MEN'S PARTICIPATION IN FAMILY PLANNING AND ITS IMPLICATIONS ON THEIR POSITION IN THE FAMILY IN BOMET COUNTY, KENYA

JACKLINE BII CHELANGAT

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DECLARATION

This thesis is my original work and has not been presented for a degree at Kenyatta University or any other institution for academic qualification or certification. This thesis has been complemented by referenced work duly acknowledged.

Signature: _____ Date: 28/10/2024

Jackline Bii Chelangat (B.ED, M.A)

C82/38207/2016

Department of Sociology, Gender and Development Studies

Kenyatta University

UNIVERSITY SUPERVISORS

We confirm that this thesis was done and submitted by the candidate under our guidance as university supervisors.

Signature: _____ Date: 28/10/2024

Dr. Pacificah Okemwa

Department of Sociology, Gender and Development Studies

Kenyatta University

Signature: _____ Date: 28.10.2024

Dr. Zacharia W. Samita

Department of Philosophy and Religious Studies

Kenyatta University

DEDICATION

I dedicate this thesis to my parents; Mr. Julius Bii and Mrs. Wilta Bii for believing in me and making my dreams come true.

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OPERATIONAL DEFINITION OF TERMS

Barriers: These are challenges that inhibit men's participation in family planning (FP) in Bomet County.

Contraceptives: Medications or devices used to prevent pregnancy. In this study, some of the contraceptives adopted by couples in Bomet County include; oral contraceptive pills, Intra Uterine Device (IUD), male condoms, Depo Provera injection and implants.

Family Planning: Practices that assist couples in various families to space pregnancies and time when to have children by adopting FP methods in Bomet County.

Gender norms: These are culturally and socially developed roles and societal expectations of men and women and they may have a detrimental effect on FP services and health outcomes of both women and men in Bomet County.

Masculinity: Invisible rules that direct how a man should act or who he is supposed to be in a particular culture. For instance, in Bomet County, positive masculinity is portrayed when a man adopts FP methods, utilizes FP services, encourages a spouse to adopt FP and when he provides financial assistance. Negative masculinities manifest through limiting their spouses in adoption of contraception, not using FP methods, not accompanying

their spouses to FP clinics and engaging in extra marital affairs.

Men's participation: Men allowing their partners to use contraception, using contraceptives themselves, visiting FP facilities, giving FP financial support to their partners and attending FP seminars in Bomet County.

Men's position: Men holding the highest rank in the family as well as having more negotiating and decision-making authority. In Bomet County, men's position was considered high if they owned family resources, controlled large families and made family decisions including those concerning FP. Men's position was considered medium if they involved their spouses in family decisions. It was considered low if their spouses made family decisions including those regarding FP. Besides, when they were not in a position to procreate or have few children and those who had adopted male FP methods.

Modern Family Planning methods: Medical procedures or products that inhibit reproduction among men and women. In this study, they included; oral contraceptives, male and female sterilization, male and female condoms, injectables, implants and intrauterine devices.

Patriarchy: A system of gender disparity in a society that institutionalizes male social, economic and physical power over women. In this study, it meant men's dominance over women.

Spousal communication: Discussion of FP issues among couples in Bomet County.

Vasectomy: A surgical procedure performed among men meant to protect against pregnancy permanently. In this study, it meant a permanent birth control method among men.

Women empowerment: The process of helping women gain power and control over their own lives including control over their reproductive life.

ABBREVIATIONS AND ACRONYMS

CHEWs: Community Health Extension Workers

CHVs: Community Health Volunteers

CPR: Contraceptive Prevalence Rate

CRHC: County Reproductive Health Coordinator

DESA: Department of Economic and Social Affair

FBOs: Faith Based Organizations

FGD: Focus Group Discussion

FP: Family Planning

GoK: Government of Kenya

GBV: Gender Based Violence

ICPD: International Conference on Population and Development

IDIs: In-depth Interviews

IGAs: Income Generating Activities

IUDs: Intrauterine Devices

KDHS: Kenya Demographic Health Survey

KII: Key Informant Interview

KNBS: Kenya National Bureau of Statistics

MCH: Maternal and Child Health

MOE: Ministry of Education

MOH: Ministry of Health

NACOSTI: National Commission for Science Technology and Innovation

NCPD: National Council of Population Development

NFP: Natural Family Planning

NGOs: Non-Governmental Organization

QR: Questionnaire

SCRHC: Sub-county Reproductive Health Coordinator

SGDs: Sustainable Development Goals

SPSS: Statistical Package for Social Sciences

STIs: Sexually Transmitted Infections

TBL: Tubal Ligation

UN DESA: United Nations Department of Economic and Social Affairs

UNFP: United Nations Population Fund

USAID: US Agency for International Development

WHO: World Health Organization

ABSTRACT

The Government of Kenya (GoK) has adopted strategic interventions to increase contraceptive use, reduce fertility, and address unmet Family Planning (FP) needs. These notwithstanding, average fertility rates have remained high at 4.6 percent, with contraceptive prevalence rate (CPR) or all FP approaches at 46% and unmet needs for FP services at 24%. Even though there are several FP facilities in Bomet County, uptake of FP among married women of reproductive age (15-49 years) is about 47.5 %. This is low compared to the national average that is at 55 %. This study sought to examine men's participation in FP and its implication on their position in the family in Bomet County, Kenya. The study's objectives were: first, to determine men's levels of participation in FP in Bomet County; second, to assess the factors that influence men's participation in FP; third, to explain the relationship between men's participation in FP and their position in the family and fourth, to identify strategies that ensure men's participation in FP. Literature was reviewed based on the themes derived from the objectives. The study was informed by the Social Dominance Theory (Sidanius & Pratto 1999). The study's independent variable was men's participation in FP. Men's position in the family was the dependent variable which included: socio-cultural, socio- economic and gender-related factors. The intervening variables were: gender responsive health policies, gender responsive health facilities, gender sensitive cultural beliefs and practices and mass media campaigns on FP use. This research adopted a descriptive survey research design. Multi-stage cluster sampling was utilized to sample 394 participants from the households. Twelve key informants and seven FGDs were selected purposively. Data collection tools included; questionnaires, KIIs and focus group discussion (F-G-D) guides. Piloting of research instruments was done to achieve validity. Reliability of research instruments was determined by employing Cronbach's alpha test. Statistical Package for Social Sciences (SPSS) version 23 was used to analyse quantitative data. Tables, graphs and charts were used to present the analysed data. Thematic grouping was used to analyse qualitative data which was presented in verbatim and narrative forms. Moreover, Pearson Chi-square was employed to establish relationship between some variables. The findings revealed low level participation of men in FP in Bomet County. The study established that men did not engage in FP issues since they believed it was prevalently a woman's role. Further, men's uptake of male FP methods was low. Vasectomy was regarded as a form of castration and condom use was believed to cause sexual dissatisfaction among the couples. Additionally, socio-cultural, socio-economic and institutional barriers negatively influenced men's involvement in FP. Moreover, religious beliefs, desire to have large families and sex preferences impacted men's participation in FP. The research found out that men's lack of knowledge on female FP methods limited their wives' contraceptive use. Moreover, men lacked finances to support their wives' adoption of female FP methods. Further, the research established that, men did not adopt male FP methods in their marriages because they believed that it negatively impacted on their authority in the family. Recommendations of the study included; provision of FP education to men, establishment of gender inclusive FP policies, involving external partners in FP and engaging religious leaders on FP.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to the World Health Organization (2020), contraceptive use is a crucial public health issue both in developed and developing countries. The United Nations Population Fund (2020) asserts that Family Planning (FP) is central to the advancement of gender equality. While there has been an increase in contraceptive uptake globally in the recent decades, sub-Sahara Africa (SSA) has continued to record low contraceptive rates uptake at 28%. Globally, 77% of women of reproduction age have access to FP yet only 56% of women in Third World countries who are interested in avoiding pregnancy are presently using a modern FP method (United Nations Department of Economic and Social Affairs, 2020).

UNFPA (2021) adds that FP is entrenched in the codes of human rights. The International Conference on Population and Development (ICPD) recognizes "the right of women and men to be conversant with FP and have access to safe, acceptable, affordable and effective methods of FP of their choice". According to WHO (2018), FP prevents unwanted pregnancies, promotes women empowerment and reduces the number of abortions. Access to FP enables women to plan and make decisions regarding the number of children they should have, when to have them and the FP method to use. Women who access FP have a better level of independence in the household, can access more education opportunities and they can contribute more to the economy.

Shekhar et al. (2019) assert that male involvement in FP is more than encouraging more men to use condoms and embrace vasectomy. It also entails inspiring men to support their partners' and peers' adoption of FP methods as well as influencing policy makers to develop male-related programs. Further, it includes all national program undertakings which increase awareness, prevalence and acceptability of FP methods among men. The primary role of FP is to enable men and women space their pregnancies and plan their families through adoption of modern contraceptives.

UNFPA (2020) opines that in the past, FP programs primarily focused on women in order to reduce infant and maternal mortality. The aim was to free women from too much childbearing through utilization of modern FP methods. Most FP services were offered in maternal health care clinics whereby information campaigns and studies focused on women. However, according to Parija et al. (2022), this emphasis on women reinforces the belief that FP is entirely a women's affair, relegating husbands to a minor role. Therefore, FP methods and services have primarily focused on women yet men are usually the key decision makers.

Khanna et al. (2018) note that among the Indians, women face a lot of pressure from extended family members to prove their fertility immediately after marriage. This is due to prevalent social norms as well as expectations associated with early birth which is a sign of a healthy union. Moreover, the preference for sons influences contraceptive uptake since they provide security to the families and inherit family property.

Furthermore, religion and culture are other significant determinants of family size in Jordan (Shattnawi et al., 2021). Some religious doctrines teach against the use of FP discouraging many couples from contraceptive use. Besides, preference for a male

child and large families immensely influence FP decisions. Familial pressure from in-laws and husbands also strongly discourage FP utilization among women.

In Pakistan, Imran et al. (2020) point out that social barriers influence contraceptive uptake. They include: husband and in-laws' opposition and lack of knowledge as well as motivation to use FP. Moreover, religious and cultural beliefs, lack of spousal communication and limited accessibility influence FP methods adoption. Therefore, it is essential to create FP awareness among women and men in order to improve their knowledge and modern contraceptives uptake.

Irawaty et al. (2021) assert that stigmatization and misperception limit uptake of male FP methods among men in Indonesia. For instance, vasectomy is believed to result to reduced sexual performance and a form of castration that leads to loss of power within the family. Men who have undergone the procedure are stigmatized and labelled with offensive terms. These acts discourage men from undergoing the medical procedure.

Kriel et al. (2019) posit that gender dynamics play a fundamental role in perpetuating unplanned pregnancies in patriarchal societies. Limited male involvement and spousal opposition to contraceptives uptake have been identified as some of the causes of low uptake of FP services in various African countries. Husbands' opposition to utilize FP methods results from lack of knowledge and misunderstanding concerning FP side effects. Furthermore, their predominance in the marital relationship limit contraceptive use among their partners.

Hess et al. (2018) observe that in many African societies, inability to conceive a child has austere consequences to the women's cultural and social identity. Women

who experience primary infertility or those who are incapable of becoming pregnant are usually marginalized within their families, marriages and the communities at large. Thus, they face cultural and social consequences which include: social isolation, domestic abuse, marital instability and divorce. Moreover, they face stigmatization from family and community. Those unable to bear a son face issues of polygamy and land inheritance. Consequently, these discourage contraceptive uptake among women.

In Ethiopia, Geleta, (2018) asserts that masculinity and femininity practices impede FP use. Men hold great decision-making power on FP issues because of several factors. These include: women's low position in the family, restricting wives' responsibilities to household chores and husbands' control in the household. Further, children are regarded as a source of prestige due to cultural beliefs. Even if couples discuss FP issues, the final decision is based on a husband's interest. Most of the men believe that they will lose authority within the family if they accept their wives' ideas translating to loss of respect from the community and the society at large. Additionally, men who listen to their wives are viewed as having failed to control their wives and the entire household.

In Ghana, Beson et al. (2018) establish that societies are traditionally male-controlled; the male have the power and take the lead in making decisions including those concerning FP. Most men inhibit their partners from utilizing contraceptives as they believe that contraceptives lead to unfaithfulness in marriage. Thus, men involvement is essential for the effective implementation of FP programs.

According to Fedricka et al. (2020), socio-economic factors as well as institutional barriers limit men's engagement in FP issues in Tanzania. Low education level and lack of FP awareness programs among men curtail their use of male FP methods. Moreover, lack of enough FP facilities negatively influences utilization of contraceptive methods among men. The available FP facilities give little or no information concerning contraceptive choices available for them (Wang & Mallick, 2019).

USAID (2020) affirms that men mobilizer programs have encouraged more men to participate in FP. Such programs enacted in Nigeria and Pakistan indicate that when nations organize and train groups of men, these trained groups help to bring about a positive change. An examination of husband's school technique establishes that it can lead to increase in contraceptive uptake and transformation of gender norms.

In Rwanda, Doyle et al. (2018) in a study which used a randomized control trial among couples found that engagement in gender-transformative intervention led to an increase in modern contraceptive uptake. This was achieved through provision of FP information to couples, strengthening couple communication and joint-decision making as well as support.

FP COMMITMENT (2020) argues that voluntary and high-quality FP can help limit fast population growth as well as drive development. In recognition to this, the Government of Kenya (GoK) has committed to increase access to FP services through making some commitments. First it has finalized and disseminated the FP national Costs Implementation Plan (CIP) (2017-2020). Second, strengthening national FP program by increasing finances for FP at both national and county level.

Third, strengthening corporation with the private sector by adopting a total market approach which enables more involvement of FP delivery contributions by private sector.

According to Kitur (2018), the Kipsigis people have a great value towards children. They conduct a special ceremony to celebrate and offer gifts to a mother and the new-born baby. The celebration is conducted to mark the fulfilment of a marriage responsibility. Marriage is regarded as being incomplete until a child is born. Childless couples are perceived as being inferior and unnatural. Women who give birth to girls only are perceived as childless since boys are valued in the community. Children play a critical role in the family. Culturally, the eldest son is expected to bury his father while the youngest son buries his mother. The Kipsigis people also name their children after their ancestors.

Kenya National Bureau of Statistics (2019) established that Kenya's birth rate has decreased from five kids per woman in the year 2003 to four in 2014. This is because of a spike in contraception use, which increased from 39.3% of married women in the year 2003 to 58.3% in 2014. As a result of improved FP usage and reduced fertility, the rate of population plummeted from 2.9% to 2.2 % between the year 2009 and 2019. Moreover, some counties have recorded an improvement in FP uptake among women of reproductive age (15-49 years). These include: Kericho County 60.2%, Kisii County 68.1%, Nakuru County 72.5%. Taita Taveta County 67.5%, Meru County 76%, Tharaka- Nithi County 74.7% and Embu County 81.7 %. However, according to Ministry of Health (2019), the uptake of FP among married women of procreative age (15-49 years) in Bomet County is about 47.5 percent, which is still low when compared to the national rate of 55 percent. Additionally,

there were 12 maternal deaths in 2013/2014, 21, in 2014/2015, 11, in 2015/2016, and 52 in 2016/2017 which may be related to the low uptake of contraceptives. KNBS (2019) affirms that crude birth rate in the county is 26.2 per 1,000 populations and the mean number of children born by women is 5.7% which is higher than Kenya figure of 5%. As a result, the goal of this research was to examine men's participation in FP and how it influences their position in the family in Bomet County, Kenya.

Bomet County is located in the Rift Valley region of Kenya. It has a population of approximately 875,698 and is the 32nd largest County in Kenya in terms of population. It borders Narok County to the southeast, Kericho County to the West and Nakuru County to the Northwest. Bomet County has five Sub-counties which include; Bomet Central, Sotik, Chepalungu, Bomet East and Konoin. The research focused on two Sub-counties; Bomet Central and Sotik which were purposely selected because of their large populations. This may be due to low uptake of FP in the area. The latter has 227,380 residents and 47,315 households, while the former, 173,758 residents and 38,259 households (KNBS, 2019). Family planning services are offered by the government through the established health facilities which offer FP services. Moreover, NGOs such as the World Bank and Marie Stopes support FP in the area. There are also numerous private health facilities that offer FP services in the County. The MoH Bomet County offers FP seminars through community health volunteers (CHVs) supervised by community health extension workers (CHEWs). These seminars are meant to disseminate FP information to the public (MoH, 2019).

1.2 Statement of the Problem

As noted in the background, Kenya was among the first countries in Africa to adopt a population strategy; yet uptake of FP among women especially those residing in

rural areas remain low. Additionally, the uptake of FP among married women of procreative age (15-49 years) in Bomet County is about 47.5 percent, which is still low when compared to the national rate of 55 percent. This is in spite of the support FP is given in the area. The county has one community outreach funded by Tenwek Mission hospital and another outreach supported by Beyond Zero mobile clinic which supports FP initiatives. FP in the county is also supported by two NGOs; the World Bank and Marie Stopes. With the many programs and initiatives that support FP, one would expect higher levels of uptake; however, these have not helped since the focus is on women leaving out men who are responsible for pregnancies. This study therefore sought to determine the connection between men's involvement in FP and their position in the family. Considering the low FP use among both men and women in the county, it was important to examine how its uptake informed gender imbalances and dynamics. The research sought to answer questions such as 'how do men's perceptions of masculinity inform participation in FP services; and how does men's position in the family limit the number of children and spacing of pregnancies thereby leading to unwanted pregnancies and dangerous births? This study, therefore, interrogated the socio-economic, socio-cultural and gender related factors that may influence men's participation in FP in the county. Considering the central role played by men in families, the study therefore, sought to establish men's participation in FP and its implications on their position in the family in Bomet County, Kenya.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of the research was to examine men's participation in FP and its implications on their position and outcome in the family in Bomet County, Kenya.

1.3.2 Specific Objectives

The specific objectives of the study were to:

a. Determine men's levels of participation in FP in Bomet County.
b. Assess the factors that influence men's participation in FP in Bomet County.
c. Explain the relationship between men's participation in FP and their position in the family in Bomet County.
d. Identify strategies that ensure men's participation in FP in Bomet County.

1.4 Research Questions

a. To what level are men participating in FP in Bomet County?
b. Which factors influence men's participation in FP in Bomet County?
c. What is the relationship between men's participation in FP and their position in the family in Bomet County?
d. Are there strategies that can be adopted to improve men's roles in FP in Bomet County?

1.5 Justification and Significance of the Study

The United Nations Global Strategy for Women's, Children's, and Adolescents' Wellbeing, 2016-2030 programs and the Sustainable Development Goals (SDGs) all aim for equitable access to maternal and reproductive health facilities and health rights, including FP, by 2030. Prior to these measures, the 2012 London Summit on FP provided direction and increased funds to 69 poorest countries in the world, with the goal of increasing the number of women and teenage girls using modern contraceptives to 120 million by 2020 (FP Commitment, 2020). Men's inclusion in reproductive health and FP services at all stages is seen as a critical component of Kenya's Vision 2030. On October 8, 2010, Kenya ratified the Maputo Protocol,

whose aim is to move Africa closer to the target of equal access to quality sexual and reproductive health services by 2015. While the GoK has met some of its FP objectives, much needs to be done to guarantee that all women have access to FP facilities and that men engage in FP. This research therefore aimed at determining men's participation in FP and its implications on their status in the family in Bomet County.

The envisaged study findings may be useful to the national government, county governments as well as NGOs to develop gender-inclusive strategies on FP and reproductive health. They may also develop gender-awareness policies and programs that consciously examine and address the policy environment by considering gender issues and how they influence FP programs objectives. This is done by incorporating gender considerations during designing and implementation of FP programs. Moreover, this research provides data on men's uptake of FP amidst their social cultural environment. The study findings would also provide a basis for improving the approach for engaging all men in Kenya on FP issues. Additionally, the research findings may be used by other stakeholders for instance, NGOs, health workers and spouses to sensitize more men about the need for FP. Finally, the study findings may encourage more spouses to change their attitude that FP is a women's role and instead consider it as a strategy to benefit their individual families.

1.6 Scope, Limitations and Delimitations of the Study

This research was conducted in Bomet Central and Sotik Sub-counties which were a representation of Bomet County. The two sub-counties were purposively chosen because of their high populations which may be due to the low uptake of FP among women. Kenya is one of the 69 priority countries that have ratified the FP 2020

initiative. The London Summit resulted in the creation of the Family Planning 2020 (FP, 2020) International Alliance. Kenya pledged to defend individual rights to high-quality Reproductive Health (RH) treatment, including FP facilities, information and supplies, as specified in the Constitution of the London Summit on FP (July, 2012).

One of the limitations of the research was that men were unwilling to disclose sexual and reproductive health information to the researcher who was a woman. To resolve this issue, the researcher clearly explained the significance of the research to them and to their families. The respondents were made aware of positive contribution of the study findings to their reproductive health and that of their partners. Additionally, the researcher engaged trained male research assistants to assist in data collection. Moreover, some of the men were semi-literate; hence, they failed to fully understand the questionnaires and give feedback. To overcome this limitation, first the researcher translated the questions to the local language then together with the research assistants, we guided the respondents on how to fill the questionnaires. Besides, most of the male participants were not available in their homes since they were engaged in productive activities outside their residents. The researcher overcame this limitation by distributing the questionnaires especially during the lunch hours. Furthermore, guidance provided by the village head helped to reassure the respondents on the need to take part in the study.

In chapter one, the introduction to this chapter was presented. The next chapter reviews literature relevant to the research based on the research objectives.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature that is relevant to the research and it is based on the thematic areas addressed in the study's stated objectives. This includes: level of men's participation in FP, factors that determine men's participation in FP and barriers that influence men's participation in FP. The theoretical, conceptual and philosophical concepts are also discussed in this chapter.

2.2 Level of Men's Participation in Family Planning

Sharma et al. (2018) argue that men's participation in reproductive health care in Nepal is low in several hospitals. There are many barriers and challenges that hinder men's involvement in FP including socio-cultural and psychological expectations. Equally, lack of knowledge, misinformation as well as domination of female nurses inhibits men from using FP. A study by Uyil et al. (2021) reveals that lack of FP information and the desire to have large families limit men from participating in FP issues in Nigeria. Moreover, dissatisfaction with the current FP methods and lack of access to the services limit their participation in contraceptive uptake.

Women's voices were absent in the aforementioned studies above. The current study included married women who gave their views on men's participation in FP. Besides, this research examined the men's role in decision making and how it influences their spouse's uptake of FP. Furthermore, the current study interrogated family gender dynamics vis-à-vis men's inclusion in FP. Specifically, it broadly

looked into the impact of social norms and social inequalities on men's participation in FP and its impact on their family position in Bomet County.

2.3 Factors that Determine Men's Participation in Family Planning

Studies have indicated that men's participation in FP can be impacted by both socio-cultural and economic factors. Both of these factors are discussed herein in the following subsequent sections.

2.3.1 Socio-cultural Factors that Influence Participation of Men in Family Planning

Various studies have found that socio-cultural factors determine men's involvement in FP issues. These factors include: religion, preference for or pressure to have large families, fear of partner sexual promiscuity and sex preference.

Sundararajan et al. (2019) observe that religious beliefs and practices influence contraceptive uptake in North West Tanzania. Children are regarded as blessings from God; hence, couples are discouraged from using FP methods. Besides, use of contraceptives contradicts the Christian teachings of procreation. Cheruiyot and Murgor (2019) assert that a higher percentage of respondents in Baringo, Kenya do not use modern FP methods due to their religious affiliation. Because of their moral views, women prefer the natural method which may be ineffective in curbing unwanted pregnancies.

Various researchers have noted that preference for large families limit contraceptive uptake among couples. Kassim and Ndumbaro (2022) argue that contraceptive use is hampered by the desire to have big families. Many children are regarded as a source of prestige and wealth. A study by Elwell (2022) affirms that many children are valued both for their economic and social value. Therefore, husbands and

mother- in-laws pressurize women to have children for the continuity of a family lineage.

Studies indicate that men discourage their spouses from utilizing FP methods for fear of unfaithfulness in marriages. Koffi et al. (2018) postulate that reservations about FP stems from lack of trust among men concerning women's use of contraceptives. Men perceive that FP could potentially facilitate promiscuity, infidelity and/or result to commercial sex work among women. Women's non-use of contraceptives is due to opposition from their spouses. Men believe that modern contraceptive methods encourage women to engage in sexual promiscuity (Hutchinson et al., 2021).

Additionally, preference for sons influences adoption of FP methods among partners. Parsekar et al. (2021) indicate that son preference influence uptake of FP in India. Women oblige to family and societal pressure to bear sons who inherit family property and name. A study by Hoq (2020) opines that in Bangladesh, use of FP methods among women who had only daughters was lower than those who had sons. Sons are preferred since they take care of their parents during old age and inherit family property. The subsequent section discusses economic factors that influence men's inclusion in FP.

2.3.2 Economic Factors that Influence Men's Inclusion in Family Planning

Studies indicate that men's level of education impacts their participation in FP (Sharma and Khatri, 2018). Men with low education level are less likely to engage in reproductive health issues unlike those with a high education level. In research conducted in Indonesia, Idris and Syafriyanti (2021) observe that education is the

crucial factor that influences utilization of FP among married men. Men with high education levels have high chances of utilizing FP than those with low education levels.

Men's level of income also influences their uptake of FP methods and engagement in FP issues in general. Aung et al. (2019) assert that income level influences contraceptive uptake among men in Myanmar. Men with higher income levels are more likely to utilize modern methods compared to those with low-income levels. Koffi et al. (2018) also found that income levels greatly influenced men's participation in FP in Lome, Togo. Men with high income supported their wives' utilization of FP and adopted FP methods too.

2.3.3 Barriers that Influence Men's Participation in Family Planning

Studies assert that institutional barriers limit participation of men in FP activities. Al Kattan and Amiri (2021) uphold that men do not engage in FP discussion with health practitioners. This is due to embarrassment since FP clinics are regarded as women's places.

Couples' communication has also been found to impact men's utilization of FP methods. Amuzie et al. (2022) posit that couples' interpersonal communication influence contraceptive uptake in Nigeria. Effective inter-spousal contact is the starting point for making decisions and taking responsibility for FP. Further, Sharma, et al., (2018) opine that couple communication increases acceptance as well as continuation of FP use among couples. It also decreases men's opposition against FP use among women.

Men's knowledge of FP in general and specifically on FP methods influences their engagement in FP activities. In Ethiopia, Assefa et al. (2021) observe that men who have FP knowledge have a high interest on FP issues. FP knowledge rules out myths and misconceptions on FP methods; hence, men adopt FP methods and allow their partners to utilize them too. A study by Kwawukume et al. (2022) reveals that men who have FP knowledge are able to access contraceptives. They do not shy away from attending FP clinics and they encourage their partners to visit FP facilities. Studies also establish that family decision-making determines couples' adoption of FP. Sinai et al. (2019) uphold that male-dominated decision-making power in the household negatively influence contraceptive uptake. Men are the final decision makers in the family including decisions on FP use and reproductive health. Endut et al. (2020) argue that the dominance of men in the household results to women having limited decision making on FP to merely accepting their husbands' decisions. Men's masculine traits result to opposition of contraceptives use among women.

Even though the reviewed literature has revealed that researches on the impact of faith on FP have been undertaken in some countries, including Kenya, religious views vary from one community to another. Furthermore, Cheruiyot and Murgor (2019) used an anthropological approach in their research in Kenya to investigate the impact of African Traditional Religion (ATR) on FP among women. The current study adopted a descriptive survey research design to explore the influence of religion on men's participation in FP; therefore, bringing a new dimension.

The reviewed literature indicates preference for sons influence men's participation in FP. Despite the fact that research on the impact of son preference on men's participation in FP has been done, cultural values and traditions vary from one

society to another. For economic reasons, some families may choose daughters so as to gain wealth through dowry payment. Furthermore, other communities may value both boys and girls because they act as a source of cheap labour. These factors limit men's adoption of FP methods and engagement in FP activities.

