

FACILITATORS TOWARDS ACTIVE MALE PARTNER INVOLVEMENT ON FAMILY PLANNING UPTAKE AT KAWAALA HCIV WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Page | 1

Abstract.

Background.

It is common knowledge that FP is regarded as a woman's "thing" in most African countries besides, men play an important role in family decision-making and the health-seeking behavior of the family including the uptake of available family planning (FP) services. This study aimed at determining facilitators towards active male partner involvement in family planning uptake at Kawaala HCIV Wakiso district.

Methodology.

A quantitative cross-sectional study design was used to obtain data from 30 men and women utilizing family planning services, selected using a simple random sampling technique to assess the knowledge and attitude of male partners, about family planning services. Data was collected using a structured questionnaire and analyzed using Statistical Package for Social Science (SPSS) Version 16.0 and findings were presented using tables, pie charts, and graphs.

Results.

16(53%) of the respondents were married, 16(53%) of the respondents were married. 15(50%) of the respondents suggested free family planning services facilitate active male partner involvement in the utilization of family planning, and 10(33%) suggested that the provision of knowledge about family planning facilitates active male partner involvement in the utilization of family planning, in comparison 5(17%) suggested the availability of family planning services facilitates the active male partner involvement in the utilization of family planning.

Conclusion.

Utilization was low, and hindrances to family planning use included unfriendly family planning services, misinformation, religious beliefs, and a lack of proper information about family planning methods with their partners.

Recommendations.

The government of Uganda through the Ministry should establish accessible and affordable male-friendly service centers or departments within the facilities where men interact with each other and awareness about family planning is created.

Keywords: Active male partner involvement, Family planning uptake, Kawaala HC IV, Wakiso district.

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Background.

Active male involvement (AMI) in reproductive health is an essential component in promoting maternal and family health, (Sharma and Khatri 2018). Active male partner involvement is a practice wherein fathers actively participate in caring for their women and supporting their families to access better health services. Therefore, engaging men in sexual and reproductive health, particularly family planning, can improve health outcomes for men, women, and children. Moreover, involving boys from a young age through comprehensive sexuality education can have a positive effect into adulthood, (USAID 2023).

Although a range of contraceptives includes methods for men, such as condoms, vasectomy, and withdrawal that men use directly, and the Standard Days Method (SDM) that requires their participation, family planning programming has primarily focused on women, (Hardee, CroceGalisi, & Gay 2017) yet, men's participation in family planning services is crucial because it can increase the success of family planning programs, increase women's empowerment and outcomes in reproductive health, improve the likelihood that babies are born healthy, the focus on the integration of men into FP programs is still limited and can often be attributed.

It is common knowledge that FP is regarded as a woman's "thing" in most African countries besides, men play an important role in family decision-making and the health-seeking behavior of the family including the uptake of available family planning (FP) services. (Alobo 2022). Uganda is one of the countries in Sub-Saharan Africa with a very high maternal mortality ratio estimated at 336 deaths per 100,000 live births, (World Bank (2022) because the unmet need for family planning exceeds 33% and the one approach to decreasing it is promoting male involvement in family planning utilization, which is very limited, (Dougherty et al., 2018).

According to the HMIS report of 2019, 20% of males were involved in family planning at Kawaala Health Centre and 80% women were involved. In 2020 male involvement declined to 15% and women were at 85%. According to the annual report of Kawaala HCIV, 2021 to 2022 indicated that male involvement in family planning declined up to 10% and 90% for women. Moreover, it is known that men are held responsible for the high pregnancy rate because of multiple sex partner practices and poor attendance at family planning clinics where education on how to plan and care for their families is done. Failure of men to attend family planning clinics leads to poor family planning uptake, unintended conception, abortions, and their complications, and increased maternal mortality and morbidity. This study aimed at determining facilitators towards active male partner involvement in family planning uptake at Kawaala HCIV Wakiso district.

Methodology.

Study Design and rationale.

