

Factors Influencing Male Involvement in the Utilization of Family Planning in Chato District, Geita Region Tanzania

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Abstract

Tanzania has one of the highest Total Fertility Rate in Africa of 5.2 and a 32% level of Family planning utilization. Low involvement of men in family planning is one of the factors influencing its utilization in many African societies due to male dominance in decision making including Family planning issues . Family planning is known to prevent maternal deaths, but some cultural norms, and service delivery factors makes this difficult to achieve. The study was conducted to document current level of Family planning (FP) utilization and identify possible underlying factors influencing male involvement in utilization of family planning in Chato District, Geita Tanzania. Descriptive cross-sectional study was employed using both quantitative and qualitative techniques. Questionnaires were administered to 496 participants in 4 wards of Chato District. Focused Group Discussions and Key Informant interviews were conducted from each of these areas. Data analysis was done using SPSS. Using chi-square, bivariable analysis was done to assess the effect of individual factors on FP utilization. Multiple Logistic regression was then run to assess for the effect of potential confounding variables. The proportion of men utilizing FP was found to be 17.5%, which suggest that, there is low support from men on utilization of family planning in Chato District due to many factors. The most influential factors to male involvement in utilization of family planning was revealed to be distance to family planning clinics, men's approval on spouse use of family planning services and side effects after family planning methods use.

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Due to the fact that men disapprove the use of family planning, the study recommends the need for FP programs to adopt approaches that integrate men into existing family planning services in order to improve FP use and its sustainability. Distance to FP service delivery points and side effects were services related factors influencing FP use, this means reproductive health barriers cannot be addressed in the absence of accessible health services and medical knowledge and skills across all Service Delivery Point.

Keywords: Family planning utilization; Service-related factors; Male involvement; Family planning methods; Cultural factors.

1. Introduction

Family planning enables individuals to attain their desired number of children and spacing of their children, through use of contraceptive methods [1]. Low utilization of family planning is a global problem for developed and non-developed countries, both in terms of total use and the types of methods used [2]. Despite Tanzania being among the first countries in Africa to introduce FP services, but the National contraceptive prevalence has remained at 32% [3, 4], whereas in Chato District Council FP utilization is 16.4% with high TFR of 4.8 [5]. High fertility is associated with maternal and child morbidity and mortality, as mothers are frequently exposed to risks of child bearing and its complications, including heavy bleeding after delivery, gestational high blood pressure and diabetes, pre-eclampsia and the risks of abortions which could result to death [6]. It is well established that, there is association between high fertility rate and low use of contraceptives, high infant mortality rates, under five mortality rates and maternal mortality rates which is the case in Tanzania [7, 12]. Using family planning could help to reduce the number of exposure of mothers to risks of child bearing and its complications [8]. Traditionally, family planning programs have been directed towards women, considering that, women are the ones who become pregnant and women use majority of the available Family planning methods. However, men are key decision-makers in almost all spheres of life including use of contraceptives [9]. Men desire but at the same time do not use any FP methods due to many factors which could be at individual level, cultural characteristics or at health care service level [2]. There is evidence that, when men are involved in family planning, there are improvements in utilization of Family planning methods due to improved support from men [10]. That's why the present study gives an insight into the factors influencing male involvement in utilization of family planning services in Chato district which will be used by different stakeholders of reproductive health to improve Family planning utilization as a strategy for maternal mortality reduction.

1.1 Statement of the Research Problem

Despite national efforts of universal access to reproductive health services, which include use of FP methods, yet in Chato, there is low utilization of family planning methods of only 16.8% as compared to the national target of at least 60% [11]. Chato district experienced high maternal deaths in 2016 which was at 139 per 100,000 live births due to low utilization of family planning services where men contributes by only 1.6% of the total FP utilization in Chato District [5]. Family planning saves lives of women and children and improves the quality of life for all [12]. Most of couples using contraception rely on methods requiring active male

participation [13], hence involvement of men in family planning can have significant benefits to the family planning methods acceptance, continuation of use, client satisfactions and efficacy [14]. However, access to family planning services is limited among men due to many factors which are not full identified. The generation of knowledge through research is a mechanism that has been widely used to inform effective and efficient conduct of programs worldwide and it could play a critical role in responding to the challenges of unmet need for FP in Tanzania [13]. Therefore, it was necessary to conduct this study in Chato District, which also has had high maternal mortality [5].

1.2 Specific Objectives

- i. To assess the proportion of men using family planning in Chato District.
- ii. To assess demographic factors that influence male involvement in utilization of family planning in Chato District.
- iii. To assess cultural factors that influence male involvement in utilization of family planning in Chato District.
- iv. To assess the health care system factors that influence male involvement in utilization of family planning in Chato District.

