

**Assessing Factors Leading To Low Male Involvement In
Enhancing Family Planning In Kabuyanda Town Council Isingiro District**

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Abstract

The purpose of this study was to establish the factors influencing leading to male involvement in enhancing Family Planning in Kabuyanda Town Council in Isingiro District; the specific objectives of this study were: to establish the level of Male participation in Family planning, to identify factors that prohibit men from participating in family planning and to establish ways of promoting male participation in enhancing family planning. The study used a descriptive survey design to yield quantitative and qualitative data decision which helped to gather information about these factors. The target population was sexually active men and women above 20 years of age of Kabuyanda Town Council in Isingiro District. A simple size of 60 respondents which composed men, women and health workers was selected using stratified random sampling technique. Questionnaire and interview guide were used to collect the required data. This main aim of the study was to explore involvement of men in family planning programmes. the study found that: The physical involvement of the male partners is not felt although they provide their support both financially and serves as reminders of their wives. Also the insistence on the presence and consent of the male partners at least for the first visit to the health center by service providers sometimes restricts the use of the service since most of the male partners seem to show no interest in the use of contraceptives. There was adequate awareness of FP and its importance both among men and women. Range of family planning methods available to men is limited, and this as a result inhibits men's capacity to participate in fertility regulation. All men who stated that they use FP methods were using the male condom as opposed to women who were using varied methods such as the pill, injectable and implants. It can be concluded that the key barrier to uptake of FP by men was mere attitude or negative perceptions towards FP by men and the belief that FP a woman's affair because they are the ones who get pregnant. The government to ensure that the FP supplies especially the male condoms is consistent and sustainable since men prefer condoms to other male FP methods. The formal education curriculum should include FP lessons in order to shape the mind of the people towards the right perception.

Keywords: Low, Male Involvement, Enhancement and Family Planning

Background of the study

At the global level, the framework developed by the WHO Regional Office for Africa, in collaboration with its partners, calls for increased efforts to promote recognition of the pivotal role of family planning in achieving health and development goals at all levels as they focus on the Millennium Development Goals. 4, 5 and 6 (Jac & Kazaara, 2023). Although unsafe abortion is preventable, it continues to pose a disproportionate risk to the lives of African women. Unsafe abortions account for about 14% of maternal deaths on the continent. It is estimated that 31 out of 1000 African women aged 15–45 years undergo an unsafe abortion annually (Musaibah et al., 2023). East and Central African countries are reported to have the highest rate of unsafe abortion, at 36 per 1,000, while the lowest rate is in Southern Africa (9 per 1,000). roughly 51% of all maternal deaths involve African women between the ages of 15 and 29 (Abiodun et al., 2019).

Family planning refers to “procedures that help individuals or couples achieve certain goals; avoid unwanted pregnancies, regulate intervals between pregnancies; control the timing of childbirth depending on the age of the parents and determine the number of children in the family,” (Jac & Kazaara, 2023), that is, it allows men and women to have control over their fertility. The Family Planning Association of Uganda (which is an affiliate of the International Planned Parenthood Federation) was founded in 1957 to promote family planning, especially modern methods of contraception (Jac & Kazaara, 2023). With the introduction of primary health activities, the Family Planning Association expanded its activities to rural areas where the majority of the population is located. Uganda, like many developing countries, has a high fertility rate of 6.9 children per woman (Shamim et al., 2023) compared to a fertility rate of 1.5 in developed countries. Family planning services are mainly offered as part of a maternal and child health package, and this arrangement does not favor male participation. Furthermore, so far male methods are limited to withdrawal, condoms and vasectomy (which is a permanent method) so there is very little choice for them.

