

**ASSESSMENT OF MALE ATTITUDES TOWARDS FAMILY  
PLANNING IN KISUMU CITY, A CASE STUDY  
OF MIGOSI ESTATE, KISUMU CITY, KENYA**

**BY**

**OMWOHA JACQUELINE**

**A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF  
ARTS IN SOCIAL DEVELOPMENT AND MANAGEMENT**

**SCHOOL OF ARTS AND SOCIAL SCIENCES**

**MASENO UNIVERSITY**

© 2013

**MASENO UNIVERSITY  
S.G. S. LIBRARY**

**ABSTRACT**

In spite of the commendable efforts that have been made by several scholars, governments, public and private organizations or even individuals in encouraging the use of family planning practices; millions of people continually languish in the abject effects of the poor family planning practices and attitudes. Even more worryingly, many studies indicate that there is a limited involvement of men at homes, health arenas, market places, government offices and religious places in encouraging good family planning practices and methods. As a result, workers in such places are increasingly becoming vulnerable to consequences like unwanted pregnancies or even contracting HIV and AIDS. Essentially, it was with this need in mind that this study on assessment of male attitudes towards family planning methods—with special focus being on men in Migosi Estate of Kisumu City, Kisumu County was proposed. The specific objectives of the study were: to establish family planning methods used by men in Kisumu City, to determine the level of awareness of men on family planning practices in Kisumu City and to examine factors that influence men's attitude towards family planning methods used in Kisumu City. The study was guided by Social learning theory advanced by John Lock. Cross-sectional descriptive survey design was adopted as a blue print to guide the study. The study targeted 9182 men residing in Migosi area. The sample size of the study was 336 respondents. Systematic sampling technique was applied in identifying the 336 sample respondents who participated in the study area. The primary research instruments used in the study included questionnaires, key informant interview guide, focus group discussions guides and observation schedule. Quantitative data was analyzed using descriptive statistics in the form of frequencies and percentage tables. Qualitative data was transcribed, organized into various emerging themes and reported narratively. Findings of the study revealed that; 75% of male respondents in Migosi area preferred the use of condoms to plan their families. 95% of male respondents acknowledged that that family planning enabled them to plan their families. Results of the study revealed that 37.5% of respondents acquired information on family planning practices was through open discussion. Findings of the study also revealed that 70.8% of men demonstrated negative attitude towards family planning. 84% of men felt that family planning is directly linked to women and were therefore passively concerned with it. The study concluded that majority of male respondents in Migosi area preferred the use of condoms to plan their families. The most popular means through which men acquired information on family planning practices was through open discussion. Most spouses adopted family planning practices for birth spacing and birth control. Majority of men demonstrated negative attitude towards family planning. Regarding perceived side effects of family planning methods, the study discovered that use of condoms by male respondents had minimum side effects while vasectomy was identified as the family planning method with maximum side effects. Based on the study findings, the following recommendations were made: The Government and other relevant stakeholders should manufacture plenty of condoms and distribute them to all public hospitals or any public place within reach to reduce bottlenecks in accessing condoms; awareness campaigns should be initiated by medical practitioners besides the popular open discussion channels in order to augment public level of awareness on the importance of family planning; seminars should be organized for men by relevant stakeholders aimed at stirring them to take-up their rightful places as family heads by spearheading the implementation of family planning practices at family levels. Implementations of these recommendations would assist in bridging the disparity gap regarding men's sexuality, family health and family life education in Kisumu City, Migosi Estate.

## CHAPTER ONE

### INTRODUCTION

Over the recent times, the issue of male attitudes towards family planning has been increasingly debated by many socioeconomic scholars coming up strongly to voice their opinions. According to Sternberg and Hubley (2004), this scholarly and research-based trend is majorly based on the fact that these attitudes do not only play an important role in the acceptance of the family planning methods, but they also go a long way in ensuring their proper implementation. In addition, Bayray (2012) asserts that “Men’s knowledge, attitude and practice towards family planning also influence the behavior of their wives.” In spite of these important roles and the reported global move to increase the involvement of men in reproductive health matters; male attitudes towards family planning methods remain generally negative, if not poor (Bayray, 2012; & Odu *et al.*, 2006).

#### 1.1 Background of the Study

In Kenya, family planning programmes have mostly been focused on women since, traditionally, it is these women that are directly affected or concerned by family planning endeavors like pregnancy and childbirth (Kabwigu, 2001). Moreover, women’s huge responsibility on issues like family health has made them a great target for most family planning programmes. However, despite the increase in family planning programmes and media campaigns, studies indicate that there is still a high fertility rate in Kenya. The latest statistics released by the *CIA World Factbook* (2013) indicates that Kenya’s fertility rate is 4 children born/woman. This is way above the recommended 2 children born/woman average. In this regard, Oindo (2002) reports that “Kenya's teenage births to girls aged 15–19 years account for about 12% of Kenya's total fertility, while Kisumu District's adolescent fertility is reported at 27%”. Furthermore, Shiundu (2010) opines

that high birth rates pose dire challenges for the country's ability to sustain its population as well as other aspects of the economy such as education and health care. Additionally, a research by Oindo (2002) suggests that contraceptive prevalence is still generally low in Kenya, with Kisumu County being amongst the most affected areas. Other than the escalated cases of unplanned childbirth, the negative practices and attitudes towards family planning have led to increased health complications and spread of diseases like STD's.

According to Kabwigu (2001), these negative practices, attitudes and their resulting consequences are significantly attributed to men's limited involvement in family planning endeavors and their misplaced notions towards the same. Oindo (2002) additionally asserts that the limited involvement is mainly in terms of providing, receiving or spreading information regarding family planning and reproductive health issues which are vital in encouraging positive attitudes and practices. The negative or misplaced attitudes by men mainly manifests in the form of misinformation, ignorance and the alleged general lack of interest on family planning issues thus their non-participatory or passive involvement on health matters related to reproductive health (Bayray, 2012). Therefore in most circumstances, men do not even know the types or methods of family planning.

A qualitative study on men's attitudes towards family planning in Kenya by Mungai (1996) reported that men play a very important role in making decisions about family planning. With the supposed limited involvement in family planning, efficiency in responsible health practices is detrimentally affected. Furthermore, a recent study by Bayray (2012) states that a good number of men today want to engage in family planning discussions. The study attributed this increased desire to gain knowledge and actively

participate in family planning issues with their need for competency during discussions and the awareness that they (men) have an important role to play, as far as family planning and health issues are concerned. This study is in contrast to the impression by classical scholars that men are generally not interested in family planning issues (Mungai, 1996). This, therefore, necessitates more research. Finding the truth in regards to this latter study will be important based on the widespread assertion that engaging discussing family planning issues vitally influences people's attitudes as was stated by Kabwigu (2001).