2. Materials and Methods

2.1 Study Area

The study was conducted in Chato district, Geita region in western Tanzania. The primary economic activity is subsistence farming without irrigation, using only rain. Fishing is also commercial and for domestic use as Chato District neighbours Lake Victoria to the East. The reason for selecting Chato district was that, it is one of the new districts of Geita region with unknown prevalence of family planning utilization among men and experienced the highest maternal deaths in Geita region [5].



Figure 1: The Map of Chato DC showing neighbouring districts in Geita Region

2.2 Study design and sampling procedures

Descriptive cross sectional study that used both quantitative and qualitative study approaches was used to assess the factors influencing male involvement in utilization of family planning in Chato district. Multistage sampling technique was used to randomly select the wards, villages and hamlets/streets. The sampling unit was men aged 19 years and above who live in a particular household in Chato District. A sample size of 496 men were systematically selected for the study. Also, four Focus Group Discussions were conducted and 12 Key Informants were interviewed. The combination of techniques that gathers both quantitative and qualitative information was important to yield the most comprehensive results.

2.3 Data management and analysis

Data compilation and processing started immediately after the end of the major field work and were analyzed differently according to the objectives using SPSS. Frequency distribution tables and figures were used for description of simple proportions. Bivariable analysis was conducted using frequency distribution tables and proportions obtained were compared using chi-square at a confidence interval of 0.05, to look for any association between Family Planning use (Dependent variable) with each of the potential independent variables. Multivariable analysis was performed using Binomial non-linear logistic regression analysis to compare strength of association between dependent variables with a set of independent variables which were significant at bivariable level. Factors that were significantly associated with FP use at bivariable analysis ($p < 0.05$, those with p -values $< \text{or} = 0.1$) were considered in the logistic regression model. This was essential to control confounding factors that were not primary variables of interest but would possibly have an effect on the association of other primary variables of interest with FP use. Their respective odds ratios (OR) associated with these potential factors were reported as a measure of strength, together with the respective 95% confidence intervals. The model used was: $\text{Logit } P(\text{predictors of FP use}) = \alpha + \beta_1 \text{ influence of number of children} + \beta_2 \text{ influence of knowing FP clinic} + \beta_3 \text{ distance to FP clinic} + \beta_4 \text{ discussion between spouse on FP use} + \beta_5 \text{ influence of men's discussion with others apart from wife on FP} + \beta_6 \text{ Men's approval on spouse} + \beta_7 \text{ influence of FP side effects}$. In addition, narrative analysis with thematic version was employed to analyse data emanating from Focus Group Discussions (FGD) and key informants (KI). The collected information was analysed and coded by themes and sub-themes. For each FGD outcome of discussion and KI interview proceedings were summarized and used to supplement obtained quantitative information and verbatim quotations were used to illustrate responses on relevant issues.

2.4 Study Limitations and Delimitation

- i. Difficult in finding men at home was one of the problems encountered because all the data were collected by visiting respondents in their households during the day; since during the day, they go for economic activities like fishing and farming, also employed respondents were not found at home during day time on week days. This problem was solved by collecting data during the evening when most of men are back at home.
- ii. Recall bias, participants might not remember well using family planning methods. This could result in

miss classification, assigning wrong exposure or outcome category, hence over or under estimation of the outcome. This was minimized by asking them to remember only within six months.

- iii. Another form of responses bias could have arisen when assessing currently used FP methods and in particular condom use a form of FP method. This is because condoms are promoted not primarily for FP purposes but as a way to prevent STIs. This was addressed through asking men if they used condom for Family Planning intentions or STIs prevention, but also complimentary information of FGD minimized the error where participants were able to outline the frequently used methods.

3. Results

3.1 Proportion of Current FP Utilization for all Methods

The proportion of men who reported using family planning methods during the act of sexual intercourse in the past six months was 17.5% as summarized in Table 4.1. Valid percentage was used because there are 38 respondents who were excluded because they genuinely did not respond to the question. The most notable reason was not recalling the use or none use of Family planning in the past six months.

Table 3.1: Frequency Distribution of Family Planning Utilization

Characteristic		Frequency	Percent	Valid Percent
Used FP	Yes	80	16.1	17.5
	No	378	76.2	82.5
	Total	458	92.3	100.0
Missing	System	38	7.7	
Total		496	100.0	

Source: Field Data, 2019

3.2 Socio-Demographic Characteristics of the Respondents

3.2.1 Distribution of Social Demographic Characteristics of Respondents

Among the respondents, the minimum age was 19 years and maximum age of 70 years with mean age 35.98 (SD of ± 10.018). Table 3.2 shows the composition of men in each age group, including men’s marital status, those with children, number of children they have, number of wives they have, occupation, level of education and their religion. The major age group was 30-39 (36.3%) years of age meaning that, the study population was a younger generation. With regard to marital status, most of the respondents were married (89.7% n=445) and about 95.8% (n=475) of the respondents had children. 83.3% (n=402) of men responded having two or more children, however, 86.2% (n=412) of respondents had only one wife. More than half of men who responded were Peasants (64.1% n=318) probably because Chato is still a rural district, but there were very few men who had no formal education (11.9% n=59). The rest were educated from primary level (55.5%), secondary level (24.4%) and college education (5.4%). The majority of the respondents (80% n=397) were Christians as

compared to Muslims which were 12.1% (n=60) and non-religious which were 7.9% (n=39).