Aung and Soe (2019) employed a demographic health survey to examine the influence of income on men's engagement in FP. Thus, the study did not fully interrogate family gender dynamics in relation to men's participation in FP. The current research therefore employed a descriptive survey research design which allowed engagement of various data collection methods. This enabled full interrogation of issues such as influence of patriarchal ideologies and masculinity on men's participation in FP in Bomet County. Furthermore, given the socio-economic disparities between Kenya and other countries, it was important to look into the socio-economic factors that determine men's involvement in FP.

The literature from the research conducted by Al Kattan and Amiri (2021) on institutional barriers on FP examined women and midwives only. The current study filled this research gap by engaging men, women and key informants who gave various views on men's participation in FP and its implication on their position in the family. Moreover, though researches on the impact of structural obstacles on men's involvement in FP have been undertaken in other countries, organizations approach their clients differently which may be a different case in Kenya. Therefore, in Bomet County, Kenya, the research investigated the impact of institutional barriers on men's involvement in FP.

Despite studies being conducted on the impact of spousal communication on FP adoption by various researchers, little knowledge is available on the mechanisms of this communication which affect FP decision-making. By exploring the trend of decision-making surrounding contraceptive use, the present research aimed to fill this void. In addition, the study looked at how men's position in the family affects couple communication on FP issues in Kenya's Bomet County.

Equally, though studies on the FP decision-making processes and men's involvement in FP have been conducted, family structures vary by group. Some societies may allow women the power to make FP decisions, whilst others may have shared FP decision-making (Nkwonta et al., 2019). In Bomet County, Kenya, this research investigated the impact of the FP decision-making mechanism on men's participation in FP and its consequences on their position in the family.

2.4 Relationship between Men's Participation in Family Planning and their Position in the Family.

Husband resistance is a key factor that impacts women's use of contraceptives (Newmann et al., 2021). These researchers argue that masculine norms shape men's opposition to FP utilization among their partners. For men, the feeling of losing control as their spouses try to use contraceptives privately or without asking them is the cause of resistance.

Endut et al., (2020) posit that dominance of men in the household result to women having limited decision making on FP to merely accepting their husbands' decisions. Men's masculine traits result to opposition of contraceptive use among women since men want to retain their position in the family. Few studies have examined the relationship between men's involvement in FP and their position in the family.

Therefore, this research filled this gap by examining men's participation in FP and its implication on their position in the family in Bomet County, Kenya.

2.5 Strategies that could Enhance Men's Participation in Family Planning

The GoK has ratified numerous international and regional treaties and enacted specific laws that safeguard sexual and reproductive health rights. These treaties oblige the government to protect reproductive health rights of every individual. The international treaties Kenya has ratified include: Covenant on Economic, Social and Cultural rights (1966), Convention on Elimination of all Forms of Discrimination against Women (1979), Covenant on Civil and Political Rights (1966) and Convention on the Rights of Persons with Disabilities (2006). The Regional Treaties include: the African Charter on Human and Peoples' Rights (1981), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa "Maputo protocol" (2003) and African Charter on the Rights and Welfare of the Child (1990) (MoH & NCPD, 2019).

The Kenya Vision 2030 secures the socio-economic benefits to all citizens of Kenya through, equitable, accessible, affordable and acceptable quality FP services with zero unmet need for FP by 2030. It aims to increase FP uptake among married women from 58 percent to 64 percent by 2030. Additionally, it ensures transformation of gender and social norms to improve male involvement in FP and eliminate the social-cultural and gender barriers to utilization of FP services. The social pillar of Vision 2030 aims at maintaining a healthy workforce required to sustain the Kenyan economy (UN, 2019).

The Kenya Constitution (2010) ensures provision of the right of every individual to the highest standard of health including right to life and reproductive health. The constitution has numerous legal frameworks which include: Kenya Health Policy (2014-2030), Heath Act, 2017, Person With disability Act (2003) and Population Policy for National Development (2012). The devolved system of government has enabled the healthcare services to be within the reach of the people. The collaboration between the National and County governments has helped manage health care sector devolution (Republic of Kenya, 2010).

The Reproductive Health Policy 2022-2032 guides and directs the government of Kenya on reproductive health policies. The policy gives overall guidance to all stakeholders in the sector on reproductive health and it is the primary reference document in reproductive health matters. It aligns reproductive health programs with constitutional requirements with reference to the devolved system of government. It strengthens the relationship between the national and county governments in enhancing provision of equitable and quality health as human right enshrined in Kenyan Constitution 2010 (MoH, 2022).

2.6 Theoretical and Conceptual Framework

2.6.1 Theoretical Framework

This research was guided by the Social Dominance Theory as proposed by Sidanius and Pratto (1999). Social hierarchies according to proponents of this theory, are present in all human cultures. Members of vulnerable or poor communities experience cultural and behavioural oppression on a regular basis because social hierarchies are built on social distinctions. The mechanisms of gender-based power

inequality at both the structural and individual levels, as well as their implications, are recognized and explained in this theory.

There are four sources of gendered influence within the social domination school of thought namely; consensual ideologies, resource control, social obligation and force. In a patriarchal culture governed by sexism, religious traditions, and an entrenched societal belief structure, these bases of gendered power may be a prism to examine how they impact women's and men's use of contraceptives. Although these four bases can be distinguished, they are intertwined and complement one another.

Gender roles, traditions, stereotypes, and all other views and assumptions about men and women that are commonly agreed upon in a society or community are referred to as consensual ideologies. Women are always placed in a lesser status than men as a result of this. These mutually beneficial theories reduce women's influence on heterosexual relationships, potentially resulting in their inability to regulate their fertility through contraception. Patriarchal philosophies when combined with biblical scripts, support men and sanctify male superiority in the home. Men and women behave differently when it comes to contraception and decision-making because of the unbalanced gender relations in the household.

Resource control refers to the authority over economic resources for example wages and assets which traditionally benefits men over women around the world. The role of social and systemic disparity in women's subordination is highlighted by resource management. Women are frequently economically dependent on their male partners as a result of unequal access to resources. This makes use of contraceptives like condom difficult to use or negotiate its usage.

Social obligations are sometimes seen as a means of gendered control, with the emphasis on marriages and care-giving as causes of disparity between men and women. Responsibilities to others are included in social duties (such as a partner of children). Women have more obligations than men in most countries. Such responsibilities include becoming mothers or meeting the needs and desires of others. Married women may find it more difficult to consider contraceptive use because they feel compelled to bear children as part of their marital roles. As a result, the more live children a mother has, the more likely she will use contraceptives; thus, women who have given birth to many children are more likely to adopt contraception.

Force is a type of gendered power that aids in the establishment of a dominance hierarchy in society between men and women. Women's abuse is blamed on common power imbalances that have shaped male-female relationships, according to psychosocial studies. Not only has a power imbalance between men and women resulted in inequality and gender-based violence in the public sphere, but it has also resulted in numerous incidents of violence in private male-female relationships, especially in family relationships. Women's levels of superiority in marriages are attributed to their histories of spouse brutality, and a history of harassment within their marriages.

In Bomet County, the four bases of gender power were used as a prism to investigate men's involvement in FP and its consequences on their place in the family. Consensual ideas can reduce women's power in the home, resulting in their inability to regulate their fertility through contraceptive use. Women may have unprotected sex as a consequence of financial dependency on male spouses since men hold

majority of the capital. Furthermore, since they feel obliged to raise children as part of their marital obligations, married women in Bomet County were less likely to discuss the use of contraception. Finally, a power gap between men and women led to disparity and sexism based on gender. In Bomet County, married men use violence as a means of retaliation against the use or even trying to negotiate contraceptive use.

2.6.2 Conceptual Framework

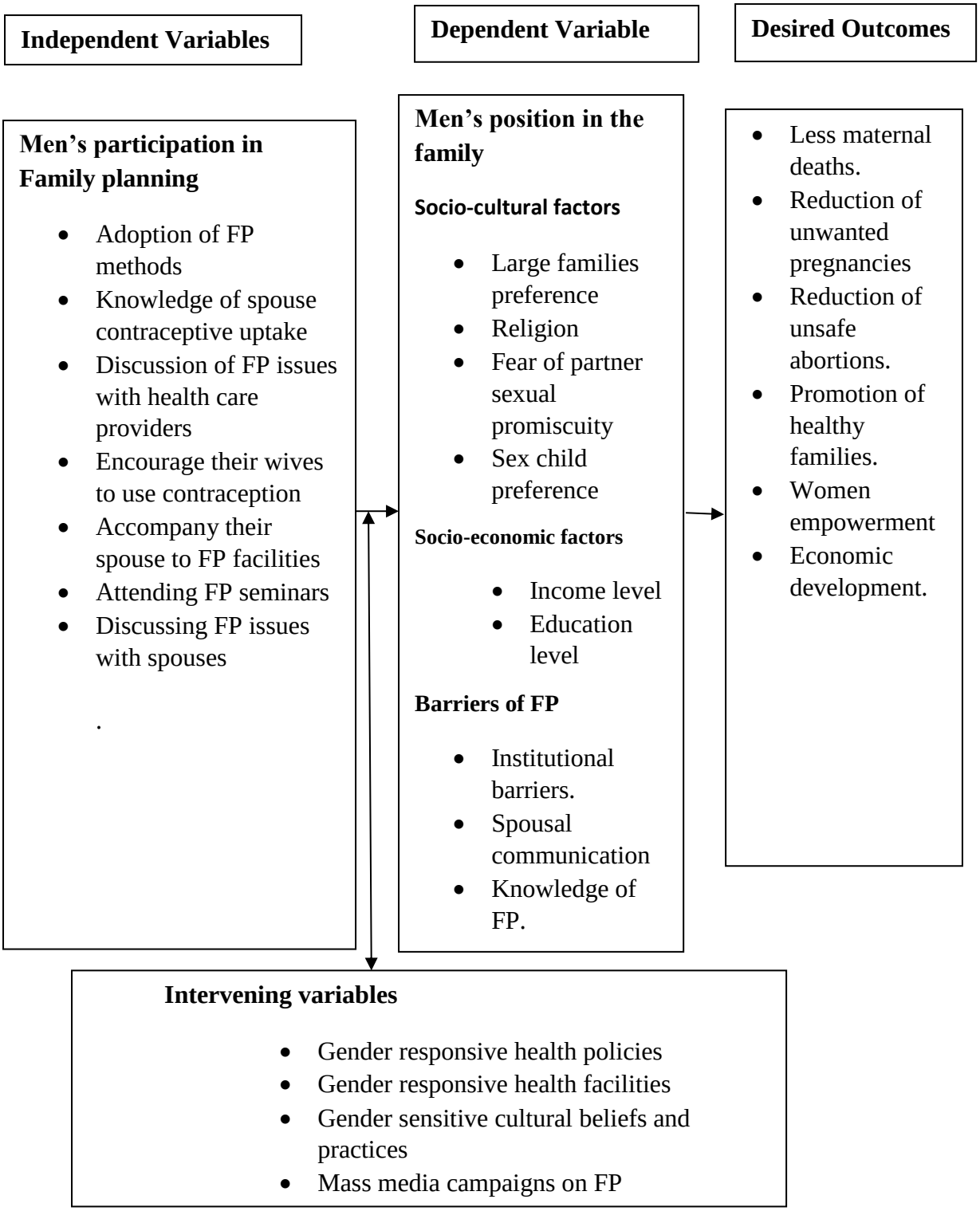

Figure 2.1: Conceptual Framework of the Study, Source: Author (2023)

The conceptual framework presented in Figure 2.1 depicts the relationship between variables of the research. The independent variable is men's participation in FP and the dependent variable is men's position in the family. Men's position in the family is dependent on their participation in FP. Socio-cultural, socio-economic factors, barriers of FP and FP decision making process are influenced by men's use/ non-use of FP facilities and services. Intervening variables determine the study outcomes.

2.7 Chapter Summary and Conclusion

The chapter reviewed literature on the level of men's participation in FP. Socio-cultural related factors that influence men's participation in FP include: religion, preference for or pressure to have large families, fear of partner sexual promiscuity and sex preference. Moreover, socio-economic factors influence men's engagement in FP issues. Men with low income and low education level are less likely to engage in FP. There are also barriers of FP which encompasses institutional barriers and gender related barriers. Additionally, strategies of FP were discussed in the chapter. The Social Dominance Theory as proposed by Sidanius and Pratto (1999) was discussed in the chapter. The chapter ends by discussing conceptual framework which depicts the relationship between variables.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was employed in the collection and analysis of data. It includes the research plan, the area of the study, sample size, target population, sampling techniques and procedures. Further, the chapter highlights data collection tools and procedure, their reliability and validity, data analysis and interpretation as well as the study's moral considerations.

3.2 Research Design

A descriptive survey research design was adopted in the research. It entails acquiring information from one or many groups of people about their outlooks, thoughts and past experiences by asking them questions and recording their responses. According to Kothari (2004), surveys explain, investigate, describe and study relationships, processes, opinions and issues that exist or existed. This kind of research design was considered appropriate since it allowed exploration of the problem by using diverse ways. Hence, better understanding of the research problem. Through descriptive survey research design, the researcher was able to study men's participation in FP in detail since it allowed the use of diverse methods in data collection. The research design was used to answer questions regarding men's participation in FP and its implication on their position in the family. One of the major strengths of a descriptive survey research design in this study was that it allowed direct and close interaction between the researcher and the study respondents in Bomet County. Equally, the design allowed the application of the Social Dominance Theory by Sidanius and Pratto (1999) which supported the research findings.

Moreover, the descriptive survey research design enabled collection of both quantitative and qualitative data. This entailed the use of questionnaires, FGDs and interviews to collect data. Questionnaires aided in the generation of both qualitative and quantitative data through the use of closed and open-ended queries. FGDs allowed the respondents to express their understanding on the topic in an open way. Further, it aided in developing a profound understanding of the phenomenon under study, particularly by producing data that was not easy to translate into statistics, for instance beliefs and thoughts (Mugenda & Mugenda, 2003). The data collected was analysed in line with the research objectives. Verbatim speech marks were used alongside demonstration of the findings of the research to highlight the voices and views of the respondents. This research aimed at investigating men's participation in FP and its implications on their position in the family in Bomet County.

3.3 Site of the Study

This research was done in Bomet County, Kenya (see Appendix I: Map). According to KNBS (2019), the county has five sub-counties: Chepalungu, Bomet Central, Konoin, Sotik and Bomet East. There are five wards, 66 locations, and 177 sub-locations within the sub-counties. Bomet County has a total population of 875, 666 people, with 434, 287 males and 441,379 females. Kericho borders it to the North, Nyamira to the West, Narok to the South, and Nakuru to the North-East. It covers a total area of 22,037.4 square kilometres. The main economic activity done in Bomet County is agriculture with dairy farming and tea farming leading. Pineapples, Irish potatoes, maize, beans, cabbages, bananas and onions are all cultivated for commercial as well as subsistence purposes. The county has numerous both public and private schools, middle level colleges and a university. Additionally, it has

several churches both for the Protestants and the Catholics. Hinduism and Islam is practiced by less than 1% of the population in the county. Bomet County being an agricultural area, has several market places where farmers sell their farm produce.

Notably, the county is well endowed with health facilities where women can seek FP services. They include: Tenwek Mission Hospital which is in Category 6-B, two Level 5 hospitals which are Longisa County Referral Hospital and Kaplong Mission Hospital. Further, the county has three Level 4 hospitals, 19 health centres, 107 dispensaries and 39 community units. Moreover, NGOs like the World Bank and Marie Stopes International promote FP in the county (KNBS, 2019).

3.4 Unit of Analysis

The study's unit of inquiry comprised of all married men aged 18-65 years and married women aged 18-49 years in Bomet County, Kenya. This was justified since the research aimed at assessing men's participation in FP and its implications on their position in the family.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria

This research targeted married men aged 18 to 65 years and women aged 18 to 49 years who had been married for the last five years and were residing in Sotik and Bomet Central Sub-counties at the time of the research. The respondents had to be willing to take part in the study.

Exclusion Criteria

Married men and married women who were not living in the Sotik and Bomet Central Sub-counties at the time of the research were excluded from the research. Additionally, married men and women who were not within the age bracket of 18-65 and 18-49 years respectively were not allowed to participate. Similarly, anyone who was not willing to participate in the study was disqualified.

3.6 Study Population

The target population consisted of married men in the households who had been married for the last five years aged between 18-65 years from the 187,641 households in Bomet County (Household Survey and Population Census, KNBS, 2019). This population was selected because it contributed to critical decisions made on fertility and FP in their households. The key informants comprised of County Reproductive Health Coordinator, four nurses offering FP services in MCH, two Sub-County Reproductive Health Coordinators, three religious leaders and two community elders aged 50-65 years drawn from the two sub-counties. Married women aged 18-49 years were also included in the study to give their views on influence of family dynamics on FP.

3.7 Sampling Techniques and Sample Size

This research employed a multi-stage cluster sampling method. This method is useful for major investigations that include a large geographic region (Kothari & Garg, 2014), for instance the present one. The clusters in this research included sub-counties, wards, locations, sub-locations and households. As a result, a five-stage cluster sampling procedure was used. In the first level, Bomet Central and Sotik Sub-

counties were chosen on the basis of their population since the two have the highest population. The latter has 227,380 residents and 47,315 households, while the former, 173,758 residents and 38,259 households (KNBS, 2019). The remaining stages employed simple random sampling with a 10%-30% criterion to survey the participating wards, areas, and sub-locations. Mugenda and Mugenda (2003) assert that a sample frame can contain about 10% and 30% of a sample frame in an analogous environment.

The sampling technique is shown in Table 3.1.

Table 3.1: Multi-stage Cluster Sampling Procedure

Sub-county	**No. of Wards**	**Sample (30%)**	**No. of Locs**	**Sample (30%)**	**No. of Sub-Locs**	**Sample (30%)**	**No. of HHs**	**Sample (30%)**
Sotik	5	2	17	6	36	14	47,315	14,194
Bomet Central	5	2	8	2	24	7	38,259	11,477
Total	**10**	**4**	**25**	**8**	**72**	**21**	**85,574**	**25,671**

First, two wards were randomly sampled in Bomet central sub-county which included; Mutarakwa ward and Silibwet Township ward. Additionally, two wards were randomly selected in Sotik sub-county which included; Chemagel ward and Kapletundo ward. The sampled wards were then sampled for locations and sub-locations as follows;

a) In Mutarakwa ward, Mutarakwa location was randomly selected. Further, Kapsangura, Leldaet and Soliat sub-locations were randomly selected.

b) In Silibwet Township ward, Township location was randomly selected. Further, Chepngania, Kapsimotwo, Kapsimbiri and Silibwet sub-locations were randomly selected.
c) In Chemagel ward, Yaganek, Kaplong and Chemagel locations were randomly sampled. Further, Kaplong, Sotik, Chebongi, Yakanek, Kapchepkoro, Kipajit and Emityot Sub-Locations were randomly selected.
d) In Kapletundo ward, Chebilat, Kimawit and Kimolwet locations were randomly sampled. Further, Siroin, Kimolwet, Kipkoitim, Togomin, Chebilat, Siroin and Kimawit sub-locations were randomly selected.

The sampling of the households was drawn from the list of the number of households in the sub-locations from KNBS (2019). Households were randomly selected; the study considered every 10^{th} household who had a married man aged 18- 65 years. The head of the household filled the questionnaire and was guided by the researcher in case he did not have formal education. Also, in the event that the married man was not available in the 10^{th} household, the researcher would visit the adjacent household and administer the questionnaire. This aided in ensuring that there was no biasness in the collection of the research data.

3.7.1 Sample Size

Amin (2005) describes a sample as a subset of a population that is exposed to the test questions. The advantages of working with a sample size are: it reduces the time it takes to complete testing, lowers costs, is more manageable and is almost identical to the entire population (Rubin & Babbie, 2001). The sample size for the study was estimated using the simplified method by Yamane (1967) which estimates sample

sizes with a confidence level of 95%, a level of precision of 0.05 and a population size of 25,671 households as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where

n is the sample size,

N is the population size (25,671),

E is the level of precision (0.05)

Applying the formula to the sample above

$$n = \frac{25,671}{1 + 25,671\ (.05)2}$$

$$=394$$

Therefore, the study's sample size was 394 households. In these households, the study targeted married men aged between 18-65 years and married women aged 18 to 49 years from Sotik and Bomet Central sub-counties. The male household heads filled the questionnaires.

Further, the number of the married women who participated in the FGDs comprised of 20 % of the sample size. Kothari (2004) posits that a sample size ranging from 10% to 30% is a good representation of the entire population.

20% x 394=78

Therefore, a sample of 78 married women participated in the FGDs.

The married men who participated in the study were 316.

Sample size was 316 married men +78 married women=394

Additionally, twelve (12) key informants were included in the study.

Therefore, the total sample size was 406 respondents.

3.8 Study Tools

The data for the study was obtained from primary and secondary sources. Primary data was gathered directly from respondents using questionnaires, key informant interviews (KIIs) and FGD guides**.** Secondary data was gathered from journal papers, books, MA and PhD dissertations, and the KNBS to access the household statistics.

3.8.1 Questionnaires

A questionnaire comprises of a series of standardized queries to which respondents must answer accordingly as shown in Appendix II. According to Kothari (1990), a questionnaire may be used to gather data from a wide range of respondents. In this study, the questionnaire comprised of closed and open-ended queries that gathered quantitative and qualitative data on men's involvement in FP and its implication on their position in the family. Three hundred and sixteen questionnaires were administered to the sampled married men aged 18-65 years and who had been married for at least the last five years. The researcher was aided by two qualified research assistants and guided by the village head. Those who had little or no formal

education were assisted when giving their responses. Due to its flexibility and privacy, this data collection tool was ideal. Furthermore, majority of the respondents were able to express their opinions on the various aspects of the research.

3.8.2 Focus Group Discussion Guide

This study also gathered primary data using FGD guide (Appendix III) in which seventy eight (78) married women aged 18-49 years participated in various groups. FGDs were used to gather married women's views/insights on men's inclusion in FP and its consequences on their position in the family. Purposive sampling was employed to choose married women respondents who took part in the FGDs. A total of seven (7) FGDs in the two sub-counties were held separately. Each session comprised of 11-12 married women respondents. The aim of the research was explained to all the participants before the FGD session began. Thereafter, the FGD started once all the respondents agreed to participate in the study. The data was collected by the researcher with the help of two research assistants. Written notes and CD-ROM were used as recording mediums. Written records served as a buffer in the event of a mechanical breakdown or human error, as well as a way to capture nonverbal signals. The discussions were held in a language that the participants were comfortable with. The recordings were made after seeking permission from the respondents. FGDs helped in obtaining additional and detailed facts about the study's subject.

3.8.3 Key Informant Interview Guide

Open-ended questions were used to gather data in the main informant interview schedule. A total of twelve in-depth KIIs were held with the individual primary

informants who were purposively sampled. They included: County Reproductive Health Coordinator (RHC), four nurses, two Sub-County RHCs, three religious leaders and two community elders aged 50-65 years. The twelve were a good representation as they were nearly 10% of the study sample (Mugenda & Mugenda, 2003). After booking appointments with the respective respondents, interviews took place at lunch break, when the health practitioners were available to respond to the interviewer. The interviews lasted for about 35–45 minutes. Interviews enabled the researcher to obtain in-depth descriptive data on practices and beliefs on FP. It also allowed the researcher to probe the respondents further on issues she felt were not consistent or where the information provided was not sufficient from the other data collection sources.

3.9 Validity and Reliability of Research Instruments

a) Validity

Validity is when an instrument calculates what it claims to calculate, or when it estimates correctly. To ensure validity, piloting was conducted in Bomet East sub-county, Bomet County. Questionnaires were administered to fifteen married men. The fifteen were a good representation and they were nearly 10% of the entire population (Mugenda & Mugenda, 2003). The key informants comprised of two health practitioners offering FP services, one religious leader and one community elder aged 50-65 years. One FGD which comprised of married women aged 18-49 years was conducted. The collected data was analysed based on the study objectives. The purpose was to detect any gaps and omissions in generating the anticipated data to address the study objectives. The research instruments were peer reviewed in accordance with the study findings through consulting research professionals

including the university supervisors. The results of this pilot were beneficial in determining if the respondents understood the questionnaires, the FGDs guide and the KII guide. Simple vocabulary was used when creating research tools to ensure the respondents comprehended them. The sampled households as well as the key informants did not participate in the actual study to reduce the respondents' preconceptions. According to Orodho (2009), pre-testing enables researchers to assess their trust in detecting challenges and barriers that can obstruct the collection of valuable data. It also aids in the verification of the test instruments' validity and reliability.

b) Reliability

Reliability was ensured by analysing pre-tested data in order to check whether the instruments actually answered the research questions. Additionally, reliability was enhanced by triangulation method. This is an overlapping technique in which multiple data collection methods are used. In the research, FGDs, questionnaires and KIIs were used. Information was double checked while receiving responses from the respondents in order to enhance the degree of reliability of the provided information. After collection, data from the KIIs, FGDs and questionnaires were cross-examined for clarification. Situational and respondent uniformity was observed through training of the research assistants to collect standard data. Further, editing of raw data was done in the field as well as centrally before making entries to the computer. Reliability coefficients impact the researcher's interpretation of study results (Ritter, 2010). Reliability of research instruments was further determined by employing Cronbach's alpha test to measure internal consistency in the research instruments. This signified the ability to be consistent in data collection using the same instrument over a specified period of time while still maintaining internal consistency. For the

quantitative data collected through the questionnaire, the Cronbach alpha coefficient was computed using the results of the piloted surveys. The Cronbach alpha value should be greater than 0.6 and should not be less than 0.6 (Golafshani, 2003; Gliem & Gliem, 2003). The reliability of the questionnaire was evaluated in the study using Cronbach's alpha correlation coefficient. As indicated from the results, the values of Cronbach alpha were 0.631 which is higher than 0.6; this indicated that the survey reached the acceptable level of internal reliability. Therefore, the survey questions that loaded into the same factors were internally consistent indicating its readiness for analysis.

3.10 Data Collection Procedures

Prior to the study, the researcher sought research permission from Kenyatta University and research authorization from National Commission for Science, Technology, and Innovation (NACOSTI). The researcher then wrote to the main informants so as to obtain their permission to carry out the research. The researcher clarified fully the study's objectives once they agreed to participate. Questionnaires were administered to sampled married men aged 18-65 years in the sampled households. With the aid of two qualified research assistants and a village head's advice, the researcher administered the questionnaires to the identified households. The respondents were required to fill the questionnaire with their responses. Moreover, appointments were made with the key informants to ensure that they had enough time to handle the questions in the KIIs guide. Purposive sampling was used to select the key informants. After preliminary arrangements, the time and venue for the interviews was agreed upon where note taking was used to capture the data extracted. The principal researcher oversaw the whole process. Further,

appointments were sought for the FGDs for the sampled married women to provide an appropriate time to conduct the discussions effectively. The FGDs were held in the respective women groups in the afternoons and data extracted was captured through note taking. The principal researcher guided the FGDs with the help of the research assistants.

3.10.1 Research Assistants

A research assistant (RA) is an individual employed by a researcher or a research institute to assist in private or academic research (Ritchie & Lewis, 2003). The researcher recruited two RAs a male and a female who had completed their university education and were residing in Bomet County at the time of the research. The primary role of the RAs was to assist the researcher in collection, analysis and data interpretation. They were first trained on the research process, research ethics and research objectives which were expounded to them before data collection process.

3.11 Data Analysis and Presentation

The data collected was both in the quantitative and qualitative formats. Quantitative data was generated from the questionnaires. The data was analysed through simple statistics and measures of central tendencies which included mean, mode and media. Moreover, Statistical Packages for Social Sciences (SPSS) version 23 was used to clean, code, verify, and evaluate raw data. Frequencies and percentages, as well as charts, were produced using descriptive statistical analysis. Tables, charts and graphs were used to display the evaluated results. The qualitative data were generated through FGDs, KIIs and questionnaires. Data was then analysed according to patterns and themes derived from the study objectives. The data generated was then

coded in order to pinpoint similarities across themes. Qualitative data was presented in form of verbatim quotations and narratives. Further, Chi-square test was applied to assess the degree and nature of the relationship between variables. The results were then tested for significance at 0.01 (99 % confidence levels) which enabled the assessment of the connotation of association between the dependent and independent variables.

