

Title: Male Involvement in Family Planning: Perceptions among HIV-affected men and women in Nyanza Province, Kenya

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Short Abstract (150 words)

BACKGROUND: In Kenya, there is a large unmet need for family planning (FP), especially among HIV-infected couples. Gendered power differentials influence reproductive decision-making in sub-Saharan Africa. Understanding the influence of male involvement in family planning (FP) is critical to design effective family planning programs.

OBJECTIVES: To explore perceptions of male FP involvement and how gendered-power differentials influence reproductive behavior among HIV-affected Kenyan couples.

METHODS: Individual, in-depth interviews were conducted among 40 HIV-affected, married couples in Nyanza Province.

RESULTS: Approval of male involvement in FP was high. Perceived benefits included: improved couple communication and decreased women's covert FP use. Perceptions of male disapproval of FP were related to gender role expectations, large family preferences, FP association with female promiscuity, beliefs that God determines fertility, fear of child death and side effects.

CONCLUSIONS: FP interventions should simultaneously consider gendered-power imbalances in couple relationships and engage men by understanding their views and easing their fears related to FP.

Extended Abstract:

Background:

Introduction

There is a vast unmet need for contraception in sub-Saharan Africa, especially among HIV-affected men and women.¹⁻⁷ As in much of Sub-Saharan Africa, fertility rates among Kenyan women are significantly higher than desired fertility. In Kenya, it is estimated that 76% of married reproductive age women want to cease childbearing or delay it for at least two years, yet only 39% of them report using a modern method of contraception.⁸ Recent studies estimate the unmet need for contraception among Kenyan women is 36% and between 30-50% among HIV-infected women in Kenya.^{9,10} In Kenya, about 43% of pregnancies are estimated to be unwanted or mistimed and 50-90% of pregnancies among HIV-infected women are unintended.⁸ Meeting the unmet need for family planning is critical to the prevention of unintended pregnancies, especially in the context of high HIV prevalence in sub-Saharan Africa. Acknowledging the considerable influence of men’s preferences and decision-making power on reproductive outcomes, the International Conference on Population and Development (ICPD) in Cairo in 1994 highlighted the need to include male partners in family planning decisions.^{11,12} In the past two decades, multiple studies in African settings have demonstrated that involving men can improve women’s contraceptive uptake.^{7, 13-17} In these studies, male partners’ disapproval or opposition is frequently cited as a major barrier to contraceptive use.^{15,16,18-22} While it is recognized that men play an influential role in couple’s reproductive decision-making, the extent to which they impact women’s contraceptive use has yet to be fully elucidated. Furthermore, it is unclear whether involving men in family planning might increase male dominance or power rather than empower women.²³ Improving an understanding of how male involvement in family planning is perceived by both men and women in the sub-Saharan African context is required to design family planning programs that will meet the unmet need and prevent unintended pregnancies among HIV-affected men and women.

Study Location

This qualitative study was conducted among community-based and HIV clinic-based couples in the Migori and Rongo districts in Nyanza Province, Kenya. Nyanza province is located in Western Kenya and has the highest HIV prevalence in Kenya at 15.4 %, twice the national HIV prevalence estimate.²⁴ The study was conducted in conjunction with the Family AIDS Care and Education Services (FACES), a collaboration between the Kenya Medical Research Institute (KEMRI) and the University of California, San Francisco (UCSF).

Study Objective and Research Questions:

The overall objective of this study was to gain a better understanding of how couple decision-making and gendered relationship power influenced fertility and family planning outcomes in the context of high HIV prevalence. Domains for analysis included perceptions of the individual and social impacts of unintended pregnancy; fertility intentions; couple dynamics and decision-making; and perceptions of/experiences with family planning. This paper focuses on the exploration of one domain: perceptions of men and women regarding male involvement in family planning decisions within couples.