Interestingly, in Kisumu County, and Kenya at large, there have been increased programmes aimed at facilitating men's involvement in family planning endeavors (Nzioka, 1996). For instance, the ministry of health in Kenya has been working together with the civil society, NGO's and health research centers like KEMRI, the UN, USAID and WHO and other concerned parties to organize men-only seminars that specifically focus on increasing men's knowledge about family planning. Also, these seminars have been championing other related issues such as the promotion of smaller family sizes, cutting down on unwanted pregnancies and reducing the prevalence of diseases caused by the lack of knowledge, negative attitudes and poor practice of family planning (NCPD, 1999). These multilateral partnerships in Kenya have, so far been successful because of the division of roles which has helped keep each partner on toes. As an example, research organizations like KEMRI focus on research and furnish the rest of the parties with facts that can be used to shape up men's attitudes while increasing their knowledge about family planning. For entities like the Ministry of Health in Kenya and organizations like USAID and WHO, special attention has been given to develop and implement Community Based Approaches (CBAs) that can promote family planning among men. In

doing so, Mungai (1996) states that these CBAs have been absorbed on fulfilling the following objectives: Reduction of misconceptions, misinformation and unwarranted fears regarding family planning through the improvement of education quality and counseling programmes; Ensuring that men's attitudes towards family planning and related issues such as valuing small families or even avoiding the risk of diseases are positively channeled; Strengthening community participation and mobilization on the campaigns regarding family planning, with special focus on men.

It is important to note that these objectives do not focus on men alone, but also on service providers (like companies that make and sell family planning products) and the community at large, based on their importance in the overall shaping up on men's attitudes towards family planning issues (NCPD, 1999). Unfortunately, in spite of all these well-intended campaigns, population control and acceptance of family planning methods still remain a distant reality for most people in Kenya, Kisumu Municipality included (Oindo, 2002). Partly, Sternberg and Hubley (2004) attribute this to the rigorous nature of some family planning campaigns which draw fear rather than acceptance. To a great extent, however, much blame is on the education systems. This is typified in the form of high-level of ignorance, illiteracy, baseless taboos and myths, religious and socio-cultural misconceptions, among many other aspects. So, whereas the campaigns continue, efficiency is greatly impeded.

Moreover, today's educational systems have changed. The "sitting-around-the-fireplace" meetings that were traditionally used for education have been replaced by television, radio and social media forums like Facebook and Twitter (Ferguson, 2004). The men who are out-of-touch with these new educational systems tend to lag behind on new insights

regarding family planning (Donovan, & Henley, 2010). If real change and proper attitudes are to be inculcated in today's dynamic society, there is a need for an overhaul of the status quo starting from the adoption of these new educational forums to engaging in objective research-based assessments, as is proposed in this writing (Kabwigu, 2001).

Based on studies conducted from several scholarly quarters, family planning has many benefits both from a social and economic perspective. For instance, it allows parents to plan for their families depending on their economic strength (Shiundu, 2010). Also, through proper family planning, people can have more time in receiving better education, focusing on their careers and devoting time into endeavors that can easily help them obtain financial security (Oindo, 2002).

Consequently, the prospected research purposes to spotlight the practices, describe the knowledge and highlight the factors influencing men's attitudes towards family planning. In doing this, specific focus will be on assessing the nature of these attitudes and finding ways in which objectivity and positivity can be fostered by men in regards to family planning methods. So, in a nutshell, the purpose of the proposed study will not only be to assess and provide ways of solving the challenges, problems and limitations regarding men's attitudes towards family planning methods, but it also seeks to draw attention to other crucial scholarly areas that might have been ignored by previous scholars. In doing so, an extensive study with clear-cut goals will be oriented. It is against this background that an assessment of male attitudes towards family planning methods in Kisumu Municipality, Kisumu County is strongly proposed.

## 1.2 Statement of the Problem

The significantly rising number of unwanted pregnancies and the prevalence of HIV/AIDS and other STD's due to wrong attitudes, lack of knowledge and poor family planning practices by men is abjectly worrying. Whereas most studies indicate that women are the ones who, deservingly or otherwise, bear a large portion of the burden as far as family planning issues are concerned, thus more research spotlight should be on them; there is increasing evidence that men play an equally important role in the discussion, knowledgeability and acceptance of family planning methods and practices. Worldwide studies also indicate that irresponsible adolescent and adult sexual behaviours are on a steady rise, with most of these behaviours being sporadic and unplanned. Without the knowledge about family planning and the correct use of contraceptives, the unprecedented and reckless sexual encounters predispose the involved people to unwanted pregnancies and STD's.

Based on the widespread assertion that, as "father figures", men—especially fathers—should offer leadership and direction to their families through appropriate teachings to the children while leading by example. Moreover, there is a distressing disparity between the knowledge about contraceptives and practices in the same, which importantly needs to be bridged through fitting researches. In this regard, there is a need for the concerned parties to review and put in place appropriate policies, practices and guidelines regarding sexuality, family health and family life education or else the already wide gap can stretch to a level that we will not be able to salvage anything. Finally, over time, a number of studies have been conducted regarding male attitudes towards family planning methods, in general. However, not much literature exists regarding the specifics of the men's attitudes towards family planning methods—especially regarding how cultural, social,



economic or even work-related factors model these attitudes. It is because of such problems, among others, that this paper proposes to find solutions, through primary and secondary research in Kisumu Municipality.

### **1.3 Objectives of the Study**

The main objective of this study was to assess men's attitudes towards family planning in Migosi Estate, Kisumu City.

#### **1.3.1 Specific Objectives**

The study was guided by the following specific objectives:-

1. To establish family planning methods used by men in Migosi Estate, Kisumu City.
2. To determine the level of awareness of men on family planning practices in Migosi Estate, Kisumu City.
3. To examine factors that influence men's attitude towards family planning in Migosi Estate, Kisumu City.

### **1.4 Research Questions**

The study sought to answer the following research questions:-

1. What are the family planning methods used by men in Migosi Estate, Kisumu City?
2. What is the level of awareness of men in family planning practices in Migosi Estate, Kisumu City?
3. What are the factors that influence men's attitude towards family planning in Migosi Estate, Kisumu City?

### 1.5 Significance of the Study

There have been very few studies that have specifically focused on analyzing men's attitudes towards family planning methods; most of the available researches have been focused and targeted at women. By targeting and focusing on men in this study, gender balance—which is important for the acceptance and practicing of various family planning methods—was fostered. There was need to positively orient and shape up the attitudes of men and the society at large towards family planning while building upon the related studies that were conducted before this prospected research. By doing this, literary continuity and overall improvement of the society, through positive attitudes and responsible practice was importantly encouraged.

Based on its proposed extensive scope, this research acted as a reference point and laid a scholarly background upon which future researchers could use to conduct similar studies. Based on this reason, the study proposes to not only give a circumspect highlight of men's attitudes towards family planning; but also delve into finding a way in which the alleged negative attitudes can be positively transformed. In doing so, some of the key areas focused on included the following: Firstly, awareness and attitudes towards common family planning methods such as Oral Contraceptive Pills (OCPs), Injectibles, Condoms and Traditional methods. Secondly, spotlight knowledge and attitudes towards other alternative family planning methods such as Norplant, Diaphragm, Vaginal cream, Vaginal tablet, IUCD, Vaginal sponge and Tubal ligation. Thirdly, knowledge and attitudes towards male controlled family planning methods like withdrawal, rhythm or periodic abstinence and vasectomy. Fourthly, knowledge and attitudes towards the side effects of some family planning methods. Some of these side effects include: nausea,

vomiting, abnormal menstruation and unwanted weight gain. Fifthly, the specific attitude of men in Kisumu Municipality towards family planning was rigorously assessed.