Men's involvement in decisions about sex, contraception, and child-rearing strongly influences sexual and contraceptive behavior, significantly strengthens and reduces disagreements in relationships, and strengthens men's responsibility for the children they father (L. A. Nafiu et al., 2016). However, few studies have examined how men perceive their roles and responsibilities when it comes to decisions about sex, contraception and child-rearing. Moreover, only recently has such research been identified as important. High rates of out-of-wedlock childbearing, growing concerns about the spread of AIDS and other sexually transmitted diseases (STDs), and a concomitant increase in the prophylactic use of condoms have led social policymakers to include men in efforts to prevent pregnancy and sexually transmitted diseases. However, most research on men's perceptions of their roles and responsibilities has focused on adolescents and other groups of young, single men (Shehu et al., 2018). Therefore, we have little understanding of how married or older men perceive their role in these decisions Nzioki, (2011).

Male involvement is not limited to the use of male FP methods, but also includes the number of men who encourage and support their partners and their peers to use FP. It also involves influencing the policy environment to be more conducive to the development of programs related to men. Male involvement should therefore be understood as all organizational activities whose main goal was to increase the prevalence of contraception in both sexes (L. Nafiu, 2017). A disadvantage of the female orientation of the FP program was that it precluded proper coverage of reproductive health, which includes some issues such as sexuality, sexually transmitted diseases, HIV/AIDS, and infertility that require men and women as partners (Becker 1996). Without the active participation of husbands in these activities, it is difficult to achieve the goals for improving women's reproductive health (Inuwa et al., 2017). This study was therefore aimed at determining the factors influencing the low involvement of men in practicing FP in Kabuyanda Municipal Council – Isingiro District.

Statement of the study

FP programs are an essential part of services to reduce maternal and child mortality by enabling women to postpone, delay or limit pregnancy. Uganda's population has grown rapidly over the past four years, Uganda's population growth rate was now estimated at 2.7% (as of 2010), resulting in a total population estimate of 4.5 million in 2011 Uganda National Bureau of Statistics (2011). The inclusion of men in discussions about FP was essential for a number of socio-cultural and economic reasons (Edgar & Moses, 2023). Men as partners need to be involved in FP practice – as users of male contraceptive methods and as facilitators of partner access to services. An encouraging finding from the 2010/12 UDHS was that 77 percent of men strongly believed that decisions about the number of children should be made jointly with their wives (Christopher et al., 2022). Every day, 1,600 women and more than 10,000 newborns die from preventable complications during pregnancy and childbirth. Almost 99% of these maternal deaths and 90% of newborn deaths occur in developing countries. As the first pillar of safe motherhood and an essential part of primary health care, FP plays a major role in reducing maternal and neonatal morbidity and mortality. FP increases efforts to improve family health (Nasuru & Bafaki, 2023).

In Kabuyanda City Council, more women seek FP services than their male counterparts. Over the past six months, an average of 42 women per day compared to men per month seek services at the FP clinic, who are mostly referred from a comprehensive care clinic or gynecology clinic to manage other conditions such as HIV and MCH gynecological problems (Suzan et al., 2024). . The Uganda Demographic and Health Survey (2011) reported that 97% of all men and 95% of all women knew at least one method of contraception, suggesting that men have better knowledge of FP than women (Zowena et al., 2023). It was clear from this study that high contraceptive knowledge does not correspond to high contraceptive use. This study investigated factors influencing low male involvement in FP practice in Isingiro District of Kabuyanda Municipal Council.

Purposes of the Study

The main purpose of the study was to establish the factors influencing low male involvement in enhancing Family Planning using a case study of Kabuyanda Town Council in Isingiro District.

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Objectives of the study

1. To establish the level of Male involvement in Family planning
2. To identify factors that prohibit men from participating in family planning.
3. To establish ways of promoting male involvement in enhancing family planning.