Methodology:

Data Collection & Analysis

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Individual, semi-structured, in-depth interviews were conducted among 40 married, heterosexual couples from June-September 2010. Twenty couples were recruited using a convenience sample where at least one couple member was a client at a FACES-supported, government-run HIV care and treatment center. Twenty couples were recruited from the surrounding community at large in the Rongo and Migori districts of Nyanza Province. Each male and female partner was interviewed separately but simultaneously by local, trained interviewers matched to the sex of the respondent. The interviews were conducted in the Luo language in a private room and took about one hour to complete. The interviews were audio-taped, transcribed and translated into English. Written informed consent from each participant was obtained. Using Atlas.ti5.5, transcripts and field notes were inductively analyzed by at least two members of the research team. Study approval was obtained by KEMRI IRB and the UCSF Committee on Human Research.

Results:

Sample

All participants were married; the mean length of marriage was 11 years. The median ages among women and men were 30 and 41 respectively. Slightly more than one-half of couples were seroconcordant HIV positive, about one-quarter were seroconcordant HIV negative and the remaining one-quarter were either serodiscordant or one partner was unsure of his/her status.

Major Themes:

Both male and female participants discussed their perceptions regarding the major benefits and challenges to male involvement in family planning. According to both women and men, men clearly had a role in family planning decision-making and their views were one of the most significant determinants of their female partners' contraceptive use. Most participants, regardless of sex, expressed approval of male involvement in family planning and believed that involving men would increase women's contraceptive use and help prevent unintended pregnancies, which were perceived to be very common. However, women were fearful of male disapproval, which resulted in frequent clandestine use of contraception.

Female perceptions of need for male approval to use family planning:

The responsibility to plan family size was often perceived to be a woman's domain. This contrasted with the power dynamics within the couple in most other arenas, where men were clearly in charge of their households. For example, one 45 year-old man believed that women were responsible for family planning but also thought that men were interested in becoming involved “....*You know men don't go for family planning- it is women who plan their families, I mean that responsibility is always left for the women, the one of family planning...but if you look at it deeply you will realize that many people desire to plan their families...*”

While many male partners believed that women should handle decisions related to reproduction, most women felt obligated to seek her husband's formal approval to use contraception, even if a woman's personal preference was to limit or stop childbearing. This theme appeared to be due to male dominated decision-making in the relationship overall. One young woman explained, “*The person whose ideas must be used is him, because even if I wanted to go for family planning and he has refused, I cannot do it if he is not in agreement, I have to listen and know if he has accepted or refused.*”

The majority of women discussed the severe, often violent reactions men had if they found out that their partners had been secretly using contraception. Several women related stories of women

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they knew who had been beaten by their husbands. Others feared that their husbands would leave them, send them back to their parents or take on other wives if they discovered their clandestine use of contraception. One 25 year-old mother of three explained why she would never use family planning without her husband's approval *"there are some women who go for family planning without the knowledge of their husbands. And if the man is not aware there will be boxing in this house when he wants to understand why he wants to have children and the woman is not cooperating, this will lead to this man marrying another wife."*

While many women did not use family planning because of their husband's actual or perceived disapproval, a large proportion of women used contraception covertly. Women's covert use of contraception, which was perceived to be common by both sexes, was often a source of guilt and fear for women. Several women explained that they were concerned that if they discussed their contraceptive intentions with their husbands, their husbands would not agree and therefore, didn't broach the subject. One 40 year-old mother of four who was HIV positive admitted that she was secretly using family planning *"because I knew that if I told my husband it would bring quarrels in the house because you know a man will never allow you to stop giving birth, you may give birth every other day and that is what makes him happy, so you have to do it secretly as a woman."*

Barriers to male involvement:

Perspectives on male involvement in family planning were tightly interwoven with themes of male disapproval for several reasons, including threatening men's roles, preferences for large families, stigma related to assumptions of female promiscuity, the belief that God should determine how many children a couple had, and the fear of child deaths and negative health-related side effects from modern methods. Male and female participants discussed how efforts to delay or limit fertility might threaten men's power, or threaten their paternal family lineage and land security, since land is inherited and protected by male children in the local Luo culture. Men's status and roles within their household and community were closely tied to the number of children they produced. Several men said they disapproved of family planning because of the potential that future children will bring wealth and status to the family. For example, one male respondent related *"You know with the men, some also say that the sperms that go into the condom -you can never know if that is the future president. You can never know if that will be the only child that will do well among all your children."*