### **1.6 Limitations of the Study**

Some of the constraints that faced this study included; low response rate to questionnaires and unwillingness of some respondents' participation in the study by not availing adequate information required in the questionnaires. The researcher overcame these constraints by training the research assistants on the necessary skills of administering questionnaires to boost their response rate. This included; briefing the respondents on the relevance of the study and how the study findings would be beneficial to the respondents. The questionnaires were also personally administered by the researcher and the research assistants to increase the return rate.

### **1.7 Scope of the Study**

The study was delimited to assessing attitudes of men towards family planning methods in Kisumu Municipality. The study was carried out in Migosi Area, Kisumu Municipality in Kisumu County. Migosi area occupied an area of 1.9 square kilometers with a population density of 10,291 people per square kilometer. The area had a total population of 19, 826 people of which 9,182 were male and 10,644 were female and a total number of 4,795 households (Population and Housing Census, 2009).

## LITERATURE REVIEW

### 2.1 Introduction

Literature related to attitude of men towards family planning methods have been discussed in this chapter under the following sub-themes: family planning methods used by men, the level of awareness of men on family planning practices and factors that influence men's attitude towards family planning methods. The chapter has also highlighted the theory upon which the study is inclined to and the conceptual framework which has assisted in establishing linkages among the variables of the study.

### 2.2 An Overview of Male Attitudes Towards Family Planning

Traditionally, most family planning programs have usually been directed and focused on women. According to Steinfeld *et al.*, (2013), this is because women are the ones who usually become pregnant and most of the family planning methods today are used by women. In addition, based on the overall responsibility and involvement of women on various family health issues, especially in regards to childbearing, most women get to have frequent contact with healthcare personnel and programs. However, over the recent times, it has come out clearly in many researches that men play an important role in decision-making as far as the use of contraceptives is concerned (Sternberg & Hubley (2004). A good example here is the commonly reported assertion that some women do not use family planning methods simply because their husbands did not approve of the use (DeRose *et al.*, 2004).

Moreover, studies have also shown that, whenever men are actively involved in family planning programs, a remarkable improvement in the uptake of contraceptives and

observance of various family planning methods is usually noted (Odu *et al.*, 2006). Even more importantly, family planning programs that involve couples (both men and women) have been observed to be more effective compared to those that spotlight one gender (Bayray, 2002). To support this observation, DeRose *et al.* (2004) notes that “Promoting spousal discussion of family planning has frequently been advocated as a viable policy tool for” increasing effectiveness of family planning methods and campaigns as well as “narrowing the gender gap in partners’ fertility intentions in developing countries.” Furthermore, DeRose *et al.* (2004) report that studies from various scholarly quarters indicate that spouses or couples “who have discussed the topic (family planning) are 2-10 times as likely as those who have not to practice contraception.” It is because of these, among many other reasons, that there has been an upbeat trend of more family planning studies, methods and campaigns targeting the men folk—specifically in regards to observing and positively transforming men’s attitudes towards contraceptive use, family planning and reproductive health.

In a recent study conducted by Steinfeld *et al.*, (2013), the researchers noted that there is an “Unmet need for contraception and unintended pregnancy are prevalent among HIV-positive women and couples.” Based on the fact that Africa constitutes the highest number of HIV-positive victims and there is still an escalating number of HIV/AIDS infections in Africa despite a general global decline of the same (UNAIDS 2000); dealing with this unmet need is important now, more than ever before. As a positive note, however, a study by Steinfeld *et al.* (2013) noted that even HIV-positive men “understood the importance of planning one’s family to improve the health of the mother and child, to enable them to better care for their children, and for financial reasons.”

Closely related to the above point is the issue of child spacing. The study by Steinfeld *et al.*, (2013), which was notably conducted in Nyanza, observed that most men perceived child-spacing as being important—irrespective of whether you are HIV-positive or not. To support this observation, a 42 year old respondent with seven children commented that, in the Luo culture, children who closely follow one another (in terms of months or years) tend to be weak and often sick. Another respondent (30years with 5 children) in the study by Steinfeld and her colleagues remarked that having several children who are not appropriately spaced out makes it difficult for parents to fittingly meet needs such as food, clothing, school fees and other basic amenities. Last, but not least, projected fertility and population growth of people in Sub-Saharan Africa is higher compared to other regions (Ezeh, 2009). In addition, there has been snail-paced decline in birth rates in Africa which poses an uphill task for the attainment of health and development goals in the continent (Bongaarts, 2008). All the significant issues reviewed above, combined with the few number of in-depth researches about the attitudes of men towards family planning methods and services (despite the growing number of literature and studies about the complex and dynamic nature of family planning in general) are some of the main reasons this study is proposed.

### **2.3 Family Planning Methods used by Men**

Before delving into the methods of establishing family practices attitudes among men, it is inherent to state that, the African society has greatly transformed over the past couple of decades. In the traditional African society, learning mostly happened through imitation or receiving lessons from the elders once someone “came of age” (transformed from a child to an adult). And even during these lessons, very little was said about family planning since, in most societies, the larger your family was, the more powerful you were

perceived by the society (Ocholla-Ayayo, 1976). Also, in some communities, sex was considered to be a sacred event and talking about it was abhorred or limited to a few experts (Ferguson, 2004). However, in the wake of overpopulation, incurable diseases like HIV/AIDS, increase in cases of irresponsible sexual behaviors especially among the youth, and scarcity in resources to support large families; more and more communities started to progressively encourage, teach and adopt family planning methods (Sternberg & Hubley, 2004).

Today, people talk about sex and family planning almost everywhere with schools, mass media (television, radios, billboards, internet) and public campaigns being some of the most commonly used forums to spread the information (DeRose *et al.*, 2004). Some of the main methods used to spread information about family planning methods and attitudes, using the above-mentioned forums, include (but are not limited to) the following: According to DeRose *et al.*, (2004), one of the most effective methods to establish family planning methods and attitudes among men is through discussions. Usually, men are generally assumed to be unconcerned about family planning and issues related to it. In the instance that they are willing to discuss family planning matters, this is not only construed as evidence of a positive attitude, but it also goes a long way in setting up a platform that encourages openness to the practice of family planning. In giving examples to the efficiency of discussions, DeRose *et al.*, (2004) report that, In England, discussion of family planning methods during the controversial Besant-Bradlaugh trial helped to promote the decline of fertility rates in the country. The scholars further report that, in Sub-Saharan Africa, and Kenya to be specific, social network discussions about contraceptives have greatly helped in promoting contraceptive use among individuals and spouses, as well.