The study employed a descriptive cross-sectional study design. It was a cross-sectional study because data collection and management were done within a short period and a sample of a large population at a specific time and the data collected can be used to make inferences about the general population.

Study Area and rationale.

This study was conducted in Kawaala HCIV located in Buganda region in the central part of Uganda in Rubaga municipality 1km from Kawaala market. Kawaala HCIV offers reproductive health services like antenatal services, delivery services HIV testing and counseling, and family planning services. Kawaala HCIV has been chosen because it's in reach for the researcher and it's where the researcher noted the research problem.

Study population.

The study focused on men who come with their partners for reproductive health services.

Sample Size Determination.

A sample of 30 respondents was used in this study because it was the recommended sample by UNMEB (2009) guidelines for diploma students.

Sampling Procedure.

The study employed a non-probability convenience sampling approach where the interviewer-administered questionnaires to any available respondents who met the required inclusion criteria and consented and accepted to participate in the study.

Inclusion Criteria.

The study considered all men and women utilizing family planning services in Kawaala Health Center IV who voluntarily consented to participate in the study.

Study Variables.

The dependent variable for this study was active male partner involvement and the independent variable included demographic characteristics of respondents such as age, education level of mothers and midwives, knowledge about services offered to males in family planning clinics, and the attitude of male involvement in utilization of family planning services.

Research Instruments.

The questionnaires comprised both structured and unstructured questions. The purpose of the study was explained to the respondents within the questionnaire.

Data Collection Procedure.

An introductory letter from the school administration was obtained and presented to the Kawaala Health Centre IV administration for permission to conduct this study. The Questionnaires were administered to the respondents who filled them at their time of convenience and during data collection, the rights of individuals were respected.

Data Management.

Data collected was entered into Microsoft Excel, cleaned, and corrected for outliers. After the collection of data, responses from the questionnaires were studied so as to make sure that the information obtained was complete, consistent, accurate, and reliable.

Data analysis.

Analysis of the data was done using quantitative methods in order to make the findings easy to understand and make conclusions to the stakeholders. Continuous data was analyzed using descriptive statistics such as mean. Data was entered and analyzed using Microsoft Excel 2016. The

results were presented in the form of narratives, tables, graphs, and charts.

Ethical Approval.

Ethical approval was obtained and the introductory letter from St Micheal Training school committee seeking permission from the administration of Kawaala HCIV to be allowed to conduct the study. The area manager introduced the researcher to the respondents. Respondents were assured of maximum confidentiality for all the information that was given. Participants were told about free entry and exit when aroused. The questionnaire was then administered to the participants and filled and returned.