Table 3.2: Distribution of Socio-Demographic factors of Respondents

Characteristics		Frequency	Percent
Age group	19	4	0.8
	20- 29	142	28.6
	30- 39	180	36.3
	40- 49	119	24
	50+	51	10.3
	Total	496	100
Marital Status	Not married	11	2.2
	Married	445	89.7
	Widowed	11	2.2
	Separated	18	3.6
	Cohabiting	11	2.2
	Total	496	100
Do you have any child	Yes	475	95.8
	No	21	4.2
	Total	496	100
Number of children	One	80	16.1
	Two or more	416	83.9
	Total	496	100
Number of wives	One	412	83.1
	Two	50	10.1
	Three	6	1.2
	Four	10	2
	Total	478	96.4
	Missing system	18	3.6
	Total	496	100
Occupation	Peasant	318	64.1
	Casual	25	5
	Employed	21	4.2
	Petty Business	93	18.8
	More than one occupation	39	7.9
	Total	496	100
Level of education	No formal education	59	11.9
	Adult education	12	2.4
	Primary Education	277	55.8
	Secondary Education	121	24.4
	College	26	5.2
	Missing system	1	0.2
	Total	496	100
Religion	Christian	397	80
	Muslim	60	12.1
	No religion	39	7.9
	Total	496	100

Source: Field Data, 2019

3.2.2 Distribution of Socio-Demographic factors by Utilization of Family Planning

Table 3.3 provides descriptive statistics about utilization of family planning in the past six months by age, marital status, and level of education, occupation and religion. Results indicate that, young men in the age group

30-39 (38.8%) followed by those in 20-29 age group (33.8%) tend to utilize more family planning than the remaining older age groups of 40-49 (21.3%) and 50+ (6.3%). However the difference was not statistically significant ($p=0.625$).

The findings were complemented by participants from FGD groups as follows;

“We young men are very stubborn and aggressive when asked to use FP because we marry to get children why then use FP”. “Also, FP reduces sexual pleasure”. Masala Kulangwa, Male, 35years, Chato FGD group on 30th Mar 2019. Findings from this study reveals that, married men who reported to use family planning were (92.5%), but also among those who reported not to have used family planning 92.6% were married, compared to those who were single, widowed, separated or cohabiting. However, p value shows that utilization of family planning is not associated with marital status ($p\text{-value}=0.901$). Peasants (55%) utilized more family planning than those with petty business (23.8%), casual labors (6.3%), employed (1.3%) and others with more than one occupation (13.8%). However the p-value is 0.315 showing that, occupation is not associated with utilization of family planning. With regard to education, results also show that, majority of men who utilized family planning had primary (16.3%), and secondary education (32.5%) compared with those with informal education (11.3%). However, level of education was not statistically associated with FP utilization($p\text{-value} =0.272$).

During KI interview a female respondent aged 38yrs from Chato town commented that:

I think some men don't want to participate in FP use is due to ignorance. They do not know the best methods that can be used and some do not know where they can get such information” said Mawazomengi, female, 38years, KI respondents on 15th April 2019 Christians are high users of family planning (83.8%) compared to Muslims (11.3%) or those with traditional religion (5%). However, the difference shows that, there was no statistically significant association between religion and FP utilization ($p=0.670$).

One of religious leaders during interview commented that:

“Life has changed, we don't teach our followers to get children they can't manage and end up being street children”. Daima mbele, Male, 65years, Religious leader (KI) on 17th April 2019.

Table 3.3: Distribution of Socio-Demographic factors (Age, Marital Status, Level of Education and Religion) of Respondents and Utilization of Family Planning