3.12 Ethical and Logistical Considerations

Prior to data collection, the researcher sought authorization from Kenyatta University Graduate School (Appendix VII). A study permit was then sought from NACOSTI (Appendix VIII). Copies of these permits were presented to the County Director of Education and County Commissioner, Bomet County. To ensure that the respondents gave their informed consent, the researcher followed the principles of mutual engagement and informed consent (Appendix IX). Those who wanted to withdraw from the study at any point had the option to do so. However, the study respondents were encouraged to take part in the study. Moreover, the respondents' anonymity and secrecy was ensured by making use of serialized numbers but not their real names on the questionnaires so as to hide their identification for their protection, privacy and dignity.

3.13 Chapter Summary and Conclusion

The chapter has described the research methodology. The study adopted descriptive survey research design and the site of the study was Bomet County, Kenya. The research targeted married men aged 18 to 65 years and married women aged 18 to 49 years. Multi-stage cluster sampling method was adopted in the study and data was collected using questionnaires, FGDs and KIIs. To ensure validity and reliability, piloting was conducted in Bomet East sub-county and the collected data

was analysed based on the research objectives. Statistical Package for Social Sciences (SPSS) version 23 was used to analyse quantitative data. Tables, graphs and charts were used to present the analysed data. Thematic grouping was used to analyse qualitative data which was presented in verbatim and narrative forms. Prior to data collection, the researcher sought research permit from the relevant authorities. The researcher then clarified fully the objectives of the research to the study participants and ethical considerations were adhered to during the research. With the help of two research assistants, the researcher collected data.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the research findings and discussion on men's participation in FP and its implications on their position in the family in Bomet County, Kenya. Demographic characteristics of the participants are presented at the beginning of the discussion as they influenced men's engagement in FP. Four objectives guided the research: to determine men's levels of participation in FP, to assess the factors that influence men's participation in FP, to explain the relationship between men's participation in FP and their position in the family and finally, to identify strategies that would ensure men's involvement in FP in Bomet County. Quantitative data was analysed, summarized and presented in form of pie charts, graphs and tables while qualitative data was analysed and presented in form of themes. A Chi-square test was applied to assess the degree and nature of the relationship among some variables.

4.2 Response Rates

The research targeted a total of 406 respondents. Three hundred and sixteen (316) married men were targeted to fill the questionnaires. Seventy eight (78) married women were expected to participate in the FGDs and 12 key informants to participate in KIIs. However, two hundred and fifty one (251) married men participated in the study and forwarded their questionnaires to the research team. Sixty five (65) married men failed to return the questionnaires. All the 78 married women turned up for the FGDs and the twelve (12) key informants participated in

the KIIs. The response rate was therefore 83.9 percent which was sufficient to represent the target population.

4.3 Demographic Characteristics of the Men

Some demographic characteristics of married men who took part in the research were pertinent to this study. These included: age, education level, employment status, average monthly income, religious affiliation and number of children. These characteristics are discussed in the next section.

4.3.1 Age of the Men Respondents

The age of the respondents in the research was a significant aspect since it influenced men's participation in FP matters and more so their access to FP facilities and services. The researcher therefore tasked the participants to specify their age bracket and the results are shown in Table 4.1 below.

Table 4.1: Age of the Men

Age	Frequency	Percentage (%)
18-25	35	14
26-35	102	40
36-45	80	32
46-55	21	8
56-65	13	5
Total	**251**	**100**

As depicted in Table 4.1, majority of the participants (40%) were between the age bracket of 26 and 35 years. From the study findings, 86% of the men in the study were youthful that is, they fell in the age bracket of 18-45 years and were sexually

active. This age was considered appropriate in the investigation of men's participation in FP in Bomet County. This is because they are sexually active. Moreover, most of the reproduction occurs within this age bracket; hence, a suitable target population for FP projects and programs. Strategies should be put in place to ensure full engagement of men in this age bracket in FP activities. According to Kwawukume et al. (2022), age is one of the determining factors on men's participation in FP activities. This age bracket is therefore actively involved in FP activities.

4.3.2 Education Level of Men

The research sought to examine the respondents' education level. This was important since education level may influence men's engagement in FP. Thus, participants were required to indicate their education level. Table 4.2 below summarizes this.

Table 4.2: Education Level of Men

Education level	Frequency	Percentage (%)
Primary	82	33
Secondary	111	44
Tertiary	39	16
University	19	7
Total	**251**	**100**

As shown in Table 4.2, majority of the participants (44%) had attained secondary education. These data indicated that most of the respondents had basic education. Men's education level was a significant factor in this study since it determined men's knowledge on both male and female FP methods. It enabled men to demystify myths that surround FP use. Moreover, education level influenced their uptake of FP

services and their partners' contraceptive choice and uptake. Paudel and Acharya (2018) observe that men's level of education attainment influences their involvement in FP. Educated men access FP services than the uneducated ones.

4.3.3 Employment Status of Men

The research sought to establish the employment status of the respondents. The results are shown in Table 4.3 below.

Table 4.3: Employment Status of the Men

Employment status	Frequency	Percentage (%)
Formal employment	63	25
Informal employment	27	11
Unemployed	50	20
Self-employed	98	39
Retired	13	5
Total	**251**	**100**

As indicated in Table 4.3, most of the respondents (39%) were self-employed, 25% were in formal employment, 20% were unemployed, 11% were in informal employment and 5% were retired. Employment status of the participants was considered significant since the cost of living in Kenya is gradually increasing with more Kenyans earning below a dollar per day. It demonstrated whether the participants had enough resources to utilize FP methods. Further, employment status determined if men were in a position to assist their spouses to utilize contraceptives. According to Idris et al. (2021), men's employment status is one of the factors that determine men's participation in FP.

4.3.4 Average Monthly Income of Men

The respondents were asked to indicate their average monthly income. This was important for the study as it could influence respondent's ability to participate in FP activities. The results are shown in Table 4.4 below.

Table 4.4: Men's Average Monthly Income

Monthly income	Frequency	Percentage (%)
Ksh 0-5,000	98	39
Ksh 5,001-10,000	81	32
Ksh 10,001-20,000	42	17
Above 20,000	30	12
Total	**251**	**100**

As demonstrated in Table 4.4, majority of the respondents (39%) earned a monthly income that ranged below Ksh 5000. This was considered significant in the study since it could determine whether men would seek FP services or support their partners access it. According to Amuzie et al. (2022), men's income level determines their involvement in FP activities. Men with higher income levels have more access to FP services than those with lower income levels.

4.3.5 Religious Affiliation of the Men.

Religious affiliation of the participants was an essential component of the research since religious beliefs have an impact on men's involvement in FP issues. Therefore, respondents were asked to specify their religion and the results are shown in Table 4.5 below.

Table 4.5: Men's Religious Affiliations

Religion	Frequency	Percentage (%)
Catholic	78	31
Protestant	140	56
Islamic	9	4
None	24	9
Total	**251**	**100**

As depicted in Table 4.5, majority of the respondents (87%) were Christians; 31% were Catholics and 56% were Protestants and 9% belonged to African Traditional Religion (ATR). The Catholic Church encourages its followers to adopt natural FP methods since modern contraceptives are regarded as sinful (Sundararajan et al., 2019). The Protestants for instance, African Gospel Church (AGC), African Inland Church (AIC) Deliverance Church International and Church of God are not specific on the FP methods to be adopted by their congregants. Church of God teaches that children are blessings from God; thus, FP methods should be avoided. Those who belonged to ATR believe that children are from their ancestors and are a blessing to them. This discourages their followers from accessing FP services. This implies that religion influences contraceptive uptake in the community. This resonates with the findings of Machiyama et al. (2018) who establish that religious doctrines and beliefs may influence men's involvement in FP activities. Christians regard children as blessings from God; thus, they are reluctant to use any contraceptives.

4.3.6 Number of Children the Men had

The study sought to establish the number of children the participants had. This was necessary as this could be one of the factors that influenced participation of men in FP. The respondents were therefore tasked to state the total number of children they had. The results are shown in Table 4.6 below.

Table 4.6: Number of Children Men had

Children	Frequency	Percentage (%)
1-3	80	31
4-6	138	55
7-9	22	9
10 and above	11	5
Total	**251**	**100**

As demonstrated in Table 4.6, majority of the respondents (55%) had four to six children. Preference for large families influences contraceptive use and fertility. Many children are valued for both cultural and economic reasons. The community prefers many children since they act as a source of cheap labour to the family. Labour is divided according to the gender roles; boys and girls perform specific roles. Additionally, those who control large families are respected in the community. This implies that cultural and economic factors determine FP uptake in Bomet County. According to Msoka et al. (2019), children are seen as a source of wealth, labour and prestige to the family.

4.4 Level of Men's Participation in Family Planning

The first objective of the study sought to determine men's levels of participation in FP in Bomet County. The findings and discussions were subdivided into four sub-sections: firstly, the FP methods adopted by men and secondly, if men allowed their wives to use contraceptives. Thirdly, the study sought to establish whether the men had ever accompanied their spouses to FP clinic. Finally, whether they had ever participated in any FP seminar.

4.4.1 Family Planning Method Adopted by Men

In order to meet this objective, the respondents were asked to indicate the FP method they had adopted. The analysed results are shown in Table 4.7 below.

Table 4.7: Current FP Method Used by Men

FP method	Frequency	Percentage
Spermicidal	5	2
Condom	35	14
Vasectomy	2	0.8
Periodic abstinence	7	3
Withdrawal	12	4.2
None	190	76
Total	**251**	**100**

Table 4.7 above reveals that majority of the respondents (76%) did not use any form of contraception. One of the reasons for non-use of FP methods among men in the community was that FP issues were regarded as women's responsibilities. Indeed, some respondents had this to report:

> Issues to do with FP are solely the obligations of women and it is never the role of men. It is the societal role of women to take care of the children and seek FP services. Men's role is to protect the family and provide them with food, clothing, shelter and education (Male household head, Silibwet Township Ward, 4th February, 2022).

> Men do not have time to engage in FP issues because they are busy looking for money and participating in other productive activities. FP issues belong to women since they are the ones responsible for carrying pregnancy and giving birth (Male household head, 11th February, 2022, Mutarakwa Ward).

A woman in a FGD voiced:

> It is unusual to find a man using FP methods in this community since they regard them as women's duties. Most men believe that going to a FP clinic to get the FP methods or using them in their marriage is never their role since they will be seen to have taken over women's roles hence, lose respect in the society (FGD 1, 10th March, 2022, Mutarakwa Ward).

The above statements were a kin to those raised by the County Reproductive Health Coordinator (RHC), Bomet County who stated that:

> Culturally, FP matters are regarded as women's issues in this community; this explains the low participation of men in FP in the county. Most men in this community believe that FP issues are women's obligations/roles and those who are seen participating in it are ridiculed. This discourages them from engaging in FP. Most men do not support their spouses in FP decision making and even shy away from discussing FP issues (KII 1, 2nd February, 2022, Silibwet Township Ward).

The views expressed above demonstrated that, FP issues were predominantly regarded as women's responsibilities and not men's. Women were expected to engage in reproductive roles such as carrying pregnancy, giving birth and taking care of the children. Men on their part were expected to engage in roles such as protecting and providing for the family. The respondents further noted that, men who visited FP clinics were disrespected and ridiculed in the society. This implied that, like most

African societies, the community had clearly defined roles for men and women. The society expected them to adhere to these gender roles. It was viewed as a dishonour for one to contravene these gendered divisions of labour. Based on gender roles men are termed as providers, administrators and producers. Gender taboos as a result of gender roles traditionally limit men from participating in FP (Mkandawire & Hendriks, 2018).

The study established that men who participated in FP for instance seeking FP services, were disrespected and ridiculed for having engaged in women's issues; this discouraged most men from involving themselves in FP activities. The men avoided any gender roles meant for women, for instance, participating in FP since engaging in such activities is demeaning and humiliating. Men who engaged in FP activities in the community were seen as feminine. Both men and women should participate in FP and it should not be regarded as women's obligation. Cultural practices that discourage men from engaging in FP issues in the community should be eliminated by educating men on the importance of participating in FP.

As postulated in Social Dominance Theory by Sidanius and Pratto (1999), gender roles, stereotypes, norms and any beliefs or expectations about women and men that are usually agreed upon in a culture or society often place women in a weaker position. Men are expected to protect and financially support women and in return, women are expected to take care of the family.

The findings above concur with those of Lusambili et al. (2021) who affirm that, culturally, FP and sexual reproductive health is perceived as women's domain. Reproduction is usually regarded as women's responsibility because of their biological make up and reproductive role. Other studies have found that men

participate in FP activities. Women and men in Malaysia, for example, viewed FP as a shared responsibility whereby couples held discussions on desired family size, past pregnancies, methods of contraception and plans for future deliveries (Ling & Tong, 2017).

The study further established that men could not utilize any FP method since traditionally and even culturally men are expected to sire children immediately after marriage. Attaining a fatherhood status is very important in the community. Respondents revealed that:

> A Kipsigis man attains a special status in the society once he has a child. Marriage is an important stage in a man's life since it signifies transition from childhood to adulthood and this is not complete without a child. Moreover, it is the responsibility of a man to have children immediately after marriage in order to prove one's fertility to the extended family and the society. Hence, most men cannot utilize FP methods (Male household head, 21st February, 2022, Kapletundo ward).

A woman in the FGD reported that:

> Majority of men in this society cannot use FP methods in marriage since they want to prove to their peers and the society at large that they are fertile. The first responsibility of a man immediately after marriage is to make his wife pregnant. Infertile men are pitied and seen as "powerless." This is the reason why in most cases women are blamed for childlessness in marriages in order to protect the man's image (FGD 2, 15th March, 2022, Silibwet Township Ward).

The foregoing discussion reveals that a man attained a special status among the Kipsigis community after siring a child. The birth of a child perceptually marked a man's transition to adulthood, thus; this earned him much respect among his relatives, peers and the society at large. Thus, a man had to prove his fertility immediately after marriage by having a child. This implies that, cultural factors

immensely influenced men's participation in FP in the community. Men were pressurized by both the family and the society to have children immediately after marriage; therefore, this discouraged them from utilizing FP services. The women in the community noted that they were blamed for childlessness in marriage even when their husbands had fertility challenges. This was done to protect the man's image and retain respect among his peers and the society. In relation to the Social Dominance Theory, the status of a man in the society is linked to his ability to have children. Although the role of bearing children is a woman's responsibility, the children automatically belong to a man immediately after birth. This pressurizes a man to prove his fertility immediately after marriage. Therefore, men should be sensitized on the need to attend FP seminars and FP clinics in order to acquire vital knowledge on reproductive health. The MoH, Bomet County should encourage both men and women to examine their fertility issues.

Bornstein et al. (2020) opine that, men's ability to father children denotes status, strength and masculinity. Men who are unable to impregnate their spouses are considered fundamentally broken; they are required to prove their fertility through subsequent pregnancies. Men who are suspected of being infertile are usually subjected to ridicule both in the family and the community; hence, this discourages them from participating in FP activities.

As demonstrated in Table 4.7, condom was the most popular FP method used by men. Most of them however, indicated that they were not comfortable using it in their marriages. One of the hindering factors to men's utilization of condom was discontent with sexual intercourse. Men believed that utilizing a condom poses a

threat to their masculinity by decreasing sexual desire and satisfactions as well as making them feel more feminine.

One respondent observed that:

> I will never use a condom in my marriage because we are a family and I have paid bride wealth for my wife. The primary goal of marriage is to have children. A childless marriage is seen as a curse in the community. Furthermore, using a condom reduces sexual pleasure and men cannot enjoy sexual intercourse. I can only use a condom outside marriage to prevent my outside partner from getting pregnant (Male household head, 3rd February, 2022, Kapletundo Ward).

The statement above was confirmed by Sotik Sub-County RHC, who posited that:

> Although we provide condoms freely in our health facilities, most men do not use them as a form of FP method but as a form of protection from contracting STIs from partners outside their marriages. Men who have extra marital relationships use them to prevent partners outside their marriages from becoming pregnant. Furthermore, most men fear picking condoms from the healthcare facilities (KII 3, 22nd February, 2022, Chemagel Ward).

From the sentiments above, it is evident that the goal of marriage among the members of the community is to have children; hence, men avoided the use of a condom. Secondly, using a condom reduced sexual pleasure during sex. The opinions voiced above indicated that, men did not adopt the condom use in their marriages since they believed marriage was incomplete without children. Childlessness in a marriage was regarded as a curse in the community.

The research established that, men had power to decide whether to use the FP method or not since they were the head of the household. Furthermore, they could not source condoms from the clinic for fear of stigma. This placed women at a disadvantaged position whereby they were unable to make decisions concerning their reproductive health.

The sentiments above demonstrated that gender-based power imbalance in the family level negatively influenced the uptake of FP services among the men in the community. The Social Dominance Theory by Sidanius and Pratto (1999) avers that power imbalance between women and men has generated gender-based discrimination and inequality in the family relations. Women are not in a position to negotiate the use of a condom by their partners since they are always under the authority of their spouses. Osuafor et al. (2018) posit that, the cultural norms prevailing in sexual relationships and marriages give men power in decision making. This always gives them a leeway to resist condom use which causes a lot of frustrations among women. Men avoid utilizing male FP methods because of the reasons related to the FP methods. They avoid using a condom during sexual intercourse because it reduces sexual pleasure (Sharma et al., 2018).

As shown in Table 4.7, some of the respondents were positive about the use of a condom. They used condom as a method of FP since they found it effective and it did not harm their health. One of the respondents stated:

> My wife and I have agreed to use a condom as an FP method because it does not have any side effects and it is easy to use unlike other FP methods. My wife used to bleed a lot, reduced a lot of weight and most of the time she became weak when she used female FP method (female injection). Furthermore, condoms are free and I get them easily in the health facility (Male household head, 5th March, 2022, Silibwet Township Ward).

The above comment from a respondent indicated that some couples had adopted the use of a condom in their marriages since it did not have any side effects and was not harmful to their health. This was indicative that couples avoided those FP methods that were believed to be harmful to them and their partners, for instance, the use of the injection. They also adopted condom use since they did not spend any money to

acquire them. The MoH Bomet County should educate couples on side effects of various FP methods. Moreover, couples should be sensitized on the importance of using a condom as an FP method since it does not have any side effects. The county government should also ensure constant supply of condoms in their health facilities. The findings concur with those of Ajayi and Akpan (2018) who reveal that, men adopt condom as a form of FP since it is easy to use compared to other FP methods. In addition, they do not have any side effects and can be used in privacy since it does not require instructions from a healthcare provider.

As shown in Table 4.7, vasectomy was the least used FP method among the men in the community. Less than 1% of the men had undergone vasectomy and most of them were reluctant to undergo the permanent FP method. Those who had undergone the procedure noted that they could not speak about it for fear of stigmatization and rejection. The respondents gave various reasons why they avoided the medical procedure. One of the participants reported:

> Vasectomy is not acceptable in the Kipsigis culture because it is regarded as a taboo. Furthermore, it makes a man to be sexually inactive. Most men cannot accept to undergo vasectomy since it is seen as a form of castration and people will refer you as "half man". Those who have undergone it are termed as "castrated bulls" a name that is very demeaning; this makes a man lose his self-worth and will not be respected anymore in the society. Furthermore, how will a man still have other children just in case he loses them through death or divorces his wife? (Male household head, 21st March, 2022, Mutarakwa Ward).

> I do not have knowledge about vasectomy and some men in this community are not aware about it. I have never attended any seminar on FP therefore I do not know about the vasectomy procedure and its effects on men's health. Men should be trained on FP methods and especially vasectomy and may be some will embrace it (Male household head, 26th February 2022, Kapletundo Ward).

A woman in the FGD noted:

> Men in this community cannot undergo vasectomy since they believe FP is a woman's role. They also regard the medical procedure as adoption of western culture hence against societal cultural beliefs (FGD 3, 24th March, 2022, Chemagel Ward).

The above findings were affirmed by the health care professional who argued that:

> There is still a lot of misconceptions and stigmatization in the community about vasectomy. Although Marie Stopes Organization offer vasectomy services for free, most men have not accepted to undergo the procedure. Culturally, vasectomy is unacceptable in the community. Men who have undergone it are disrespected and regarded as outcasts and this forces us to arrange for the procedure to be done in a facility outside the County in order to keep it as a secret and protect our clients from stigmatization. Moreover, women discourage their husbands from undergoing vasectomy since they believe they will not be able to perform their sexual activities like before. So, they prefer to undergo Tubal Ligation themselves. Vasectomy is seen as a form of castration; hence, makes men lose their manhood (KII 1, 2nd February 2022, Silibwet Township Ward).

The statements above demonstrated that men were reluctant to undergo vasectomy due to various reasons. Firstly, men opposed vasectomy since it was regarded as a form of castration. Besides, it was believed that it made men sexually inactive. Equally, men did not have knowledge on vasectomy hence, were reluctant to embrace it. Finally, those who had undergone vasectomy were stigmatized in the community; thus, they could not speak about the procedure or even encourage others to do it. The study established that, cultural barriers negatively influenced men's adoption of vasectomy in the county. Vasectomy within the Kipsigis culture was regarded as a form of castration; hence, it made men to be disrespected by their wives, peers and the entire society. A castrated man was regarded as useless since he could not reproduce anymore. Men who underwent the procedure also lost authority both in their families and the society.

The study further found out that lack of knowledge and misinformation about vasectomy limited men from adopting the medical procedure. Men believed that undergoing vasectomy caused sexual malfunction as well as losing their sexuality. Satisfying a wife sexually was very important to men; thus, men avoided the FP method since it was believed to cause sexual dissatisfaction. Moreover, women's lack of knowledge about vasectomy made them discourage their husbands from embracing the procedure. As such, more information on vasectomy should be channelled to both women and men in Bomet County in order for them to make informed decisions on the FP method. This would also rule out the myths and misconceptions surrounding the medical procedure.

The sentiments above were strongly informed by Social Dominance Theory which argues that men dominate fertility in their families since traditional ideologies provide them with great power. Men feel they have been overpowered by women if they undergo the procedure so they avoid it. These findings are consistent with those by Fayehun (2020) who notes that, barriers of adoption of vasectomy among men include misconceptions and lack of adequate knowledge. Men harbour misconceptions that vasectomy equals to castration; it causes erectile weakness and impotence which makes men to lose their power in the family. However, Svallfors and Billingsley (2019) observe that men in Colombia have embraced vasectomy as a form of FP method. If men are effectively sensitized and they have sufficient knowledge about the procedure; then the FP method may be socially accepted.

4.4.2 Wife's Use of Contraception

The respondents were asked whether their spouses used FP methods or not. This was significant in order to explore various reasons why men allowed their wives to utilize contraceptives or they did not. The findings are demonstrated in Figure 4.1 below.

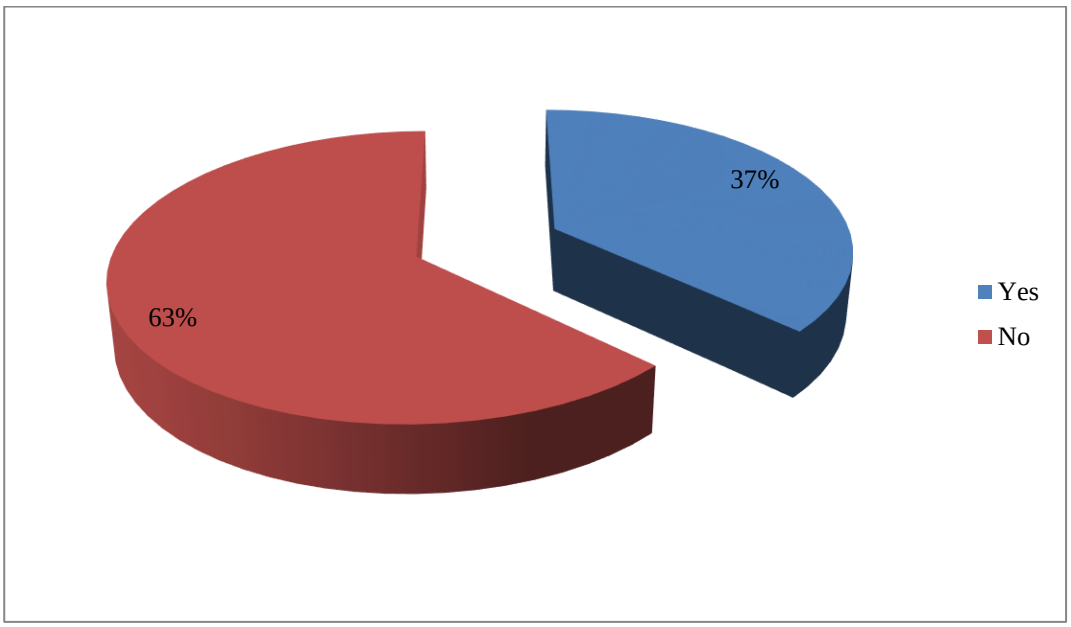

Figure 4.1: Wife's use of contraception.

Figure 4.1 above indicates that majority of the respondents (63%) did not participate in their wife's adoption of contraception. The researcher further asked the respondents to give reasons why they allowed or did not allow their wives to adopt any FP method. The respondents noted that:

> Women in this community are not comfortable using contraceptives and most of them do it in secrecy. Men feel they have lost authority in the family when their spouses use FP. Women are expected to give birth immediately after marriage; therefore, husbands and parent in-laws forbid the use of contraceptives. Moreover, some men think that women may become promiscuous when they use FP. This has led to misunderstandings in many families since some men do not approve the use of FP (a woman in FGD 3, 24th March, 2022, Chemagel Ward).

> It is not bad for women to adopt FP methods but some women use that opportunity to be promiscuous since they cannot get pregnant when they are under contraception. This brings shame to the husband. Furthermore, a woman will not settle down in the marriage when she has few children; many children keep a woman in marriage. So, I cannot allow my wife to utilize contraceptives (Male household head, 4th March, 2022, Kapletundo Ward).

> Contraceptive use can cause uterus cancer when female contraceptive pills accumulate in the uterus. Female contraceptive pills can also accumulate in the woman's back and after a while it causes back ache (Male household head, 9th February, 2022, Silibwet Township Ward).

> I discouraged my wife from utilizing contraceptives since she could really bleed a lot when she used them. Additionally, most of the time she felt weak and she was not interested in sex anymore when she used the female injection (Male household head, 6th March, 2022, Chemagel Ward).

The above sentiments were corroborated by medical officers, who reported that:

> Majority of the women in this community practice FP in secrecy without their husbands' knowledge since it causes fights in the families. Most of them come for the contraceptives when bringing their babies for the antenatal clinics so that their spouses may not suspect that they are under any FP method. They prefer to be given Depo-Provera (injection) because it is not easy for their husbands to discover that they are using it. Extended family members, for instance, mothers-in-law also play a major role in women's adoption of FP because sometimes they discourage them from using it. More needs to be done in terms of educating men on the importance of FP to their families (KII 4, 18th February, 2022, Mutarakwa Ward).

> Some men cannot allow their wives to use contraceptives since they lack knowledge about them; there are myths that surround uptake of FP methods. Men believe that the use of certain female FP methods can lead to giving birth to a child who has physical defects; that the FP methods are associated with curses. They also believe that when a woman uses Intra Uterine Contraceptive Device (IUCD), she may give birth to a child while holding the device with her/his hand or the device can be transported to the mother's brain. Furthermore, men discourage their spouses from using FP because of their side effects. Men get such FP myths and misinformation from their friends/peers (KII 2, 17th February, 2022, Silibwet Township Ward).

The sentiments presented above indicated that women used FP in secrecy in order to avoid confrontations with their husbands. This is because men felt they had lost authority in the family when the spouse used contraceptives. Secondly, women were expected to give birth immediately they got married in order to secure their place in the family. Thirdly, men were against women's adoption of FP since they believed they could be promiscuous. Finally, mother in-laws discouraged women's adoption of FP in the community. These findings implied that women used FP in secrecy since patriarchal ideologies acted as a major obstacle to women's uptake of contraceptives. Thus, men were believed to be the final decision makers and bread winners in the families, they also made final decisions on women's sexual and reproductive health including those regarding FP. Cultural norms and gender power in the community encouraged gender inequalities which in turn fuelled men domination over women; particularly, their inability to make decisions on the use of contraceptives.