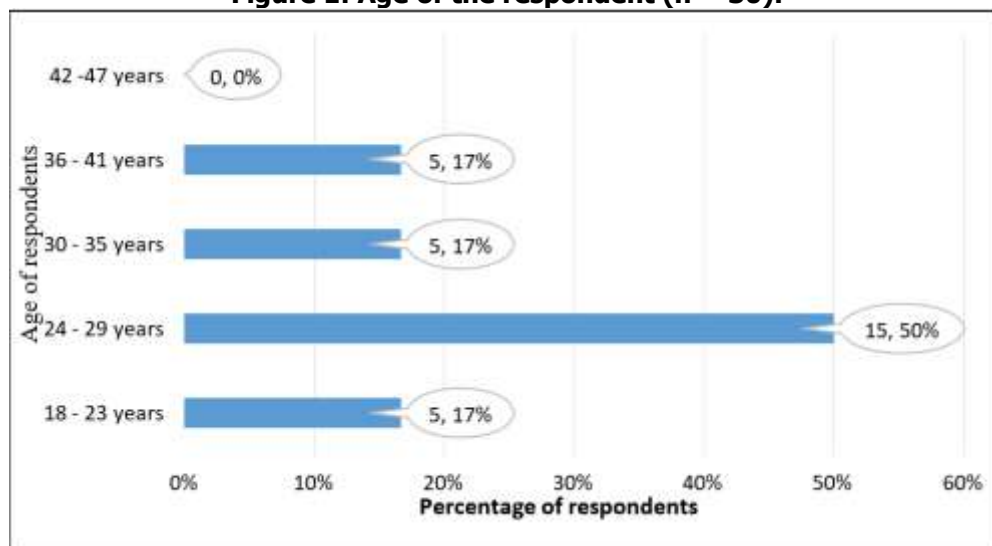
Informed Consent

Verbal consent was sought from the patients after explaining the study topic. The patients were assured of their right to consent. Before data collection, the principal investigator and research assistants assured the patients that the information collected would be kept confidential and used only for academic purposes and planning to promote a better social life for adults aged 18 years and above. To further ensure confidentiality, code numbers were used instead of the patients' names.

Results.

Background characteristics of Respondents.

Figure 1: Age of the respondent (n = 30).

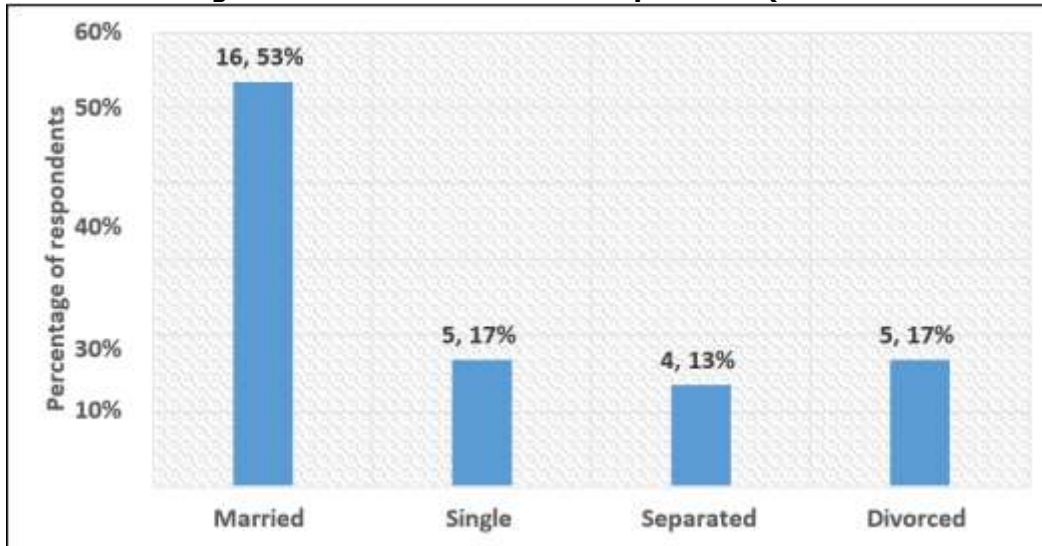


Source: Primary data (2023).

Figure 1 shows that, majority 15(50%) of the respondents were aged 24 to 29 years, 5(17%) were aged 18 to 23years, 5(17%) were aged 30 to 35 years, and 5(17%) were aged 36 to 41 years.This implies that the biggest percentage of the respondents were below 35 years of age.

Marital status of the respondents.

Figure 2: Marital status of the respondents (n = 30).