characteristics		Did use FP during sex		Total	Significance
		Yes	No		
Age group	19 and bellow	0	3	3	Chi-Square=2.610 p-value=0.625
		0.00%	100.00%	100.00%	
		0.00%	0.80%	0.70%	
	20-29	27	106	133	
		20.30%	79.70%	100.00%	
		33.80%	28.00%	29.00%	
	30-39	31	138	169	
		18.30%	81.70%	100.00%	
		38.80%	36.50%	26.90%	
	40-49	17	96	113	
		15.00%	85.00%	100.00%	
		21.30%	25.40%	24.70%	
50 +	5	35	40		
	12.50%	87.50%	100.00%		
	6.30%	9.30%	8.70%		
TOTAL		80	378	458	
Marital Status	Not married	1	9	10	Chi-Square=1.057 p-Value =0.901
		10.00%	90.00%	100.00%	
		1.30%	2.40%	2.20%	
	Married	74	350	424	
		17.50%	82.50%	100.00%	
		92.50%	92.60%	92.60%	
	widow	1	2	3	
		33.30%	66.70%	100.00%	
		1.30%	0.50%	0.70%	
	Separated	2	10	12	
		16.70%	83.80%	1000.00%	
		2.50%	2.60%	2.00%	
cohabiting	2	7	9		
	22.20%	77.80%	100.00%		
	2.50%	1.90%	2.00%		
Total		80	378	458	
Occupation	peasant	44	249	293	Chi-Square=5.912 p-Value =0.315
		15.00%	85.00%	100.00%	
		55.00%	65.90%	64.00%	
	casuals	5	20	25	
		20.00%	80.00%	100.00%	
		6.30%	5.30%	5.50%	
	Employed	1	1	2	
		50.00%	50.00%	100.00%	
		1.30%	0.30%	0.40%	
	Petty business	19	67	86	
		22.10%	77.90%	100.00%	
		23.80%	17.70%	18.80%	
More than one occupation	11	41	52		
	21.20%	78.80%	100.00%		
	13.80%	10.80%	11.40%		
Total		80	378	458	
No formal education	9	45	54		
	16.70%	83.30%	100.00%		
	11.30%	11.90%	11.80%		

characteristics	Did use FP during sex		Total	Significance	
Education level	Adult Education	1	7	8	Chi- Square =6.373, P-value 0.272
		12.50%	83.30%	100.00%	
		1.30%	11.90%	11.80%	
	Primary Education	37	219	256	
		14.50%	85.50%	100.00%	
		16.30%	57.90%	55.90%	
	Secondary education	26	89	115	
		22.60%	77.40%	100.00%	
		32.50%	23.50%	25.10%	
	college	7	18	25	
		28.00%	72.20%	100.00%	
		8.80%	4.80%	5.50%	
Total	80	378	458		
Religious	Christianity	67	299	366	Chi- Square =1.1551, P-value 0.670
		18.30%	81.70%	100.00%	
		83.80%	79.10%	79.90%	
	Muslim	9	45	54	
		16.70%	83.30%	100.00%	
		11.30%	11.90%	11.80%	
	Non religion (Traditional)	4	34	38	
		10.50%	89.50%	100.00%	
		5.00%	9.00%	8.30%	
Total	80	378	458		

Key: Statistically significant difference means (p<0.05) - Source: Field Data, 2019

3.2.4 Distribution of Family Planning Methods used by Respondents

Figure 2 shows the distribution of the types of family planning methods used by respondents. Among the types of FP methods used by respondents with the highest use by men during the last act of sexual intercourse in the past six months before the day of interview were condoms (32.5%), followed by natural methods (25%), implants (20%) and injectable (12.5%) respectively.

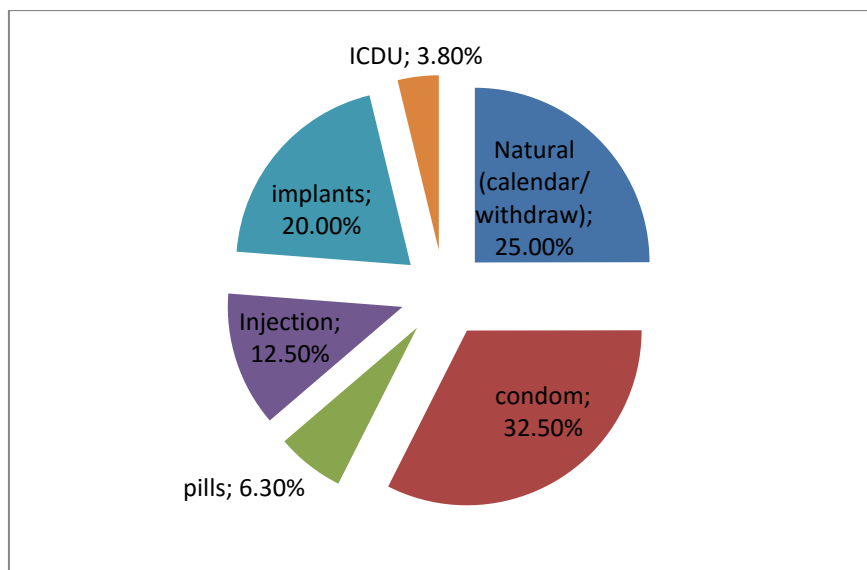


Figure 2: Distribution of Family Planning Methods used by respondents

Source: Field Data, 2019

These findings are supported by the findings from FDGs as commented by some of the respondents as follows:

FP methods frequently used during sex were condoms. A few participants mentioned use of natural methods including herbal medicines of unknown names". Summary from FDGs Frequently used FP methods were also discussed and some of the respondents commented that;

"For us men we have limited number of the available family planning methods, but we always get condoms from nearby shops or find them in lodges. Government should think of bringing for us condoms at our houses because when we have them in our houses, it is convenient for us to use". Machozi, Male, 43years, (KI) on 17th April 2019. Health managers also acknowledged on the availability and frequently used FP method as commented below;

"We always provide condoms to our clients at every service delivery point free of charge and they are always available as compared to pills and injections. Condoms are available everywhere with less concern on their storage or technical know-how". DRCHCo (KI) on 7th Apr 2019.

3.3 Distribution of cultural behaviors and Utilization of Family Planning

This study also examined factors that might be associated with family planning utilization at a bivariable level of analysis, using the chi-square test. Analysis on selected behaviors yielded the following results as shown in Table 3.4. Men with more than one child had used family planning (85.7%) more than those with one children (14.3%), $p=0.036$. Therefore having many children is associated with utilization of family planning.

Findings are similar with results from FDGs;

"Once you reach the desired number of children it is better to use FP otherwise you will not be able to support them". Mapinduzi, male, 39years, Bwina FGD on 1st April 2019

Another respondent from FGD also commented that;

"Most people prefer a small family of 4-5 because it is easy to take care of them especially now, but in the past people were after large families of 10-12 or until all the women eggs (ovum) finishes with the expectation that every child comes with own blessings to family". Imalamawazo, male, 26years, Chato FGD on 30th Mar 2019.

Results reveals that, spouse who talked with their partners about family planning had used family planning more (87.5%) than those who did not discuss with partners (12.5%) with $p < 0.001$. Therefore discussion among couples is statistically significant associated with utilization of family planning. Respondents reported that the use of contraceptives is very low because men do not want to hear about it and sometimes women are using without their spouses knowledge but if men were to discuss about FP use with their spouses, things could be different as commented by these respondents;

“Health care providers really want to help us to cope with the challenges of using FP. They also give us counseling on FP and how the methods work, but it would have been better if we were to be supported with our spouses because the counseling directly benefits only one partner in the relationship”. Susu, female, 42years, (FGD) Chato on 30th March 2019.

Respondents also pleaded on the importance of male involvement when it comes to issue concerning family planning as commented by this respondent;

“Some of our spouses want to have sex without using FP since some of them don’t come to FP clinics for counseling with us, they don’t discuss with us when we share with them the benefits of using FP methods, using secretly sometimes becomes difficulty”. “If both of you happen to come for FP services and get counseling using FP is not as difficult compared to when you come alone”. Pawawa, female, 32years, Chato FGD on 30th Mar 2019. According to the results, respondents who discussed about family planning services with other people apart from spouse had used more family planning (77.5%) than respondents who did not discuss with others about family planning (22.5%) $p < 0.001$. Therefore, discussing family planning with others apart from partners is significantly associated with utilization of family planning. Men were also asked to who should decide to get another children, 68.8% of respondents said both men and women, while men only were 30% and women only 1.2% ($p < 0.313$). However, the difference was not statistically significant. Also, men who approve family planning use to partners had used family planning more (92.5%) than those who did not approve use of family planning to spouse (7.5%) with p -value < 0.001 . Therefore, approval of men on partners is significantly associated with family planning. Findings are similar with results from the discussions where some men showed great concern of women using contraceptives without men’s permission as commented by this respondent:

“Most of men does not approve use of FP because they think when a woman uses FP it’s for extramarital purposes”, She will cheat and not get pregnant hence not detected”. Kasanda, female, 25years, Buzirayombo FGD on 9th Apr 2019. Gender violence was also reported when it comes to use of FP without men’s approval as commented by this respondent;

“Some men do beat their wives (it is a very common practice), it occurs especially for women who do not follow what their husbands are advising them...hii ni kawaida kabisa”. Igoko, male, 39years, Chato FGD on 30th Mar 2019. Tribe approval to utilize family planning ($p=0.173$), having many children is security at old age ($p=0.70$) and having many children increases the work force (0.119) were all not associated with utilization of family planning.

