

Policy Brief

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Engaging men in family planning to reduce unmet need for family planning in Kenya

Women who are fecund and sexually active but are not using any method of contraception, and report not wanting anymore children or wanting to delay the next birth are considered to have an unmet need for family planning.

An estimated 225 million women in developing countries have unmet need for family planning (WHO, 2015). Unmet need for contraception can lead to unintended pregnancies, which poses serious health risks for women and children. Involvement of men in family planning is critical as it positively influences access and uptake of family planning services. Studies have shown that husband's or partner's support for family planning positively influences a woman's current or future use of contraception (Vouking *et al.*, 2014).

Engaging men in family planning would not only support partner contraceptive decisions and improve contraceptive uptake but prevent unintended pregnancies, reduce high-risk births, maternal and infant deaths and reduce the recourse to unsafe abortions. Men can play an important role in family planning and also be active participants in family planning. Research has revealed that men are interested and will positively contribute to family planning discussions when provided with the opportunity, and that spousal communication can increase contraceptive uptake and continuation (Hartmann *et al.*, 2012, Vouking *et al.*, 2014). The involvement of men in family planning in Kenya, however, remains a major challenge to improving maternal and child health. This is because male knowledge of family planning is limited and their involvement is therefore still low.

Although the use of modern methods of family planning in Kenya has substantially increased over decades from 7 percent in 1977 to 30 percent in 1998 to 46 percent in 2008-9 and to 58 percent in 2014, the number of women who have unmet need for family planning and unintended births is still high. About 18 percent of women in Kenya have unmet need for FP, that is, they want to space or limit their childbearing but are not currently using any method of family planning as a result they experience unintended births (2014 KDHS). Women who want to avoid pregnancy, but are not using an effective method of contraception, account for a large majority of unintended pregnancies. In Kenya, 35 percent of pregnancies are unplanned (25% wanted later and 10% wanted no more).

Evidence shows that unmet need for family planning is highest among adolescents 15-19 (23%), ages 20-24 (19%) and 40-44 year-olds (22%). The level of unmet need continues to be higher in rural areas (20%) than in urban areas (13%). In 2014, North Eastern (29.9%) and Nyanza (23.2%) regions had the highest levels of unmet need while Central (8.8%), Nairobi (11.1%) and Eastern (12.4%) regions had the lowest levels of unmet need. The other regions (Rift Valley, Western, and Coast) reported an average of 21 percent of women with unmet need for family planning (KNBS *et al.* 2015).

There are various reasons for this unmet need for family planning (FP). The most common explanations given for the non-use of FP methods where such need is highest include spouse/partner opposition or disapproval. Opposition from husbands or partners prevents women from using or intending to use FP in future (Ochako *et al.*, 2015). This policy brief recognizes the importance of engaging men in reducing unmet need for family planning, identifies barriers to male involvement and how this involvement can be improved to support maternal and child health.

Why involve men in family planning?

Involving men in family planning has a number of benefits:

- Increases men's understanding of FP by directly addressing their concerns about contraception that hinders their own use and that of their partners (Ochako *et al.*, 2015)
- Creates an environment in which both sexes can seek services and men can be encouraged to discuss FP with their wives and share responsibility for their reproductive lives
- Affects women's use of contraception thereby preventing unintended pregnancies, averting unsafe abortions and reducing high-risk births which is one of the main causes for maternal and child deaths
- Leads to improved gender equitable attitudes, better couple communication, increased contraceptive use and continuation (Hartmann *et al.*, 2012)
- Addresses gender norms and inequalities that influence access to family planning information and services. Men can be used to challenge norms that disadvantage women and girls and shape norms that pave way for increased access to FP services for women and girls.

Efforts to promote male involvement in family planning in Kenya

The call to action from the 1994 International Conference on Population and Development (ICPD) recognized the role of men in RH/FP and recommended programs and policies to enable

men play a more active role in reproductive health decisions, including contraceptive method choice and use (UNFPA, 2004). A number of policy and programme interventions have been implemented in Kenya to increase male involvement (2014 MI, Vouking *et al.*, 2014, Williamson *et al.*, 2009):

- Educating men and their peers in RH/FP and constituting male support groups for promoting RH/FP
- Targeting and building the capacity of men who use, accept and are satisfied with RH/FP services, to be male champions and advocates of RH/FP in the communities
- Involving local male political, cultural and religious leaders to advocate for RH/FP
- Instituting laws/regulations that oblige men to accompany their spouses for some pregnancy-related services at the facility
- Clinic based interventions; prioritizing the delivery of services and incentives to women who are accompanied by their spouses to the facility, couple counseling, provision of male reproductive health services
- Community outreach and media campaigns on FP.