Methodology

The study used a descriptive survey design to obtain quantitative and qualitative data on the factors influencing low male participation in family planning, the case of Kabuyanda Town Council. A descriptive survey design involved collecting data from a sample of a population to determine the current status of that population with respect to one or more variables (Olanrewaju et al., 2021b). (L. A. Nafiu et al., 2017) suggests that the combination of quantitative and qualitative findings has the potential to offer insights that could not otherwise be obtained. The study was primarily conducted using a quantitative research approach (L. A. Nafiu & Ph, 2012). This approach was set up to introduce a clear and objective orientation, a vigorous, disciplined and systematic procedure and a methodology bound to reality, which allows arriving at a theory that does not contain vague and careless approaches, speculative considerations about reality and a theory to be distinguished from social philosophy, abstract speculation and everyday assumptions (Olanrewaju et al., 2021a). The research used a self-administered questionnaire as a data collection tool, and interviews were also conducted with some respondents to eliminate the shortcomings arising from the use of this tool. Correlation designs of quantitative approach were used to determine the relationship between independent and dependent variables (A & Ahmed, 2019).

This study focused on the population of all men and women and health workers in Kabuyanda town of people over 20 years of age. This age group was targeted because it is the age at which, according to the WHO, people are defined as adults and therefore have the right to engage in sexual activity and are also of childbearing age (L. Nafiu et al., 2013). Age was an important component in this study because they can comfortably provide coherent answers and real experiences. Health workers are central to this study because men are the main shapers of community perceptions, attitudes and beliefs about health and are respected in society. Despite this, health professionals offer these services to the community, giving them an added advantage over others in interacting with all types of people (Ntirandekura & Friday, 2022). The participation of men was the main focus of the study, and this requires purposeful involvement of women, as men may not be willing to fully disclose their reasons. By including women, sensitive information was collected (Olanrewaju et al., 2021a).

Best and Khan (1999) define a target population as a small part of the population taken for observation and analysis. It is also considered a population in which the researcher used stratified sampling that increases precision (Kiplagat 1999) to obtain a sampling frame composed of three categories. The first category was composed of health workers and the second category was men and the third women in the area. According to (Rasheed et al., 2022), for descriptive studies, 10% of the available population is enough for the sample. The target will be adults aged 20 years and above. The population was 50 and 10 health workers. All healthcare professionals and the available population will be interviewed.

Table 1: Sample procedure Matrix

N/S	Category	Total
1	Health workers (direct health workers)	10

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2	Men	30
3	Women	10
	Total	60

Source: Primary Data, 2023

Both probability and non-probability sampling technique were used to ensure good representation in all categories. The researchers used convenient sampling technique the male and female. However, for the health workers the purposive sampling technique which is a nonprobability sampling technique was used where the health facilities in charge were interviewed.

The researcher used questionnaires and interview guide to collect data from the target respondents both men's and women (Jallow et al., 2021). Questionnaires are pre- formulated written set of questions to which respondents record their answers, usually within rather closely defined alternatives (Sekaran Uma, 2003). The questionnaire was semi structured in nature in that it contained both open ended and closed type of questions. The questionnaires were pretested with a few respondents before embarking on the actual data collection (Olanrewaju et al., 2021a). The pretesting will be aim at determining whether there was flow in the arrangement of the questionnaire and identifying any inconsistencies. The researcher used the feedback from the pretesting to improve the questionnaire. The questionnaires were interviewer-administered (Olanrewaju & Abiodun, 2021). The main advantage of this was that the researcher collected all the completed responses within a short period of time. Completed questionnaires were edited for completeness and consistency. The data was then coded and checked for any errors and omissions. Data were analyzed using descriptive statistics such as percentages and arithmetic mean scores. Frequency tables were drawn using Statistical Package for Social Sciences (SPSS) software (Nelson et al., 2022). The data from the interview were analyzed in themes.

RESULTS**Table 2: Intention for more Children**

Intention for more children	Frequency	Percentages
Yes	33	55
No	27	45
Total	60	100

Source; Fieldwork data, 2023

The decision by respondents to have more children is very important to the researcher. Hence, the study tried to find out whether desire for more children has influence on utilization of family planning among men. During the interview, 33 of the people representing 55% of the total respondents said they will like to have more children in future. 16 of them representing 27% said they were not willing to have more children. Interestingly, of the 36 respondents who have three (3) or more children might have expressed the desire to have more. The 18 respondents who have one or two children will also like to have more children, while the 21 who have none will like to have children in future.