Table 3.4: Utilization of Family Planning Methods by cultural behaviors

Characteristic		Did Use FP during sex		significance
		Yes	No	
Number of Children	one	11	62	Pearson Chi-Square=10.248 P-value=0.036
		13.7%	16.80%	
	More than 1	69	307	
		86.30%	83.20%	

Characteristic		Did Use FP during sex		significance
Total		80	369	
Spouse talk about FP use	yes	70	212	Pearson Chi-Square =26.830, P-value <0.001
		87.50%	56.50%	
	No	10	163	
		12.50%	43.50%	
Total		80	375	
Have you ever talked to anybody else apart from your wife about FP	Yes	62	193	Pearson Chi-Square =18.707, P-value <0.001
		77.50%	51.10%	
	No	18	185	
		22.50%	48.90%	
		80	378	
Who should decide to get another child	Men only	24	124	Pearson Chi-Square =3.563, P- value 0.313
		30.00%	32.80%	
	Mother only	1	17	
		1.30%	4.50%	
	Both mother & women	55	232	
		68.80%	61.40%	
	other	0	5	
	0.00%	1.30%		
		80	378	
Approve use of FP spouse	Yes	74	242	Pearson Chi-Square =24.791, P-value 0.001
		92.50%	64.20%	
	No	6	135	
		7.50%	35.80%	
		80	377	
In your tribe is FP use allowed?	yes	55	220	Pearson Chi-Square =3.505, P- value 0.173
		68.80%	58.50%	
	No	20	135	
		25.00%	35.90%	
	Don't know	5	21	
		6.30%	5.60%	
		80	376	
Having many children is security at old age	yes	27	179	Pearson Chi-Square =5.305, P- value 0.70
		33.80%	47.90%	
	No	47	172	
		58.80%	46.00%	
	Don't know	6	23	
		7.50%	6.10%	
		80	374	
Having many children increases the working force	Yes	19	135	Pearson Chi-Square =4.255, P-value=0.119
		23.80%	35.70%	
	No	58	230	
		72.50%	60.80%	
	Don't know	3	13	
		3.80%	3.40%	
		80	378	
Men prefer male child for inheritance	yes	17	123	Pearson Chi-Square =4.767, P- value =0.92
		21.30%	32.50%	
	no	59	230	
		73.80%	60.80%	
	Don't know	4	25	
		5.00%	6.60%	
		80	378	
Having many children improves	Yes	12	118	Pearson Chi-Square =8.646,
		15.00%	31.20%	

Characteristic status of males	Did Use FP during sex		significance P- value=0.13
	No		
	66	254	
	82.50%	67.20%	
Don't know	2	6	
	2.50%	1.60%	
	80	378	

Key: Statistically significant difference means ($p < 0.05$)

Source: Field Data, 2019

3.4 Distribution of Services related factors and Utilization of Family Planning

Analysis of the service provision related barriers yielded the following results as shown in table 3.5. Respondents who knew more than one methods of family planning were 96.3% users of family planning methods during sex in the past six months and 3.7% non-users ($p = 0.950$). However the difference was not significantly associated with utilization of Family planning methods. Results shows that, men who knew any family planning clinic had used more (96.3%) family planning methods than those who didn't know (3.8%) and the difference was found to be statistically significant ($p = 0.008$). Respondents who resided within 2 km from family planning clinic had used more family planning methods (78.5%) than those who are more than 2 km (19.4%) $p = 0.036$. Therefore distance to the clinic is associated significantly with utilization of family planning. Analysis of men who have ever visited family planning clinic reveals that, 68.4% had used family planning methods more than those who have never visited (32.6%), $p < 0.001$. Therefore, visiting a family planning clinic is associated with utilization of family planning. Furthermore, results show that, men or their partners who experienced any side effects after use of family planning methods had less utilization of family planning methods (37.6%) than those who did not experience side effects (62.4%) $p = 0.002$. The difference was statistically significant. Side effects concerns were also observed during FGD and KI interview as commented by respondents as follows:

"I have used FP for the past five years and I was told which problems to expect and those problems of FP people talk about are just rumors and tend to discourage others, and I think they usually come if you have additional sickness, as for me I have no problem with FP and even if I were to get a problem I would go back and get treatment as I was told". Masangu, female, 32, Bwina FGD on 1st Apr 2019. The issue of side effects was also associated with scarcity of skilled human resource for health as commented by this respondent;

"There is shortage of trained FP health care providers and the few available often overworked because they also perform a number of other activities and this has affected the quality of FP services provided and contributed to low client satisfaction". "Also, we have few Doctors and equipment to provide long term methods to our clients". DRCHCo (KI) on 7th Apr 2019. However, results also shows that, missing family planning methods when visited family planning services providers did not affect the utilization of family planning ($p = 0.547$).