The findings further established that, husband's approval remained a significant predictor of consenting and using FP methods. Women noted that they would experience gender-based violence (GBV) if their husbands found out that they were using contraceptives. Thus, a husband's disapproval limited a woman's utilization of contraceptives. FP methods like hormonal contraception which women could utilize without the knowledge of their husbands could cause men certain anxiety since they felt they had been stripped off domination over their spouses' fertility. This implied that unequal gender power relations and rigid gender roles inhibited men's participation in FP in the community.

Additionally, mother in-laws played a crucial role in women's utilization of contraceptives in the community. They pressurized their daughters-in-laws to give

birth immediately after marriage; hence, discouraged them from adopting FP methods. Women were also expected to bear many children since it was believed to make them focused on their marriages; this exposed many women to unwanted pregnancies.

Basing these research findings on the Social Dominance Theory by Sidanius and Pratto (1999), it is proven that, male dominance is witnessed at the household level whereby men are usually considered as bread winners and heads of the family. Women on the other hand are simply considered as properties owned by men; thus, all decisions including those on women's reproductive health and FP are made by men. Women, therefore, are unlikely to negotiate contraceptive utilization and make independent choices in relation to fertility control. The patriarchal family structure limits women's acquisition of privilege, position and power; this reduces their chances or ability to take charge of their own bodies as well as their fertility.

The study further established that FP myths and misconceptions influenced FP uptake in the area. Men discouraged their spouses from using female contraceptive pills since they were believed to cause uterus cancer. Moreover, men believed that Depo-Provera causes reduction of sexual pleasure and bleeding among the women. This implies that men lacked enough knowledge on female FP methods.

The above observations concur with those of Pallangyo et al. (2020) who postulate that men are the final decision makers in the household; women do not have a say on contraceptive use. Some women believe it is their religious obligation to adhere to the decisions made by their husbands on whether to use or not use FP (Jalu et al., 2019). Shahabuddin et al. (2019) argue that dependency on husbands as well as other

family members for example the mothers-in-laws negatively influences women's uptake of FP services.

Respondents (men) were further asked to indicate the FP method their wives used. The results are collated in the Table 4.8 below.

Table 4.8: FP Method Used by the Spouse

FP method	Frequency	Percentage (%)
Oral pills	8	9
Depo-Provera	15	16
Norplant	6	7
Contraceptive coils	3	3
Natural methods	4	4
Female condoms	0	0
Not aware	56	60
Total	**92**	**100**

As demonstrated in Table 4.8, majority of the men's spouses (16%) used Depo-Provera and none of the respondents' spouses mentioned the use of female condoms. Moreover, majority of the men (60%) agreed that they were not aware of the contraceptive method adopted by their wives. The researcher sought the views of the women on why the men were not aware of FP methods used by their wives. Some of their responses are captured herein.

> Men in this community are reluctant to take part in FP activities. They do not even ask their wives the FP method they have adopted since they feel it is not important. Furthermore, they believe it is absolutely a women's role to engage in FP (FGD 5, 9th April, 2022, Mutarakwa Ward).

> Women in this community do use FP in secrecy for fear of conflicts with their husbands. Most of the women prefer female injection than Norplant

> because it cannot be noticed; hence, a woman can use it without any suspicion by their spouse. Some women have been assaulted by their husbands for using FP; thus, many avoid it completely or use it in secrecy (Women FGD 4, 30th March, 2022, Kapletundo Ward).

In a women's FGD (2, 15th March, 2022, Silibwet Township Ward) it emerged:

> It is unusual to find a woman using a female condom in marriage. If a woman is seen with a female condom, she will be regarded as immoral. It is okay for men to have condoms but not women. Furthermore, most women do not have knowledge on female condoms; hence, they cannot utilize them.

The SCRHC noted that:

> Cases of GBV relating to women use of contraception have been reported in some health facilities in the county. Most women use contraceptives without their husband's knowledge for fear of confrontations with them. Some women have complained that they cannot use Norplant as a method of FP since their husbands can easily notice. There is much to be done in Bomet County on sensitizing men on the importance of FP (KII 3, 22nd February 2022, Chemagel Ward).

The foregoing sentiments are quite revealing. Men did not find it necessary to know the type of FP method their spouses used. Secondly, women used FP methods in secrecy in order to avoid confrontations with their husbands. Thirdly, women preferred female injection to Norplant since it was not readily noticeable by their husbands. Finally, cases of GBV in relation to FP use had been reported countywide.

The research found out that 60% of men were not aware of the type of FP method their wives had adopted. This denoted that majority of men in the area did not take FP issues seriously. FP issues were regarded as women's affairs; hence, their little engagement in them. Therefore, men in the community acted as barriers of women's uptake of FP services. There was need to educate men on importance of supporting their wives' uptake of FP. This would lead to more uptake of FP among the women.

The above observations demonstrated that unequal gender power relation in the household was the main reason why women used contraceptives in secrecy. Men in the community controlled their partners' use and non-use of contraceptives. Since husbands believed that contraceptive use led to unfaithfulness in marriages, they limited their wives' use of them. If a wife became unfaithful in marriage, it was interpreted that the husband had lost control over her; hence, she brought shame and disgrace to him. Some men opted for GBV in order to discourage their spouses from contraceptive use and continue exercising power over them. As a result, women preferred female injection to Norplant which was easily visible to their husbands. Such decisions forced women to utilize FP methods which did not suit their health.

The study further established that women did not have knowledge on the use of female condoms; as a result, they did not use it as a FP method. Moreover, women argued that they were regarded as being immoral if they were found with or seen with female condoms. Culturally, it was not acceptable for women to use condoms; however, it was normal and rightful for men to use them. This implied that women in the community were expected to be sexually passive while men were expected to be sexually aggressive.

It is evident from the above discussion that unequal gender power relation in the household negatively influenced men's participation in FP. The MoH should encourage women to report GBV cases in relation to FP so that the perpetrators can face the law. Additionally, the healthcare practitioners should engage men on FP in order to encourage joint decision making in relation to FP use; this could reduce husband's opposition. Moreover, it was clear that there was lack of open, genuine and informed communication by spouse on FP use.

The Social Dominance Theory by Sidanius and Pratto (1999) uphold that force is a system of gender power which significantly contributes to maintenance of power hierarchy between women and men in the society. Force may include assault, physical abuse and any form of violence against women, undermining their power and status. Men used violence to discourage their spouses from using contraceptives; this resulted to their spouses using FP in secrecy secretly.

4.4.3 Men's Visit to a Family Planning Clinic with their Spouses

Respondents were asked to state whether they had ever accompanied their spouses to a FP clinic. This was important in order to determine whether men supported their spouses in the adoption of contraceptives. The findings are demonstrated in Figure 4.2 below.

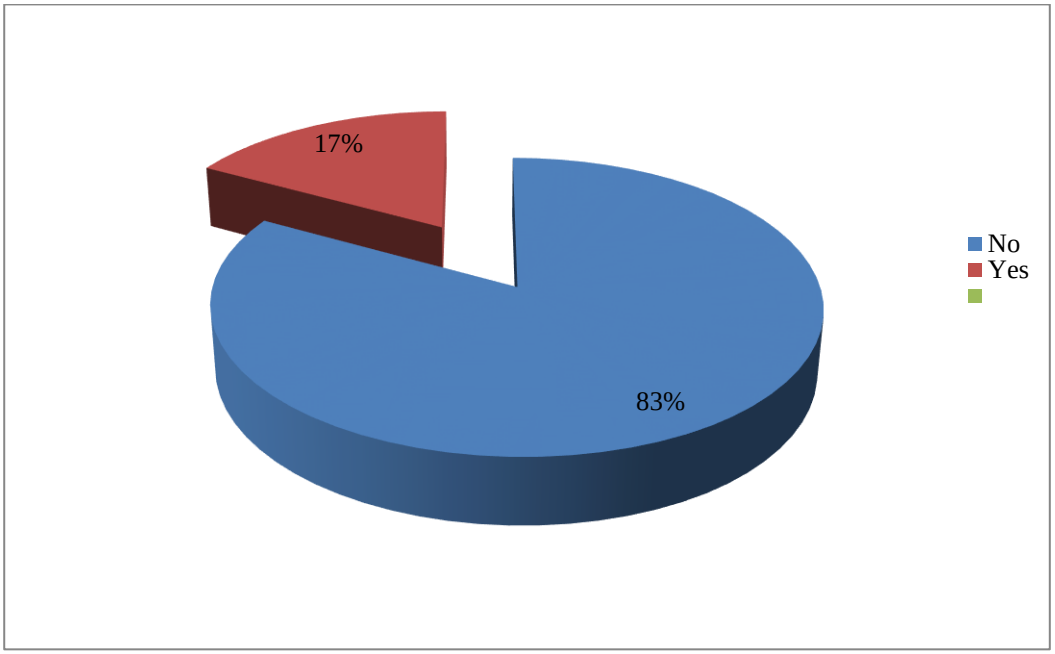

Figure 4.2: Men who accompany their spouses to an FP clinic

As shown in Figure 4.2, majority of men (83%) had never accompanied their spouses to a FP clinic. When men accompany their spouses to FP health facilities, they provide an opportunity for couple counselling resulting to joint decision making with regard to the use of the best FP methods. This is not the case in Bomet County since majority of the participants had never accompanied their wives to a FP facility.

A man reported:

> I find it awkward to accompany my wife to a FP clinic. In our culture, it is not common for men to accompany their wives to any place including FP clinics since walking with one's wife is regarded as an adoption of western culture. The society will regard you as a man who has lost a say in the family and can easily be swayed by a woman's decisions. Men are never willing to accompany their spouses even if the heath facility may be a few meters away from their residence (Male household head, 15th February, 2022, Chemagel Ward).

Another male participant stated that:

> When people see you accompanying your spouse to a FP clinic, they stigmatize you and suspect that both of you are HIV positive. They conclude that you and your spouse have been invited to the FP clinic by the medical officer so that he/she discloses your HIV status and provide counselling. This is one of the main reasons why men do not accompany their wives to a FP facility (Male household head, 22nd February, 2022, Kapletundo Ward).

In a women's FGD, a participant shared that:

> Health care professionals have tried to engage men in FP activities but this has not been successful. At times when they ask us to be accompanied by our husbands in the next visit, our spouses do not cooperate at all. It is rare for a man to accompany the wife to the FP facility because of shame and the men's ego (FGD 5, 9th April, 2022, Mutarakwa Ward).

Similar views were echoed by a medical officer who noted that:

> There is low percentage of men accompanying their wives to the FP clinics in this community. Cultural barriers as well patriarchal ideologies play a

> major role. Within the Kalenjin culture an "ideal" man is not expected to walk with his wife after transition to adulthood (circumcision). Men feel that they have lost their masculine nature when they go with their wives to the FP facility. Normally, we do invite men to accompany their wives in their next visit to the facility but very few turn up. Fear and shame also act as obstacles because men do not wish to be seen with their spouses in the FP clinic since they are regarded as women's places (KII 7, 7th March, 2022, Kapletundo Ward).

The sentiments raised above indicate that men did not accompany their wives to FP clinics because such a behaviour was regarded as an adoption of the Western culture; hence, those who did so were seen as weaklings dominated by their wives. Secondly, couples who attended the FP clinic together were suspected of being HIV Positive; this discouraged the men from accompanying their wives. Thirdly, men found it shameful to accompany their spouses because they tried to protect their ego. Finally, an "ideal" man was not expected to accompany his wife to a FP clinic. It is evident from the above views that those who accompanied their spouses to a FP clinic were seen to have gone against the African culture.

The study further established that, couples avoided visiting a FP clinic together for fear of being suspected that they were HIV positive. HIV positive individuals were stigmatized in the community; hence, couples would avoid such visits to a FP clinic together. Non-incorporation of FP into HIV services resulted to HIV patient stigmatization when accessing FP services. Lack of policy on integrated care, insufficient monitoring systems and unclear service delivery guiding principles are some of the health system factors limiting process (Nkhoma et al., 2022). Moreover, women noted that their husbands were not willing to accompany them to a FP clinic although they had been instructed by the medical officer. In many societies, presence of men in reproductive health is culturally and socially stigmatized. This is because

pregnancy, childbirth and FP issues are considered feminine; hence, men should not engage in them. Within patriarchal cultures, it is unacceptable for men to engage in reproductive health issues (Roudsari et al., 2023). This indicates that men were not willing to engage in such issues that were regarded as women's. Such societal expectations about men limited them from accessing FP services. The assertions above indicate that cultural factors negatively influenced men's participation in FP issues in the community. The MoH Bomet County should encourage men participation in FP issues through educating and sensitizing them on its significance. Moreover, creation of awareness can inhibit gender stereotypes that impact the uptake of FP in the community.

The findings are in line with those of James-Hawkins, Dalessandro and Sennott (2019) who argue that, men's adherence to masculinity principles and their obedience to societal expectations of manhood limit their involvement in FP activities. This in turn influences their health outcomes as well as those of their female partners.

A study conducted in South Africa asserts that when men are involved in FP activities, it results to positive FP outcomes. That South African men who accompanied their spouses to FP clinics were more likely to utilize FP services (Kriel et al., 2019). Male participation in FP is due to shared responsibility on FP and social support from the community (Kriel et al., 2019).

The study findings in Figure 4.2 demonstrated that 17% of the participants had accompanied their spouses to the facility. This implied that some men participated in FP activities.

One of the respondents noted that:

> FP is the responsibility of both men and women because children belong to both. It is good to go to the FP facility with your wife when invited since this is for the benefit of the whole family. My wife and I have been educated and counselled by the nurse on the importance of FP and this has been helpful in our family. Men should not fear accompanying their wives to FP clinics; in fact, they should not listen to critics (Male household head, 15th March, 2022, Mutarakwa Ward).

The statement demonstrated that some men in the community regarded FP as a responsibility of both men and women. In addition, men considered FP counselling as beneficial to them and their families. The sentiments showed that men were willing to go against the cultural barriers by engaging in FP issues. This implied that, some men did not adhere to the gender norms on feminization of FP for the wellbeing of their health and their families. This supports the notion that some men exhibit different and less outdated masculinities for the benefit of their health as well as that of their families. According to WHO (2018), men are important clients and supporters of FP. Predominantly, they can greatly influence their spouses in various ways concerning sexual and reproductive health matters. Men can either make decisions for them or stand on their way. Thus, men's attitudes or perceptions towards FP can define whether women can engage in healthy reproductive health behaviours.

4.4.4 Men's Participation in Family Planning Seminar

Further, the respondents were asked to state if they had ever attended a FP seminar. Men's attendance of FP seminars was important since it signified their involvement in FP issues. Their responses are shown in Figure 4.3 below.

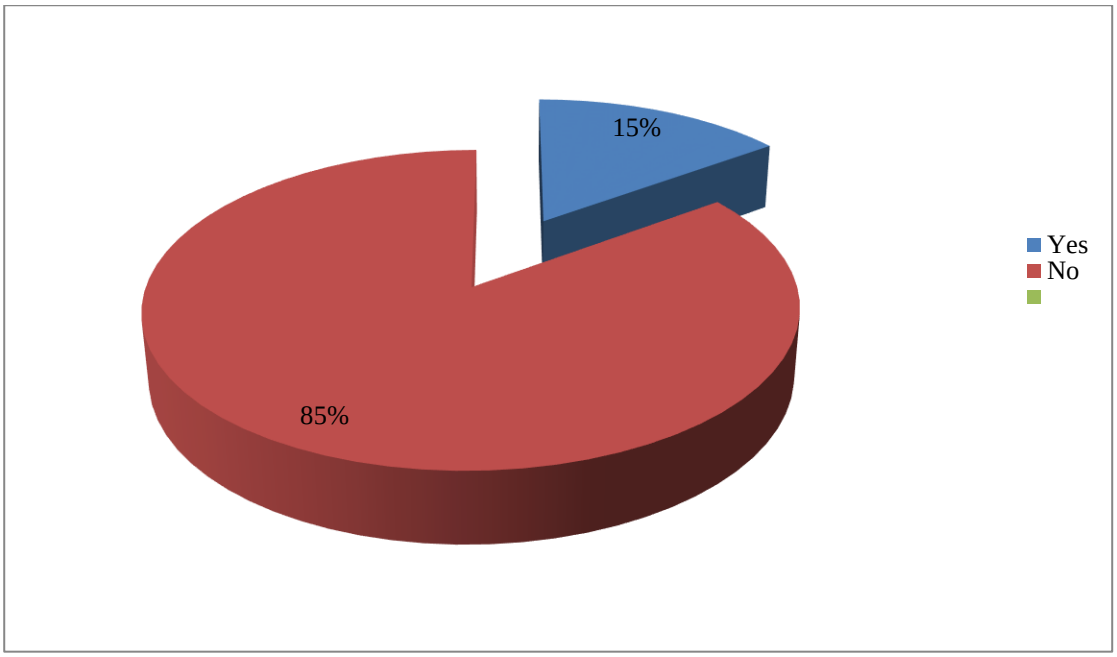

Figure 4.3: Men's participation in FP seminar

The findings above indicate that majority of the respondents (85%) had never attended any FP seminar. There were several barriers that hindered men from participating in FP programs.

A respondent reported that:

> Men are not willing to attend FP seminars since they regard them as women's programs. Most men view such programs as unproductive or insignificant; hence, not necessary for them. They would rather attend other seminars or trainings that are productive for instance, financial trainings and agricultural seminars. Some men feel ashamed since they will be tagged as feminine by their peers (Male household head, 18th February, 2022, Silibwet Township Ward).

An interviewee (KII 11, 13th March, 2022, Kapletundo Ward) remarked that:

> Men in this community believe that FP seminars belong to women. This is because FP programs are geared towards women and men are left out which makes them not to participate in FP activities. Furthermore, I have never heard of any FP seminar in this community meant specifically for men. It is important to involve men in FP and reproductive health issues because culturally, men are the final decision makers in their families.

In the women FGD, a respondent noted:

> The FP seminars offered by MoH Bomet County have been helpful to women in this community. We learn on various FP methods and ask questions whenever we have FP side effects. However, these programs have been tagged as "women's meetings" making men not to participate in them (FGD 3, 30th March, 2022, Kapletundo Ward).

A nurse in a health facility affirmed that:

> Even though there are FP programs being offered in the community, most men are not willing to attend. Although Health facilities offer FP seminars through community health volunteers to give information on FP methods and services, few men are willing to participate. Men have labelled such programs as women's; hence, they have left their spouses alone to participate in them (KII 5, 23rd February, 2022, Chemagel Ward).

The sentiments voiced above show that men regarded FP seminars as women's programs. In addition, men opted to attend seminars that dealt with income generating activities instead of attending FP seminars. Women argued that FP seminars were helpful to them since they obtained information on both female and male FP methods. However, their partners were not willing to attend such programs since they had been labelled as women's programs. Finally, men noted that there were no FP seminars in the community that were meant specifically for men. This implied that men in the community did not attend FP seminars because they believed that FP information should only be channelled to women since FP issues are women's roles. Men opted to attend seminars that dealt with income generating activities (IGAs). This demonstrated that reproductive roles in the community were meant for women and the productive ones for men.

The study further established that men felt uncomfortable when they were seen attending FP seminars since it was understood as going against the community norms. Moreover, FP seminars that were meant specifically for men were not

available in the community which reinforced the belief that FP was a women's responsibility. This discouraged men from involving themselves in FP issues. The healthcare practitioners should involve men in passing FP information to the community in order to demystify the myth that FP is a women's obligation.

Basing these study findings on Social Dominance Theory by Sidanias and Pratto (1999), it is evident that gender roles and norms in the community negatively influence participation of men in FP. Men never engage in activities that are perceived to be women's. In addition, society expects women to participate in caregiving roles and those associated with FP, while men should engage in productive activities since they are expected to financially support their female partners. Therefore, men in the community attended those seminars that generated income while FP seminars were left for women. Societal expectations about women and men in the community acted as a barrier to men attending FP programs.

Some studies for instance that of Sylvest et al. (2018) indicate that men are willing to engage in FP programs. Most men in Denmark were interested and felt endowed by fertility counselling despite not having initial education on the subject. Men had positive attitude towards FP counselling and were willing to engage in it.

The research findings in Figure 4.3 indicate that, 15% of the respondents broke the cultural barriers and engaged in FP matters. One of the respondents stated:

> I appreciate the FP seminars that the Ministry of Health offers in the community. This program has enabled my wife and me to obtain knowledge on FP which we have applied in our family. My wife is now in a position to use contraceptives that suit her and this has reduced health complications that come with the adoption of FP methods unlike in the past. I think it is very important for men to participate in FP seminars since it is the responsibility of both a husband and wife to bring up a healthy family (Male household head, 9th March, 2022, Chemagel Ward).

From the above sentiments, it is clear that some men appreciated the FP seminars that were being offered in the community. They appreciated the health action days since they enabled them to gain knowledge on FP methods leading to informed choices on contraceptive use. This implied that, there were men who went against the societal expectations by attending FP seminars although they had been branded as women's programs.

The study established that FP seminars enhanced communication among the couples which encouraged joint decision making on FP leading to shared FP responsibilities. More of such seminars should be encouraged in the community and men should be used as ambassadors of FP information. This would lead to joint FP decision making in the family, more men participation in reproductive health issues and FP being regarded as obligation for both women and men. The above sentiments corroborate those of Nkwonta and Messias (2019) who posit that, male involvement in FP result to increased uptake of FP services. Men's engagement in FP not only supports the uptake of contraceptives but also facilitates effective FP method utilization and continuation among them and their partners.

4.5 Factors Influencing Men's Participation in Family Planning

The second objective interrogated the factors that influenced men's participation in FP. Both the cultural and economic factors were examined as well as the barriers of men's engagement in FP. The participants were tasked to explain whether religious factors influenced their participation in FP. The respondents were also asked to state the number of children they had and if it influenced their uptake of FP services. Additionally, the respondents were required to explain if gender preference in the

community influenced their participation in FP. The study interrogated the perceptions of men with regard to FP. Finally, the respondents were probed on economic factors and barriers that influenced their participation in FP. The study established that, both cultural and economic factors influenced men's participation in FP in the community. The presentation is divided to six sub-sections; religious factors, number of children the participants preferred, sex preference, perception of men regarding FP, economic factors and barriers of FP.

4.5.1 Influence of Religion on Men's Participation in Family Planning

In order to examine influence of religion on men's participation in FP, the researcher asked the respondents to state whether their religious beliefs influenced their participation in FP. Further, the respondents were tasked to state the FP methods accepted by their religion and those not accepted. They were also required to give reasons why FP methods were accepted in their religion or why they were disallowed. The results are shown in Figure 4.4 below.

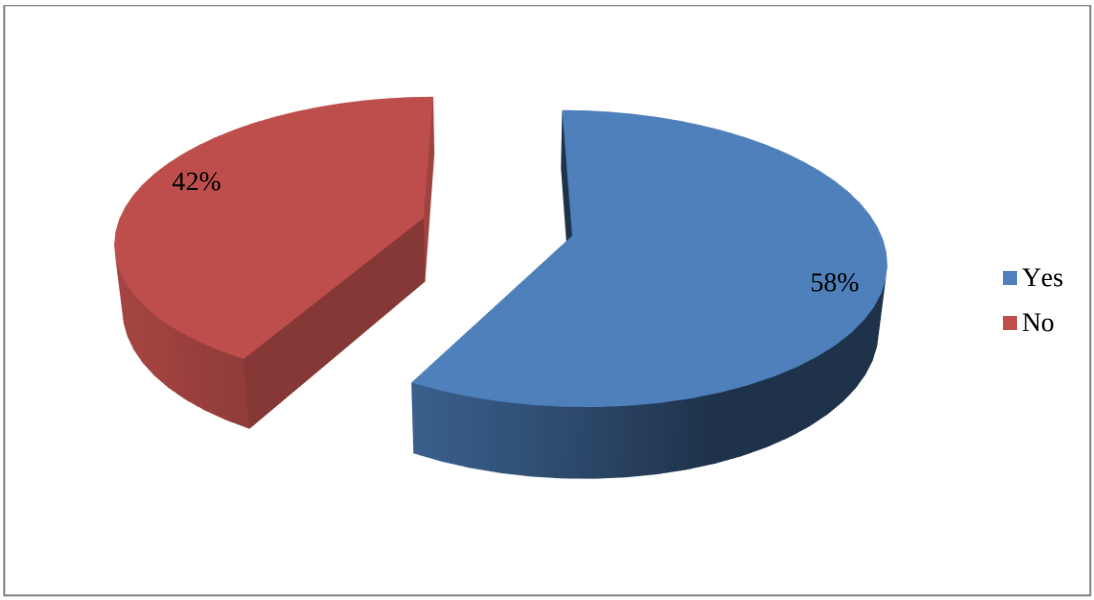

Figure 4.4: Influence of religion on men's engagement in FP

As depicted in Figure 4.4, majority of the respondents (58%) felt that their religion influenced their uptake of FP. Religion plays a significant role in influencing peoples' behaviour, perceptions and attitudes towards FP. Different religions had diverse opinions on the practice of FP in the community.

One of the respondents stated that:

> I am a Protestant and I attend Church of God. I strongly believe the biblical teachings. The primary goal of marriage is to have children as many as we can since these are the blessings that God grant us with to make our families complete and happy. It is a sin to go against God's purpose of marriage and so I discourage my wife from using contraceptives (Male household head, 16th March, 2022, Mutarakwa Ward)

One of the pastors from a Protestant church (Church of God) noted that:

> Marriage was ordained by God and he blesses us with children. It is evil to use FP since it is not indicated anywhere in the bible. The Bible instructs us in the book of Genesis 1:28: which says; God blessed them and said unto them, be fruitful and multiply, replenish the earth and subdue it. Have dominion over the fish of the sea, the fowl of the air, and over living things that moves upon the earth (KII 8, 11th March, 2022, Mutarakwa Ward).

The sentiments raised above indicated that some of the Protestants believed that the primary goal of marriage was to have children. Secondly, contraceptive use was discouraged since children are regarded as blessings from God and it is sinful to go against God's will. Thirdly, marriage was ordained by God and was meant for procreation purposes. Finally, the Bible instructs Christians to be fruitful, multiply and fill the earth. This implied that members of the community who were Christians adhered to these biblical teachings on the use of contraceptives.

The study established that children were regarded as blessings; hence, FP utilization among couples was discouraged. The Bible instructs the Christians to multiply and fill the earth which denotes that they are co-creators with God. Some Protestants

therefore, discouraged FP utilization since they wanted to abide by God's commands. As such, Christian beliefs in relation to contraceptive use negatively influenced the uptake of contraceptives in the community. Religion influences uptake of FP services. A wide range of interpretation of religious beliefs influence acceptability of FP. Christians find the use of FP incompatible with their religious faith since they believe it is their responsibility to have as many children as they can as God has directed them (Hylkema & Ilozumba, 2023)

As postulated in Social Dominance Theory by Sidanius and Pratto (1999), religion significantly shapes contraceptive uptake and fertility regulation. Religious beliefs shape the behaviour of an individual which in turn influences FP utilization. Religion imposes sanctions on contraception use which impacts on individuals' fertility behaviour. These study findings are in line with those of Sinai, et al. (2019) who observe that, Christians believe that children are gifts from God; therefore, reproduction should not be limited through contraceptive use. Hence, the respondents did not feel empowered to utilize FP because of such beliefs.

Some of the Protestant churches for instance, African Inland Church (AIC) and African Gospel Church (AGC) did not have any doctrines on FP, rather, they left their followers to decide whether to use FP or not.

A religious leader from AIC noted:

> The Bible does not specifically teach FP. It is only in the book of Genesis that the Bible instructs us to be fruitful and fill the earth. Rarely, do I teach my congregation on FP issues; they often make personal choices in regard to it. I'm ready to engage my congregants on FP issues if the government involves religious leaders (KII 9, 25th February, 2022, Kapletundo Ward).

The sentiments presented above indicated that some protestant churches were not keen to teach their followers on contraceptive use. They regarded it as a personal issue which was left on the hands of believers so that they make their own decisions. One of the ATR believers asserted:

> Children are important to both the family and the community at large. They are blessings from God and are a source of wealth. Our ancestors provide their needs no matter the number of children one has. We celebrate the birth of a child marked with birth rites. Adoption of FP is a western culture that has negatively interfered with African believes concerning children (Male household head, 14th February, 2022, Mutarakwa ward).