In addition, competition for the largest family size often occurred between men in a family or community. One 25 year-old woman with two children explained why she felt many men did not approve of family planning, *"Sometimes there is competition here, so and so has how many children and how many children do I have, he is having more children than me, so even if you try to tell him about that thing he will just tell you that people are competing here, there is competition here....So he wants it so much such that even if you can give birth twice in a year that is fine by him."*

The probability of child death compelled other men to desire large families and the belief that fertility was up to God led many men to disapprove of family planning. One 47 year-old father of five who had two children die explained why he believed some men did not approve of family planning, *"I don't know, they say that you may be planning your family and it is God who knows, you may give birth but you don't know which one will live and which one will die so that is why they don't agree that the woman should stop, it is God who knows how the woman should stop."*

Stigma associated with family planning use, including associating it with female promiscuity or prostitution, was also a major barrier to male acceptance of family planning and contributed to a lack of couple communication because women feared their husbands' perceptions that they were

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unfaithful. One 28 year-old mother of five explained, *“the way some men are; maybe some of them feel that if the woman can go for family planning They feel that they shall have allowed them to be promiscuousthat you have been given a chance to be promiscuous; because he knows that you will have affairs and not conceive.”*

Benefits of male involvement and possible interventions:

Most participants felt that male involvement could decrease clandestine contraceptive use, thereby increasing method choice and effective contraception use, as well as improve couple communication and relationship dynamics. For example, one father of nine expressed his agreement with involving men, *“They have to be involved so that whatever you are going to do, for example if your wife can comeand this ... had not [been]discussed ...before. And you just get surprised that she had gone somewhere and she heard something good there. It is better if she comes first to inform you. If you feel that it is good then you can go there the both of you to hear what it is about.”* The need for both partners to feel that family planning was a joint decision was articulated many times. One woman explained why she hoped her husband would be involved: *“he should come with me so that he doesn’t feel like I am hiding it and then I will surprise him later.”*

Many men discussed the benefits of planning their families, including spacing births; several men specifically used the word “burden” when describing having large families. For example, one 47 year-old father of 13 children who was HIV positive agreed with family planning, saying *“Yes, family planning is good, it is good because it does not bring any burden. If you plan your family you will get some space to educate your children, you will know how to feed them, you will not feel as much burden as you would have felt if they were born one soon after the other.”* Another 36 year-old father of three man agreed, *“They can be taught as couples on how they can support each other in issues that will help their family...help them to understand the burden that comes with having many children compared to the little burden of having few children...”*

Lack of education and knowledge about family planning was a major theme throughout the interviews. Both men and women felt an outside person was needed to educate men about family planning so they received the information from a knowledgeable source, possibly in community-wide forums that would target men. Most of the participants felt that men could be persuaded to accept family planning by explaining the benefits of smaller families, which largely centered around increased financial resources for food, clothing and education.

Discussion/Conclusions:

Several reasons for male disapproval of family planning in Kenya were identified, including the association of male status and culturally-expected gender roles with large families and the association of presumed promiscuity with family planning use. Both men and women discussed the benefits of involving men in family planning, which included increased couple communication and the positive implications of less covert contraceptive use among women. Efforts to enhance male participation as a strategy for improving family planning access among HIV-affected individuals must simultaneously consider the imbalance of gendered-power in couple relationships, the potentially negative ramifications of uneven power relations to women, while also seeking innovative, engaging, and positive ways to reach out to and involve men. Interventions should aim to involve men in family planning programs, and to support their understanding of the benefits of being involved in and supportive of women’s reproductive autonomy. Interventions also clearly need to simultaneously ease men’s fears of abandonment and loss of status and lineage as part of programming efforts in order to maximize their involvement.

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