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Influence of availability of male FP methods and men's involvement in FP

Although the objectives of this survey were very specific given that the main objectives were to establish factors influencing male participation in FP, the researcher believed it was important to start by understanding the respondent's awareness of FP in general. Respondents were asked to rate their level of knowledge about FP. that majority of the married respondents had fair information on the FP at 66% and 24% of the female had a lot of information.

Idea about Family Planning**Table 3: Do you have any idea about family planning?**

Idea about Family Planning	Frequency	Percentages
Yes	48	80
No	12	20
Total	60	100

Source: Fieldwork, 2023

During the interview, the respondents were asked whether they have any idea about family planning, this was to find out how, family planning is perceived, among males. With reference to Table as high as 48 people representing (80%) answered yes to whether they have any idea about what family planning is and 12 respondents, constituting 20%, answered in the negative.

Table 4: What do you know about Family Planning?

What do you know about Family Planning	Frequency	Percentages
Child Spacing	22	37
Few Children	12	20
Prevention of Pregnancy	17	28
Use of Contraceptive	7	11.7
Nothing	2	3.3
Total	60	100

Source: Fieldwork, March 2023

The respondents apart from having an idea about family planning were further probed, to find out what they actually know about family planning, and as to whether knowledge about family planning, among men has influence on utilization. With reference to Table 4.9, 58 (96.6%) of the respondents, had different views about what family planning is, while a few of them claimed to know nothing about family planning. Here, majority of the people appeared to have some level of knowledge about what family planning is, and vise versa.

Awareness of available FP methods

Having established that most respondents have some knowledge of FP, the researcher sought to determine whether respondents are aware of the various available FP methods. Respondents were therefore asked to state the common methods available for FP and Table 10 present the result.

Table 5: Awareness of FP methods

			Male		Females	
	Freq.	%	Freq.	%	Freq.	%
Condoms- male	51	98	31	100	21	100
Oral pills	41	81	31	100	20	95
Injectable	40	77	22	71	20	95
Condoms- female	34	65	22	71	18	86
Implants	26	50	16	52	18	86
Natural methods	25	48	10	32	16	76
IUCD	20	38	15	48	10	48
Vasectomy	14	27	10	32	10	48
Diaphragm	9	17	6	19	8	38
Tubal ligation (BTL)	9	17	4	13	5	24
Spermicides	1	2	2	6	7	33

Source: Fieldwork, March 2023

Table indicates that, male condoms have the highest awareness levels of 98% followed by oral pills, injectable and female condoms at 81%, 77% and 65% respectively. However, majority of the respondents were not aware of the spermicidal only 2% were aware. Female respondents were more aware on fairly all the methods compared to their male counterpart. In respect of contraceptives currently in use, the majority of the respondents (95%) are using injection and this can be affiliated to the fact that an injection provides highly effective protection against pregnancy and does not require daily or post-coital vigilance on the part of the user or her partner. This method allows women to avoid the potential health risks and adverse events associated with estrogen containing contraceptives and, unlike sterilization, allow a return to fertility after discontinuation (Blumenthal et al., 2011)

The second highest contraceptive used among respondents (18.9%) is IUD. This is because research has shown that IUDs is 99% effective and can aid in the prevention of pregnancy especially in the case of unprotected intercourse or after a

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contraceptive accident such as a torn condom. (Wellbery, 2000). However, studies have shown that the use of the IUD is avoided because of perceived risk of pelvic inflammatory disease associated with sexually transmitted infections (Shelton, 2001). In an era of HIV infection, use of the condom as protection against STIs in addition to its use as a family planning method has become important (Awusabo-Asare et al., 2004). Condom use is the third method that the respondents (16.7%) reported that they preferred and are currently using. This could be due to the fact that condoms have no side effects, can easily be obtained when needed (in terms of time for replacement), it helps to increase sexual satisfaction and it does not have any use related problems (Population Council, 1998).

