot of pressure from extended family members to prove their fertility immediately after marriage. This is due to prevalent social norms as well as expectations associated with early birth taken as a sign of a healthy union. Preference for sons influences contraceptive uptake since they provide security to the families and inherit family property.

Bornstein, Gipson, Failing, Banda and Norris (2020) in Malawi conclude that men's capability to sire children exudes masculinity and strength; hence, infertility is a challenge to their masculinity. Without children, men's status, marriages and fatherhood is jeopardized. Men who cannot impregnate their partners are often ridiculed by their family members and the community. Thus, men avoid contraceptive use and discourage their partners from utilizing them; they need to demonstrate their fatherhood through subsequent pregnancies. Kassim and Ndumbaro (2022) argue that in Tanzania, contraceptive uptake is hampered by a desire for big families since many children are regarded as a source of prestige. This limits men's involvement in FP issues.

Kenya National Bureau of Statistics -KNBS (2019) established that Kenya's birth rate decreased from five kids per woman in the year 2003 to four in 2014. This is because of a spike in contraception use from 39.3% of married women in the year 2003 to 58.3% in 2014. As a result of improved FP usage and reduced fertility, the rate of population plummeted from 2.9% to 2.2 % between 2009 and 2019. However, according to Ministry of Health (MOH) (2019), the uptake of FP among married women of procreative age (15-49 years) in Bomet County is about 47.5 percent, still low compared to the national rate of 55%. KNBS (2019) affirms that the crude birth rate in the county is 26.2 per 1,000 population; the mean number of children born by women is 5.7%, which is higher than Kenya's figure of 5%. This research, therefore, sought to examine socio-cultural factors that influence men's participation in FP in Bomet County, Kenya.

1.1. Statement of the Problem

Kenya was among the first countries in Africa to adopt a population strategy, yet the uptake of FP among women, especially those residing in rural areas, remains low. The uptake of FP among married women of procreative age (15-49 years) in Bomet County is low compared to national FP use and other counties. This is despite the support FP is given in the area. The county has one community outreach funded by Tenwek Mission Hospital and another outreach supported by Beyond Zero mobile clinic, which supports FP initiatives. FP in the county is also enhanced by two NGOs: the World Bank and Marie Stopes. Moreover, the county has many public FP facilities that offer FP services. Therefore, this called for interrogation of socio-cultural factors that influence men's participation in FP in the county.

1.2. Objectives of the Study

The general objective of the study was to examine the socio-cultural factors that influence men's participation in FP in Bomet County, Kenya. The specific objectives of the study were to:

- Assess the influence of large families on men's participation in FP in Bomet County, Kenya.
- Examine the influence of sex preference on men's participation in FP in Bomet County, Kenya.
- Determine the influence of religious faith on men's participation in FP in Bomet County, Kenya.

1.3. Theoretical Framework

This research was guided by the Social Dominance Theory as proposed by Sidanius and Pratto (1999). There are four sources of gendered influence within the social domination school of thought: consensual ideologies, resource control, social obligation and force. In a patriarchal culture governed by sexism, religious traditions, and an entrenched societal belief structure, these bases of gendered power may be a prism to examine how they impact women's and men's use of contraceptives. Although these four bases can be distinguished, they are intertwined and can complement one another.

Gender roles, traditions, stereotypes, and all other views or assumptions about men and women that are commonly agreed upon in a society or community are referred to as consensual ideologies. Women are always placed in a lesser status than men due to this. These mutually beneficial theories reduce women's influence in heterosexual relationships, potentially resulting in their inability to negotiate or regulate their fertility through contraception. Patriarchal philosophies, when combined with biblical scripts, support men and sanctify male superiority in the home. Men and women behave differently when it comes to contraception and decision-making because of the unbalanced gender relations in the household.

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

Social obligations are sometimes gender controlled, with the emphasis on marriages and caregiving as causes of disparity between men and women. Responsibilities to others are inevitable social duties (such as being a partner of children). Women, rather than males, have more obligations in most countries, including becoming mothers or meeting the needs and desires of others. Married women may find it more difficult to consider contraceptive use because they feel compelled to bear children as part of their marital and maternal roles. As a result, the more live children a mother has, the more likely she will use contraceptives; thus, women who have given birth to many children are more likely to adopt contraception.