However, DeRose and his fellow scholars were quick to note that, in spite of the importance of discussions, especially among spouses, these discussions do not necessarily change attitudes towards contraceptives in a direct way. This is because different people are knowledgeable about family planning in a different way. As a result, the discussions usually yield different attitudes depending on the knowledgeability and open-mindedness of the people involved in the discussion. It is based on this observation that DeRose *et al.* (2004) propose that, for efficiency when conducting discussions about family planning, professionals or experts on the issue should be actively involved. Other than direct communication through discussions, non-verbal means of communication have also been emphatically used to establish information regarding family planning methods and attitudes among men. For instance, since many traditional African communities discouraged, and some still do discourage, discussion of sex issues; nonverbal forms of communication such as music, certain behaviors such as preparation of certain meals, wearing of particular clothing or ornaments such as beads were used to send non-verbal sex-related messages and orient certain attitudes towards family planning (DeRose *et al.*, 2004). DeRose and his fellow scholars state that, in certain places, men accepting to use family planning methods such as condoms may also be perceived as a non-verbal way of conveying his approval of family planning methods.

Learning from adults or emulating certain celebrities has, over the recent times, been observed as an important way of establishing and disseminating information regarding family planning methods among men. This, essentially, is the reason a good number of mass media advertisements today uses celebrities to encourage the use of certain family planning methods such as abstinence or even the use of contraceptives such as condoms and e-pills (Clelan *et al.*, 2011). In a nutshell, it is important to note that even though



certain sources of information or methods of establishing family planning methods and attitudes are more vibrant than others; most studies purport that the best way of ensuring maximum efficiency is by blending and incorporating as many methods as possible. By doing so, we are able to provide a myriad of options for a wide variety of audiences with different preferences thus attending to the needs of larger audiences (Bongaarts, 2008).

#### **2.4 Level of Awareness of Men on Family Planning Practices**

Just like the previous section that discussed the methods of disseminating information, there is a difference in trends of how people perceived and practiced family planning methods in the past and the trends in which it is practiced today. In a study conducted and reported by Were and Karanja (1994), a survey of 355 men regarding contraceptive attitudes that was conducted in Machakos District between January and March 1987 revealed that 93.2% of the men approved of family planning, 64.4% were against vasectomy, 56.9% were of the opinion that women are the ones who should use contraceptives and close to 100% preferred a joint approach as far as learning about contraceptives and using them was concerned. A different study by Khasiani (1991) also supports the findings of Were and Karanja by indicating that 84% of the interviewed men and women believed that the use of contraceptives was a woman's responsibility. This notion that the use of contraceptives should be a woman's responsibility is strongly against the current studies and campaigns on family planning which opine that both men and women should be equally and actively involved in family planning matters (Steinfeld *et al.*, 2013).

Remarkably some trends have remained more-or-less the same despite the change in times, behaviors and attitudes. For instance, in the studies by Khasiani (1991) and Were

and Karanja (1994), most men and women believed that a man has the important responsibility of deciding on the family size. Recent studies by Clelan *et al.*, (2011) and Steinfeld *et al.*, (2013) indicate that even though the percentage has dropped, most men and women still believe that deciding on a family size is a man's responsibility. Moreover, just like it was in the past, men are still afraid of some of the side effects of certain family planning methods such as vasectomy—especially in regards to issues such as irreversibility of vasectomy or impotence sometimes resulting from sterilization of men (Were & Karanja, 1994; and Clelan *et al.*, 2011).

Fortunately or unfortunately, depending on one's interpretation, some HIV-positive people suppose that having children helps them avoid suspicions of being infected. Others also believe that children give them a reason to live while others simply want to replace children who may have died due to the HIV/AIDSs virus. As a result, they go ahead and engage in unprotected sex, sometimes even with HIV-negative people thus infecting them. Based on this trend, many people are put at risk and the importance of family planning methods is neglected (Steinfeld *et al.*, 2013). However, with the increasing awareness campaigns on family planning to both HIV-positive and HIV-negative individuals, contraceptive use is slowly, but surely, picking up. In addition, Steinfeld *et al.*, (2013) reports that there is a growing number of responsible HIV-positive individuals who due to financial reasons that come with childbirth, the risks of vertical transmission of HIV to a child, the fear of orphaning a child, and the risk of infecting an HIV-negative partner decide to adopt the necessary family planning methods and attitudes. This latter group not only encourage healthy living and the protection of their loved ones, but their practices and attitudes help in nurturing an environment that is knowledgeable and responsible in regards to family planning.

On another positive note, the median percentage of men in East Africa desiring to practice family planning to postpone childbearing has increased over time. According to Clelan *et al.*, in 1992, the media percentage of men desiring to postpone childbearing through family planning was 56%. As of 2004, this percentage had increased to 72% with more recent statistics projecting a higher percent. In essence, this positive trend simply indicates that men's attitudes and practicing of family planning methods is on the rise. This assertion is further compounded by the fact that there has been a general global decline in births across the Sub-Saharan region (specifically East Africa), and the world at large (Bongaarts, 2008).

Notably, current reports and trends indicate that periodic abstinence, use of condoms, withdrawal during sex and vasectomy are the only available family planning methods that necessitate cooperation or use by men. With the exception of vasectomy, all these methods do not require the men to interact with a family planning health expert or the provider (Clelan *et al.*, 1991). This makes it extremely easy for practice of the family planning methods by men, as long as one is empowered with the right information on how to use or incorporate a particular method. As a general rule, however, it is important to discuss these methods and their use with your spouse. By doing so, you will be encouraging your partner's acceptability while bracing yourselves for some health consequences that come with some methods such as vasectomy (DeRose *et al.*, 2004).

## **2.5 Factors Influencing Attitude of Men towards Family Planning**

Based on a joint study conducted by Kamau *et al.*, (1996) in Chwele in Bungoma and Baba Dogo slum in Nairobi, and another different study by Steinfeld *et al.*, (2013) conducted on 30 men in 15 HIV clinics between May and June 2010; the following

barriers were found to be the main limiting factors in family planning acceptance by men: Perceived side effects of certain family planning methods. The examples here include infant mortality, child deformities, and infertility by women or impotence in men. Retrogressive cultural and traditional sexual beliefs and practices. Such practices include abhorring the community from openly talking about sex; Ignorance, lack of knowledge, misconceptions, myths, rumors and misinformation about family planning. An example is the belief that using condoms during sex is uncomfortable—when in reality, it is the exact opposite; Lack of agreement between spouses on contraceptive use. Here, the husband may agree to try a certain method such as vasectomy while the wife disagrees or vice versa; Lack of efficient personnel to offer well-informed and professional family planning advice and related services; General lack of male focus in family planning campaigns and programmes.

## **2.6 Theoretical Framework**

Managing the intricacies of assessing the attitudes of men's attitudes towards family planning methods without the use of theories is comparably like teachers trying to teach without referring to existing scholarly literatures like books and journals which is quite difficult. In other words, theory, research and practice are interrelated facets that need to be considered interdependently.

Even more importantly, it is crucial to note that it is through the relationship of theories, research and practice that we are able to make generalizations, forecast certain important trends, make candid decisions and manage various social endeavors. As of today, there are hundreds of theories related to the practice and attitudes towards family planning methods. This study is inclined to Social learning theory and Gender advanced by Albert Bandura ( 1992). Social learning theory stipulates that people learn from one another. The

theory contends that people learn through observation, imitation and modeling. Social learning theory is used by researchers to explain how individuals in a given society learn gender roles. Bandura uses childhood behaviors to shed light on the theory.