Table 3.5: Utilization of Family Planning by Service-Related factors

Characteristic		Did use FP during sex		Total	Significance
Family planning methods known	Pills	1	5	6	Chi-square =0.350, P-value =0.950
		16.70%	83.30%	100.00%	
		1.30%	1.50%	1.50%	
	Injection	1	3	4	
		25.00%	75.00%	100.00%	
		1.30%	0.90%	1.00%	
	Implants	1	1	2	
		50.00%	50.00%	100.00%	
		1.30%	0.30%	0.50%	
	More than one	77	319	396	
19.40%		80.60%	100.00%		
96.30%		97.30%	97.30%		
Total	80	328	408		
		19.40%	80.60%	100.00%	
Knowing any FP clinic		100.00%	100.00%	100.00%	Chi-square =7.031 P-value= 0.008
	Yes	77	321	398	
		19.30%	80.70%	100.00%	
		96.30%	85.40%	87.30%	
	No	3	55	58	
		5.20%	94.80%	100.00%	
		3.80%	14.60%	12.70%	
	Total	80	376	456	
		17.50%	82.50%	100.00%	
	100.00%	100.00%	100.00%		
Distance from family planning clinic	Below 2km	62	217	279	Chi-square =6.655 P-value= 0.036
		22.20%	77.80%	100.00%	
		78.50%	64.80%	67.40%	
	2-5 km	11	93	104	
		10.60%	89.40%	100.00%	
		13.90%	27.80%	25.10%	
	6 km or more	7	25	32	
		19.40%	80.60%	100.00%	
		8.80%	7.50%	7.70%	
Total	80	335	415		
	19.30%	80.70%	100.00%		
	100.00%	100.00%	100.00%		
Ever visited FP clinic in the past six months	Yes	54	88	142	Chi-square =61.441 P-value= 0.001
		33.00%	62.00%	100.00%	
		68.40%	23.40%	31.20%	
	No	26	288	314	
		8.30%	91.70%	100.00%	
		32.50%	76.60%	68.90%	
		80	376	456	
	17.50%	82.50%	100.00%		
	100.00%	100.00%	100.00%		
Side effect after FP use	Yes	35	58	93	Chi-square =12.419 P-value= 0.002
		37.60%	62.40%	100.00%	
		50.00%	29.30%	34.70%	
	No	35	140	175	
		20.00%	80.00%	100.00%	
		50.00%	61.10%	57.80%	
Total	70	198	268		

Characteristic		Did use FP during sex		Total	Significance
Miss FP methods when you visited family planning service provider	Yes	4	10	14	Chi-square =0.362 P-value= 0.547
		28.60%	71.40%	100.00%	
		5.60%	4.00%	4.30%	
	No	67	241	308	
		21.80%	78.20%	100.00%	
		94.40%	96.00%	95.70%	
	Total	71	251	322	
		22.00%	78.00%	100.00%	
		100.00%	100.00%	100.00%	

Key: Statistically significant difference means (p<0.05)

Source: Field Data, 2019

3.5 Multivariable analysis

In an attempt to explore further potential modifying variables accounting for variation in outcome in the data set, multivariable analysis was conducted. The variables included in the final logistic regression were, number of children, knowledge of FP clinic, Distance to FP clinic, Discussion between spouse, Discussion with others apart from spouse, approval by spouse on use of FP and Side effects after use of FP. These variables showed significant association at bivariable analysis. The logistic regression models that best predicts use of FP from the various predictors considered has p-value <0.05. Table 3.6 shows that, only three of the independent variables made a unique statistically significant contribution to the model, which includes distance to family planning clinic, men’s approval on spouse use of family planning and side effects after family planning utilization. In the model the barriers entered were those found to be significantly associated with utilization of family planning methods. The effect of each barrier on the dependent variable (utilization of family planning during sex) was indicated by the odds ratio for each variable relative to the reference category. The strongest contributing factor in this model of reporting utilization of family planning methods was men’s approval on the use of family planning methods with odds ratio of 4.221 This means respondents who approved family planning methods use were four times (OR =4.221, 95%CI =1.147-15.539) more likely to use family planning methods than those who disapproved it controlling for all other factors in the model.

The findings were similar to those of FGD:

“Most men do not accept use of family planning though women are willing to do so. Men disallow contraceptives because they are worried that their wives will have sexual relationship with other men, which is not true”, Mawingu, female, 30years, Chato FGD on 30th Mar 2019. However, some men showed concerns about the behavior of women once using

contraceptive methods as commented by this respondent:

“If a woman stays longer without conceiving causes a woman to misbehave”. Mahindi, male, 29years, (KI) on 17th Apr 2019.

Distance to family planning services provider was also positively related with utilization of family planning methods with odds ratio of approximately 0.3, indicating that for those who are very close to family planning services providers were approximately 2 times more likely to utilize family planning methods (OR=1.949, 95%CI=1.069-3.555) than those who are very far from family planning services providers, controlling for all other factors in the model.

The findings were similar to those of FGD:

“FP services does not reach us in villages, it’s difficult to go to FP clinic frequently due to distance”
 Ng’wanakilala, female, 47years, Muganza FGD on 18th Apr 2019.