Barriers to male involvement in family planning

A wide range of barriers have been identified through the 2014 National Survey on Male Involvement in Family Planning that constrains male involvement in FP. These have been classified into individual, community, institutional and policy level barriers.

Individual level barriers

Inadequate information about family planning

Lack of adequate knowledge and information on contraceptive methods may cause men to perpetuate fears, rumours, myths and misconceptions about specific methods, affecting the health seeking practices for women. Addressing rumours that are incorrect, such as "vasectomy causes impotency" or fear that "woman who use contraception regularly become promiscuous" is a big burden for FP promotion (2014 MI Survey).

Perceived difficulty in engaging men

Difficulty in engaging men is attributed to the perceived notion that men lack the time, are not available and are less committed. “Men are aware of the impact of FP, such as reducing poverty and family expenses, but their commitment is still a problem. They care more about economic concerns than preventing pregnancies” (2014 MI Survey). Research has revealed that men are interested and will positively contribute to family planning discussions.

Spousal communication

The ability to discuss FP with one’s spouse or partner is very important for the approval of FP and consequent practice of contraception. Evidence shows that in the absence of direct discussion, women often assume, sometimes incorrectly, that their partner is opposed to family planning (Hartmann *et al.*, 2012, 2014 MI Survey).

Community level barriers

Gender norms

These are societal and cultural expectations of what it means to be a man or a woman. They can affect a couple’s ability to discuss and make joint decisions about FP and influence access to FP information and services (Ochako *et al.*, 2015). Family planning is frequently perceived as a woman’s issue and men do not participate in discussions about family planning. As a result, stigma is often attached to men who use a FP method or accompany their wives to seek for a method.

Institutional level barriers

Limited space for men in family planning programmes

Men need information and opportunity to form positive attitudes but have limited space in most family planning programmes. The FP programmes and services that began in the 1970’s typically target women, lack FP male providers and as a result FP clinics’ design and layout are seen as potentially inappropriate and uncomfortable spaces for men (Vouking *et al.*, 2014).

Policy level barriers

Poor support for policies and programmes focused on male involvement in FP

The strategies for male involvement have not been explicitly incorporated in the county integrated development plans (NCPD 2014). There is therefore poor support for policies and programmes focused on male involvement in family planning and reproductive health.

Policy and programme implications

1. Integrating the whole spectrum of male involvement in family planning service guidelines and service provision will accelerate the promotion of male involvement in family planning at the facility and community level.
2. Reducing the individual, community, institutional and policy barriers to male involvement in family planning calls for renewed efforts and a multi-sectoral approach. This will help meet the need for family planning and improve the health of women and children.

How can we engage men to address the unmet need for family planning?

Male involvement in RH/FP matters contributes to the wellbeing of mothers and children. The following policy and programme actions to improve male involvement are proposed.

1. Implementation of the comprehensive approach to male involvement which has the following key components:

Men as users of family planning and reproductive health; initiatives have sought to involve men in taking better care of their own health as part of the overall RH. Addressing men’s own reproductive health and behaviour may translate into enhanced knowledge, motivation, and concern for the health of partners and families. Under this approach men are targeted in terms of where they can be easily reached with information and services and encouraged to use different services; FP, VCT, STI during convenient times like evenings and weekends

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

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Men as supportive partners family planning and reproductive health; initiatives working with men promote shared responsibility and decision-making with partners. This approach focuses on the positive influence men can have on women's reproductive health. Men are seen as equal partners in improving RH as a result of their engagement in a variety of areas: maternal health, family planning, child health care, and HIV and AIDS. Men play a major role in planning, accompanying their partners for the services, decision-making, and resource allocation. This approach uses gender transformative approaches to challenge and change rigid gender norms that put women and men at risk.

Men as agents of change in family planning and reproductive health; initiatives focus to involve men who have used FP/RH services and appreciate their benefits. Their capacity is build to become agents of change to promote FP/RH. This approach focuses on using peers to pass on accurate information on FP/RH. The MI findings confirm that peers and media are the main source of FP/RH information for men.

The approaches are far more effective particularly, when integrated with development concerns in the community.

2. Another important key strategy is to incorporate the male involvement strategies in the County Integrated Development Plans (CIDPs).

This should involve reaching out to women and their partners at different stages in their reproductive lives to better satisfy changing needs in family planning and reproductive health – from adolescents, young women and men and to older couples.

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