From the assertion above, those who believed in the ATR had high regard for children. They regarded children as blessings from their ancestors and their births were celebrated. Children are regarded as source of wealth; thus, FP use is discouraged. According to ATR beliefs, it is the role of women to multiply and fill the earth. Women should give birth to as many children as they since they symbolize wealth or riches (Cheruyot & Murgor 2019). In Africa, pregnancy is highly valued because children are seen as wealth, lineage progenitors and a retirement investment (Naab et al., 2019).

The research established that, the Catholic Church encouraged its followers to use the natural FP (NFP) methods but did not accept the use of artificial FP methods.

A Catholic priest asserted that:

> The Catholic Church encourages the use of natural FP methods because they are not sinful and they do not have any side effects. Marriage is the beginning of new a life which requires physical and spiritual total self-giving from both partners and artificial FP methods should not interfere with this chief purpose. Adoption of artificial FP methods or modern contraceptives therefore is going against God commands of fulfilling the law of procreation.

> I do encourage families to embrace natural FP methods but the challenge is it requires cooperation of both partners. At times, one partner especially the husband may be alcoholic and does not cooperate. This has made the natural FP methods not to be effective as required (KII 10,16th February, 2022, Chemagel Ward).

The opinion voiced above indicated that, the Catholic Church encouraged utilization of NFP methods since they regarded them as not sinful. Secondly, marriage is believed to be ordained by God and its chief purpose is procreation. Finally, there were barriers that limited adoption of artificial methods among couples. This denoted that, the Catholic Church advised its congregants to adopt natural FP methods since they do not have any side effects unlike the artificial ones. Adoption of the natural FP methods was not fully successful among couples since it required cooperation of both partners which at times was not possible in case one partner was alcoholic.

The research further established that the Catholic Church discouraged the use of artificial FP methods since they prevented couples from having children as instructed by God. The use of artificial methods was regarded as sinful since it went against the purpose of marriage which is to be co-creators with God. These study findings concur with those of Ignaciuk and Kelly (2020) who argue that, the Catholic Church does not allow utilization of artificial FP methods since they are viewed going against God's law of creation. Only NFP methods are permissible within the church and they include: withdrawal (coitus interruptus), calendar (rhythm) and breastfeeding methods.

From the preceding sentiments, it is clear that religion influenced adoption of FP methods among the Protestants and the Catholics in the community. However, some

respondents regarded FP as personal choice; hence, their religion did not impact their contraceptive uptake.

A respondent in the women FGD indicated that:

> Even though the biblical scriptures instruct that using contraception is sinful, we have no option but to use them because of the current hard economic times. Most women bear the burden of providing for their children so they must be wise enough to use contraceptives. Giving birth to many children nowadays is a burden (FGD 7, 30th April, 2022, Chemagel Ward).

From the assertion above, it is evident that women chose to use contraceptives against their religious teachings citing the hard economic times. In addition, women were left to bear the burden of providing for their families which forced them to limit their family size. This implied that, religion did not influence contraceptive use among some women in the society because of the change in the gender roles. Some men had neglected their roles of providing for their families, forcing the women to give birth to few children whom they could easily provide for. The above findings concur with those of Kok et al. (2020) who establish that, despite the influence and pressure to have large families, most women do not support unregulated childbearing since they understand the impacts of high fertility. Women acknowledged that having large family was costly and it kept them stuck in poverty.

4.5.2 Influence of Family Size Preference on Men's Participation in Family Planning

The study also sought to establish whether family size influenced men's participation in FP. Therefore, the respondents were asked to state the number of children they preferred and the findings are shown in Figure 4.5 below.

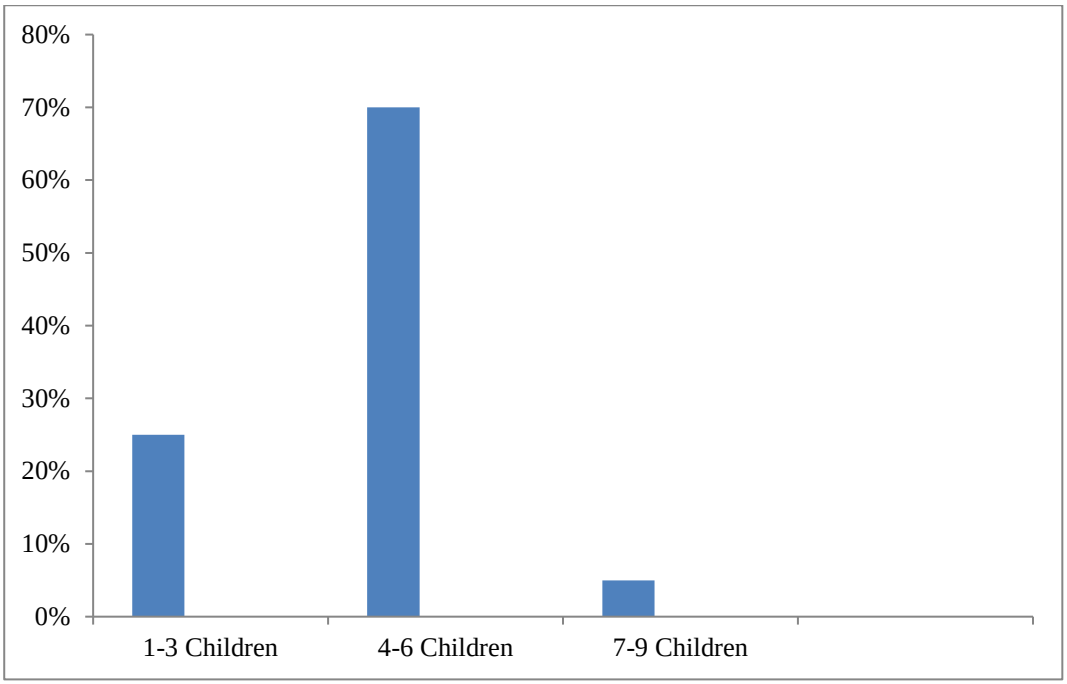

Figure 4.5: Influence of family size preference on men's participation in FP

As indicated in Figure 4.5, the respondents preferred to have four to six children. Large families were preferred in the community for various reasons. The respondents noted that:

> Having many children is seen as blessings to the family. Moreover, many children are a source of cheap labour and wealth. Culturally, you are not regarded as a "real man" in our community when you decide to have only one or two children. You earn respect from the society and especially fellow men when you are seen to control a large family. Many children are also a source of happiness and they keep the house "warm" (Male household head, 12th March, 2022, Silibwet Township Ward).

One of the community elders had this to say:

> The Kipsigis culture values many children since they are regarded as source of wealth and respect. A family gains wealth through receiving bride wealth. Although some of the people in the community still believe in this, times have changed and some families are opting to have few children. The aspect of having few children has not been received well by all the members of the community because of external influence such as pressure from extended family members like father-in-law and mother-in-law as well as societal

> pressure to have many children. The naming of children after the ancestors is also a great obstacle since it is still practiced in the community. This forces couples to have many children (KII 12, 26th March, 2022, Chemagel Ward).

A health practitioner affirmed the above sentiments by noting that:

> Although we encourage women in this community to use contraceptives, the cultural barrier is one of the main impediments. Women are influenced by their fellow women as well as their extended family members to have many children. Bareness and having few children is considered shameful to the husband and the extended family. So, women are expected to give birth immediately after marriage. Many women opt to give in to societal pressure of enlarging their families than feeling isolated (KII 6, 1st March, 2022, Mutarakwa Ward).

A Catholic priest had this to say:

> A Kipsigis man who has many children is accorded much respect in the community. A man who controls a large family and especially those who have given them good education are seen as responsible, strong and are given leadership roles in the community. They are considered to be "real men". When a man decides to have few children for instance two, he is tagged as being immoral (has other children outside marriage) irresponsible, lazy and unsuccessful. These are some of the barriers to men's involvement in FP in this County (KII 10, 16th February, 2022, Chemagel Ward).

From the verbatim above, it is apparent that culturally, many children were valued in the community. Large families were valued since children were regarded as blessings and a source of cheap labour. They were also considered as a source of wealth and respect to the family. The naming culture within the community was also another reason why many children were preferred. Moreover, influence from the family members for instance mothers-in-law and the society were some of the reasons why large families were preferred. Additionally, there was stigmatization attached to barrenness in the society; hence, women were pressurized to give birth

immediately after marriage. Finally, men who had few children were regarded as lazy, irresponsible and unsuccessful.

The findings revealed that, many children in the community were viewed as blessings from God; so, the more children one had the more blessed they were considered. Children are regarded as a source of cheap labour and wealth. Labour is divided according to gender and those families who had many children especially both boys and girls were advantaged in terms of labour provision (Okenyoru et al., 2023).

The research established that, a man who controlled a large family was respected and accorded leadership roles in the community. This implied that, a man's strength was measured in terms of the size of family he controlled and one was considered "a real man" if he controlled and provided for a large family. Furthermore, bareness was considered to be shameful to the family; therefore, couples were forced to have children immediately after marriage in order to avoid stigmatization. These cultural practices made men to limit their wives' contraceptive use in order to meet societal expectations.

The research further established that, the naming culture practiced in the community pressurized couples to have many children since those whose children were named after the ancestors were respected. This pressurized men to encourage their spouses not to adopt FP methods in order to name more ancestors after their children. The discussion above indicated that cultural factors negatively influenced the uptake of contraceptives among the couples in the study area.

These findings are further elaborated by Social Dominance Theory by Sidanius and Pratto (1999) who conclude that, patriarchal gender norms and social responsibilities place women at a weaker position with regard to their ability to utilize contraceptives and regulate fertility. Many societies view children as source of labour and wealth, this discourages contraceptive utilization. Furthermore, a woman who has given birth to an anticipated number of children is perceived to have fulfilled her marital and social obligations. This cultural beliefs and practices discourage couples from adopting FP methods.

Further, one of the women in the FGD reported that:

> Culturally, the first responsibility of a woman immediately after marriage is to give birth to children. There is a lot of pressure both from the mother-in-law as well as the society at large to have a child immediately after marriage since children especially boys are required to carry on the family name. It also helps the woman to assert her position as the "legal" wife in the family. Most of the men opt to marry a second wife if the first one fails to have children. Sometimes a woman who has not given birth is divorced by the husband and she faces a lot of rejection both from the extended family and the society. A woman is expected to have many children as they are seen as source of respect to the husband and entire family; this limits the use of contraceptives. Moreover, mother-in-law encourages young women to have many children so that their husbands can be responsible (FGD 2, 15th March, 2022, Silibwet Township Ward).

The above observation demonstrates that according to the Kipsigis culture, the first responsibility of a woman once one is married is to give birth. This accorded the woman legality in marriage and inheritance rights. Barren women faced rejection from both the family members and the society at large. Some of those who were barren were either divorced or another wife was brought to the family. This indicated that, marriage was not complete without children. Women were discouraged from using contraceptives since childlessness led to rejection and stigmatization.

According to Social Dominance Theory by Sidanius and Pratoo (1999), social obligations usually work as a basis of gender power which centres on the provisions of care and relationships as causes of inequality between men and women. Caregiving and child bearing are categorised as women's responsibilities within many societies. Such social obligations usually make women unable to make decisions on contraceptive use. In Sub-Sahara Africa (SSA), women are expected to give birth immediately after marriage as a way of fulfilling their roles as mothers and wives. Thus, women are not in a position to negotiate contraceptive utilization since they feel obligated to give birth because it is their marital responsibility.

The research findings in Figure 4.5 show that, 26% of the respondents preferred small families because they were easy to take care of. One of the respondents posited that:

> Having many children nowadays is a big burden. Resources are scarce unlike in the past when there was vast land and a lot of food. I prefer a small family in order to give my children good education and other basic needs without straining so much. Having few children also benefits my wife since she will be able to space pregnancies and avoid unwanted pregnancies which may result to dangerous births (Male household head, 18th March, 2022, Mutarakwa Ward).

The opinion voiced above indicated that, some men opted for small families because of scarce resources and hard economic times. Few children were also preferred since many children exposed women to dangerous births. This implied that, some men were embracing FP because of the hard economic times and the fact that it is easier to cater for a small family. Additionally, men encouraged contraceptive use among their partners so that they could avoid dangerous births. Such decisions led to good health for them, their children and their spouses. This category of men should be used as ambassadors of FP in the county. This will in turn lead to acceptance of FP

as a responsibility of both men and women leading to an increased uptake of contraceptives among couples.

4.5.3 Influence of Gender Preference on Men's Participation in Family Planning

Gender preference was regarded as a crucial factor that influenced uptake of FP methods by men as well as their partners. In order to achieve this objective, respondents were asked to indicate their gender preference since men had a preference as far as the gender of the children was concerned. The findings are shown in Figure 4.6 below.

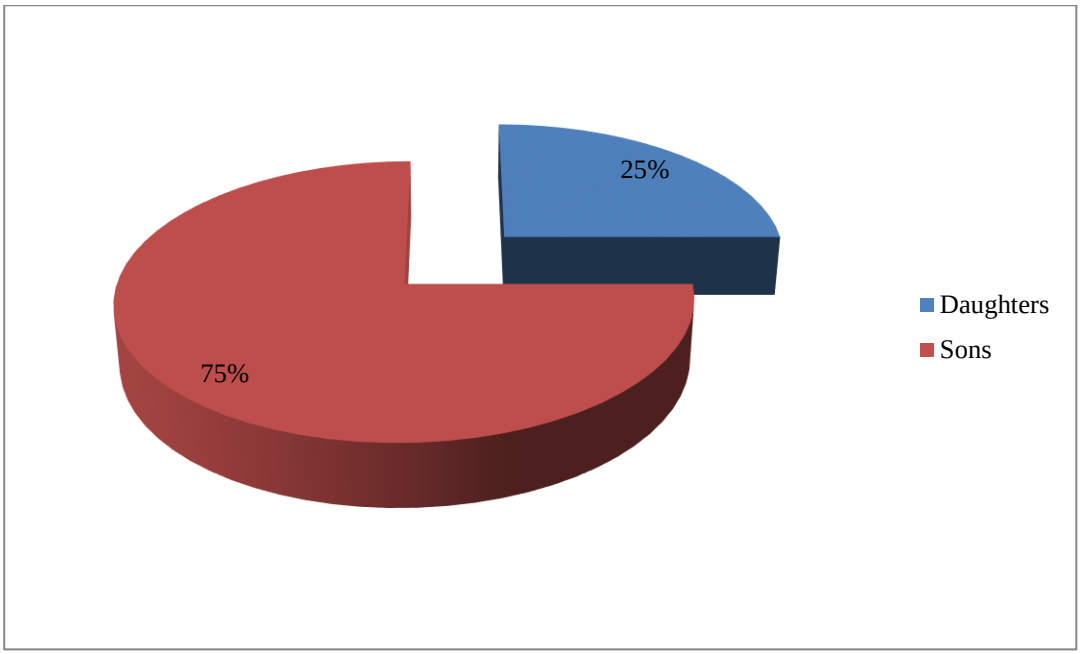

Figure 4.6: Effect of sex preference on men's participation in FP

As demonstrated in Figure 4.6, respondents preferred sons to daughters. This implied that gender preference was one of the barriers hindering men's engagement in FP since sons were valued in the community for various reasons. One of the respondents noted that:

> Our community values sons; they are the ones who carry the family name; thus, continuing with family linage. One is considered "man enough" when he has sired a boy. A man is never respected by his peers and the community when he only has daughters; so, he is forced to marry another woman to bear him a son. I have five daughters and I discourage my wife from using FP in the hope that we will have a son since a family is not complete without one. Moreover, a son will inherit family property and the name, take care of parents during old age unlike girls who are married off (Male household head, 22nd February, 2022, Chemagel Ward).

Further, in the women FGD a respondent asserted that:

> Sons are valued in the Kipsigis community since they inherit the family name and property. A woman who has not had a son is not respected both in the family and the society and the husband is encouraged to remarry and this discourages most women from using contraceptives. Culturally, one is not considered a legal wife if she has given birth to daughters only, so women are forced to give birth several times so that they can increase their chances of getting a son who will then inherit the family property (FGD#3, 24th March, 2022, Chemagel Ward).

> We used to have frequent quarrels with my husband before I gave birth to a son. I had six daughters and this discouraged me from using any contraception. I was lucky to have a boy in my seventh birth and the quarrels have now ceased (FGD 6, 18th April, 2022, Kapletundo Ward).

A nurse in the health facility confirmed the above sentiments by stating that:

> Gender preference remains one of the main barriers to contraception uptake among women in this community. Traditionally, boys are more valued than girls since they inherit the family name and property; as for girls, they are expected to be married. Many women avoid using contraceptives if they have not given birth to a son; this they believe increases their chances of giving birth to one. Women fear being stigmatized and chased away from their families for having daughters only (KII 5, 23rd February, 2022, Chemagel Ward).

The preceding sentiment revealed that sons were preferred in the community for the continuity of the family name. They also took care of their parents during old age

and inherited the family property. Additionally, men who had sired sons were respected in the society unlike those who had only daughters. Culturally, a woman was not referred to as a “legal” wife till she gave birth to a son. Finally, absence of a son led to wrangles among the couples. From the above statements, it was clear that sons were preferred in the community. It was important for a man to have a son who would inherit his name and property. According to the Kipsigis culture, daughters did not inherit their father’s name and the property; hence, those who did not have sons were looked down upon since they could not contribute to the continuity of family lineage. Therefore, women who had not given birth to a son were discouraged by their husbands from using contraceptives till they had given birth to one.

Further, the research findings revealed that, men who did not have sons were encouraged to remarry. This is because men who had only daughters were looked down upon in the society. Men with sons were accorded much respect in the family; they were viewed as “ideal” within the Kipsigis community. Lack of a son led to family misunderstandings. Women were often blamed and stigmatized for the absence of a son in the family. This also stirred family wrangles. It resulted to women avoiding the use of FP methods till they gave birth to a son. A son ensured one was not stigmatized and left out in the sharing of the family property in case of a husband’s death. Moreover, women were forced to have subsequent pregnancies to increase their chances of giving birth to a son in case they had daughters only or to avoid an instance where the man marries a second wife. These endangered women’s lives since most of the pregnancies were unplanned.

The research findings implied that gender preference negatively influenced contraceptive uptake in the community. Medical officers should sensitize men on the importance of both genders to the family. This corroborates the findings of Begum, Grossman and Islam (2018) who point out that, gender preference is one of the major factors that influence contraceptive uptake among women. Women start using FP once they have given birth to a son. Son preference is a social and cultural norm prevalent in most societies since they inherit the family name and property.

The study findings in Figure 4.6 demonstrated that 25% of the participants preferred girls for various reasons. One of the respondents stated:

> In today's society, some parents do not have issues concerning the gender of their children. I prefer girls since they are more responsible than boys. Moreover, a parent gets wealth through receiving bride wealth when daughters are married off. All children are equal and they should be treated equally in order to contribute meaningfully to societal development (Male household head, 13th February, 2022, Silibwet Township Ward).

The above sentiments demonstrated that, some men preferred girls than boys. Girls were preferred since they were perceived to be responsible than boys and were a source of wealth when they were married off. A man who had many daughters became rich upon receiving bride wealth after the daughters were married.

4.5.4 Influence of Men's Perceptions on Family Planning

It was important for the study to determine the perceptions of men with regard to FP. People perceive phenomena differently; this would impact their engagement in FP. Therefore, the respondents were asked to state their levels of agreement regarding various statements as shown in Table 4.9 below.

Table 4.9: Influence of men's perception on FP

Statement	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
FP is usually a woman's role but not a man's.	129	51	52	20	19	7	43	17	8	3
Family planning encourages promiscuity among women	103	41	81	32	17	6	33	13	17	6
In our society, men who use FP are disrespected	123	49	68	27	17	6	24	9	19	7
For men, there is a shortage of variety in FP methods.	114	45	85	33	20	8	17	6	15	6
If there are numerous FP methods, I believe that more men will use them.	41	16	51	20	32	12	92	39	35	13
Most FP programs are aimed at women	131	52	60	23	19	7	26	10	15	6
Men receive very little attention from FP services.	134	53	63	25	15	6	22	8	17	6
Men should be invited to FP clinics by healthcare professionals.	76	30	61	24	27	10	58	23	29	11
Vasectomy is synonymous to castration	186	74	40	15	9	3	11	4	5	2

As shown in Table 4.9, most of the respondents (71%) believed that it was never a men's responsibility to participate in FP activities; rather, it was the role of women. Men in the community did not engage in FP issues because culturally, they believed such roles are relegated to women. According to Chapman et al. (2019), gender norms often have a negative impact on men's involvement in FP; they are seen as women's obligations. Reproduction is viewed as women's responsibility because of their biological and reproduction role.

Majority of the respondents (63%) argued that, women would be unfaithful in their marriages if they used contraceptives. This is because they would avoid pregnancy if they engaged in extramarital sexual relationships. This implied that, most participants did not allow their wives to use FP methods since women's infidelity brought shame to the husband and was regarded as a loss of power in the family. Harrington et al. (2019) argue that husbands disapprove their wives' use of

contraceptives for fear of infidelity. When men lose control over their spouses' reproduction, they lose control over their own sexuality.

The study further established that majority of the respondents (76%) noted that, men who adopted FP methods were not respected in the society. This implied that, the community had not embraced men's use of FP methods; hence, those who adopted them were not accorded the respect they deserved as men from both their peers and the society. Such perceptions made men avoid the use of FP methods. Dral et al. (2018) observe that men shy away from FP and are ashamed of seeking contraceptive services. This is because they are ridiculed and stigmatized by their peers and the members of the society.

The research findings further demonstrated that, majority of the respondents (78%) agreed to the statement that there are few male FP methods. This acted as one of the barriers that curtailed men's participation in FP in the community. This denoted that, men had few FP options to choose from since vasectomy and condoms were the only FP methods that were available for men. These findings relate with those of Handelsman (2019) who assert that, men's choices of FP methods remain limited to withdrawal, vasectomy and condoms. For men to bear the burdens of FP equally as well as benefit from it, more effective men's FP methods need to be made available.

The study findings revealed that majority of the respondents (52%), disagreed with the statement that, if there are numerous FP methods, more men will utilize them. This indicated that there were other factors that influenced men's adoption of FP methods in the study area. These factors included: cultural, economic or institutional barriers. Furthermore, men were less likely to use FP methods if they felt they were

a threat to their masculinity. Conformity to masculine norms among men negatively influenced their uptake of contraceptives. Wasylkiw and Clairo (2018) posit that traditional masculinity reduces the likelihood of men seeking FP services since it impacts their attitudes on help-seeking and increases the risk of self-stigmatization.

Majority of the participants (75%) noted that most FP programs targeted women. This indicated that men had been left out in the FP programs and reproductive health issues; hence, their reluctance to engage in such activities. Most FP programs targeted women since they were the ones who became expectant and took care of the children. This reinforced the perception that FP programs were meant for women resulting to less men participation in such programs. According to Hook et al. (2018), men have received little attention with respect to their own sexual and reproductive health since most programs focus on women.

From the research findings, majority of the participants (77%) agreed to the statement that men receive very little attention from FP services. This indicated that women had been given much attention with regard to FP and reproductive health issues in the community, something that relegated men to very peripheral roles. This limited them from engaging in FP issues and using FP methods; they lacked knowledge on FP options. Further, the exclusion of men made them reluctant in supporting their partners' use of contraceptives. Hardee et al. (2017) on their study on low and middle income nations assert that FP programs that focus on men as clients are very few in Africa, the Caribbean, Latin America and Asia. These results indicated the minimal shared responsibility in regard to contraceptive use.

Most participants (54%) agreed with the statement that men should be invited to FP clinics by healthcare professionals. As such, men were willing to visit FP clinics so as to be guided by the healthcare professionals. Medical officers ought to encourage more men to participate in FP issues by sensitizing them on the importance of FP to their health and that of their families. Sikder et al. (2020) affirm that engaging boys and men in FP activities improves gender equality outcomes and reproductive health.

The research further established that majority of the respondents (89%) agreed with the statement that vasectomy equals to castration. This indicated that men avoided vasectomy since they believed it led to infertility and made them sexually inactive. Further, it made them to be perceived as not being 'men enough'. Men in the community need to be sensitized more on vasectomy. Fayehun (2020) opines that barriers that hinder vasectomy acceptance include; misconceptions like it leads to impotence, vasectomy equals to castration as well as the irreversibility of the medical procedure.

4.5.5 Economic Factors Influencing Men's Participation in Family Planning

The study also sought to establish economic factors influencing men's engagement in FP. First, the respondents were asked to indicate if they were in a position to finance their spouses to access FP methods. The responses are shown in Figure 4.7 below.

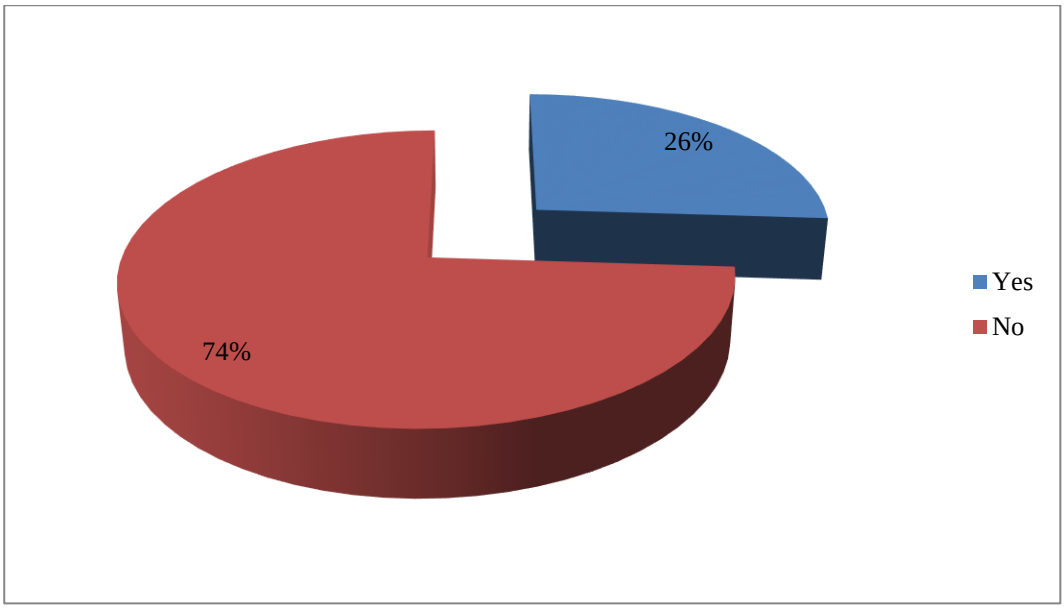

Figure 4.7: Men support of their spouses to access FP methods

As illustrated in Figure 4.7, majority of men (74%) were not in a position to financially assist their spouses to access FP methods. This indicated that men faced financial constraints which discouraged them from supporting their wives to access FP services. One of the participants noted:

> I do not have enough money to give my wife to access FP methods for instance TBL although we now have the number of children we desired to get. Life is really hard since we use the little income, we earn to cater for the family needs (Malehousehold, 10th March, 2022, Chemagel Ward).

The SCRHC echoed similar sentiments by reporting that:

> Most families in this community are living below the poverty line. Most of the public health facilities in Bomet County are not well equipped to offer FP services for instance TBL services; therefore, they can only get such services in private and mission hospitals and they have to pay Ksh 2,000 for the procedure. Moreover, men shy away from picking free condoms from the health facility and they do not have enough money to buy them. Therefore, they engage in sex without any protection (KII 2, 17th February, 2022, Silibwet Township Ward).

The sentiments expressed above demonstrated that men used the money they earned to cater for the family's basic needs. Additionally, couples lacked knowledge on the FP methods used. Finally, most of the public hospitals in the county did not offer TBL services. From the above statements, it is evident that TBL was not embraced by couples because of financial challenges. Most of the families earned very little income which could hardly meet their basic needs. The research further established that most public hospitals in the county did not offer the procedure and women were forced to obtain the services from private hospitals which were expensive. The above discussion also indicated that whereas men were willing to support their wives to undergo TBL, a majority of them were against vasectomy as discussed in section 4.4.1. This implied their belief that FP methods are only meant for women but not men. Therefore, it is pertinent for MoH Bomet County to educate men and women on the TBL procedure and its importance. TBL services should also be made available in public hospitals in order for women to easily access them. The above discussion indicated that economic factors and lack of knowledge negatively influenced the uptake of TBL services in the community. This supports the assertions of Manortey and Missah (2020) who establish that the cost associated with FP methods acts as barrier to their adoption. Couples cannot adopt FP methods if they believe that they are expensive.