Importance of Family Planning

Table 6: Importance of family planning

Importance of Family Planning	Frequency	Percentages
YES	54	90
NO	06	10
TOTAL	60	100

Source: Fieldwork, March 2023

By finding out how the people perceive family planning, they were interviewed to solicit information, as to whether family planning is important or not, and also whether its importance affects practice among men. From 54 people representing (90%), responded in the affirmative, that it is very important while, (10%) said they do not think family planning is important. The responses given here is consistent with the response in the question that sought to find out their ideas of what family planning is.

According to Frost and Lindberg (2012), majority of women perceive that using birth control allows them to better care for themselves and their families, either directly or indirectly through facilitating their education and career. For example, not being able to pay for a baby, not being prepared for children, feeling that children would disrupt goals, not having a partner and wanting better care for children already born were all considered very important reasons by the majority of women.

Health Facilities Providing Family Planning Service

Table 7: Where can you receive family planning service in this community?

	Frequency	Percentages
Hospital	35	58.4
Health centre	20	33.3
Private clinic	1	1.7
Maternity homes	2	3.3

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Pharmacy/Drug store	2	3.3
TOTAL	60	100

Source: Fieldwork, March, 2023

Respondents were asked to produce information on facilities, from which family planning service can be accessed. This also gives an idea as to whether the respondents have knowledge, and interest about family planning issues. As shown on Table above, almost all the 60 respondents knew where to get family planning service in their communities.

Family Planning Service Available

Table 8: What family planning services are available in this community?

	Frequency	Percentages
Counseling	32	53.3
Health education	25	41.7
Screening	03	5
Total	60	100

Source: Fieldwork, 2023

Again, the target group for the study was interviewed on the type of family planning service available in their various communities, which also from the researcher's point of view, determines the knowledge of the respondents, on other family planning matters. From Table above, according to the respondents, the family planning service available to them in the community include, but not to be limited to the ones mentioned here, which are; counselling, Health education and screening, all recorded, 60 (100%) responses given by respondents.

Providers of Family Planning Service

Table 9: Who provides family planning service in this community?

	Frequency	Percentages
Nurses	26	43.3
Midwives	9	15
Medical Assistant	3	5
Chemist	18	30
Community Health Worker	3	5
Don't know	1	1.7
Total	60	100

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Source: Fieldwork, 2023

Concerning people who provide family planning service in the various communities, the investigator was interested in whether service providers have influence on patronage of family planning service by men. Table presents the list of family planning service providers as given by the respondents. 26 (43.3%) of the people, recognized nurses and midwives mainly as service providers, followed by the Chemist, 18 (30%).

Payment of Family Planning Service**Table 10: Do you pay for the family planning service?**

	Frequency	Percentages
Yes	42	70
No	15	25
Don't know	03	05
Total	60	100

Source: Primary data 2023

The study found it important to find out whether payment has any influence on family planning utilization. For payment of the service, 42 respondents representing 70% said they pay for the family planning service while 15 people forming 25% said they do not pay for the service, Table above. Three respondents did not, however, respond to this question.

The sources of FP methods information**Table 11: The sources of FP methods information**

			Male		Females	
	Freq.	%	Freq.	%	Freq.	%
From adverts in the media	39	72	21	68	18	86
From posters in the health centre	23	44	11	35	12	57
From my friends/ relatives	15	29	6	19	9	43
Learning from school	2	4	1	3	1	5
Education from hospitals	1	2	0	0	1	5
Reading from magazines	1	2	1	3	0	0

Source: Primary Data, 2023

Table shows that the main source of awareness for the various FP methods was the media adverts at 75% and posters from the health centers 44%. It was noted that posters from the health centers have played a greater role in creating awareness among women 57% compared to men at 35%. 29% of the respondent learnt from friends and relatives. More women learnt

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from this source more than the men counterparts (43%, 19%) respectively. Learning from school was least rated among the sources at 4%.