With regards to this study, the social learning theory will be used to explain the nature of male attitudes towards family planning methods in Migosi Estate, Kisumu Municipality. Additionally, crucial aspects of social learning like religion, the use of social networks, and how the social work culture of men affects their attitudes to family planning methods will also be elucidated by this theory.

Source: Author (2011)

### 2.3 Gaps in Literature

As a rejoinder of the

recommendations from

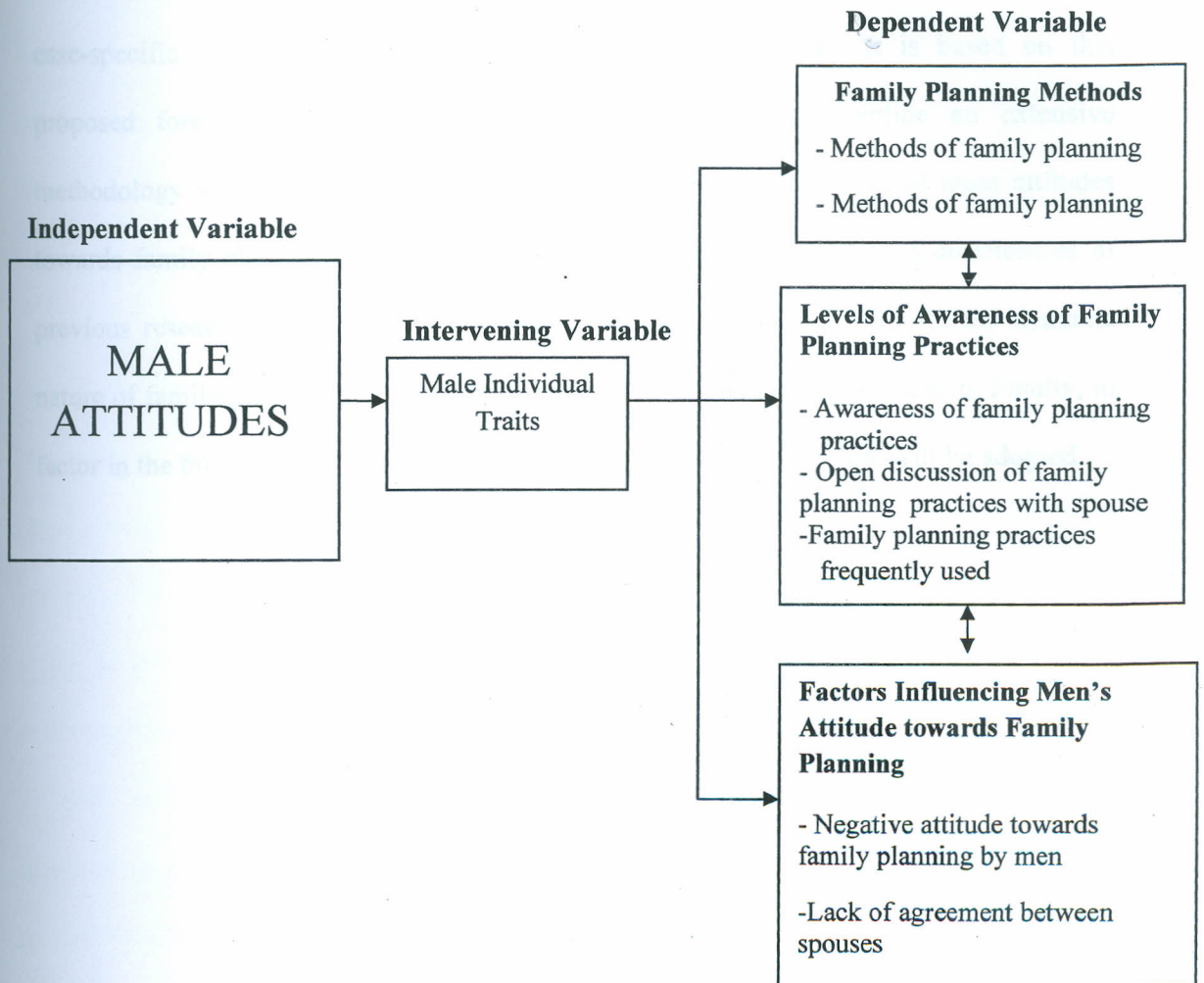
addition, there are

our cultures, education

the bid to transform

## 2.7 Conceptual Framework

Figure 2.1: Conceptual Framework showing the interplay among variables used in the Study



Source: Author (2013)

## 2.8 Gaps in Literature Reviewed

As a rejoinder of the literature review, it is inherent to note some of the proposed recommendations from various scholars have not been practical or easy to implement. In addition, there are some deep-seated problems and challenges that are deeply rooted in our cultures, education systems and policies. As a result, very little progress has ensued in the bid to transform or positively channel male attitudes towards family planning. In the

10<sup>th</sup> edition of the book *Society: the Basics*, Macionis (2008) states that in order to complex and dynamic social problems in the society, there is a need for an overhaul of the existing system by conducting a threefold study that combines theories, a rigorous case-specific study and solving gaps from previous researches. It is based on this proposed formula that the next chapter of this paper will outline an extensive methodology which will be used to make a case-specific assessment of male attitudes towards family planning methods in Kisumu Municipality. The various deficiencies of previous researches and the new challenges that have come about due to the dynamic nature of family planning will be chiefly considered in this proposed research. Finally, to factor in the third element of theories, the theoretical framework below will be adopted.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

The methodology elements that were highlighted in this section included; the study design applied, the target population, the sample size and sampling procedure employed, data collection instruments, validity and reliability of the instruments, data collection methods, data processing and analysis techniques and ethical considerations.

#### 3.2 Study Design

Study design is the conceptual structure within which research is conducted. Patton (2002) asserts that research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose. This study adopted cross-sectional research design with both qualitative and quantitative data collection approaches. Cross-sectional research design was appropriate in the collection of both quantitative and qualitative data. The research intended to collect both quantitative and qualitative first hand information from men in Kisumu Municipality, Migosi area. For this reason, cross-sectional research design was considered the most appropriate for the study. Cross-sectional research studies the relationship between different variables at a point in time. Cross-sectional research relates how variables affect each other at the same time and period (<http://en.wikipedia.org/wiki/>). In this study, effort was made to establish the relationship between attitudes of men and family planning methods in Kisumu Municipality. The focus of the study was assessment of attitudes of men towards family planning methods in Kisumu Municipality. The unit of analysis was individual men while the sampling unit was Migosi area.



### 3.3 Study Area

The study was carried out in Migosi Estate, Kisumu City, Kisumu County. The main economic activity of people in Migosi estate was found to be small and medium business enterprises. Migosi Estate occupied an area of 1.9 square kilometers with a population density of 10,291 people per square kilometer. The area had a total population of 19,826 people of which 9,182 were male and 10,644 were female and a total number of 4,795 households (Population and Housing Census, 2009).

### 3.4 Study Population

The study was conducted in Migosi Estate, Kisumu City, Kisumu County. The study targeted all men in Migosi City. The total number of men in Migosi estate were 9182 (Population and Housing Censu, 2009).