Further, the respondents were interrogated on whether they were in a position to purchase a condom every time they wanted to engage in sex. The responses are shown in Figure 4.8 below.

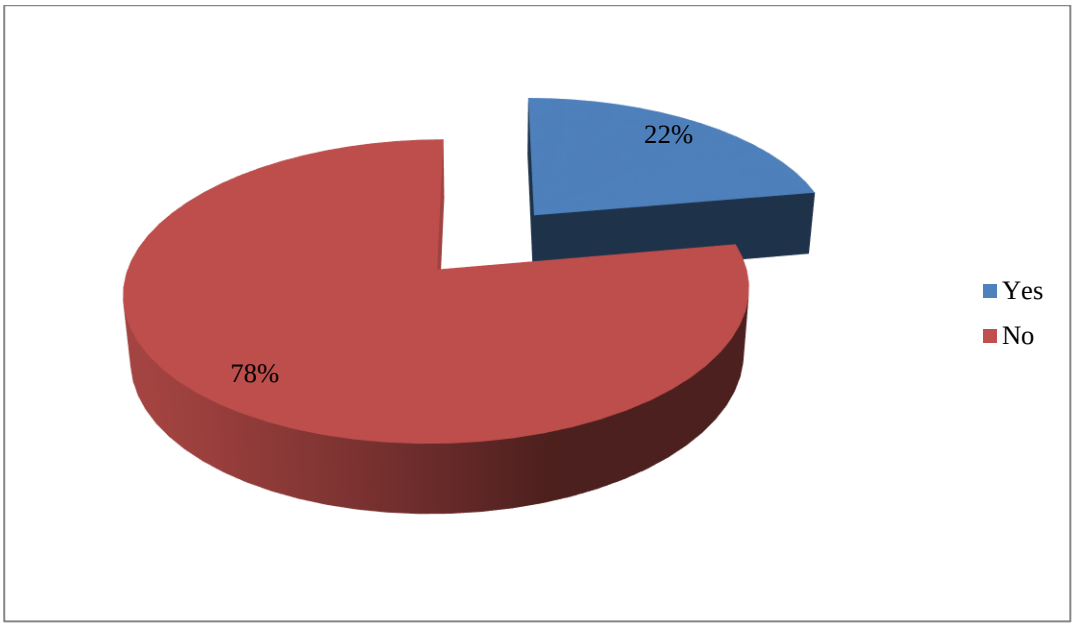

Figure 4.8: Men in a position to purchase a condom

As shown in Figure 4.8, majority of men (78%) were not in a position to buy a condom every time they wanted to engage in sex. This is because they were financially constrained.

One of the respondents argued that:

> Most of the men are not able to buy condoms whenever they want to engage in sex because they find them expensive. Therefore, they would rather engage in sex without any protection even if their spouse are not under any FP method. They are ashamed of picking free condoms from public health facilities (Male household head, 23rd February, 2022, Mutarakwa Ward).

A medical officer confirmed that:

> Although condoms are given freely in the public health facilities, men find it shameful to pick them. Most of the men cannot buy condoms since they have to meet the family basic needs first. Some of the pregnant women who have visited the health facility noted that their pregnancies were unplanned because none of them was using any FP method. Men should be encouraged to source free condoms from the health facilities in order to avoid such instances (KII 3, 22nd February 2022, Chemagel Ward).

The above discussion indicates that men in the study area did not have enough finances to purchase condoms. They would opt to cater for their family basic needs first instead of purchasing condoms as a form of FP. Furthermore, the stigma associated with picking free condoms from the health facility discouraged men from obtaining them. Economic factors constituted one of the barriers curtailing male uptake of FP methods. Financial difficulty limits men's ability to adopt the male FP methods (Khawaja et al., 2024). It is pertinent for MoH Bomet County to encourage men to source condoms from the health facilities given that they are freely obtained. Furthermore, they can engage the Community Health Volunteers to distribute the condoms to the married men. This would encourage more men to adopt the FP method; thus, reducing the unplanned pregnancies.

4.5.6 Influence of Men's Knowledge on Men's Participation in Family Planning

It was fundamental for the study to establish barriers of men's participation in FP. The barriers ranged from socio-cultural to socio-economic and these negatively impacted men's utilization of FP methods as well as their spouses. First, the research examined the men's knowledge about FP methods. The findings are shown in Table 4.10 below.

Table 4.10: Men's Awareness of FP Methods

FP METHOD	Frequency	%
Implants	79	31
Oral pills	205	81
Female injection	210	84
Female condoms	30	12
Male condoms	251	100
Natural methods	133	47
Emergency contraceptive pills	121	48
Intrauterine Device (IUD)	70	27
Vasectomy	77	34
Tubal ligation (TBL)	85	33
Spermicides	42	16

As shown in Table 4.10, men were aware of male condoms, female injections and oral contraceptive pills. This data implied that, men in the community had limited knowledge on various other female and male FP methods which negatively influenced their uptake. Moreover, they were not in a position to encourage their partners to use them.

The respondents were further interrogated whether the information they had about FP methods was adequate enough to enable them decide on which FP method they could adopt or their partners could utilize. The respondents reported that:

> Female injections, emergency contraceptive and oral pills are some of the FP methods that I have ever heard about but I'm not aware of their side effects. Furthermore, I do not have any knowledge on vasectomy as a procedure and its side effects; therefore, I cannot undergo the medical procedure. Additionally, I lack enough knowledge on Intra Uterine Devices and implants, so I cannot encourage my wife to utilize them because they may be harmful to her health (Male household head, 10th February, 2022, Silibwet Township Ward).

> Some men do not want to engage in FP methods since they lack enough information about them. They are not aware of the best methods that suit them. For instance, men have heard of vasectomy but they lack details about it, so it is hard for them to embrace the procedure (Male household head, 2nd February, 2022, Mutarakwa Ward).

A health officer supported the above sentiments by noting that:

> Lack of enough information on both male and female FP methods acts as one of the main barriers of men's participation in FP in this community. Majority of the men are not interested in learning about the FP methods. They in turn rely on myths and false information on FP which they learn from their friends; thus, making the wrong decisions by opposing utilization of FP methods (KII 7, 7th March, 2022, Kapletundo Ward).

The assertions voiced above demonstrated that, the respondents had little knowledge on female injections, Intra Uterine Device (IUD), oral pills, implants and vasectomy. This implied that men did not adopt these FP methods and they discouraged their spouses from utilizing them since they were not aware of their side effects. Furthermore, men were not interested in learning about the FP methods from the health practitioners which made them to rely on their peers for the information. This denoted that, they obtained the wrong information on FP methods; thus, myths and misconceptions on FP leading to non-use of contraceptives among the couples. Lack of proper knowledge on FP methods acted as a barrier to FP adoption in the community. Men feared that FP methods would be harmful to them and their partners resulting to their disapproval. Health officers should provide information on FP to both men and women in order to increase awareness which will spur contraceptive use in the community.

The above observation relates with the studies by Soe et al. (2019) who argue that, lack of enough information and low awareness are impediments to men involvement in FP. Moreover, men's negative perceptions about various female and male FP methods remain barriers to men's adoption of FP methods. Although most men want to utilize FP methods, their lack of information about availability, usage and comparative advantages as well as limitations reduce their capability to make the right choice. Some studies indicate that having FP knowledge may not lead to its use. In Karachi, Pakistan, high levels of knowledge on FP has not led to increased usage of FP among men and women. Even though men have FP knowledge, religion and patriarchal ideologies where men make final decisions on FP utilization negatively influenced contraceptive use (Khowaja et al., 2019).

4.5.7 Men's Source of Information on Family Planning

The research also examined the source of FP information among the respondents. This was considered essential as source of FP information could impact the level to which men are knowledgeable about FP methods and whether they are satisfied with the information they get. In order to meet the objective, the respondents were asked to indicate their sources of FP information. The findings are shown in Figure 4.9 below.

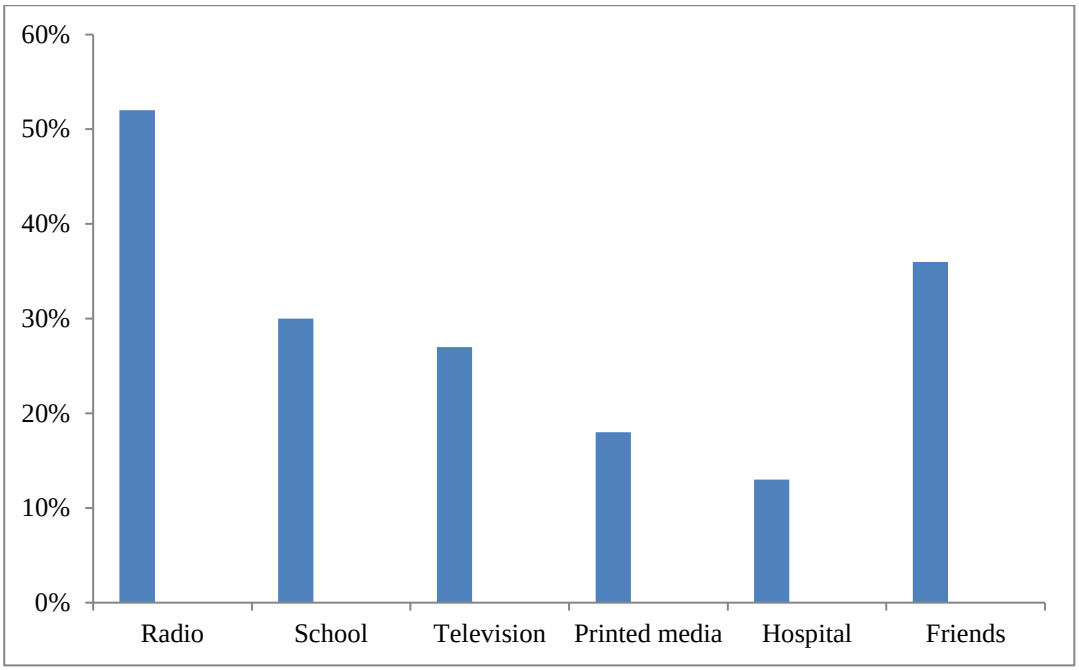

Figure 4.9: Respondents' source of information on FP

As illustrated in Figure 4.9, majority of the respondents (52%) got FP information from the radio. One of the programs they listened to was "Sobetab gaa" offered by Chamgei FM. A minority (13%) of the respondents obtained the information from the hospitals. This implied that most respondents did not obtain information on FP from the hospitals which is the right source implying that the information they received from their peers could be wrong leading to failure to make informed choices. One of the participants noted that:

> Most men do not go to the hospital in this area to seek FP information since they find it unnecessary. Furthermore, they have left such roles to their wives. Men who opt to seek FP information from FP facilities are ridiculed; hence, discouraged. Some men get FP information from the radio but majority of them prefer to listen to topics on politics and development issues especially agriculture (Male household head, 24th March, 2022, Kapletundo Ward).

A medical officer noted that:

> Men in this community learn about FP from the radio and their peers. Majority of them are reluctant to come to the FP clinic to seek FP information since they find it shameful; they rather discuss it with their fellow men. This results to most men getting the wrong information about FP; thus, may not utilize FP methods. We encourage men to visit FP clinics but it has not yielded good results (KII 5, 23rd February. 2022, Chemagel ward).

One of the women in the FGD voiced:

> Men are ashamed to go to medical facilities to get FP information; most of them opt to get such information from their friends. Listening to radio is also another source of FP information for men although they do it occasionally. They are not comfortable listening to FP programs (FGD 2, 15th March 2022, Silibwet Township Ward).

The sentiments raised above indicated that, men obtained FP information from the radio and their peers. This indicated that men felt ashamed when visiting FP clinics to seek FP information since they were perceived as women's places. The Radio was the most used as a source of FP information in the community since it was affordable. Listening to radio programs enabled them to gain knowledge on contraceptive use. Women noted that men were uncomfortable listening to FP programs and opted to seek information from their friends. Men in many occasions received incorrect FP information from their peers which discouraged them from contraceptive uptake. Additionally, they discouraged their spouses from FP utilization because of the perceived side effects. MoH Bomet County should encourage men to visit FP clinics in order to receive the correct FP information.

Additionally, they could make home visits and pass FP information. Men should also be encouraged to listen to FP programs through the media. Speizer et al. (2018) note that, mass media influences the uptake of contraceptives. That mass media as

well as community activities encourage FP discussions among couples and men's support of modern contraceptive use. On the other hand, David and Allan (2018) argue that, mass media exposure does not positively influence FP uptake. Instead, the cultural beliefs of the community determine men's adoption of FP methods.

4.5.8 Influence of Spousal Communication on Men's Participation in Family Planning

Spousal communication was considered an important determinant of participation of men in FP. Couple communication enhances sharing of knowledge on both male and female FP methods between partners which may lead to increased utilization of FP. The respondents were asked to state how often they discussed FP with their spouses. The responses are shown in the Figure 4.10 below.

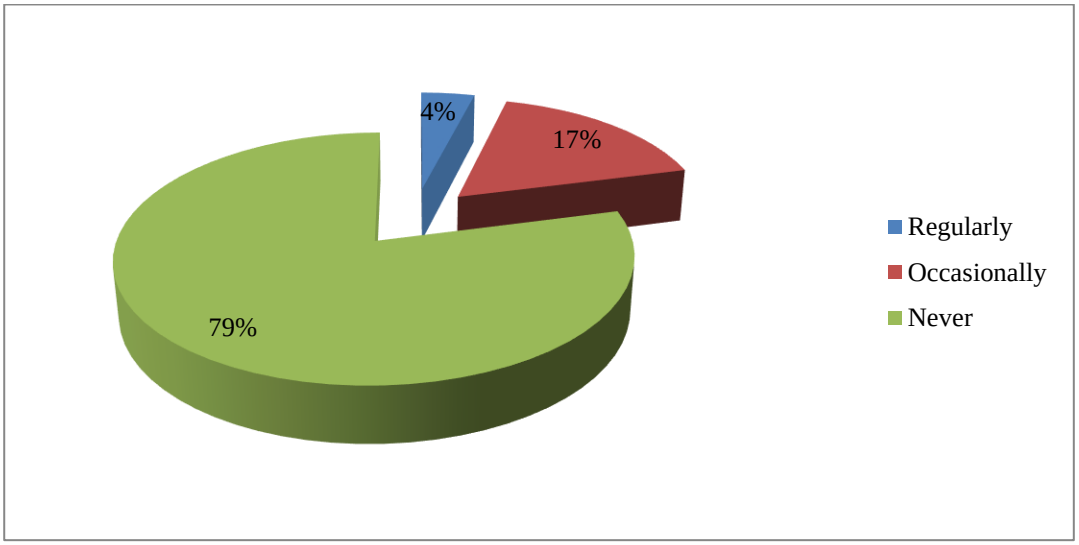

Figure 4.10: Influence of spousal communication of men's engagement in FP

As Figure 4.10 shows, majority of men (79%) had never discussed FP with their spouses. This demonstrated that a discussion on FP issues was not regarded as important among the men in the community. One of the respondents posited:

> FP discussion is not one of the important subjects to discuss in marriage since there are other significant and pressing matters. I do not find it necessary to engage in any FP discussion with my wife since I have other significant activities to do. It is the responsibility of women to find out the FP method which suits them and the time to seek such services (Male household head, 11th February, 2022, Kapletundo ward).

Further interrogation from women FGD established that:

> Customarily, it is unacceptable for a woman to initiate a sex discussion in her marriage because the husband will suspect her of infidelity or view her as immoral. Sex discussion is regarded as a taboo; hence, many families shy away from discussing FP matters. Women who refuse to have sex with their husbands for various reasons can be beaten up by their husbands as they view this as a form of disobedience. Generally, most women in this community do not have a say on FP issues in their marriages (FGD 5, 9th April, 2022, Mutarakwa Ward).

The above statements demonstrated that, men did not regard FP discussion as an important subject to be discussed in marriage. Secondly, FP issues were viewed as women's obligations; thus, they were not supposed to be discussed with husbands. Thirdly, culturally, it was unacceptable for women to initiate a discussion about sex in marriage. It is evident from the above sentiments that men opted to discuss other topics in their marriages other than FP. Agricultural issues were discussed since men perceived them as beneficial unlike FP matters. This implied that, a discussion on FP in marriages was viewed as unnecessary; therefore, given little attention. FP issues were also perceived as women's responsibilities, meaning men believed that women should discuss it among themselves or with a heath care provider. Such perceptions limited men from discussing FP matters with their spouses.

The research further established that, women were expected to be passive about sex in their marriages. Women in the community noted that those who initiated sex related topics were viewed as immoral and suspected of infidelity by their husbands.

This discouraged them from engaging in FP discussions with their partners. The preceding discussion demonstrated that cultural barriers limited couples from discussing FP and reproductive health issues. This negatively influenced joint decision making on FP in the family. Men and women should be sensitized on the importance of spousal communication and FP discussion should be regarded as an important issue that should be discussed in marriage. Basing these study findings on Social Dominance Theory by Sidanius and Pratto (1999), gender roles affirm that women should always be passive acceptors of sex while men should be controlling aggressors. Such gender roles serve to reduce women's ability to negotiate for contraceptives use and sex.

One of the community elders reported that:

> FP discussion is unusual in marriages since one of the responsibilities of a woman is to satisfy her husband sexually. Once a man has paid bride wealth, it is a big mistake and a "curse" for a woman to negotiate for sex in her marriage. It is also seen as an act of disobedience. Furthermore, a discussion on sex in marriage is a taboo (KII 11, 13th March 2022, Kapletundo Ward).

A religious leader noted that:

> The Catholic Church advocates for natural FP methods but it has not been much successful because there is lack of discussion among the partners concerning FP. Majority of the men in this community belief that because they are the heads in the family, they should also make the final decisions on sexual and reproductive health issues. Natural FP methods require co-operation from both partners in order for them to be effective (KII 9, 16th February, 2022, Chemagel Ward).

A medical officer posited that:

> Lack of spousal communication regarding FP issues is one of the major obstacles to successful FP programs in Bomet County. Traditionally, women are not allowed to initiate sex discussions in their marriages or even discuss it among themselves since they will be labelled as immoral. Most men engage in sex without considering their spouse's opinion. Furthermore, men

> in this community are regarded as the final decision makers since they are the head of the households and women have little or no say concerning their sexual and reproductive health and especially when to engage in sex or not (KII 3, 22nd February, 2022, Chemagel Ward).

The above statements indicated that culturally, women were not supposed to negotiate for sex in marriage when bride wealth had been paid. Secondly, discussions on sex in marriage was regarded as a taboo. Finally, men made final decisions on women's reproductive health and sexuality. This implied that, women were not supposed to negotiate for sex in their marriages since it was their marital duty to satisfy their husbands sexually. Additionally, women were not expected to negotiate for sex once bride wealth was paid. Culturally, women were regarded as the husband's property; hence, husbands made final decisions on sexual and reproductive health matters. Therefore, women did not have a chance to negotiate for sex.

The study showed that, it was a taboo to discuss sexual issues according to the Kipsigis culture and couples who discussed it were considered immoral. Therefore, couples avoided FP discussions in order to adhere to the laid down societal norms. It is evident from the above findings that cultural barriers limited spousal communication on FP matters in the community. This discouraged couples from having a joint discussion on FP and reproductive health issues leading to decreased levels of contraceptive uptake among them.

The research findings are further elaborated by Social Dominance Theory by Sidanius and Pratto (1999) that, in traditional societies, men are automatically considered as the household heads and breadwinners of the family. In this event, they have the right to guardianship of children and wives as well as inheritance

rights. Thus, men have more decision making and bargaining power in the family. Since women are placed at a weaker position than men in the family, they do not have power to negotiate FP or even their own reproductive health issues.

The findings above correspond with those of Kgashane (2022) who affirms that, patriarchal ideologies grounded in power and control give men a right to be in charge of women when they marry. Culturally, men are the heads of households and they are supposed to demand for sex from their spouses since they have paid bride wealth. Moreover, once bride wealth has been paid by men, women are not supposed to deny them sex.

On the other hand, Figure 4.9 revealed that 21% of the respondents found it significant to engage in discussion with their partners on FP issues and reproductive health in general. One of the respondents stated that:

> I find it very important to discuss FP methods with my wife since it's beneficial to my health, my wife's and my family in general. We discuss FP matters with my wife occasionally especially when she adopts a new FP method since the previous one may have had side effects. This has enabled us to space pregnancies and discuss the number of children we are able to provide for and most importantly my wife's health is considered (Male household head, 23rd February, 2022, Silibwet Township Ward).

The preceding statement indicated that, some couples discussed FP issues since they felt that they were beneficial to their health as well as that of their spouses. Additionally, couples discussed birth spacing and the desired family size. This implied that some couples had jointly embraced FP and did not regard it as a woman's obligation. Spousal communication enabled couples to adopt FP methods which suited their health since they were in a position to a have a joint discussion. It also enabled families to space pregnancies and have a family size they desired. This

was important since it reduced unplanned pregnancies which may result to maternal deaths. Discussion of family size also made it possible for couples to have children they could comfortably provide for. Abose et al. (2021) posit that, couples who make joint decisions on FP issues have increased levels of involvement in FP services. Spousal communication on FP improves a couple's relationship and results to positive outcomes in terms of utility, acceptability and accessibility of contraceptives.

4.5.9 Institutional Barriers on Men's Participation in Family Planning

In order to achieve the second objective, it was vital for the researcher to examine institutional barriers that impacted men's participation in FP. These barriers may inhibit men from accessing FP information in the health facilities. The participants were asked if FP clinics met their needs and the findings are shown Figure 4.11 below.

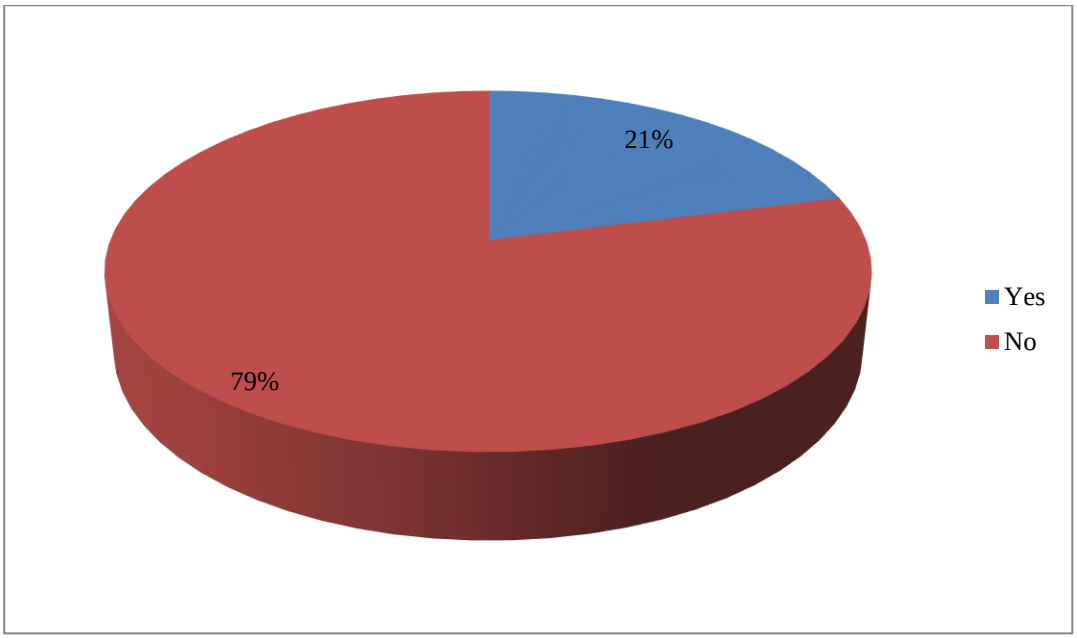

Figure 4.11: Institutional barriers on men's involvement in FP

Figure 4.11 shows that men in the community were uncomfortable being seen in FP clinics. They gave various reasons why they felt uncomfortable visiting FP facilities.

The respondents reported:

> Majority of men will visit FP clinics if only there are private rooms that are meant specifically for men. Furthermore, most of the nurses offering FP services are females and men are not comfortable disclosing their sexual issues to them. Male nurses should be trained on FP issues and reproductive health and this will encourage more men to engage in FP discussions with the health officers (Male household head, 15th February, 2022, Mutarakwa Ward).

One of the women in the FGD reported:

> In this community, women are the ones who visit FP clinics. Most men do not like being seen in such places since they feel they are meant for women and children. Men regard it as loss of respect and dignity to be seen in the midst of women (FGD 7, 30th April, 2022, Chemagel Ward).

A nurse in the health facility posited that:

> Even though some men may have knowledge on the importance of visiting FP clinics, most of them find it difficult to do so. The structure of FP clinics also acts as a major barrier since FP services are offered alongside maternal and child healthcare. This discourages men since there is no privacy. Furthermore, some nurses discourage men from seeking FP services since they frown at them whenever they see them in the FP facility (KII 6, 2nd March, 2022, Mutarakwa Ward).

The opinions voiced indicate that, men did not visit FP clinics since they did not feel comfortable disclosing their reproductive health issues to female nurses. Secondly, FP services were offered alongside maternal health care services. Thirdly, they felt uncomfortable being seen in the midst of women. Finally, the negative attitude of female medical practitioners discouraged them from going to the FP clinics. This implied that, structural barriers limited men from accessing FP facilities. FP services were offered alongside maternal health services creating a perception that such places were meant to serve only women. Thus, men's lack of privacy and shame limited their access to FP facilities. Women in the community argued that men did not visit FP clinics since it made them lose respect and dignity among their peers and society. Additionally, some female health officers mistreated men whenever they visited the FP clinics. This discouraged them from engaging in FP activities. Therefore, institutional barriers negatively influenced men's participation in FP in the county. Therefore, there is need for the MoH Bomet County to train medical practitioners so that they foster a good relationship with men when they seek FP services in order to encourage more men's involvement in FP in the area. They should appreciate and respect those who attend FP clinics.

These findings correspond with those of Silumbwe et al. (2018) who argue that, negative stereotypes, fear, misconceptions and stigma are some of the main barriers

that inhibit men's uptake of FP methods. Moreover, the negative attitude of the healthcare providers discourages men from visiting FP health clinics.

4.6 Relationship between Men's Participation in FP and their Position in the Family

In order to attain the third objective, the researcher interrogated the respondents' views on the influence of a large family on their masculinity. Secondly, the respondents were tasked to explain whether embracing vasectomy and condom use negatively impacted on their family decision making. Thirdly, the researcher examined the relationship between men's education and their adoption of FP methods. Finally, the relationship between men's level of education and spousal discussion of FP was examined. Examining the relationship between men's education and their engagement in FP was significant since education may influence their involvement in FP activities. Additionally, it was pertinent to examine the relationship between men's education and spousal communication since educated men may view spousal communication as important and they may be willing to participate in FP activities. Thus, they may feel their position in the family is not threatened.

4.6.1 Influence of a Large Family on Men's Masculinity

In order to address the third objective which sought to explain the relationship between men's participation in FP and their position in the family, the researcher asked the participants whether they felt "man enough" when they had many children. The responses are shown in Figure 4.12 below.