Main FP methods used by the respondents

The respondent was asked to indicate the methods used for their FP and Table shows the result

Table 12: Type of FP used by respondent; what type of FP method are you using currently?

			Male		Females	
	Freq.	%	Freq.	%	Freq.	%
Condoms- male	62	62	58	100	4	9
Implants	27	27	0	0	27	64
Natural methods	8	8	0	0	8	18
Oral pills	4	4	0	0	4	9

Source: Primary Data, 2023

Table shows that 62% of the respondent used male condoms with 100% of the men using the same. However, 64% of women used implants and 8% of the respondent using natural methods. Male family planning lack diversity, this was evident from the study findings where 70% of the respondent agreed that the available male method lacked diversity, this concur with Greene (2005) who indicated that the range of family planning methods available for men was limited, and this as a result inhibits men's capacity to participate in fertility regulation. In Kabuyanda Town Council in Isingiro District where the study was done there are only three methods available for men: Male condoms, Vasectomy and natural methods. The study revealed that 100% of the men who reported using Family planning method used male condoms, and 0% used natural methods like withdrawal and abstinence. The modern Family planning methods available are mostly for women and this was evident in the study where 64% of female respondent used implants, 18% natural methods and 9% used oral pills and condoms despite the use of this methods respondent demonstrated high level of awareness of eleven methods of Family planning but on average women were more aware of all the method compared their counterpart males. The respondent indicated that if male methods were many then men would participate more.

To identify factors that prohibit men from involvement in family planning.

The researcher inquired whether the cost of male FP methods influences participation. Respondents were asked to indicate the extent to which they agree or disagree with various attributes on Cost of FP A 5 likert scale was used to measure the level of agree meant and disagreement. A rating of 5 indicated that a respondent agreed strongly with that particular statement while a rating of I indicated that a respondent disagreed strongly with a particular statement. The result were then converted into percentages and are presented in the Table below

Table 13: Cost of male FP

	Male	Female
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	Frequency	Percentage	Percentage
FP methods available for men are expensive	60	58.3	41.7
Male FP methods are too expensive/ unaffordable	60	41.7	56.3
If these methods are free many men can participate	60	33.3	66.7

Source: Primary data, 2023

Table above shows that 77% of the respondent indicated that the methods are expensive and unaffordable and 66.7% indicated that if all the methods are offered for free then more men would participate. Influence of cost of Family planning on male participation was another objective of the study; Uganda is a developing country where majority of its citizen leave below a dollar a day. This means that poverty level is high and according to Maslow's hierarchy of needs he states that an Individual while Struggle to satisfy the basic needs first before moving up the hierarchy.

The study demonstrated cost as a barrier to the uptake of Family planning among men with 41.7% of the respondent holding the opinion that the available male Family planning methods are too expensive and affordable and 41.7 % were of the opinion that if Family planning was made free then more males would participate according to the 2003 UDHS, 53% of Family planning users obtained contraceptive through public facilities while only 5% obtained contraceptives through private medical. Majority of the male client had to travel for the services at less cost (Kanitha, 2004)

Other Barriers to low Male Involvement in FP

Identified barriers to male involvement were the perception that FP is woman's activity (89.4%) and were not their custom to participate in FP programme (90.6%). This is similar to the findings in Uganda. Other barriers reported by respondents were long waiting times at FP clinic (80.9%), FP not male-friendly (90.1%), attitude of health workers (70.3%), and finance (69.4%). This is similar to the findings in Cameroon [51]. FGD participants also reported societal norms, lack of finance, inadequate time, and FP service not being male-friendly as barriers to their involvement in FP.

Influence of male perception towards FP and men participation in FP

Table 14: Role of various stakeholders in promoting use of FP methods

In your opinion, who should ensure that FP methods are used in families?