### 3.5 Sample Size and Sample Selection

A sample is a sub-group carefully selected so as to be a representative of the whole population with relevant characteristics (Mugenda and Mugenda, 2003).

Sample Size Determination formula;

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

$$\frac{9182}{1 + 9182(0.05)^2}$$

$$\frac{9182}{1 + 9182(0.0025)}$$

$$\frac{9182}{23.955}$$

336 respondents

Systematic sampling technique was employed in selecting the sample. According to Kisumu City Council Report (2013), there were 3 sub-locations within Migosi estate. The researcher used Population Proportional to Size (PPS) method in selecting samples from each sub-location as shown in Table 3.1. Population Proportional to Size method of selecting samples enabled the researcher to select the sample size based on the numerical strength of each sub-section of the sampling unit ( In this case, sub-location).

Population Proportional to Size (PPS) formula:

$$PPS = \frac{\text{Population per Sub-Location} \times \text{Sample size}}{\text{Total Population}}$$

**Table 3.1 Sub-Locations in Migosi Area**

<b>Sub-Location</b>	<b>Population Frequency</b>	<b>Sample Size</b>
Upper Migosi	3032	127
Lower Migosi	2020	84
Migosi Central	4130	172
<b>Total Population</b>	<b>9182</b>	<b>383</b>

### 3.6 Research Instruments

The primary research instruments used in the study included; questionnaires, key informant interview guide, focus group discussions guides and observation schedule.

### **3.6.1 Pilot Testing of the Instrument**

Mugenda and Mugenda (1999) assert that pilot testing is a very important step in any study. Pilot testing is a trial run of procedures and instruments that one plans to use. The main aim of pilot testing is to correct inconsistencies arising from the instruments. Pilot testing may prevent costly mistakes. According to Mugenda and Mugenda (2003), a pre-test sample of a tenth of the total sample with homogeneous characteristics is appropriate for a pilot study. For this study, 20 male respondents equivalent to 10% of the sample size were interviewed during pilot testing. Male respondents selected for pilot testing were not included in the sample during the actual data collection phase. The results obtained from the pilot study assisted the researcher in revising the questionnaire to make sure that it covered the objectives of the study.

### **3.6.2 Validity of the Research Instrument**

According to Dooley (1996), validity is the extent to which the study instruments capture what they purport to measure. It is the accuracy and meaningfulness of inferences which are based on the research results. It is the degree to which results obtained from the analysis of data actually represent the phenomenon under study. Validity deals with how accurately the instrument represents the variables of the study. If a method is valid then the differences in the results between individuals or groups or organizations can be taken as representing true differences in the characteristics under study (Mugenda & Mugenda, 2008). Validity of instruments is critical in all forms of researches and the acceptable level is dependent on logical reasoning, experience and professionalism of the researcher (UNESCO, 2004). The researcher looked at the contents of qualitative data with supervisors before conclusions and generalizations were made in order to uphold content validity.

### 3.6.3 Reliability of the Research Instrument

Reliability refers to how consistent a research procedure or instrument is (Kasomo, 2006). It therefore means the degree of consistency demonstrated in a study. The researcher strived to maintain a high level of reliability by ensuring that questions in the questionnaire were designed using simple language that were easy to understand by the respondents. Clarity of instructions was given utmost attention by those using the instruments. The interactive approach to information collection allowed the researcher to elaborate and clarify questions in order to elicit reliable responses from respondents. This helped on gathering some information and explanations that would not be captured by the questions in the tools alone. Accordingly, the responses were matched with the study objectives to identify information gaps. The researcher reviewed the instruments further as well as data collection approaches in case of such gaps. The other step in instrument review involved joint discussion with the two study supervisors to scrutinize all the questions in the tools and assess their appropriateness in addressing the critical issues in the study.

### 3.7 Data Collection Procedures

Permission to proceed to the field and collect data was sought from University authorities as well as the national council of science and technology after presentation and approval of the study proposal. Primary data was sourced through administration of questionnaires to male respondents living within Migosi estate, Kisumu City. Data was collected by Research assistants who directly administered questionnaires to respondents.

### **3.7.1 Primary Data Sources**

The researcher and research assistants interviewed respondents with the aid of primary instruments. The primary research instruments used in the study included: questionnaires, key informant interview guides, focus group discussions guides and observation schedule.

#### **3.7.1.1 House Hold Questionnaire**

The study utilized a house hold questionnaire to obtain the required information. The instrument gathered information on attitudes of male respondents on family planning methods. A questionnaire is a research instrument that is used to gather data over a large sample and diverse regions. It upholds confidentiality, saves time, and has no interviewer bias (Tromp and Kombo, 2006). The questionnaire had both open ended and closed ended questions. The questionnaire was organized into sections intended to extract specific information from men respondents. The first section sought to obtain information related to demographic characteristics of respondents, second section addressed questions related to family planning methods used by men, section three addressed questions related to level of awareness of men on family planning practices and section four contained questions related to factors influencing the attitude of men towards family planning methods.

#### **3.7.1.2 Key Informant Interview Guide**

An interview guide is a list of questions or topics that need to be covered by the interview. The guide contains both open and closed questions. Questions in the interview guide are advantageous because: they are flexible, in-depth information is gathered, using the open and closed ended approach – the researcher gets a complete and detailed understanding of the issue under research.

### **3.7.1.3 Focus Group Discussions**

A focus group is usually composed of 6-8 homogeneous members of the target population. Focus group discussions can produce a lot of information quickly and are good for identifying and exploring beliefs, ideas or opinions. In this study, focus group discussion assisted the researcher in obtaining detailed information on the attitude of men towards family planning methods in Kisumu City, Migosi Estate.

### **3.7.1.4 Observation Schedule**

Observation involves collecting data while the individual is engaged in some form of behaviour or while an event is unfolding. This method attempts to yield more data about particular variables that cannot be obtained from questionnaires and interviews ( Gall *et al.*,2005). The main disadvantage of observation is that it is time consuming and unforeseen factors may interfere with the observation task ( Kothari, 2004).

### **3.7.2 Secondary Data Sources**

A detailed literature review related to the topic of study was conducted to get an in-depth of the study problem, to help shed light on it. Secondary sources of data included; published and unpublished books, Government publications, research institutions, internet publications, newspapers and journals.

### **3.8 Data Analysis Techniques**

Data analysis is a process of modeling or manipulating and transforming data with the goal of highlighting useful information, suggesting conclusions and supporting decision making. According to Bryman and Cramer (2008), data analysis seeks to fulfill research objectives and

answer research questions. For purposes of this study, data analysis involved field editing before bringing the instruments together in order to reduce on errors. This was followed by categorization and coding of all qualitative data. The next step was data entry into a preset screen, cleaning, transformation and analysis. The statistical package for social sciences IMB SPSS version 18 software was used to run frequency distributions, percentages and means while tables were produced using Microsoft-Excel. Qualitative information obtained through open ended sections of the questionnaire were summarized daily into study briefs. This was followed by content analysis and description of the responses to produce interim finding reports. Areas that required additional information were identified and the required data sourced from other data sources. The interim study report was then systematically analyzed and inferences made. This, together with the quantitative analysis, were integrated in one main study report.