Force is a type of gendered power that aids in establishing a dominance hierarchy in society between men and women. Some psycho-social studies blame common power imbalances for women's abuse; they have shaped male-female relationships. A power imbalance between men and women triggers inequality and gender-based violence (GBV) in the public sphere; it has also generated numerous incidents of violence in private male-female relationships, especially within the family. Women's levels of superiority in marriages are attributed to their histories of spouse brutality and harassment within their marriages.

2. Research Methodology

2.1. Research Design

A descriptive survey research design was adopted in the research. It entails acquiring information from one or many groups of people about their outlooks, thoughts and past experiences by asking them questions and recording their responses. For Kothari (2004), surveys explain, investigate, describe and study relationships, processes, opinions and issues that exist/ed. This kind of research design was considered appropriate; it allowed exploration of the problem by

using diverse ways, hence, a better understanding of the research problem. Through descriptive survey research design, the researcher was able to study in-depth socio-cultural factors that influence men's participation in FP; it allowed the use of questionnaires, FGDs and interviews to generate data. One of the major strengths of a descriptive survey research design in our case was that it allowed direct and close interaction between the researcher and the study respondents in Bomet County. Additionally, the design allowed the application of the Social Dominance Theory by Sidanius and Pratto (1999), which supported the research findings. The descriptive survey research design also enabled the collection of both quantitative and qualitative data.

2.2. Study Site

This research was done in Bomet County, Kenya. The county has five sub-counties: Chepalungu, Bomet Central, Konoin, Sotik and Bomet East (KNBS, 2019). There are five wards, 66 locations, and 177 sub-locations within the sub-counties. Bomet County has a total population of 875,666 people, with 434,287 males and 441,379 females. Kericho borders it to the North, Nyamira to the West, Narok to the South, and Nakuru to the North-East. It covers a total area of 22,037.4 square kilometres. The main economic activity in Bomet County is agriculture, with dairy farming and tea farming leading. Pineapples, Irish potatoes, maize, beans, cabbages, bananas and onions are all cultivated for commercial and subsistence purposes. The county is well endowed with health facilities where women can seek FP services. They include: Tenwek Mission Hospital, which is in Category 6-B, and two Level 5 hospitals: Longisa County Referral Hospital and Kaplong Mission Hospital. Further, the county has three Level 4 hospitals, 19 health centres, 107 dispensaries and 39 community units. Moreover, the World Bank and Marie Stopes International promote FP in the county (KNBS, 2019).

2.3. Sampling Procedure

This research employed a multi-stage cluster sampling method. The clusters in this research included sub-counties, wards, locations, sub-locations and households. As a result, a five-stage cluster sampling procedure was used. In the first level, Bomet Central and Sotik Sub-counties were chosen on the basis of their population; the two have the highest population. The latter has 227,380 residents and 47,315 households, while the former has 173,758 residents and 38,259 households (KNBS, 2019). The remaining stages employed simple random sampling with a 10%-30% criterion to survey the participating wards, areas, and sub-locations. Mugenda and Mugenda (2003) assert that a sample frame can contain about 10% and 30% of a sample frame in an analogous environment.

Sub-county	No. of Wards	Sample (30%)	No. of Locs	Sample (30%)	No. of Sub-Locs	Sample (30%)	No. of HHs	Sample (30%)
Sotik	5	2	17	6	36	14	47,315	14,194
Bomet Central	5	2	8	2	24	7	38,259	11,477
Total	10	4	25	8	72	21	85,574	25,671

Table 1: Multi-stage Cluster Sampling Procedure

Source: Author, 2023

The sampling of the households was drawn from the list of the number of households in the sub-locations (KNBS, 2019). Households were randomly selected; the study considered every 10th household with a married man aged between 18-60 years and a married woman aged between 18 and 45 years.

2.4. Sample Size

The sample size for the study was estimated using the simplified method by Yamane (1967), which estimates sample sizes with a confidence level of 95%, a level of precision of 0.05 and a population size of 25,671 households as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n is the sample size,

N is the population size (25,671),

E is the level of precision (0.05)

Applying the formula to the sample above

$$n = \frac{25,671}{1 + 25,671 (.05)^2}$$

$$= 394$$

The male household heads filled out the questionnaires. Further, the number of married women who participated in the FGDs comprised 20 % of the sample size (hence 20% x 394= 78). Kothari (2004) posits that a sample size ranging from 10% to 30% is a good representation of the entire population.

