

# Policy Brief

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## Family Planning and Reproductive Health: Where are the Men?

Involving men in family planning and reproductive health is critical for promoting family health. In Kenya, however, men's involvement in these matters has been consistently low, contributing to the low use of family planning services and relatively high number of maternal and child deaths in the country.



**This policy brief highlights the Male Involvement Survey's main findings and makes recommendations for improving public awareness, reexamining gender roles, and making family planning and reproductive health services more male-friendly.**

To address this situation, the *2014 National Survey on Male Involvement in Family Planning and Reproductive Health in Kenya* explored the factors that hamper men's involvement so that strategies to enhance it could be developed. This policy brief highlights the survey's main findings and makes recommendations for improving public awareness, reexamining gender roles, and making family planning and reproductive health services more male-friendly.

### Why Focus on Men?

Family planning and reproductive health programs are typically designed to serve women, even though men's involvement has long been recognized as an important aspect of family health. At the 1994 International Conference on Population and Development, male involvement was described as *"the responsible sexual and reproductive behavior among men which includes supporting women's use of family planning, maternal and child health care services as well as using male methods to enhance family planning."*<sup>1</sup>

Studies in Kenya have consistently shown that men's involvement in family planning and reproductive health matters is limited.<sup>2</sup> The 2008-09 Kenya Demographic and Health Survey (KDHS) revealed that a sizeable proportion of men do not support women's use of family planning. Two out of five men believed that women's use of family planning would make them promiscuous, and one in every five men said that family planning is a woman's business. Also, among the reasons women cited for giving birth at home is that their husband opposed delivery in a health facility.

Kenya is lagging in several areas of health that could be improved with greater male involvement. Although contraceptive use has increased and fertility levels have declined from 2008 to 2014, women still have four or more children, on average, in over half of Kenya's 47 counties.<sup>3</sup> In addition, a significant number of maternal deaths (those due to pregnancy-related causes), as well as child deaths, could be averted through increased use of family planning, antenatal care, and skilled delivery care.

## Efforts in Kenya to Increase Male Involvement

Kenya's *Population Policy for National Development* recognizes that low male involvement in family planning and reproductive health is an obstacle to reducing the pace of population growth to match the country's available resources.<sup>4</sup> The policy therefore recommends a multisectoral approach—including health, education, gender, population, and mass media—to promote men's involvement. *The National Reproductive Health Policy* identifies low male involvement as an impediment to achieving gender equality and equity in the use of reproductive health services, and therefore places a priority on engaging men in reproductive health programs.<sup>5</sup> Efforts on the ground to increase male involvement, however, have been limited to a few small-scale projects by the Ministry of Health and non-governmental organizations.

To inform future policies and programs, the National Council for Population and Development (NCPD) undertook the *2014 National Survey on Male Involvement* to gain a better understanding of the underlying causes of men's low involvement. Through interviews and focus group discussions, the survey assessed community members' knowledge, beliefs, and attitudes with regard to family planning and reproductive health.<sup>6</sup>

## Community Perceptions about Male Involvement

The Male Involvement Survey revealed negative perceptions about male involvement in family planning and reproductive health in most of Kenya's counties. Health concerns, myths and misconceptions, culture, and religion all play a role in shaping the communities' views: In most of the counties, such as Kisumu, Wajir, and Kitui, men indicated that contraceptive methods cause excessive bleeding, swelling of the legs, and weight gain in women. They also said that these

*'What I hear is that family planning spoils the bodies of our women. That there are some methods which when a woman uses she grows fat. Is this true?'*

Adult Men – Kisumu County

methods cause infertility, cancer, and low libido—hence men's opposition to using contraception. In most communities, such as West Pokot, Migori, and Kajiado, the care of young children and the use of contraception are viewed as women's responsibilities, and therefore men who engage in these activities are seen as disempowered. Moreover, some religions support birth spacing and the use of natural family planning methods such as periodic abstinence, but they oppose methods such as male and female sterilization.

Among younger people (ages 15 to 24), the survey found increased awareness of the need for male involvement in family planning due to economic hardships and the scarcity of resources such as land. Respondents in Vihiga, Kitui, and Nyeri Counties expressed support for family planning because they said that it helps to prevent poverty and other challenges associated with large families. Some men also cited the benefit of family planning in promoting women's and children's health.

*'Our farms are very small so if you decide to give birth to many children, like five sons and you have one acre of land, when they grow up where will they build their houses and plant food crops to feed their families?'*

Young Men – Vihiga County

## Men's Roles and Aspirations

Despite the negative perceptions, the survey found that men play some key roles that promote sexual and reproductive health. The majority of men support family planning and reproductive health financially by providing money for food, health care expenses, and transport for their wives and children. Some men in regions such as Meru and Machakos were reported to be encouraging their wives to use the services.

Regarding the role that men would like to play, in about one-third of the counties, a majority of men reported that they would like to accompany their wives to health facilities to seek services. These men also said that they would like to assist with household chores, as well as provide psychological support to their wives during pregnancy and after delivery. The majority of the young female respondents (ages 15 to 24) also supported

*‘Children belong to both the man and woman and the responsibility of bringing them up is for both.’*

**Young Women – Machakos County**

these views. Additionally, in over half of the counties, most of the men said they would like to educate their male peers, especially those preparing for marriage, about family planning and reproductive health.