### **3.9 Ethical Issues in Research**

To ensure that the research is ethically appropriate, the following precautions were taken. To begin with, pin numbers were used in the research questionnaire to protect the identity of the clients who were in the study. Again, transcription of the data collected in this research study was solely done by the researcher to account for accuracy and validity of the information provided. Moreover, safety and privacy of documents used in the research were stringently provided and considered. Since participation in the study was voluntary, participants were accorded free will to respond or ignore questions asked to them. This cultivated an environment that encouraged openness which was conducive for in-depth interviews and discussions. Finally, high confidentiality was maintained, especially for participants talking about touchy issues such as HIV/AIDS, secretive marital issues and other private issues.

## CHAPTER FOUR

### RESULTS AND DISCUSSIONS

#### 4.1 Introduction

This chapter presents research findings of the study which have been discussed under thematic sub-sections in the line with the study objectives. The thematic areas includes; Questionnaires return rate, Demographic characteristics of respondents, family planning methods, levels of awareness of men on family planning methods and finally, factors influencing mens' attitude towards family planning.

#### 4.2 Questionnaire Return Rate

A total of 383 questionnaires were administered to the respondents, only 336 questionnaires were returned for analysis which formed 87.72% return rate. According to Mugenda and Mugenda (2003), a response rate of 50% is adequate for analysis and reporting, a response rate of 60% is good and that of 70% and above is very good. This therefore meant that the questionnaire return rate of 87.72% was appropriate for the study. The questionnaire return rate was high because the researcher ensured that the respondents had been sensitized prior to the administration of the questionnaires. Questionnaires were administered and collected on the same day from respondents by the researcher.

#### 4.3 Demographic Characteristics of Respondents

Demographic information of the respondents was collected in relation to age, marital status, number of children and highest academic qualification. This gave a deeper insight on understanding the relationship between the variables under study. Respondents were asked to provide the necessary demographic data. Results were presented and discussed in the following subsequent sub- themes:



### 4.3.1 Distribution of Respondents by Age

Respondents were asked to indicate their ages. Age is an important factor that determines an individual's attitude in the social environment. In view of this, respondents were asked to indicate the age bracket they belong to.

Out of 336 respondents who participated in the study, 4.2% of the respondents belonged to the age category of 10-20 years, majority of respondents 50.0% belonged to the age category of 21-30 years, 25% of the respondents indicated that their age range was 31-40 years and finally, 20.8% of the respondents belonged to the age category of 41-50 (Table 4.1).

**Table 4.1: Distribution of Respondents by Age**

Age	Frequency	Percentage
10-20	14	4.2
21-30	168	50.0
31-40	84	25.0
41-50	70	20.8
<b>Total</b>	<b>336</b>	<b>100.0</b>

As evidenced in Table 4.1, majority of male respondents fell within the age category of 31-40 years. This is the active age bracket when most men marry.

#### 4.3.2 Distribution of Respondents by Marital Status

The researcher felt that it was necessary to determine the marital status of male respondents and relate it to their attitudes towards family planning. For this reason, the researcher enquired from respondents about their marital status.

Out of 336 respondents who participated in the study, 20.8% were single, a whopping majority of respondents 75.0% were married where as 4.2% were separated ( Table 4.2).

**Table 4.2: Distribution of Respondents by Marital Status**

Marital Status	Frequency	Percentage
Single	70	20.8
Married	252	75.0
Separated	14	4.2
<b>Total</b>	<b>336</b>	<b>100.0</b>

As evidenced in Table 4.2, it is vividly clear that 20.8% of respondents were single men, 4.2% were separated, 75% were married. This results shows that majority of respondents were within the range of 31-40 years, a mature age bracket within which most men marry. Since marriage is associated with responsibility and commitment, it can be implied that most men in Migosi estate practice family planning methods as an aspect of responsibility and commitment.

#### 4.3.3 Distribution of Respondents by Number of Children

The study sought to establish the number of children men had in their families. It is believed by the society that men have almost total responsibility for family care in terms of provision of food, clothing and shelter as well as provision of security against external threats. Due to this, men respondents were asked to state the number of children in their

households in order to establish their extent of responsibility and also to gauge if at all they appreciate family planning.

Out of 336 respondents who participated in the study, 20.8% of men in Miosi area had no children, 50% had 1-3 children, 25% had 4-6 children, 4.2% had 7-9 children ( Table 4.3).

**Table 4.3: Distribution of Respondents by Number of Children**

<b>Number of Children</b>	<b>Frequency</b>	<b>Percentage</b>
None	70	20.8
1-3	168	50.0
4-6	84	25.0
7-9	14	4.2
<b>Total</b>	<b>336</b>	<b>100.0</b>

As reflected in Table 4.3, the 20.8% of men who had no children at all implied that either they were newly married and had not stayed together with their spouses for a reasonable duration to warrant children or they were not yet blessed with children since children come from God though they had stayed longer as a family. Majority of respondents had 1-3 children, an indication that most men 50.0% had appreciated family planning methods and were striving for the ideal of number of 1 -2 children. This finding concurs with a study by Steinfeld *et al.*,(2013), which was notably conducted in Nyanza which observed that most men perceived child-spacing as being important—irrespective of whether you are HIV-positive or not. To support this observation, a 42 year old respondent with seven children commented that, in the Luo culture, children who closely follow one another (in terms of months or years) tend to be weak and often sick. Another respondent (30years

with 5 children) in the study by Steinfeld and her colleagues remarked that having several children who are not appropriately spaced out makes it difficult for parents to fittingly meet needs such as food, clothing, school fees and other basic amenities.

The 25% of men who had 4-6 children and 4.2% of men who had 7-9 children still held the old belief that children are indicators of wealth and a source of security at old age. This explains why they appreciated the higher number of children as opposed to the modern ideology where more children are perceived as a burden and a sign of poverty and idleness of spouses. This observation is shared by (Ocholla-Ayayo, 1976) who opined that, in most societies, the larger your family was, the more powerful you were perceived by the society.

#### **4.3.4 Distribution of Respondents by Academic Qualification**

The study determined the level of education of respondents by looking at their academic qualifications. Education plays a central role in identifying, assimilating and absorbing new knowledge family planning. As a result of this, respondents' academic qualification was sought.

Out of 336 respondents who participated in the study, 4.2% of the men respondents had no academic qualification, 41.7% of the respondents had both Certificate and Diploma academic qualification, 12.5% of the respondents had Degree academic qualification (Table 4.4).

**Table 4.4: Distribution of Respondents by Academic Qualification**

<b>Highest Academic Qualification</b>	<b>Frequency</b>	<b>Percentage</b>
None	14	4.2
Certificate	140	41.7
Diploma	140	41.7
Degree	42	12.5
<b>Total</b>	<b>336</b>	<b>100.0</b>

As evidenced in Table 4.4, 4.2% of the respondents had no academic qualification. This implied that few men respondents in Migosi area had no formal education. Men who had Certificate and Diploma academic qualification tied at 41.7%, an indication that majority of men in Migosi area were literate. This can be attributed to the fact that majority of men view education as a modern way of life ( modern culture) and a means of livelihood, an aspect that explains why emphasis is laid in education when it comes to employment. The 12.5% of men who had Degree academic qualification signaled that men respondents were striving towards higher academic qualifications.