Therefore, a sample of 78 married women participated in the FGDs.

The married men who participated in the study were 316.
 The sample size was 316 married men +78 married women = 394
 Additionally, twelve KIIs were included in the study.
 Therefore, the total sample size was 406 respondents.

3. Study Findings

The purpose of the study was to examine socio-cultural factors that influence men's participation in FP in Bomet County. The study found out that preference for large families, son preference and religious factors determine contraceptive uptake among both men and women in the county.

3.1. Influence of Family Size Preference on Men's Participation in FP

The study sought to establish whether or not family size influenced men's participation in FP. Therefore, the respondents were asked to state the number of children they preferred. The findings are shown in figure 1 below.

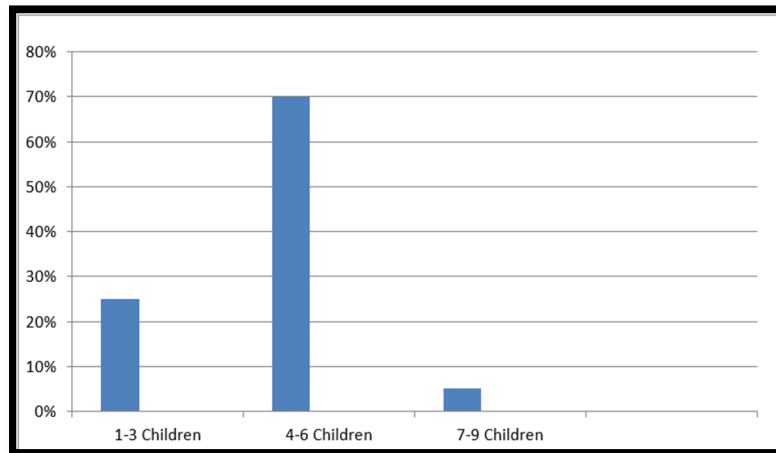


Figure 1: Influence of Family Size Preference on Men's Participation in FP

As indicated in Figure 1, respondents preferred to have four to six children. Large families were preferred in the community for various reasons. A male household head (Oral Interview- OI, 12th March 2022, Silibwet Township Ward) note that:

Having many children is seen as a blessing to the family. Moreover, many children are a source of cheap labour and wealth. Culturally, you are not regarded as a 'real man' in our community when you decide to have only one or two children. You earn respect from the society and especially fellow men when you are seen to control a large family. Many children are also a source of happiness and they keep the house 'warm.'

One of the community elders (KII 12, 26th March 2022, Chemagel Ward) had this to comment:

The Kalenjin culture values many children; they are regarded as a source of wealth and respect. A family gains wealth through receiving bride wealth. Although some of the people in the community still believe in this, times have changed and some families are opting to have few children. The aspect of having few children has not been received well by all the members of the community because of external influences such as pressure from extended family members, for instance, parents-in-law, as well as societal pressure to have many children. The naming of children after their ancestors is also a great obstacle since it is still practiced in the community. This forces couples to have many children.

A health practitioner (KII 6, 1st March 2022, Mutarakwa Ward) affirmed the above sentiments by noting that:

Although we encourage women in this community to use contraceptives, the cultural barrier is one of the main impediments. Women are influenced by their fellow women and their extended family members to have many children. Barrenness and having few children are considered shameful to the husband and the extended family. So, women are expected to give birth immediately after marriage. Many women opt to give in to the societal pressure of enlarging their families rather than feeling isolated.

A Catholic priest (KII 10, 16th February 2022, Chemagel Ward) observed:

A Kalenjin man who has many children is accorded much respect in the community. A man who controls a large family and, especially those who have given them a good education, is seen as responsible, strong and given leadership roles in the community. They are considered to be 'real men.' When a man decides to have few children, for instance, two, he is tagged as being immoral (has other children outside marriage), irresponsible, lazy and unsuccessful. These are some of the barriers to men's involvement in FP in this County.