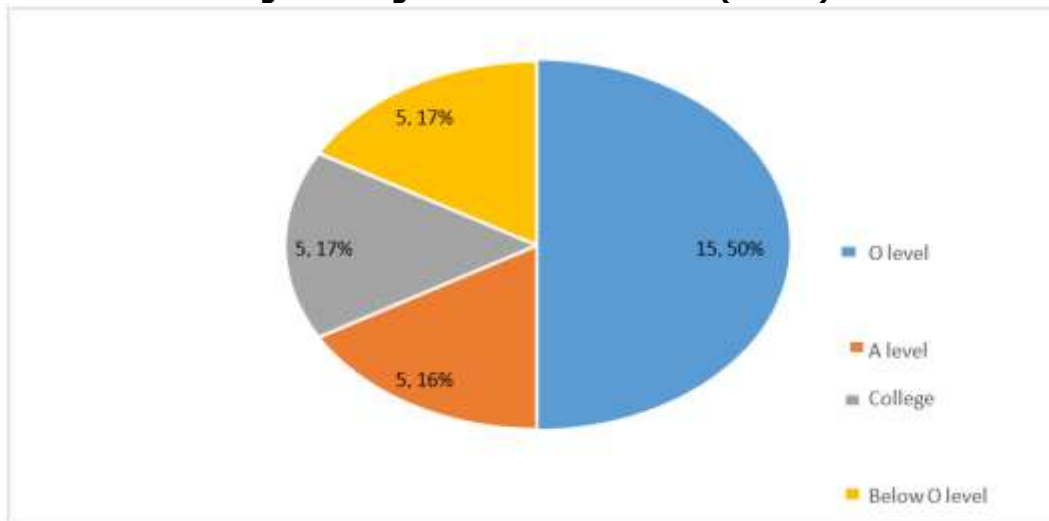


Source: Primary data (2023)

Figure 2 shows that, majority 16(53%) of the respondents were married, 5(17%) were single, 5(17%) were divorced, and the minority 4(13%) were separated.

Respondents' highest level of education.

Figure 3: Highest level of education (n = 30).

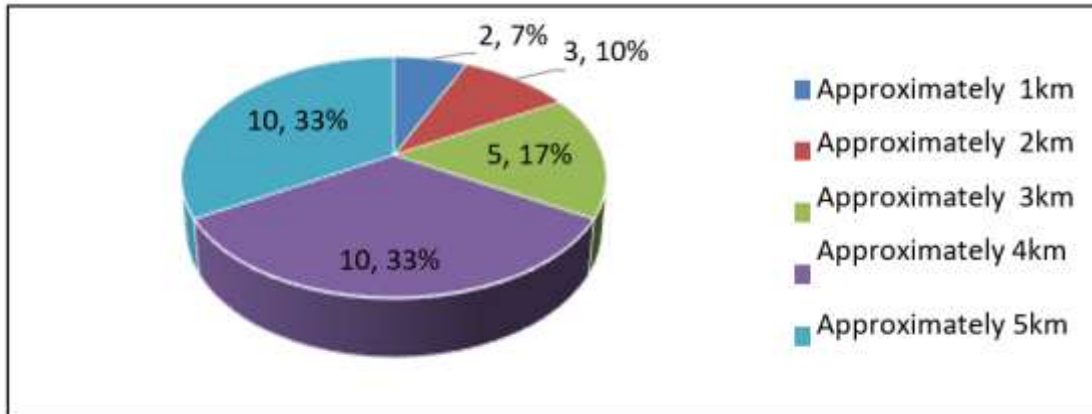


Source: Primary data (2023)

Figure 3 shows that most 15(50%) of the respondents had attained O level as the highest level of education, 5(17%) had college level, 5(17%) had below O level, while 5(16%) had A level education.

Distance from home to the facility.

Figure 4: Distance between the respondents' homes and the health facility (n = 30)



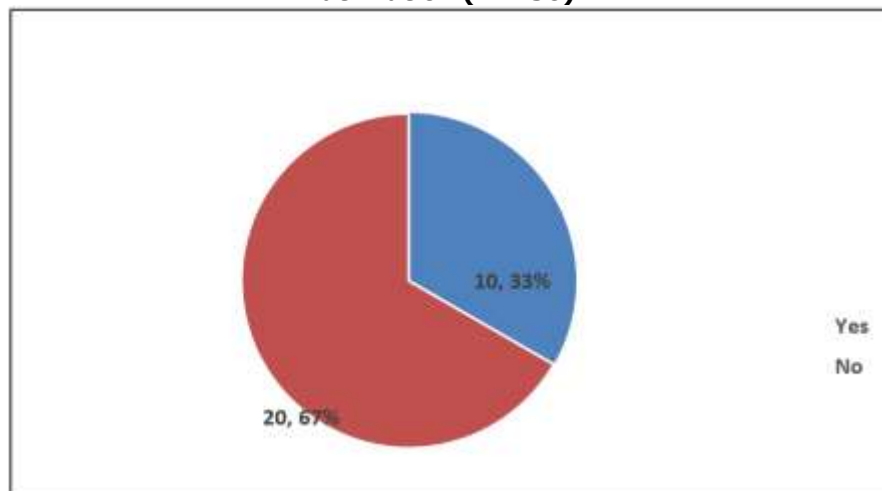
Source: Primary data (2023).