Medication side effects was positively related to non-utilization of family planning methods with odds ratio of 1.888 (95%CI =1.067-3.341), meaning that for those respondents who experienced side effects were approximately 2 times more likely to report non-utilization of family planning methods, controlling for all other factors in the model. Therefore, the most consequential barriers affecting utilization of family planning services among men were men’s approval on use of family planning methods by spouse, distance to family planning services providers and medication side effects. Some respondents did not support these results during interview as commented by this respondent:

“I was not having my periods and I decided to leave FP injection because I was told that, if you continue like this for long, once you stop it will be very difficult to conceive, but I resumed after I explained this to my counselor and she told me that it was not true. She explained was an expected effect of the FP injection and has nothing to do with fertility”. Ng’wanamaria, female, 34years, Buzirayombo FGD on 9th Apr 2019.

Another respondent supported the results during interview with serious comments:

“These medicines are bad for us; they should be changed as using FP there is a risk of getting obstetric cancer and some women get abnormal children”. Ibobogelo, female, Buzirayombo FGD on 9th Apr 2019.

Table 3.6: Logistic Regression Predicting Likelihood of Utilization of Family Planning Methods by Men

Characteristic	P-value	Exp(B)=OR	95% C.I.for EXP(B)	
			Lower	Upper
Number of Children	.423	1.091	.882	1.350
Knowing FP clinic	.388	.422	.060	2.994
Distance FP clinic	.030	1.949	1.069	3.555
Men’s discuss with spouse on FP	.108	2.188	.843	5.679
Men’s discussed with others on FP	.176	1.527	.827	2.821
Men’s Approve Spouse use of FP	.030	4.221	1.147	15.539
Side effects after FP use	.029	1.888	1.067	3.341

Key: Statistically significant difference means (p<0.05)

Source: Field Data, 2019

During focus group discussions for both men and women, and key informants, there was a mixed opinion on how to promote FP utilization among men and women. Some of the comments given by respondents were:

“Most of the men don’t know the benefits of using FP, health education should be given priority for men because some of them once they discover a woman is using FP they go out with other women”. Ng’wana Charles, female 31 years, Chato FGD on 30th Mar 2019.

“Men say they don’t carry pregnant why then use FP”. Health education on FP services should be given priority to men”. Masangu, female, 28 years, Health worker, (KI) on 17th Apr 2019.

From Focused Group Discussion, five sub-themes were identified as factors influencing men’s involvement in Family Planning Utilization: (i) perceived side effects of female contraceptive methods which disrupt sexual activity, (ii) limited availability of Family planning Service Delivery Points, (iii) perceptions that Family planning Utilization was a woman’s business because they are the ones who get pregnant, (iv) number of children specifically preference for large family sizes which are uninhibited by prolonged birth spacing; and (v) concerns that women’s use of contraceptives will lead to promiscuity. In general, knowledge of effective contraceptive methods was high. However, lack of time and overall limited awareness regarding the specific role of men in reproductive health was also thought to deter men’s meaningful involvement in issues related to Family Planning.

4. Conclusion

In this study, it has been revealed that a large majority of men who were involved in the study do not utilize FP. Condom was the most frequently reported FP method that was predominantly utilized. However, it is important to note that condom is primarily for FP purposes but also a means of prevention against STIs. Thus, the high use of condom could be because of the intention to prevent STDs than for FP. The current level of utilization of FP for all methods was at 17.5%. This low level of male involvement could be due to the lack of information, and inaccessibility to the services men do face. All stakeholders with the Government in the front line should ensure family planning programs incorporate the responsibility and roles of males in the uptake of family planning. This research has demonstrated that demographic characteristics do not influence male involvement in the utilization of FP in Chato District; however, do not necessarily translate to FP utilization. This situation calls for more innovative strategies for the promotion of FP, and education on the importance of FP methods utilization engaging wider community. Also, accessibility should be considered by increasing Service Delivery Points, as there might be no barrier but the services are hard to reach. Further more results of this study also show that the use behaviour is strongly associated with male’s approval on utilization of FP. A majority of men in Chato District do not approve FP utilization. In such situation, family planning programs should engage with wider community through mass and peer campaign strategies. The strategies used to create the awareness on male involvement in FP issues should be given priority at the facilities and community levels, to increase the number of adopters of male involvement in FP. Finally the study revealed that the distance from FP facilities and the

side effects affect use of family planning significantly. Therefore, improving utilization of family planning services also needs interventions by the health sector. Most reproductive health influencing factors cannot be addressed in the absence of quality, accessible health services, and medical knowledge and skills across all FP facilities.

Acknowledgement

This work have been completed due to valuable assistance and contributions provided by different people. We would like to thank God Almighty who has brought us this far and provided us with strength, knowledge, and vitality to make this thesis a reality. Special appreciations go to Mrs Leonia Mkingule for sponsoring this study through family fund. Thanks to all who participated in this study in one way or another, your support is very much appreciated and will forever be remembered.

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