Further, one of the women respondents (FGD 2, 15th March 2022, Silibwet Township Ward) reported that:

Culturally, the first responsibility of a woman immediately after marriage is to give birth to children. There is a lot of pressure both from the mother-in-law and the society at large to have a child immediately after marriage since

children, especially boys, are required to carry on the family name. It also helps the woman to assert her position as the "legal" wife in the family. Most of the men opt to marry a second wife if the first one fails to have children. Sometimes, a woman who has not given birth is divorced by her husband; she faces rejection both from the extended family and the society. A woman is expected to have many children as they are seen as a source of respect to the husband and entire family; this limits the use of contraceptives.

The findings revealed that many children in the community were seen as blessings from God; the more children one had, the more blessed they were considered. Children were also regarded as a source of cheap labour and wealth. Labour was divided according to gender and those families who had many children, especially both boys and girls, were advantaged in terms of labour provision. Additionally, girls were seen as a source of wealth to the family; bride wealth would be paid to their families once they were married off. These discouraged couples from using contraceptives.

The research found out that a man who controlled a large family was respected and accorded leadership roles in the community. This implied that a man's strength was measured in terms of the size of the family he controlled and one was considered 'a real man' if he controlled and provided for a large family. Furthermore, barrenness was considered to be shameful to the family. Therefore, couples would have children immediately after marriage to avoid stigmatization. These cultural practices made men limit their wives' contraceptive use to meet societal expectations.

The research further established that the naming culture practiced in the community obligated couples to have many children since those whose children were named after their ancestors were respected. This indicated that children safeguarded the continuity of family and community. The society, as a means of socialization, placed childbearing responsibility upon the women; once born, the child belonged to the man. The discussion above indicated that cultural factors did not promote the uptake of contraceptives among the couples in the study area.

According to Social Dominance Theory by Sidanius and Pratto (1999), social obligations usually work as a basis of gender power which centres on the provisions of care and relationships as causes of inequality between men and women. Caregiving and childbearing are categorised as women's responsibilities in many societies. Such social obligations usually disable women from making decisions on contraceptive use. In SSA, women are expected to give birth immediately after marriage as a way of fulfilling their roles as mothers and wives. Thus, women are not in a position to negotiate contraceptive utilization since they socio-culturally feel obligated to give birth because it is their marital and maternal responsibility.

3.2. Influence of Sex Preference on Men's Participation in Family Planning

Sex preference was regarded as a crucial factor that influenced the uptake of FP methods by men and their partners. In order to achieve this objective, the study asked respondents to indicate their sex preference since men had a preference as was concerned. The findings are shown in figure 2 below.

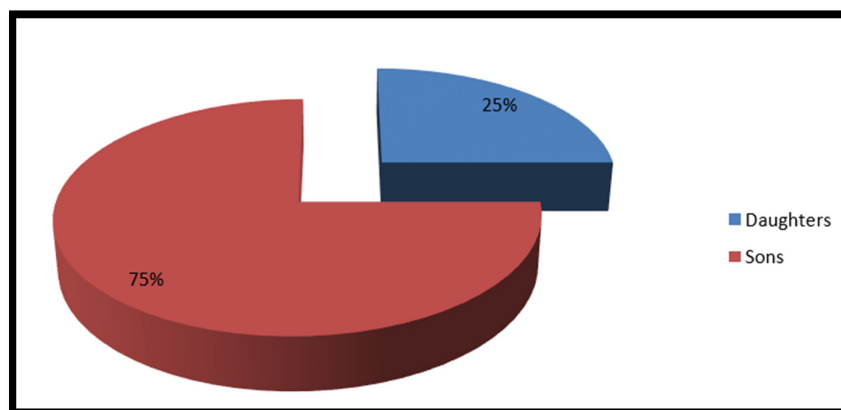


Figure 2: Influence of Sex Preference on Men's Participation in FP

As demonstrated in figure 2, respondents preferred sons to daughters. This implied that sex preference was one of the barriers to men's engagement in FP; sons were valued in the community for various reasons. One of the respondents (Male household head, 22nd February 2022, Chemagel Ward) noted that:

Our community values sons; they are the ones who carry the family name, thus continuing with family lineage. One is considered 'man enough' when he has sired a boy. A man is never respected by his peers and the community when he only has daughters, so he is forced to marry another woman to bear him a son. I have five daughters and I discourage my wife from using FP in the hope that we will have a son since a family is not complete without one. Moreover, a son will inherit family property and the name and will take care of his parents during old age, unlike girls who will be married off.