Figure 4, shows that 10(33%) of respondents mentioned that the distance between their homes and the health facility is approximately 4 kilometers, 10(33%) mentioned that the distance between their home and the facility is approximately 5 kilometers, 5(17%) said that the distance between their home and the facility is approximately 3 kilometers, a few 3(10%) mentioned that the distance between their home and the health facility is approximately

2 kilometers, while the minority 2(7%) said that the distance between their home and the facility is approximately 1kilometer.

Facilitators of active male partner involvement in family planning uptake.

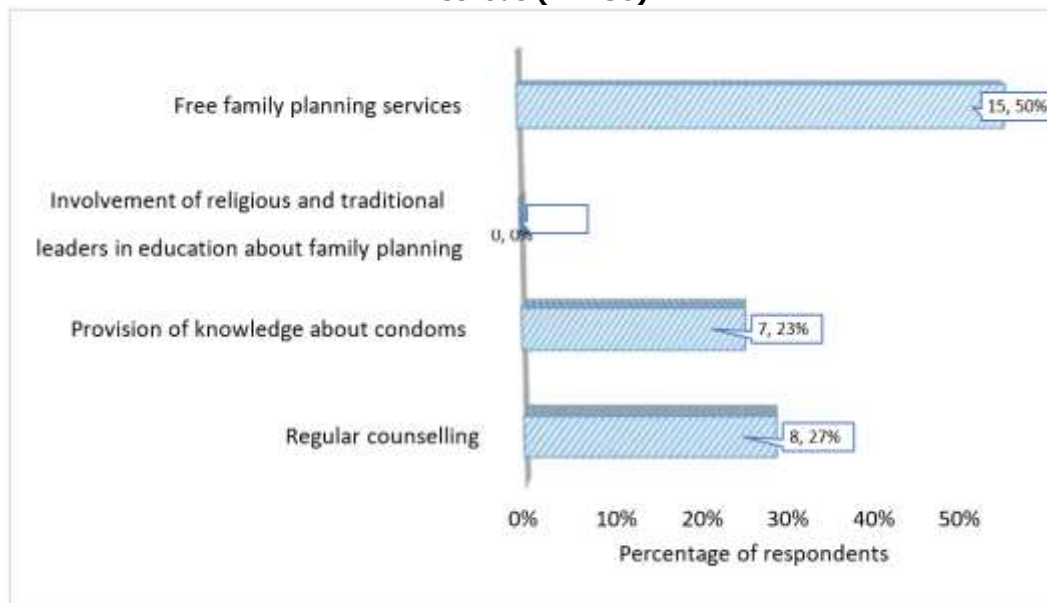
Figure 5: Whether the respondents' partners were being supportive of family planning utilization (n = 30).



Source: Primary data (2023)

Figure 5 showed that majority 20(67%) of the respondents said that their partners werenot being supportive for family planning utilization, while a few 10(33%) agreed that their partnerswere supportive for family planning utilization.

Figure 6: Facilitators that motivate the respondents to get involved in family planning methods (n = 30).