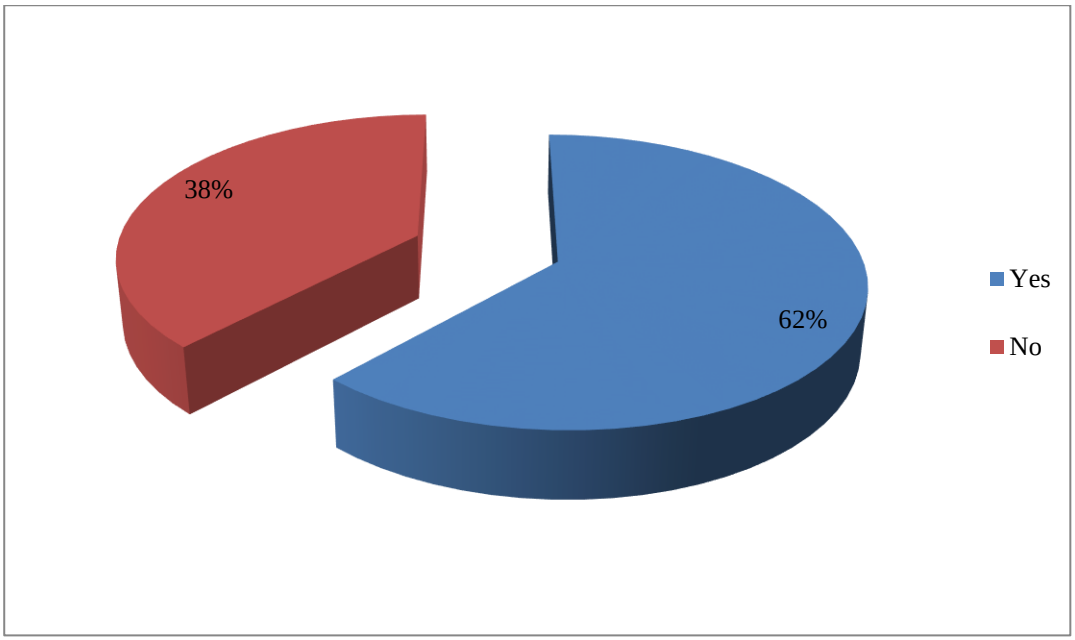

Figure 4.12: Influence of a large family on men's masculinity

As Figure 4.12 shows, majority of the respondents (62%) pointed out that they felt "man enough" when they had many children.

One of the respondents posited that:

> My wife cannot instruct me on the number of children I should have. Having two or three is not satisfying to a man and one does not feel "man enough'. Furthermore, extended family members will perceive me negatively if I decide to have fewer kids since they will think that I'm afraid of bringing up a large family. They will think I am a coward. I feel I'm in control of my family when I have many children (Male household head, 14th February, 2022, Mutarakwa ward).

One community elder noted that:

> Many children are still valued in the community for the continuity of family lineage. Although the culture of naming children is slowly fading away in the community, still most of the people practice it. The parents- in-laws still require their educated families to name their children after their ancestors. A man whose children have been named after many ancestors (especially men) feels valued in the family. Such practices have discouraged men's involvement in FP in this area (KII 11,13th March, 2022, Kapletundo Ward).

A woman in the FGD reported:

> Large families are still valued in the community. Men who have many children are perceived to be brave. Men feel bringing up a large family will earn them respect in the society and especially among the elders in the community. They feel "man enough" and the society especially the elders regard with respect since they have adhered to the African culture. This is why women are pressurized to have many children (FGD 4, 30th March, 2022, Kapletundo Ward).

The proceeding statements show that men valued large families since they felt having few children was not satisfying. Secondly, men who had few children were perceived as cowards. Thirdly, having many children increased men's sense of power and authority. Finally, the naming culture forced men to have large families. This denoted that, socially, fatherhood was important in defining a man's manhood in the community. Culturally, family lineage was very important and men had a deep sense of responsibility to contribute to one's family lineage; this meant they felt a serious sense of failure if they did not. Having many children accorded men much respect and those who opted to have few were regarded as not "men enough".

The study showed that, men who were able to control large families were seen to be courageous and it was a sign of power and authority both in the family and the society. Having few children therefore, led one to lose that sense of power and respect in the family. Furthermore, a man's masculinity was measured in terms of the size of family he provided for. Those who took care of large families were regarded as being courageous and they were respected in the family. Women in the community noted that they were required to have many children in order to make the men feel dignified. The elder members in the society pressurized men to adhere to the African cultural norms which encouraged large families.

The preceding discussion implied that, large families influenced men's masculinities thus, discouraged them from seeking contraceptives and limiting their partners from utilizing FP. As Postulated by Social Dominance Theory by Sidanius and Pratto (1999), it is a common belief in many societies that men should protect and take care of women. Such beliefs place women at a weaker position upholding gender inequalities in marriage relationships. This form of sexism is called "parentalism".

Parentalism enables institutions to conspire in 'protecting' women through limiting them in terms of access to healthcare, economic resources, legal standing, political power and education. Parentalism is manifested in committed relationships and marriage since men are expected to protect and financially support their women and in return women take care of their homes, family and comply with husband desires by having many children. Controlling a large family indicates authority that the man wields in the family and the society.

Social status is one of the motivators of high fertility in Sub-Saharan Africa. Culturally, in patriarchal societies, having many children accords men high self-esteem and respect among their peers and in the family. Men with large families are viewed as powerful, fulfilled and are honoured in the society. Those who use contraceptives and have small families are regarded as weak and very submissive to their spouses (Pallangyo et al., 2020; Sinai et al., 2019).

As indicated in Figure 4.12, 38% of the respondents did not believe that large families influenced their masculinity. One of the respondents noted that:

> Cultural practices for instance, valuing large families are outdated. Men should be educated to embrace small family sizes through seeking FP services and allowing their spouses to use contraceptives. Currently, the cost of living is very high; hence, strenuous to look after a large family. I prefer a small family since I'm able to provide for them with food, education and

> other basic needs. Men should not be pressurized by society and their peers to have many children (Male household head, 13th February 2022, Chemagel Ward).

The statement above indicated that valuing large families was an outdated cultural practice implying that men ought to be sensitized to embrace small family sizes. Some couples had embraced FP services and did not value many children. Moreover, small family sizes were preferred because of the current high cost of living. This meant that, some men did not value large families because of the changing times.

Men were willing to adopt FP methods and allow their partners to use contraceptives in order to regulate their fertility. They did not conform to societal expectations of having large families. Having large families therefore, was not a way of expressing their masculinity. Ngcobo et al. (2019) note that, while having large families is important to men's self-image and social networks, some men's fertility desires have changed. Thus, men no longer prefer many children because of economic constraints. Men are concerned about the economic cost of having large families as well as not being in a position to properly provide for them.

4.6.2 Impact of Men's Adoption of Vasectomy on their Position in the Family

The respondents were asked to state whether embracing vasectomy negatively influenced their position in the family. This was significant in order to establish whether adopting men's FP method made them lose authority in their families. The findings are shown Figure 4.13 below:

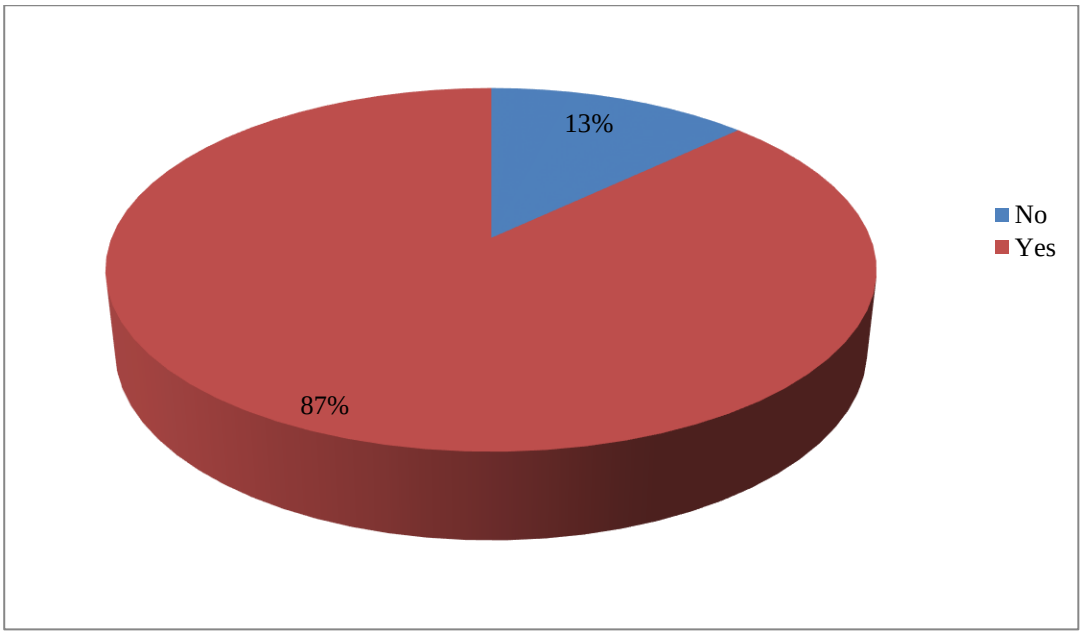

Figure 4.13: Impact of men's adoption of vasectomy on their position in the family.

As depicted in Figure 4.13, majority of the men felt undergoing vasectomy made them lose their position in their marriages. The respondents gave various reasons why the procedure undermined their position in the family. One of the participants noted that:

> Men cannot be convinced to undergo vasectomy since they believe that they will be unable to perform their sexual responsibility as expected. It is believed that vasectomy makes the man's sexual organ weak; hence, he will no longer satisfy his spouse. This will in turn force his wife to seek sexual satisfaction outside the marriage which will bring disgrace to a man (Male household, 28th March, 2022, Silibwet Township Ward).

> A Kipsigis man will not be easily convinced to undergo vasectomy. If a man decides to do the procedure, he will be termed as "a non-performing bull" and when he has a quarrel with his wife, she may tease him as one who cannot make a woman pregnant. No man will be willing to go through this humiliation since it is disrespectful and a sign of power loss in the family. Furthermore, if I cannot impregnate my wife another man may do it (Male household head, 26th February, 2022, Kapletundo Ward).

A woman in the FGD reported:

> Vasectomy has not been embraced by many men in the community. It will take a long time before it is accepted by men and the community. Men regard the procedure as losing their sexuality. Thus, there will be no difference between them and women. Furthermore, they will be regarded as boys after the medical procedure; hence, not suitable to lead a family anymore. Thus, some women discourage their husbands from undergoing the procedure (FGD 4, 30th March, 2022, Kapletundo Ward).

The above sentiments were affirmed by a health officer who noted that:

> Vasectomy is one of the men's FP methods though it has not been accepted in this community. Most men belief that vasectomy takes away their boldness and manhood making them look like women. Additionally, it is believed that the procedure makes them "half-men" because they become powerless before their wives and children (KII 3,22nd February 2022, Chemagel ward).

The assertions above indicated that men were not willing to undergo vasectomy since they believed the procedure would decrease their sexual performance. Additionally, vasectomy was seen as a form of castration which made a man lose respect in the family. Thirdly, if a man underwent the procedure, he would be termed as a boy, a term that is disrespectful. Finally, the men felt the procedure made men lose their manhood as they would be frowned upon by the community as being feminine; thus, loss of authority in the family. This denoted that vasectomy was believed to make men sexually weak and this, hindered its acceptance in the community. Moreover, the men feared that their wives would seek sexual satisfaction outside their marriage if they were unable to satisfy them sexually. Women's unfaithfulness in marriage brought shame and disgrace to a man in the society.

The research findings further revealed that, vasectomy was regarded as a form of castration; thus, it was a great shame for anyone who had done it. Men who underwent vasectomy were stigmatized and viewed as powerless in their marriages since they had lost their manhood. Once a man was unable to impregnate a woman, he would be regarded as "a castrated bull" meaning he had become useless and lost his power in his marriage. Men feared that their peers would impregnate their wives on their behalf. Women noted that if their husbands underwent the procedure, they would be teased by their peers that they are boys. They would lose their role and privilege as leaders in the family as well as the society. Therefore, some women opposed vasectomy and discouraged their spouses from doing it. The preceding discussion indicates that men opposed vasectomy since they believed they would lose their position in the family. The MoH Bomet County should sensitize both men and women in the community on vasectomy. They should be given the right information on the medical procedure so as to demystify the myths that surround it. Equally, the community leadership should be included in the sensitization program as this would yield positive results.

The discussion above is consistent with Shongwe et al. (2019) study that men oppose vasectomy because of cultural anticipations of having children. Moreover, the few who undergo the procedure are alleged as being emasculated. Besides, men fear being abandoned by their wives because it is believed that vasectomy causes ejaculatory problems and impotence.

4.6.3 Impact of Men's Use of Condom on their Position in the Family

The respondents were further probed whether using a condom in their marriage influenced their position in the family. This was significant in order to determine if

condom use made men lose authority in their families. The findings are shown Figure 4.14 below:

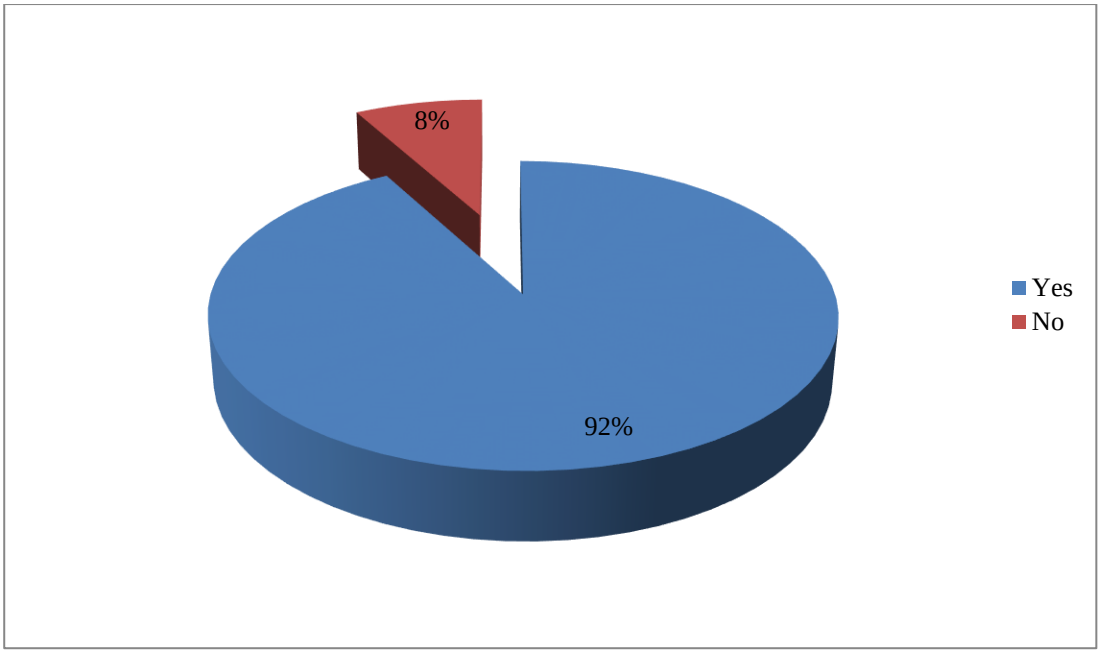

Figure 4.14: Impact of men's utilization of a condom on their position in the family

As indicated in Figure 4.14, men avoided condom use in their marriages since it threatened their position in their families. Condom use was unpopular among the men since they wanted to prove their power. One of the respondents reported:

> I cannot use a condom in my marriage since it is a sign of weakness because I will not be able to satisfy my wife sexually. Furthermore, if my fellow men know that I'm using a condom they will conclude that I have lost voice in my marriage and it is now my wife who makes family decisions including those on reproductive health. This will result into loss of respect in the society (Male household head, 28th March, 2022, Silibwet Township Ward).

One of the women in the FGD voiced:

> Many men have not embraced condom use as a FP method. Men believe that condom use is feminine. Thus, they will be disrespected in the society. Men also feel they will be robbed off their masculinity if they adopt the FP method. This has a negative impact on their role as heads of the households.

> Women are afraid to instruct their spouses to use a condom since they will be seen as being disobedient; thus, they can be beaten (FGD 2, 15th March, 2022, Silibwet Township Ward).

A healthcare officer affirmed the above sentiments by noting that:

> It is hard to convince men to use a condom as a method of FP. Most men would want to prove their sexual prowess to their spouses and using a condom will make them fail to achieve that goal. Additionally, society disrespects men who use condoms since they are seen to have taken over women's responsibility (feminine roles) which is interpreted as a loss of power in the family (KII 5, 23rd February, 2022, Chemagel Ward).

The sentiments above demonstrated that, men did not embrace condom use in their marriages since it was viewed as a sign of weakness as they were not able to satisfy their wives sexually. Additionally, condom use was interpreted as a loss of power in the marriage. Moreover, men wanted to prove their sexual prowess to their spouses; thus, condom use would make them fail to realize this goal. Finally, those who used a condom were perceived to have taken over women's responsibilities since FP issues were regarded as women roles. This denoted that, men who used condoms in their marriages were regarded as weak and the society viewed them as having been overpowered by their wives. They were also regarded as having lost their position in the family since they could no longer satisfy their wives sexually. Men avoided condom use because it restricted them from showing their sexual prowess which was a sign of masculinity. Additionally, women argued that they could not convince their spouses to use condoms since it could lead to GBV. Women did not have a say on whether men should or should not use condom; subsequently, this had a negative effect on their sexual and reproductive health. The MoH Bomet County should endeavour to create awareness among men on condom use in their marriages.

The study established that, men would want to stick to their masculine norms, something that limited them from embracing FP since it was regarded as feminine obligation. From the foregoing discussion, it was evident that condom use was not accepted by men in the community since they felt it interfered with their authority in the family. This is further collaborated by Social Dominance Theory as advanced by Sidanius and Pratto (1999). The theory avers that women hold a weak position in the households; thus, they are not in a position to negotiate condom use during sex.

Furthermore, gender roles emphasize that women should be passive acceptors of sex while men should be controlling aggressors. The norms aver that, men uphold a heterosexual self-representation, have many romantic partners, and proclaim their right to dominate women in order to be traditionally masculine. Men's failure to meet such standards can damage their masculinity. Furthermore, their ability to show sexual skills and voracity can lead to non-use of FP methods such as condoms (Closson et al., 2019).

4.6.4 Relationship between Men's Education and their Adoption of FP Methods

Further, in order to attain the third objective, the study sought to conduct a statistical analysis through the application of Chi-square test to show the relationship between education and other variables. First, the researcher sought to determine the relationship between education and men's adoption of FP methods. The results are shown in Table 4.11 below.

Table 4.11: Chi-square Test for the Relationship between Men's Education and their Adoption of FP Methods

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	59.312[a]	15	.000
No of valid cases	251		

As demonstrated in Table 4.11, Pearson Chi-square relationship test carried out indicated that there was a significant relationship between men's level of education and their adoption of FP methods (FP p≥ 0.01 (df=15, p=0.00). This implied that, educated men in the community utilized FP methods. Education enabled them to demystify the notion that FP is a woman's obligation; hence, they engaged in FP matters. Moreover, educated men did not believe that they would lose their position in the family by engaging in FP activities. Therefore, men should be provided with education in order to increase their participation in FP in the county. According to Sharma et al., (2018), men's education level is linked to their level of engagement in FP activities. Highly educated men are more likely to make informed decisions concerning FP and reproductive health in general than those with low education level.

4.6.5 Relationship between Men's Level of Education and Spousal Discussion on FP

The study sought to determine the relationship between men's education level and spousal communication. The findings are shown in Table 4.12.

Table 4.12: Chi-square Test for the Relationship between Men's Education and Spousal Discussion on FP

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	77.059[a]	6	.000
N of Valid Cases	251		

As Table 4.12 shows, Pearson Chi-square relationship test carried out indicated that there was a significant relationship between men's level of education and spousal communication on FP $p \geq 0.01$ ($df=6$, $p=0.00$). This denoted that, men who were educated discussed with their partners the FP methods and their importance. They did not regard FP and a discussion on sex as a taboo; consequently, they never felt ashamed discussing it. It was evident that education broke the cultural belief that FP was a woman's role. Further, spousal communication enabled men to encourage their partners to use contraceptives. Couples who discussed FP were in a position to adopt FP methods as well as encourage their spouses to utilize them since they did hold the notion that women's adoption of FP would undermine their position in the household. Additionally, couples who held discussions on FP were comfortable sharing knowledge on both female and male FP methods; hence, did not find it hard utilizing them. These findings concur with those of Fleming et al. (2018) who posit that, men's education increases spousal communication leading to an increase in the FP uptake through joint decision making. It enables men to encourage contraceptives use among their spouses.

4.7 Strategies that Ensure Men's Participation in Family Planning

In order to attain the fourth objective, the research sought to establish the strategies from the study participants that will enhance men's participation in FP in Bomet County. This was done by holding discussions with the key informants through FGDs and KIIs. The respondents were also tasked to indicate their proposed strategies in their questionnaires. These strategies included, provision of FP education to men, establishment of gender inclusive FP policies, involving external partners in FP and engaging religious leaders in FP. The strategies are shown in Table 4.13 below.

Table 4.13: Strategies that would encourage Men's Participation in FP

Which strategies do you think can increase men's participation in FP			
Identified Strategies	**Married men**	**Medical officers**	**Married women**
Provision of FP education to men	85%	93%	82%
Establishment of gender inclusive FP policies	76%	82%	80%
Involving external partners in FP	75%	87%	85%
Engaging religious leaders in FP	78%	86%	79%

4.7.1 Provision of FP Education to Men

As indicated in Table 4.13, the respondents suggested that provision of FP education was crucial to men's participation in FP activities. Government should expand utilization of FP through FP information propagation, FP seminars and counselling as well as through media in order to increase awareness on FP utilization. A man reported that:

> Men's education on FP will encourage more men to get involved in FP issues. When men have knowledge on both female and male FP methods, they are most likely to utilize them and encourage their partners to use them too. Men should be taught on vasectomy and its importance. Men's education on FP will change the perception that FP is woman's issue therefore more men will be willing to participate in FP issues (Male household head, 15th February, 2022, Kapletundo Ward).

A healthcare officer observed that:

> Fears and misconceptions about both male and female FP methods should be corrected through provision of FP education to men. This can be done through mass media and door to door campaigns. Perceived FP side effects still persist; limiting the extensive utilization of modern FP methods. The MoH Bomet County should come up with targeted campaigns, accurate messages and activities to reach men in order to array fears and misconceptions that surround FP use. Healthcare practitioners should have adequate information on FP methods and their side effects and be in a position to counsel their clients (KII 2, 23rd March, 2022, Mutarakwa Ward).

The study participants suggested that educating men on FP was required in order for them to gain knowledge on both male and female FP methods. This would bring to an end myths and misconceptions surrounding FP methods and encourage more men to engage in FP activities. Furthermore, it would lead to acceptance that FP is the responsibility of both men and women. The healthcare officers should use mass media and door to door campaigns to pass FP messages to men.

The respondents further proposed that men's FP education was significant in order to encourage uptake of male FP methods such as vasectomy. Most men resisted vasectomy because of myths and misconceptions that surround it. The MoH Bomet County should sensitize men by providing the correct information concerning the medical procedure. Moreover, those men who have undergone the procedure should act as agents of change in the community and encourage uptake of the FP.

Theoretical underpinning of Siddanius and Pratto (1999) underline that, society assigns different roles to women and men. Gender role expects women to give birth and be care givers in order to fulfil their roles as mothers. Their reproductive and caregiving roles automatically make FP issues too to be their responsibilities. Men on the other hand are expected to protect and provide for their families. Sharing FP information with men on the benefits of FP and dispelling myths on their side effects would positively influence contraceptive uptake. Moreover, men who have gained FP information should encourage FP utilization among other men and their spouses (Koffi et al., 2018).

4.7.2 Establishment of Gender Inclusive Family Planning Policies

As depicted in Table 4.13, the participants suggested that gender sensitive FP policies should be established. It is important to ensure sustainable incorporation of male involvement in FP programs and reproductive health strategies and policies at the county level. The current Kenyan FP policies which include the FP 2020 commitment, the Kenyan Constitution (2010) and Sustainable Development Goal (SDG) 3.7 are gender blind. They do not clearly articulate how gender matters are supposed to be addressed, how gender influences objectives of FP program or how the content, objectives, structure or management of FP programs may influence

gender outcomes. Both the National and the County governments should develop gender-awareness policies and programs on FP. These policies could take numerous approaches to incorporate gender considerations in FP program strategy and implementation, conducting gender analysis as well as developing policies to address gender constraints and barriers, monitoring gender related aftermaths and measuring how the programs impact gender equality. Efforts are required to generate programmatic strategies/policies that support men-friendly FP services which would encourage more men to participate in FP. A male household head noted that:

> Men should be encouraged to support their partners' utilization of FP since men are the final decision makers in the family and may dominate decision making around contraception and FP use. Educating men on the importance of supporting their spouse adoption of FP will enhance women's utilization of FP (Male household head, 16th February, 2022, Kapletundo Ward).

A woman in the FGD reported that:

> The MOE should include FP in their curriculum right from the junior school. This is important since both boys and girls will be socialized to understand that FP is the responsibility of both genders. When they mature, men will not find it difficult to support women to access FP services and utilize FP methods (FGD 2,1st March 2022, Silibwet Township ward).

A health officer noted that:

> The MoH should enact policies that involve boys and men as FP clients and focus on meeting boys' and men's unique needs as FP users. These policies should seek to create an environment which provides men with affordable and male-friendly information and services. FP services should not be delivered in MCH clinics only but should be incorporated in other clinics. This will rule out the perception that FP clinics belong to women only (KII 3, 22nd February, 2022, Chemagel Ward).

The study participants suggested that the MOE should include FP in the curriculum in order for both boys and girls to be socialized from a younger age that FP issues are not women's roles. Boys' and men's reproductive health needs should be met to

ensure their full participation. Men perceived that FP facilities were not male-friendly; hence, felt uncomfortable discussing contraceptive methods and fertility issues with healthcare providers.

As a result, the respondents suggested provision of male-friendly services which include; non-judgmental attitudes from health care providers, flexibility in operating hours, confidentiality, informed consent and affordability of FP services. Additionally, the respondents opined that FP services should not be offered in MCH clinics alone but should be incorporated in other clinics to encourage men to seek FP services and rule out the notion that FP clinics belong to women.

Further, the respondents suggested that men should be encouraged to be supportive partners and recognize the significance of a couple's shared responsibility on contraceptive use. This is because power dynamics and gender norms influenced how women accessed contraceptives. Men should be included in FP programs in a manner that supports, instead of compromising women's decision making. This should be done by training health practitioners on a couple's counselling as well as how to detect coercive and controlling behaviour. According to USAID (2018), men are supportive partners when they positively influence their wives' FP choice as well as contraceptive use through joint decision making, increased couple communication, resource provision for contraceptive use and provision of support for continued use of contraceptives.

4.7.3 Involving External Partners on Family Planning

As shown in Table 4.13, the respondents noted that, it is important to engage external partners in FP. Since many external partners for instance extended family members and the society influenced men's adoption of FP, they too should be involved in FP issues. A respondent argued that:

> Extended family members especially the mothers-in-law and the society should be included in FP programs because they play a crucial role in a couple's adoption of FP. The society pressurizes men to adhere to societal demands of having large families and son preference which discourage them from engaging in FP activities (Male household head, 17th February, 2022, Silibwet Township Ward).

A community elder observed that:

> Community members as well as family members should be educated on FP issues. This is because they influence women's and men's decisions on use and non-use of FP methods. They pressurize couples to have children immediately after marriage in order to be accepted and respected both in the family and the society. Men in leadership positions should advocate for contraceptive uptake among couples (KII 12, 26th March, 2022, Chemagel Ward).

One of the women in the FGD voiced that:

> External partners negatively influence women's and men's uptake of contraception. Mothers-in-law pressure their daughters-in-law to get pregnant immediately they get married. Some give women a time line of only a year after marriage to have a child. They are stigmatized, ridiculed and isolated if they fail. This discourages women from adopting FP methods. Men are also pressurized to have children immediately after they marry (FGD 5, 9th April, 2022, Mutarakwa Ward).

The study participants suggested that a strategy be put in place that targets people who indirectly influence men's engagement in FP. These people include relatives and members of the community since they play a crucial role in a couple's utilization of contraceptives. Therefore, social mobilization efforts and communication

targeting community leaders and family members should address cultural barriers that inhibit FP for instance preference of sons and large families. Moreover, couples should not be pressured to have children immediately after marriage as this discourages them from utilizing contraceptives.