	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Both the woman and her spouse	24	77	19	90
The woman	5	16	2	10

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The government	2	6	0	0
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Source: Primary Data, 2023

Table 14 shows that majority of the respondent were of the opinion that both men and women should ensure use of FP methods and 16% of men having an opinion that women should ensure however the role of government was rated at 8%. Both men and women feel that promoting use of FP methods was the role of both genders. The study assessed how various perceptions would be rated by the Respondents most male respondents agree with the following statements: FP was women business/role (78%), Men who use FP are disrespected in the society (79%), FP was a woman's affair (75%) and the respondent said that he fear her spouse may become promiscuous if they use FP (81%). 75% indicated perception that it is prestigious to have a big family, 59% perceived that the FP services targets women only.

Male perception on Family planning influence their participation and this was evident from both the literature and the study findings. A survey conducted in Dan forth (1999) indicated that overwhelming reliance on female methods of contraceptives had led to the assumption on the part of many men that contraceptive was only for women. From the study 61% of the male respondent held the perception that Family planning services target women and 19% thought that Family planning is Wife's affair. The main perception that prevent men from participation in Family planning that men perceive available method as ineffective (31%) This concur with McGinn, et.al 2009) who said that due to rumors and misconception about Family planning, many men expressed fear about the safety and performance of modern methods and men perceived that contraceptive used by women would threaten their fidelity in marriage.

Influence of traditional beliefs towards FP and men participation

The principle of informed choice focuses on the individual. Yet most people's family planning decisions also reflect a range of outside influences. Social and cultural norms, gender roles, social networks, religion, and local beliefs influence peoples' choices Bosveld, (1998). the study sought to examine if there were traditional beliefs in the community of the study.83% of the respondents believed that there were traditions beliefs in the community that influence the participation of men in FP. This was an opinion that was held by both men and women but 17% held a different opinion on the same. The main traditional belief that hindered men from use of FP methods are the beliefs that men should have many children so as to be real men (masculinity) in the community at 78% More men (80%,) than women held this opinion (75%) .6% Of the male respondent indicated that men are supposed to increase the population. The study further evaluated how various attributes of traditional beliefs on FP were agreeable to the respondents. Most respondents agree with the following statements: Men who use FP are disrespected in the society (82%), my religion doesn't accept FP (77%), It is prestigious to have a big family (77%) and Traditionally FP is not acceptable (55%). From the study 82% of the respondent had the opinion that the men who use FP are disrespected in the society. 54% of the male respondents indicated that traditionally FP is not acceptable. To a large extent, these community norms determine individual childbearing preferences and sexual and reproductive behavior.

Challenges Faced by Women in Using Family Planning Methods.

The study also sought of examining the challenges faced by men in using family planning methods. Respondents during data collection period indicated a number of reasoning in relation to the challenges faced as explained.

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Table 15: Showing if people face problem in using family planning methods

Responses	Frequency	Percentage
Yes	60	100
No	00	00
Total	60	100

Source: Primary Data, 2023

From the table above, it is clearly indicated all the study respondents amounting to 60(100%) revealed of problem in using family planning methods among the people in the study area. When asked about the problem faced by people in using family planning methods they had the following to say as in table.

Table 17: Showing Challenges Faced By Men in Using Family Planning Methods.

Challenges	Frequency	Percentage
Regular breeding	29	19
Increase in weight	32	21
Abnormal children	18	12
Lack of financial resource	27	17
Delay to conceive	15	09
Lack of libido	11	07
Others (like; misconception, death of infants, lack of knowledge about the use of family planning etc.).	23	15
Total	155	100

Source: Primary Data, 2023

Table shows that most of the respondents' responses 32(21%) indicated that men in Kabuyanda Town Council are faced with a challenge of increase in weight due to use of family planning methods. It was revealed by the study that due to use of family planning methods abnormal size is seen among the women in the area. More, 19(29%) of the study respondents cited regular breeding among the challenges of family planning to the men in the study area. That men who practice family planning methods constantly usually breed and due to such men of such kind become weak as at times fail to work productive tasks like digging to increase on the food production for their family hence retards development of the area.