In the women FGD (FGD#3, 24th March 2022, Chemagel Ward), a respondent asserted that:

Sons are valued in the Kipsigis community since they inherit the family name and property. A woman who has not had a son is not respected, whether in the family or in the society; the husband is encouraged to remarry. This discourages most women from using contraceptives. Culturally, one is not considered a legal

wife if she has given birth to daughters only. So, women have to give birth several times in the hope of increasing their chances of getting a son who will then inherit the family property.

In another FGD (FGD #6, 18th April 2022, Kapletundo Ward), a female respondent remarked:

We used to have frequent quarrels with my husband before I gave birth to a son. I had six daughters; this discouraged me from utilizing contraception. I was lucky to have a boy in my seventh birth and the quarrels have now ceased.

A nurse (KII 5, 23rd February 2022, Chemagel Ward) in the health facility confirmed the above sentiments by stating that:

Sex preference remains one of the main barriers to contraception uptake among women in this community. Traditionally, boys are more valued than girls since they inherit the family name and property; as for girls, they are expected to be married. Many women avoid using contraceptives if they have not given birth to a son; this, they believe, increases their chances of giving birth to one. Women fear being stigmatized and chased away from their families for having daughters only.

The preceding sentiment revealed that sons were preferred in the community for the continuity of the family name. They also took care of their parents during old age and inherited family property. Additionally, men who had sired sons were respected in the society, unlike those who had daughters only. Culturally, a woman was not referred to as a "legal" wife till she gave birth to a son. Finally, the absence of a son led to wrangles among the couples. From the above statements, it is clear that sons were preferred in the community. It was important for a man to have a son who would inherit his name and property. According to the Kipsigis culture, daughters do not inherit their father's name and property since they should be married off and migrate from their home; hence, those who do not have sons were looked down upon since they could not contribute to the continuity of family lineage. Therefore, women who had not given birth to a son were discouraged by their husbands from using contraceptives till they had one.

The research findings revealed that men who did not have sons were encouraged to remarry. This is because men who had daughters only were not valued in the society. Men with sons were accorded much respect in the family; they were viewed as 'ideal' within the Kipsigis community. The lack of a son led to family misunderstandings. Women were often blamed and stigmatized for the absence of a son in the family. Biologically, the sex of a child is actually determined more by the male than the female. Yet culturally, it is the woman who is blamed. This also stirred family wrangles. As such, women avoided the use of FP methods till they got a son. A son ensured one was not stigmatized and left out in sharing the family property in case of the husband's death. Moreover, women have to have subsequent pregnancies in the likely hope of giving birth to a son (in cases where they only have daughters) to dissuade the man from marrying a second wife. These endanger women's lives since most of such pregnancies are unplanned.

The research findings implied that sex preference negatively influenced contraceptive uptake in the community. The need arises to educate men and women on the importance of both sexes to the family. This corroborates the findings of Begum, Grossman and Islam (2018), who point out that sex preference is one of the major factors that influence contraceptive uptake among women. Women start using FP once they have given birth to a son. Preference for sons is a socio-cultural norm in most societies since they inherit the family name and property. The study findings in figure 2 demonstrated that 25% of the participants preferred girls for various reasons.

One of the respondents (Male household head, 13th February 2022, Silibwet Township Ward) stated:

In today's society, some parents do not have issues concerning the gender of their children. I prefer girls since they are more responsible than boys. Moreover, a parent gets wealth by receiving the bride's wealth when the daughters are married off. All children are equal and they should be treated so in order to contribute meaningfully to societal development.

The above sentiments demonstrate that some men prefer girls to boys. Girls were preferred since they were seen to be more responsible than boys and were a source of wealth when they were married off. A man who had many daughters was regarded as potentially rich upon receiving bride wealth after the daughters were married. Civic education would help the community realize more sustainable ways of being wealthy than waiting for bride-wealth. If anything, mismanagement of such bride-wealth cannot guarantee one becoming wealthy in life.