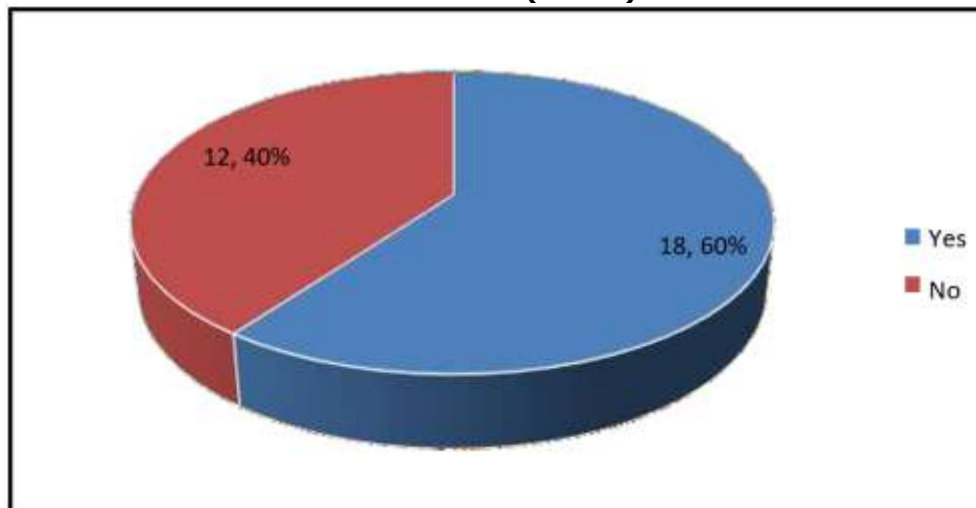


Source: Primary data (2023)

Figure 6 showed that, a half 15(50%) of the respondents revealed that free family planning services motivate them to get involved in family planning methods, 8(27%) said that regular counselling motivates them to get involved in family

planning methods, while 7(23%) revealed that the provision of knowledge about condoms motivates them to get involved in familyplanning methods.

Figure 7: Whether male attendance during antenatal care and postnatal care improves male involvement (n = 30).



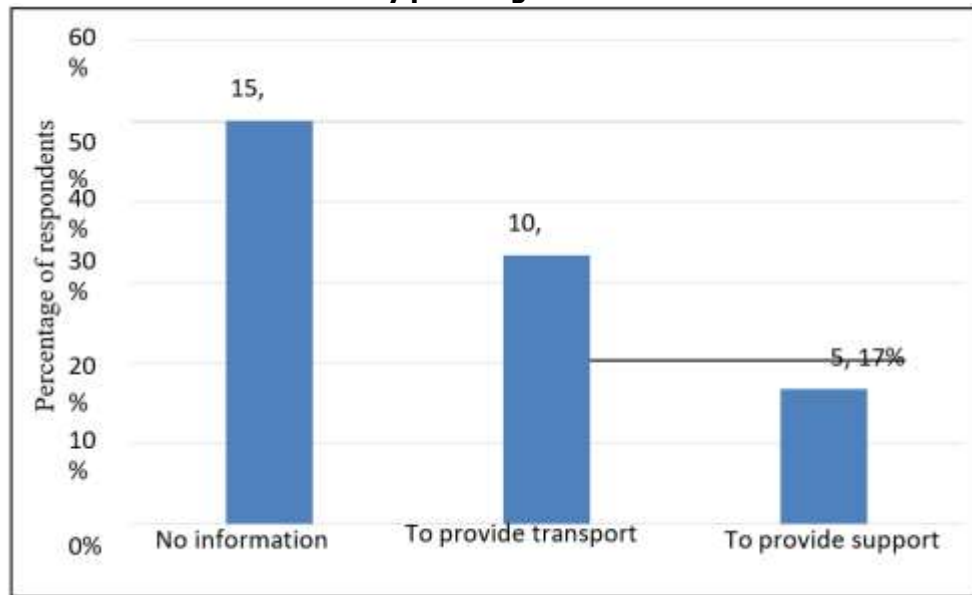
Source: Primary data (2023)

Figure 7 show that majority 18(60%) of the respondents said

that male attendance during antenatalcare and postnatal care

improves male involvement, while 12(40%) feel that male attendance during antenatal care and postnatal care does not improve male involvement.