Lack of financial resource was also cited by the respondent totaling 27(17%) of the covered respondents. These respondents said that most women in Kabuyanda Town Council are poor as this makes them not to access family planning methods

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properly. It was established by the study that the government health unit in the area provide few services regarding to what is supposed to be provided to men for proper family planning program and that such was affecting people in the area in the process of using family planning services for proper family planning (Turyatamba & Turyasingura, 2024).

Others like misconception, death of infants and lack of knowledge about the use of family planning were also cited by the respondents amounting to 23(15%) of the study respondents responses during data collection. The study got informed that due to family planning, death of infants in Kabuyanda Town Council is a challenge facing people. Respondents indicated that mother are find of giving birth to children who are not alive because of family planning practices that make the body vessels not functioning proper and that such were affecting some mothers in the study area.

Table 18: Showing Strategies to Challenges Faced By male in Using Family Planning Methods

Strategies	Frequency	Percentage
Free family planning services	17	29
Sensitization on the use of family planning methods	13	22
Use of qualified health workers	06	10
Use of expert clients	08	14
Practicing enough exercises	04	06
Others (like; visiting of health workers regularly, increase in stock of family planning services etc)	12	19
Total	60	100

Source: Primary Data, 2023

The table 18 indicated that most of the study respondents indicate free family planning services as one of the strategies to challenges faced by male in using family planning methods in Kabuyanda Town Council. It was revealed by the study respondents 25(29%) that most men in the study area do not access proper family planning methods due to financial resources and that if free services of family planning are provided to them, their status will be improved. The other group of the respondents' totaling 19(22%) cited sensitization of women on the use of family planning methods to be conducted in the area. The study reported that men in the Kabuyanda Town Council do not have all what it takes to use family planning methods properly for their good health and due to this most of them do find complications after using such methods. The study got informed that lack of proper knowledge on the use of family planning methods was making people to breed, increase in size abnormally and sometimes make the women weak that was retarding the development. To this, the study indicated that if men in the area are educated through massive sensitization programs will be able to use family planning methods and remain in their good health.

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In addition, others like visiting of health workers regularly, increase in stock of family planning services were also revealed by the study respondents amounting to 16(19%) among the measures to the challenges faced by men in the study area. Respondents cited that some of the men just use family planning methods without visiting of health workers to get knowledge despite of being few in the area. However, it was reported that if men visit health units to get family planning guidelines will find no problems during the process of using family planning.

Conclusion

There was adequate awareness of FP and its importance both among men and women. Range of family planning methods available to men is limited, and this as a result inhibits men's capacity to participate in fertility regulation. Greene (2005). There however seem to be higher awareness of female FP methods compared to the male FP methods. This raises the issue of diversity for FP methods for men in influencing uptake of the same. All of the men who stated that they use FP methods were using the male condom as opposed to women who were using varied methods such as the pill, injectable and implants.

It can be concluded that the key barrier to uptake of FP by men was mere attitude or negative perceptions towards FP by men and the belief that FP as a woman's affair because they are the ones who get pregnant. To this effect, it was noted that most male respondents said their spouses are on FP while most women respondents stated that their spouses were not using any FP methods. Both men and women respondents also agreed that women participate more in FP than men. Some of the perceptions that lead to low uptake of FP among men are the perception that male FP methods are rare and not convenient/effective.

Recommendations of the study

Low Male involvement in FP has a positive impact in the general wellbeing of the family and hence the following measures should be taken in order to increase participation:

In view of the study, it appears generally, across the target group, more people have an idea about family planning, but utilization is very low.

The following suggestions are recommended:

Policy makers: Consequently, there is the need to achieve a goal by improving the standard of living, and quality of life of families, through fertility control policies, to reduce large family size and in effect decrease population growth in general. The government should extend free family planning service to men.

Health Directorate: The health directorate at various levels should make resources both human, financial and material, available for reproductive health programmes, including family planning. Also resources for training of counselors, to interact with men about the importance of men's involvement in reproductive health, should be included in the health agenda

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