3.3. Influence of Religious Faith on Men's Participation in FP

In order to examine the influence of religious faith on men's participation in FP, the researcher asked the respondents to state whether or not their religious beliefs influenced their participation in FP. Further, the respondents were tasked to state the FP methods accepted by their religious faith and those not accepted. They were also required to give reasons why FP methods were accepted in their religion or why they were disallowed. The results are shown in figure 3 below.

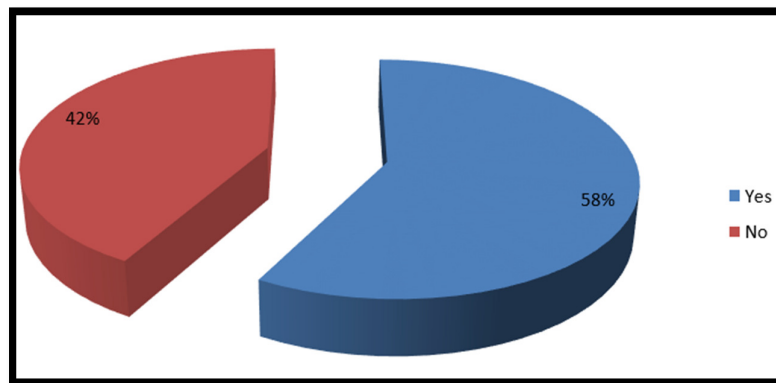


Figure 3: Influence of Religious Faith on Men's Engagement in FP

As depicted in figure 3, the majority of the respondents (58%) felt that their religious faith influenced their uptake of FP. Religion plays a significant role in influencing peoples' behaviour, perceptions and attitudes towards FP.

One of the respondents (Male household head, 16th March 2022, Mutarakwa Ward) stated that:

I am a Protestant, specifically of the Church of God. I strongly believe in the biblical teachings. The primary goal of marriage is to have children as many as we can since these are the blessings that God gives us to make our families complete and happy. It is a sin to go against God's purpose of marriage and so I discourage my wife from using contraceptives.

One of the pastors (KII 8, 11th March 2022, Mutarakwa Ward) from (the same Church of God) noted that: *Marriage was ordained by God and he blesses us with children. It is evil to use FP since it is not indicated anywhere in the Bible. The Bible instructs us in the book of Genesis 1:28, which says, "God blessed them and said unto them, be fruitful and multiply, replenish the earth and subdue it. Have dominion over the fish of the sea, the fowl of the air, and over a living thing that moves upon the earth.*

The sentiments raised above indicated that some of the Protestants believed that the primary goal of marriage was to have children. Secondly, contraceptive use was discouraged since children are regarded as blessings from God and it is sinful to go against God's will. Thirdly, marriage was ordained by God and was meant for procreation purposes. Finally, the Bible instructs Christians to be fruitful, multiply and fill the earth. This implied that members of the community who were Christians adhered to these biblical teachings on the use of contraceptives.

The study established that children were regarded as blessings; hence, FP utilization among couples was discouraged. The Bible instructs the Christians to multiply and fill the earth, which denotes that they are co-creators with God. Some Protestants, therefore, discouraged FP utilization since they wanted to abide by God's commands. Therefore, Christian beliefs in relation to contraceptive use negatively influenced the uptake of contraceptives in the community. As postulated in Social Dominance Theory by Sidanius and Pratto (1999), religion significantly shapes contraceptive uptake and fertility regulation. Religious beliefs shape the behaviour of an individual, which, in turn, influences FP utilization. Religion imposes sanctions on contraception use, which impacts an individual's fertility behaviour. These study findings are in line with those of Sinai, Omoluabi, Jimoh and Jurczynska (2020) who observe that Christians believe that children are gifts from God; therefore, reproduction should not be limited through contraceptive use. Hence, the respondents did not feel empowered to utilize FP because of such beliefs.

Some of the Protestant churches, for instance, African Inland Church (AIC) and African Gospel Church (AGC), left their followers to decide whether to use FP or not.