The participants further suggested that programs that engage men in leadership positions should be enacted in order for them to publicly encourage fellow men to actively participate in reproductive health issues and support their women as well. Men should be influencers and advocates of FP by challenging power dynamics and unequal gender relations. According to Social Dominance theory by Sidanius and Pratto (1999), child bearing as well as caregiving roles are traditionally women's responsibilities. Women are expected to give birth immediately after marriage in order to fulfil their obligations as mothers and wives. These practices discourage couples from using contraceptives. Engaging community gatekeepers, men and community members in FP activities will increase contraceptive uptake. This would reduce the cultural barriers inhibiting FP and enhance community engagement in FP activities (David et al., 2018).

4.7.4 Engaging Religious Leaders in Family Planning Activities

As illustrated in Table 4.13, the study participants suggested that religious leaders should be involved in FP issues. Religious beliefs influenced contraceptive uptake by couples since most of them were Christians.

A medical practitioner observed:

> The government should involve religious leaders on FP matters. They will in turn reach out to their communities with FP information. Further, the religious leaders should be trained to teach their congregants the significance of men's involvement in FP and the importance of FP in general (KII 1, 2nd February, 2022, Silibwet Township Ward).

One of the religious leaders noted:

> The religious leaders should utilize pre-marital counselling to teach men's participation in FP and encourage them to support their partners' utilization of contraception. They should emphasize the importance of spousal communication on FP which will encourage couples to freely discuss FP methods. This is essential since some FP methods require co-operation from both partners in order for them to be successful for example the natural FP methods (KII 10, 16th February, 2022, Chemagel Ward).

The respondents suggested that religious leaders should be involved in FP activities through FP trainings in order for them to pass the FP information to their congregants. They can utilize pre-marital counselling sessions to teach couples the significance of spousal communication in marriage in order to increase contraceptive uptake among them. Religion plays a crucial role in people's lives; therefore, faith leaders are significant and they are usually an influential factor in their followers' lives. Moreover, many religious leaders have the platform and skills to speak out and convey fundamental information to their congregants. Thus, working with religious leaders offers a crucial chance to deliver FP information easily and quickly since they are greatly respected in the community.

This substantiates the theoretical perspectives of Sidanius and Pratto (1999) that hierarchies in a society are grounded on social categories such as religion, sexuality and gender. Equally, members of marginalized groups are subjected to discrimination interpersonally and institutionally every day. Contraceptive use contradicts religious beliefs which encourage couples to have many children as they

are regarded as blessings. Government involvement of religious leaders in FP is crucial as this will increase the contraceptive uptake. Equipping religious leaders with FP information will benefit the congregants resulting to utilization of FP methods among them. Heward-Mills et al. (2018) argue that religion plays a crucial role in FP utilization where faith leaders have an influence on health seeking behaviour.

4.8 Chapter Summary and Conclusion

This chapter begins with a discussion on level of men's participation in FP. The research established that there was low level men's participation in FP because FP was regarded as women's issue. Men did not support their wives' adoption of FP since they believed they would be promiscuous. Socio-cultural factors that influenced men's participation in FP included: religious beliefs, preference for large families and son preference. Additionally, economic factors influenced men engagement in FP activities. Men did not have enough income to support their wives' access to FP as well as adopting the male FP methods. Barriers of FP included: institutional barriers, lack of knowledge on FP methods and lack of spousal communication. Furthermore, men in the study area did not adopt FP methods since they believed it would negatively influence their family position. Finally, strategies that would encourage men's participation in FP are discussed. The discussions from the chapter indicated that men were reluctant to participate in FP since such issues were regarded as women's. Therefore, their engagement in FP would make them loose their masculinity as well as their position in the family. This implied that more needed to be done to sensitize men on FP issues and its importance.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of research findings and the conclusions drawn from the study. It also includes recommendations generated from the findings and proposals for future research.

5.2 Summary of Findings

The purpose of the research was to examine men's participation in FP and its implications on their position in the family. This was based on four objectives: first, to determine men's levels of participation in FP; second, to assess the factors that influence men's participation in FP; third, to explain the relationship between men's participation in FP and their position in the family and fourth, to identify strategies that would ensure men's engagement in FP. The research location was Bomet County, Kenya. Following is a summary of research findings presented in line with the study objectives.

5.2.1 Men's Level of Participation in Family Planning

The first objective of the study determined men's level of participation in FP. The level of men's participation in FP was determined by examining their engagement in FP activities. Firstly, the study interrogated whether married men had adopted any FP methods. Secondly, the respondents were asked if they participated in their wives' adoption of any FP method. Thirdly, they were probed whether they had participated in any FP seminar. Finally, the researcher interrogated whether the respondents had ever accompanied their spouses to a FP clinic. The research findings revealed that, there was low participation of men in FP in the county. Majority of

the men had not adopted any male FP method and did not support their wives' utilization of FP. This implied that, there was still a negative perception towards men's engagement in FP activities in the county. Culturally, FP issues were perceived as women's roles in the community; this discouraged men from engaging in them. Furthermore, men did not accompany their spouses to the FP facility since they regarded it as a feminine activity and an engagement in this role attracted ridicule and shame from others. Indeed, men who accompanied their spouses were ridiculed by their peers and regarded as not "men enough". This agrees with the theoretical assertions of Sidanius and Pratto (1999) who argue that, social obligations usually work as a foundation of gender power in which provision of care acts as a source of disparity between men and women. It is a norm in societies for women to have more obligations than men in terms of satisfying others' desires and needs and being caregivers. Child bearing as well as caregiving roles are traditionally handled by women. Such social roles place women at a weaker position in regard to their contraception utilization.

Moreover, patriarchal ideologies played a major role in men's engagement in FP as men were regarded as the final decision makers in the family; therefore, they influenced their wives' utilization of FP methods. Men discouraged their spouses from using contraceptives for various reasons: Firstly, they believed that their power would be taken away if their spouses used FP forcing some women to use it in secrecy. Secondly, some men believed that contraceptive use would result to infidelity. Finally, myths and misconceptions that surrounded female contraception, for instance, FP causes infertility discouraged men from supporting FP utilization. This is in line with theoretical underpinnings of Sidanius and Pratto (1999) that in traditional societies, patriarchal ideologies favour men and sanctify men's

dominance in the family. Men are responsible for making final decisions including those regarding FP use and reproductive health in general. Since men are regarded as breadwinners, women have little or no say on contraceptive uptake. Gender power imbalance in the family negatively influenced contraceptive use among the women in the community. Furthermore, men were discouraged from engaging in FP activities because it was against the societal norm. Men in the community should be sensitized on the importance of participating in FP and supporting their spouses to seek FP services.

5.2.2 Factors influencing Men's Participation in Family Planning.

The research established that there were various factors that impacted the participation of men in FP in the community. These ranged from socio-cultural to socio-economic factors. The research found out that both religious and cultural factors influenced men's participation in FP in the community. Religious affiliation of the respondents played a crucial role in their adoption of FP. For instance, the Catholics encouraged their followers to adopt only the natural FP methods since adoption of modern contraceptives goes against God's law of procreation. The Protestants on the other hand did not have specific guidelines on contraceptive use. Instead, they encouraged their followers to avoid FP methods since they believed that children were blessings from God.

The research established that most men preferred large families because of cultural reasons. Many children were valued since they were regarded as a source of wealth, prestige and labour. In addition, sons were preferred in the community since they inherited the family name and property, they were viewed as source of protection to the family and they took care of the parents during old age. This discouraged couples

from adopting FP methods till they had given birth to a son. This is in agreement with the theoretical outlook of Sidanius and Pratto (1999). The theory posits that social roles place women at a weaker position with regard to their ability to regulate fertility and use contraception. Large families are seen as important; they can be economically satisfying. Besides, children are regarded as source of labour and sons can take care of their parents during old age.

The study further established that men in the community did not support their wives' use of contraceptives because of economic reasons. Men noted that their monthly income was not enough to cater for their partners' FP needs. Men's lack of knowledge on FP methods further discouraged them. Some were not aware of the side effects of both male and female FP methods. They relied on FP myths which led them to make uninformed choices.

From the study, many couples did not hold discussions on FP issues because of cultural barriers. Culture dictated that a discussion on sex was a taboo; this discouraged many couples from discussing sexual and reproductive health issues. This corroborates the theoretical perspectives of Sidanus and Pratto (1999) that gender roles ensure that women are expected to accept sex without questioning while men should be controlling aggressors. Such gender roles reduce women's ability to negotiate contraceptive use. Thus, women are expected to be shy and submissive coupled with the pressure to have children in order to prove their fertility.

Both cultural and economic factors negatively influenced men's participation in FP in the community. Cultural practices such as preference for a specific gender and large families should be discouraged to enhance contraceptive uptake among the couples.

5.2.3 Relationship between Men's Participation in FP and their Position in the Family

The third objective sought to explain the relationship between men's participation in FP and their position in the family. The study established that men desired large families in order to prove their manhood. Culturally, family lineage is very crucial to men; hence, they had a responsibility to contribute to one's lineage in which failure to do so was a big let-down to the family. There was so much pressure from the society for men to have large families. A man who was able to control a large family was respected and perceived as being courageous. Majority of the men in the community could not adopt condom use and vasectomy since they felt it undermined their masculinity.

The study further found out that, there was a relationship between men's education and their adoption of FP methods. Men who were educated were more likely to utilize men's FP methods than those who were uneducated. Additionally, the study determined that there was a relationship between men's level of education and couples' discussion on FP. Educated men were more likely to discuss FP methods with their wives. This in turn benefited their health and that of their families. Thus, men in the community should be provided with sensitization in order to increase their awareness which could contribute to their acceptance of contraceptive use.

5.2.4 Strategies that would Ensure Men's Participation in Family Planning

In order to attain the fourth objective, the study tasked the participants to suggest strategies that would enhance men's participation in FP in the county. Various strategies were suggested. They included; education of men on FP issues,

establishment of gender inclusive FP policies, involvement of external partners on FP and involving religious leaders in FP activities. Understanding the key role that men play in FP use and uptake was crucial in improving FP policy and service delivery strategies. By identifying barriers that hinder men's involvement in FP, suitable strategies are implemented. A suitable environment that enables men's engagement in FP in the society and the healthcare settings may encourage men's participation.

5.3 Chapter Summary and Conclusion

Based on the study findings and discussions in the previous chapter, the study concludes that socio-cultural, socio-economic and institutional factors influenced men's participation in FP in the county. Gender and social standards in the community played a crucial role in the FP decisions with men playing a fundamental role in decision making. As the head of the families, men had the ultimate say in all matters including FP. The study also revealed that religious factors influenced men's involvement in FP since children were regarded as blessings from God. Additionally, cultural factors such as the desire to have large families and son preferences discouraged couples from adopting FP methods. The research also affirmed that, men lacked enough knowledge on both male and female FP methods which forced them to make uninformed choices since they were not aware of the side effects of the FP methods. The study further established that, institutional barriers limited men's access to FP services since they had a perception that FP clinics were places meant for women; consequently, they felt uncomfortable visiting them. Moreover, men desired to have many children in order to gain respect and honour from the family and the community. Finally, condom utilization and adoption of vasectomy remained very low in the community since men believed that

the FP methods made them lose their power and masculinity in the household. The research; therefore, highlights the need to provide more FP programs to men in order to increase their participation in FP activities.

5.4 Recommendations of the Study

Based on the research findings, the study proposes the following recommendations: Education and sensitization of men on FP issues was significant in order to increase their level of participation in FP. Women recommended that the county government of Bomet should actively involve men in FP seminars. FP seminars were attended by women only since men and the community at large regarded them as women's programs. This entails training men to act as mentors, teach and distribute FP materials in the community in order to demystify the societal belief that FP is a woman's role. This would encourage men to participate in FP activities.

Women and men recommended that the MoH Bomet County should involve the community members and extended family members for instance mothers-in-law when disseminating FP information. This would reduce external resistance and improve uptake of contraceptives. Community elders should also be included in FP trainings since they are the custodians of culture which would help to rule out the cultural factors that negatively influence the uptake of FP.

In order to reduce men's resistance on adoption of FP methods, gender inclusive FP policies should be enacted. This will encourage more contraceptive uptake among men without feeling that their position in the family is threatened. Health officers recommended that the MoH Bomet County should enact gender sensitive FP policies. These policies should engage men to be agents and advocates of change in

the society. This would challenge and influence imbalanced family and gender dynamics that negatively influence men's adoption of FP. Gender mainstreaming should be done during the formulation and implementation of FP policies.

The MoH Bomet County recommended that religious leaders should be involved in FP issues. This is because religious leaders have a great influence upon the community since most of the members in the society are religious. This should be done through providing them with trainings on FP then tasking them to pass the information to their congregants. They can also act as FP advocates which may encourage couples to adopt FP methods. Additionally, the religious leaders themselves recommended that they should be involved in FP issues. Both the national and the county government had left them out on matters related to FP. Religious leaders can use their church programs to advocate for FP use among couples. Moreover, they can provide FP counselling to couples which would have a positive influence on their FP uptake.

5.5 Suggestions for Further Research

Based on the research findings, the following are the suggestions for future research:

a) Influence of the rite of passage; men's circumcision on the uptake of FP among men.
b) "The effect of vasectomy: Testimonies of Kenyan men who undertook the procedure".
c) Effects of FP myths on the uptake of FP in Kenya.
d) Examining the acceptability of vasectomy as a FP option and its influence on masculinity.

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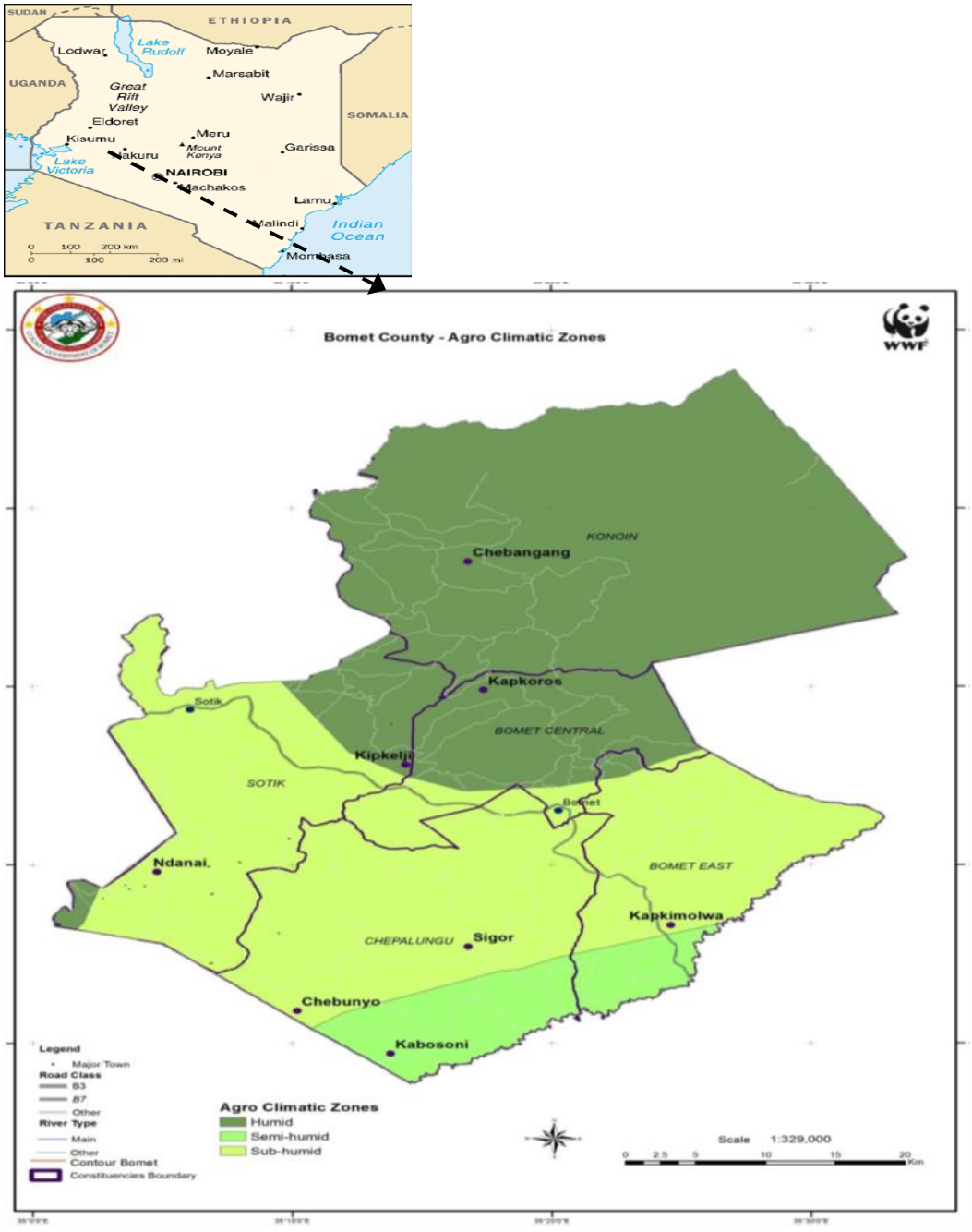
APPENDICES

APPENDIX I: MAP SHOWING THE STUDY AREA



Map of Bomet County

Source: KNBS & SID (2019)

APPENDIX II: QUESTIONNAIRE FOR MARRIED MEN

SECTION 1: DEMOGRAPHIC CHARACTERISTICS

RESPONDENT'S No.

1) What is your age?

   18-25 [ ] 26-35 [ ] 36-45 [ ] 46-55 [ ] 56-65[ ]

2) Which is the highest education level that you have attained? Primary [ ] Secondary [ ] Tertiary College [ ] University [ ] None [ ]

3) What is your employment status? Formal employment [ ] Informal employment [ ] Self-employed [ ] Unemployed [ ] Retired [ ]

4) What is your average monthly income in Kenya Shillings?

   0 – 5000Ksh [ ] 5001 – 10,000 Ksh [ ] 10,001 – 20,000 Ksh [ ] Above 20,000 Ksh [ ]

5) What is your religious affiliation?

   Catholicism [ ] Protestant [ ] Islamic religion [ ] None [ ] Other (specify) ---

6) How many children do you have?

   1-3[ ] 4-6 [ ] 7-9 [ ] 10 and above [ ]

SECTION 2: MENS' LEVEL OF PARTICIPATION IN FAMILY PLANNING

7a) Which method of FP do you use currently?

Condom [ ] Periodic abstinence [ ] None [ ]

Vasectomy [ ] Withdrawal [ ]

b) Give the reasons for using the method above……..

……

c) If none, why have you not embraced any of the FP methods above?.....……

……..…

8a) Do you allow your spouse to use any contraceptives?

Yes [ ] No [ ]

b) Give reasons for your response above……..

……

9a) Have you ever purposed to discuss FP methods/issues with a healthcare provider?

Yes [ ] No [ ]

b) Give reasons for your response above……

……..……

10a) Have you ever attended FP clinic with your spouse?

Yes [ ] No [ ]

b) Give reasons for your response above……..

……

11a) Have you ever participated in any seminar on FP Yes [ ] No [ ]

b) If yes, how did it benefit you?.....

c) If no, why?.....

……

12) In your view, state what should be done to enable men's participation in family planning programs and activities

a)……

b)……

c)……..……...

SECTION 3: FACTORS INFLUENCING MEN'S PARTICIPATION IN FP

SOCIO-CULTURAL FACTORS

A. RELIGION

13a). Based on your religion do you accept the practice of family planning?

Yes [ ] No [ ]

b) If Yes, outline which ones are acceptable in your church and

why?.....……

……..

c) If No, give reasons why FP is not accepted in your

church…….……

……

B. FAMILY SIZE AND SEX PREFERENCES

14a) How many children would you prefer?

None [ ] 1-3 [ ] 4-6 [ ] 7 –9 [ ] 10 and above [ ] specify how many

b) Why would you prefer the number stated above…….

……

15a) Do you prefer any gender to the other?

Yes [ ] No [ ]

b) If Yes, why do you prefer the specific gender?

……

……

C. MEN'S PERCEPTIONS ON FAMILY PLANNING

16) What is your level of agreement with the following statements? Kindly indicate your agreement/ disagreement with the following statements.

	STATEMENTS	**SA**	**A**	**U**	**D**	**SD**
1	FP is usually a woman's role but not a man's					
2	FP encourages promiscuity among women					
3	In our society, men who use FP are disrespected					
4	For men, there is a shortage of variety in FP methods.					
5	If there are numerous FP methods, I believe that more men will use them.					
6	Most FP programs are aimed at women					
7	Men receive very little attention from FP services.					
8	Men should be invited to FP clinics by healthcare professionals.					
9	Vasectomy is synonymous to castration					

KEY

SA-STRONGLY AGREE

A-AGREE

U-UNCERTAIN

D-DISAGREE

SD-STRONGLY DISAGREE

SOCIO-ECONOMIC FACTORS INFLUENCING MEN'S INVOLVEMENT IN FAMILY PLANNING

17(a) Are you able to provide finances to your spouse to undergo Tubal Ligation (TBL)?

Yes [ ] No [ ]

b) Give reasons for your response above

……

18 (a) Are you in a position to buy a condom every time you want to engage in sex?

Yes [ ] No [ ]

b) Give reasons for your responses above……

SECTION 4: BARRIERS OF MEN'S PARTICIPATION IN FAMILY PLANNING

A. Men's Knowledge on Men's and Women's Family Planning Methods

19a) Which ways or methods of FP do you know? (Tick where applicable not limited to one choice)

Implants [ ]

Oral pills [ ]

Female injection [ ]

Female condoms [ ]

Male condoms [ ]

Natural methods [ ]

Sterilization [ ]

Emergency contraceptive pills [ ]

Intra Uterine Device (IUD) [ ]

Vasectomy [ ]

Tubal ligation (TBL) [ ]

Spermicides [ ]

b) How did you know about the family planning methods you have ticked?

Radio [ ]

Learning from school [ ]

Television [ ]

Reading magazines or newspapers [ ]

Education from hospitals [ ]

Friends [ ]

Any other (specify) [ ].....

B. Spousal Communication

20a) How often do you hold FP discussions with your spouse?

Regularly [ ] Occasionally [ ] Never [ ]

b) Give the importance of discussing FP with your

spouse……

……

c) What are some of the reasons for not discussing FP with your spouse?

……

……

C. Institutional Barriers

21a) Do you feel comfortable being seen in a FP clinic?

Yes [ ] No [ ]

b) Give reasons for the above response……..……

22a) Are FP clinics well-structured to accommodate men?

Yes [ ] No [ ]

b) Explain reasons for your response above…….

……

SECTION 5: RELATIONSHIP BETWEEN FAMILY PLANNING AND MEN'S POSITION IN THE FAMILY.

23a) Do you feel satisfied as a man when you have many children?

Yes [ ] No [ ]

b) If Yes, why?……

……

c)If No, why?……..….

……

24a) Does embracing vasectomy negatively influence your position in the family?

Yes [ ] No [ ]

b) Explain the reason for the above response

……

……..….

25a) Does the use of a condom in your marriage negatively influence your position in the family?

Yes [ ] No [ ]

b) Explain the reason for the response above……..

Thank you for your participation

APPENDIX III: FOCUS GROUP DISCUSSION INTERVIEW GUIDE FOR MARRIED WOMEN

1) Are you familiar with the concept of family planning (FP)?
2) Have you ever been on any FP method? If Yes, which one did you use? If No why?
3) Does your spouse know you are using this FP method? If No, why not?
4) Does your husband use any FP method? Which method(s)? If No why?
5) Has your husband ever accompanied you to a FP clinic? If No why?
6) Has your husband ever attended a FP clinic so to seek sexual and reproductive health services? If No, why?
7) Do you discuss FP issues with your husband? If Yes, who initiates the discussion? If No, then why?
8) Does your husband give you financial support to attend FP clinic? If No why?
9) Does your community expect you to have children immediately after marriage? If so, Why?
10) What is your religion's take on FP?
11) Does your husband prefer many children? If Yes, why?
12) What does your religion teach about FP?
13) Does your husband feel his position in the family when you use FP? Explain your answer.
14) What is the general view of men in this community regarding vasectomy and the use of condom?
15) What is your opinion on men's involvement in FP programs to enhance use of male FP methods?

Thank you for your participation

APPENDIX IV: KII GUIDE FOR HEALTH WORKERS

1) What is the universal outlook of men about family planning?
2) Which are some of the most common FP methods that you are aware of that most couples use? (Probe for female and male methods)
3) Do men attend FP seminars? If Yes why? If No, why?
4) Is it common for women and men to seek FP advice together? If yes, why? If No, why?
5) Do couples make mutual choices on the FP approach to use? If Yes, why? If No, why?
6) Do men embrace the use of condom and vasectomy? Give reasons for your response.
7) What are the specific sources of FP information in this community?
8) What are some of the barriers of male participation in FP? (Probe cultural, institutional and economic factors).
9) What should be done to encourage more men to participate in FP?
10) How will the delivery of FP services be strengthened to enable men to actively participate?

Thank you for your participation.

APPENDIX V: KII GUIDE FOR RELIGIOUS LEADERS

1) What is the general outlook of family planning (FP) in this community?
2) Have men embraced FP in this community? Give reasons for your response.
3) What does religion teach about FP?
4) What are some of the barriers of men's participation in FP in this County? (Probe cultural, institutional and economic factors).
5) What can be done to enhance men's participation in FP?

Thank you for your participation.

APPENDIX VI: KII GUIDE FOR COMMUNITY ELDERS

1) Does this community support the use of FP?
2) What is the general outlook of men's participation in FP in this community?
3) Does the culture in the community dictate that women should have children immediately after marriage? Why?
4) Does the community value having many children? Why?
5) Does the community prefer a specific gender? Why?
6) Does the opinion of the community influence men's involvement in FP? Why?
7) Do men have a role to play in FP?
8) What do you think could be done to enable more men to participate in FP?

Thank you for your participation.

APPENDIX VII: GRADUATE SCHOOL AUTHORIZATION LETTER

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

OUR REF:C82/38207/16

Date: 10th January, 2022

The Director General,
National Commission for Science, Technology & Innovation
P.O. Box 30623-00100,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MS.JACKLINE CHELANGAT REG.NO. C82/38207/16

I write to introduce Ms. **Chelangat** who is a Postgraduate Student of this University. She is registered for Ph.D. Degree programme in the **Department of Sociology, Gender & Development Studies in the School of Humanities & Social Sciences**

Ms. **Chelangat** intends to conduct research for Ph.D. Thesis entitled, **"Men's Participation in Family Planning and Its Implications on their Position in the Family in Bomet County, Kenya"**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL

RM/cao

APPENDIX VIII: RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **144838**

Date of Issue: **28/January/2022**

RESEARCH LICENSE

This is to Certify that Ms.. JACKLINE CHELANGAT CHELANGAT of Kenyatta University, has been licensed to conduct research in Bomet on the topic: MEN'S PARTICIPATION IN FAMILY PLANNING AND ITS IMPLICATIONS ON THEIR POSITION IN THE FAMILY IN BOMET COUNTY, KENYA for the period ending : 28/January/2023.

License No: **NACOSTI/P/22/15483**

144838

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Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

APPENDIX IX: INFORMED CONSENT FOR THE RESPONDENTS

I am Jackline Chelangat, pursuing PhD in Gender and Development Studies at Kenyatta University. I am working on a research titled **"Men's Inclusion in Family Planning and Its Effect on their Position in the Family in Bomet County, Kenya."** I request that you participate in the study by responding to the following questionnaire items. Kindly, provide us with honest responses. Before you participate, the informed consent form will be read to you after which if you agree to the consent, we will continue with the interview. Your contributions will be kept private and confidential and can only be shared with the members of my research team.

The questions are structured to take 30 minutes and a maximum of one hour of your time. Further, the questions entail the influence socio-cultural and socio-economic factors on men's participation in reproductive health and family planning.

There are no risks involved if you decide to take part in the research. Equally, the expected benefits from the research include providing crucial information for future use in designing gender inclusive policies in family planning. Individual participants will not get direct benefits from the research.

You are expected to complete all the questions provided in order to improve reliability and validity of the research findings. Your participation in the study is completely voluntary. You are entitled to the right to stop participating in the research at any moment and there are no penalties attached.

The research process has been clarified to me; therefore, I willingly assent to participate.

Respondent: Signature……. Date……