## **Barriers to Male Involvement**

The barriers to male involvement identified in the survey can be categorized as individual, community, health service, and policy barriers.

At the individual level, the major barrier is inadequate and incorrect information and knowledge about family planning and reproductive health. Other barriers are poor communication between spouses, alcoholism and absentee husbands, and peer and family influences. In particular, poor communication between spouses contributes to the low use of the only family planning methods available to men—condom and vasectomy—while peer and family influences discourage men from escorting their wives to health facilities and taking part in child care at home. In almost two-thirds of counties, most young women (ages 15 to 24) said that their husbands are hardly at home due to work or other social activities, and therefore they had little or no time to discuss family planning or maternal health matters. For their part, most men in over half of the counties reported that they do not talk with their wives about reproductive health because it is a woman’s business. The survey also found that in most of the counties, other older women (rather than husbands) accompany pregnant women to health facilities.

*‘Our men wake up very early and go to work, even those that do night shifts do not have time. When they leave work they go to take traditional brews and come back home drunk and we cannot discuss anything.’*

**Adult Women – Bungoma County**

Community barriers that work against male participation in family planning and reproductive health include the desire for more children, polygamy, opposition to contraception, and the preference for sons. This was the case mainly in counties in Nyanza, Western, Central Rift, and North Rift. In counties in the Coast and North Eastern regions, religion was also found to play a major role in discouraging the use of family planning. In the majority of counties, community norms regarding gender roles worked against men’s participation in childrearing, helping with household chores, and using family planning services.

*‘Family planning is a woman’s issue because men were not involved from the beginning. Health workers are more concerned about the health of women and children because it is a woman’s business, hence men take it that way, and even the FP and MCH providers are women. We men [are] shy to ask about family planning because it is a woman’s issue.’*

**Adult Men – Embu County**

Countrywide, the main barrier to men’s use of services is the lack of male service providers. In all of the counties, men indicated that they did not go to health facilities because they were reluctant to be served by female service providers. Other barriers in health facilities were slow service provision, long waiting times, unfriendly service providers, a lack of privacy, and a limited mix of contraceptive methods for couples.

Despite the existence of national policies supporting men’s involvement in reproductive health, strategies for engaging men have not been adequately disseminated in the counties, nor have they been integrated into the long-term County Development Plans. In addition, the survey found that awareness of family planning and reproductive health policies was generally low among health care providers, especially in the private sector.

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

## NCPD

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## Implications and Recommendations

The negative perceptions about family planning due to health concerns, myths and misconceptions, culture, and religion point to the need for more public education on family planning and reproductive health. Although men's participation is mainly limited to providing money, a sizeable number of men desire to play a greater role, especially during pregnancy and after childbirth. Seizing this opportunity will require changing the community norms that prevent men from playing a greater role in reproductive matters. Also, because public health services in Kenya have been devolved to the counties the strategies for increasing men's involvement in these services should be adapted locally.

### NCPD therefore makes the following recommendations:

#### 1. Enhance public education on family planning and reproductive health:

NCPD, in conjunction with the Ministry of Health, should develop educational messages aimed at both men and women. The two organizations should mount countrywide public education campaigns to enhance male involvement using tailored messages in each county in terms of the barriers found to be inhibiting service use, such as health concerns and myths and misconceptions.

**2. Address gender norms in the community:** NCPD, the Gender Directorate, and the National Gender Commission should develop a strategy for challenging the gender stereotypes that work against efforts to improve male involvement in family planning and reproductive health. For better impact, these advocacy strategies should take into consideration the unique circumstances and challenges of each county, and where possible, they should be implemented alongside the public education efforts described above.

**3. Make health facilities “male-friendly”:** To attract more men to family planning and reproductive health services, the Ministry of Health should step up efforts by employing additional male service providers, reducing waiting times, encouraging service providers to be friendly to men, increasing service privacy, using male volunteers in community outreach services, and ensuring that there is an adequate mix of both male and female contraceptive methods in all health facilities.

**4. Devolve policies to the counties:** Policies on family planning and reproductive health should be tailored to each county's unique situation. For this to happen, NCPD and the Ministry of Health will need to sensitize the health sector and planning teams in each county so that they can understand the objectives of the national policies before incorporating them into their strategic plans. Once these policies have been adapted, each county health ministry should sensitize health workers on these policies and strategies.

Implementing these recommendations will contribute enormously to increasing male involvement in family planning and reproductive health in households and in the communities, as well as the uptake of these services in health facilities. This will, in turn, contribute to a better quality of life for men, women, and children.

## References

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- <sup>3</sup> KNBS, NACC, KEMRI, NCPD, and ICF Macro, *Kenya Demographic and Health Survey 2014* (Calverton, Maryland, USA: ICF Macro, 2015).
- <sup>4</sup> NCPD, *Population Policy for National Development* (Nairobi, Kenya: NCPD, 2012).
- <sup>5</sup> Ministry of Health, *National Reproductive Health Policy – Enhancing Reproductive Health Status for All Kenyans*. (Nairobi, Kenya: MOH, 2012).
- <sup>6</sup> NCPD, *National Survey on Male Involvement in Family Planning and Reproductive Health in Kenya* (Nairobi, Kenya: NCPD 2014).