A religious leader (KII 9, 25th February 2022, Kapletundo Ward) from AIC noted:

The Bible does not specifically teach on FP. It is only in the book of Genesis that the Bible instructs us to be fruitful and fill the earth. Rarely do I teach my congregation about FP issues; they often make personal choices in regard to it. I'm ready to engage my congregants on FP issues if the government involves the religious leaders.

The sentiments presented above indicate that some Protestant churches were not keen to teach their followers about contraceptive use. They regarded it as a personal issue that is left in the hands of believers so that they make their own decisions.

The research established that the Catholic Church encouraged its followers to use the natural FP (NFP) methods but did not accept the use of artificial FP methods.

A Catholic priest (KII 10, 16th February 2022, Chemagel Ward) asserted:

The Catholic Church encourages the use of natural FP methods because they are not sinful and they do not have any side effects. Marriage is the beginning of a new life that requires physical and spiritual total self-giving from both partners and artificial FP methods should not interfere with this chief purpose. The adoption of artificial FP methods or modern contraceptives, therefore, is going against God's commands of fulfilling the law of procreation. I do encourage families to embrace natural FP methods, but the challenge is that it requires the cooperation of both partners. At times, one partner, especially the husband, maybe an alcoholic and does not cooperate. This has made the natural FP methods not to be effective as required.

The opinion voiced above indicated that the Catholic Church encouraged the utilization of NFP methods. Secondly, marriage is believed to be ordained by God and its chief purpose is love and companionship with children fueling the love in marriage. Finally, there were barriers that limited the adoption of artificial methods among couples. This denoted that the Catholic Church advised its congregants to adopt natural FP methods since they do not have any side effects, unlike artificial ones. Adoption of the natural FP methods was not fully successful among couples since it required the cooperation of both partners, which at times was not possible in case one partner was alcoholic.

The research found out that the Catholic Church discouraged the use of artificial FP methods since they prevented couples from having children as instructed by God. The use of artificial methods was regarded as sinful since it went against the purpose of marriage, which is to be co-creators with God. These study findings concur with those of Ignaciuk and Kelly (2020), who argue that the Catholic Church does not allow the utilization of artificial FP methods since they are viewed as being against God's law of creation. Only NFP methods are permissible within the church; they include withdrawal (coitus interruptus), calendar (rhythm) and breastfeeding methods.

From the preceding sentiments, it is clear that religious beliefs and teachings influenced the adoption of FP methods among the Protestants and the Catholics in the community. However, some respondents regarded FP as a personal choice; hence, their religion did not impact their contraceptive uptake. Indeed, a respondent in the women FGD (FGD 7, 30th April, 2022, Chemagel Ward) indicated that:

Even though the church instructs that using contraception is sinful, we have no option but to use it because of the current hard economic times. Most women bear the burden of providing for their children, so they must be wise enough to use contraceptives. Giving birth to many children nowadays is a burden.

It is evident that women chose to use contraceptives, citing the hard economic times. In addition, women were left to bear the burden of providing for their families, constraining them to limit their family size. This implied that religion did not really significantly influence contraceptive use among some women in the society because of the change in the gender roles. Some men had abandoned their roles of providing for their families to women, thus forcing them to have few children whom they could easily provide for. The above findings concur with those of Kok, Tolani, Mtonga, Salamba, Mwabungulu, Munthali, Smet and Chinsakaso (2020), who established that, despite the influence and pressure to have large families, most women do not support unregulated childbearing since they understand the impacts of high fertility. Women comprehended that having a large family was costly and it kept them stuck in poverty.

4. Conclusion and Recommendations

Based on the study findings, it is pertinent that socio-cultural factors limit men's participation in FP issues. Cultural factors such as the desire to have large families and son preferences discouraged couples from adopting FP methods. Large families were preferred since children were regarded as a source of wealth and cheap labour. Sons were preferred since they inherited family names and property. They also take care of their parents during old age since girls are supposed to be married off. Additionally, religious factors somehow influenced men's involvement in FP since children were regarded as blessings from God. Based on the research findings, the study proposes the following recommendations:

- Civic education of men on FP issues to increase their level of participation in FP,
- Involving external partners on FP,
- Adoption of gender-inclusive FP policies and
- Involvement of religious leaders in FP issues

5. References

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