Figure 8: Information the respondents had about male partner's active participation in family planning utilization.



Source: Primary data (2023)

Figure 8, majority 15(50%) had no information about male partner's active participation in family planning utilization, 10(33%) had information that male partner's active participation in family planning utilization is to provide transport, while 5(17%) had information that male partner's active participation in family planning utilization is to provide support.

Table 1: Facilitators of active male partner involvement in utilization of family planning suggested by respondents (n = 30).

Variable	Frequency	Percentage
Free family planning services	15	50%
Provision of knowledge about family planning	10	33%
Availability of family planning services	5	17%
Total	30	100%

Source: Primary data (2023)

Table 1 indicates that the majority 15(50%) of the respondents suggested free family planning services facilitate the active male partner involvement in utilization of family planning, 10(33%) suggested that provision of knowledge about family planning facilitate the active male partner involvement in utilization of family planning, while 5(17%) suggested availability of family planning services facilitate the active male partner involvement in utilization of family planning.

Table 2: Additional thoughts the respondents shared about male involvement in the utilization of family planning (n = 30).

Variable	Frequency	Percentage
No thoughts	20	67%
Sensitization on family planning	10	33%
Total	30	100%

Source: Primary data (2023)

Table 4, shows that the majority 20(67%) of the respondents had no additional thoughts to share about male involvement in the utilization of family planning while 10(33%) had additional thoughts about education about family planning.

Discussion of results.

Facilitators of active male partner involvement in family planning uptake.

Findings revealed that the majority 20(67%) of the respondents said that their partners were not supportive of family planning utilization, while a few 10(33%) agreed that their partners were supportive. Half 15(50%) of the respondents revealed that free family planning services motivate them to get involved in family planning uptake, 8(27%) said that regular counseling and, the provision of knowledge 7(23%) about condoms motivate them to get involved in family planning uptake as it was reviewed in the report by (USAID 2022). The majority 18(60%) of the respondents revealed that male attendance during antenatal care and postnatal care improves male involvement because while there, awareness is created among the males, similar to the (Abubakar, 2021) findings, however, only 5(17%) had information that male partner's active participation in family planning utilization is to provide support similar to Kriel (2019) findings. While the majority 15(50%) of the respondents suggested that free family planning services facilitate the active male partner involvement in their utilization and that provision 10(33%) of knowledge about family planning facilitates the active male partner involvement in utilization Furthermore, 5(17%) suggested the availability of family planning services facilitate the active male partner involvement in utilization of family planning. (USAID 2022)

Conclusion.

Utilization was low giving hindrances to family planning use as unfriendly family planning services, misinformation, religious beliefs, and lack of proper information about family planning methods with their partners.

Limitations of the study.

Financial constraints in gathering information from the internet and libraries, printing and transport costs

Recommendation.

The government of Uganda through the Ministry should establish accessible and affordable male-friendly service centers or departments within the facilities where men interact with each other and awareness about family planning is created.

Should be committed to forming policies that encourage men to use family planning services not leaving them to only their wives.

The health workers should ensure that all men who come to seek medical and reproductive health services are attended to first and health educated on family planning services by specific health workers such that they are involved in family planning utilization.

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List of abbreviations.

UBOS:	Uganda Bureau of Statistics
USAID:	United States Agency for International Development
SPSS:	Statistical Package for Social Sciences
HMIS:	Health Management Information Systems
FP:	Family Planning
AMI:	Active Male Partner Involvement
SDGs:	Sustainable Development Goals
ANC:	Antenatal Care/Clinic

Source of funding.

There is no source of funding.

Conflict of interest.

The authors declare no conflicting interest.

Availability of data.

Data used in this study is available upon request from the corresponding author.

Author's contribution.

SB designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript and BKA supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

Sandra Mbabazi is a student of diploma in Midwifery at Lubaga Hospital training school Barbara Kansiime Barbra Akankunda is a research supervisor at Lubaga Hospital training school.

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