#### **4.4 Family Planning Methods used by Men**

The first objective of the study was to establish family planning methods used by men in Kisumu City. Studying family planning methods used by men placed the researcher at a vantage point of assessing attitudes of men towards family planning. This theme has been discussed under various sub-themes including; methods of family planning, methods of family planning preferred by spouses, role of family planning in gapping of children.

#### 4.4.1 Methods of Family Plannig

The researcher felt that it was necessary to look at the various family planning methods used by men. In view of this, male respondents were asked to indicate the method they use while practicing family planning.

Out of 336 male respondents who took part in the study, 16.7% practiced withdrawal, 75% used condoms, 4.2% of male respondents practiced vasectomy and use of herbs (Table 4.5).

**Table 4.5: Methods of Family Planning**

<b>Methods of Family Planning</b>	<b>Frequency</b>	<b>Percentage</b>
Withdrawal	56	16.7
Condoms	252	75.0
Vasectomy	07	2.1
Use of herbs	21	6.3
<b>Total</b>	<b>336</b>	<b>100.0</b>

As reflected in Table 4.5, 16.7% of male respondents in Migosi area practice withdrawal method of family planning. Majority of male respondents 75% use condoms for family planning, 2.1% of men practiced vasectomy as a method of family planning while 6.3% of men used herbs to plan their families. As evidenced from the table, it is vividly clear that majority of male respondents in Migosi area preferred the use of condoms to plan their families. This could be attributed to the fact that condoms are readily available in shops, condoms are affordable, condoms are flexible to use and are easily diasposable. This finding is in agreement with Oyamo (2010) which asserted that both men and women in Kisumu area are largely receptive to family planning methods and practices— with the use of condoms and pills being the mostly adopted methods of family planning.

#### 4.4.2 Methods of Family Planning Preferred by Women

The assessment of male attitudes towards family planning methods cannot be examined in isolation without considering those of their spouses. For this reason, the researcher equired from male respondents the family planning method preferred by their spouses.

Out of 336 male respondents who participated in the study, 280 acknowledged the fact that they had knowledge about family planning. Out of those who respondend that they had knowledge about family planning, 50% used oral pills, 40% used injectibles while 10% used norplant ( Table 4.6).

**Table 4.6: Cross Tabulation of Knowledge about Family Planning and Type of Family Planning Prefered by Spouse**

		Type of family planning preferred by Spouse			Total
		Oral pills	Injectibles	Norplant	
Does your wife know about family planning?	Yes	140 (50%)	112 (40%)	28 (10%)	280
	No	28 (50%)	28 (50%)	0	56
<b>Total</b>		<b>168</b>	<b>140</b>	<b>28</b>	<b>336</b>

Table 4.6 shows that majority 50% of male respondents reported that their spouses used pills for family planning. A statement echoed by (Sternberg & Hubley, 2004) who said observed that in the wake of overpopulation, incurable diseases like HIV/AIDS, increase in cases of irresponsible sexual behaviors especially among the youth, and scarcity in resources to support large families; more and more communities started to progressively encourage, teach and adopt family planning methods.

This data shows that the most popular family planning method among the spouses of men(women) was oral pills. This could be due to the fact that oral pills are readily available, affordable and are easy to use. Another equally popular method of family planning are injectibles. A reasonable number of women 40% prefer injection which in most takes place at an interval of 3 months. Both oral pills and injectibles are reversible, an attributes which explains why the two family planning methods are popular among women. The least preferred family planning method among women according to their male spouses was norplant 50%. Reasons which work against norplant which in most cases makes it unpopular among women besides being expensive is the fact that it is irreversible.

#### **4.4.3 Role of Family Planning in Gapping of Children**

In the wake of reality of overpopulation, incurable diseases like HIV/AIDS, increase in cases of irresponsible sexual behaviors especially among the youth, and scarcity in resources to support large families; more and more communities have progressively adopted family planning. For the researcher to appreciate the role of family planning in controlling the human population, a question was posted in the questionnaire requiring respondents to substantiate whether family planning had assisted them in gapping of children.

Out of 336 respondents who participated in the study, a whopping majority 95% acknowledged that family planning methods enabled them to plan their families. Out of the male respondents who appreciated family planning methods, 17.4% gapped their children within an interval of 1 year, 21.7% gapped their children within an interval of 2



years, 35% respondents gapped their children within an interval of 3 years and finally, 26% respondents gapped their children within an interval of 4 years ( Table 4.7).

**Table 4.7: Cross-Tabulation of Role of Family Planning in Gapping of Children and Age Gap between Children**

		Age gap between children				Total
		1 Year	2 Years	3 Years	4 years	
Does use of family planning methods enable you to plan your family?	Yes	56(17.4%)	70(21.7%)	112(35 %)	84(26%)	322(95%)
	No	0	0	14	0	14 ( 5%)
<b>Total</b>		<b>56</b>	<b>70</b>	<b>126</b>	<b>84</b>	<b>336</b>

Table 4.7 shows that majority of male respondents 95% acknowledged that family planning enabled them to plan their families. This is a clear indication that most male respondents appreciated the centre stage role played by family planning in propagating the gapping of children among families, this by extension signified that most families had embraced modern practices/ approaches to family planning. This sentiments are shared by an empirical study conducted by Steinfeld *et al.*, (2013) who summarized that even HIV-positive men “understood the importance of planning one’s family to improve the health of the mother and child, to enable them to better care for their children, and for financial reasons.”

#### 4.5 Level of Awareness of Men on Family Planning Practices

The researcher was interested in determining the level of awareness of men towards family planning practices. This was because, once men were aware of the existence of

family planning practices, they would most likely embrace them since knowledge is power. In order to capture this important information, this section has been discussed under the following sub-themes; awareness of family planning practices, open discussion of family planning practices with spouse, family planning practices frequently used.

#### **4.5.1 Awareness of Family Planning Practices**

This sub-section sought to know from respondents whether they were aware of family planning practices and if so, through which means. In view of this, respondents were asked to qualify whether they had heard of family planning practices or not. Respondents who appreciated that they were aware of family planning practices were further asked to indicate the method through which they acquired the information.

Out of 336 male respondents who participated in the study, 83% acknowledged that they had heard of family planning practices. Out of these respondents, majority, 40% said that they heard about family planning practices through open discussion, 56 respondents had heard about family planning practices through mass media, 10% respondents heard about family planning practices through seminar while 30% respondents said that they had heard about family planning practices through awareness campaigns (Table 4.8).

**Table 4.8: Cross-Tabulation of Awareness of Family Planning Practices and means of Acquisition of Information**

		Means of Acquisition of Information					Total
		Open discussions	Mass media	Seminar	Awareness campaigns	NA	
Have you heard about family planning practices?	Yes	112(40%)	56(20%)	28(10%)	84(30%)	0	280 (83%)
	No	14(25%)	0	0	0	42(75%)	56 (17%)
<b>Total</b>		<b>126</b>	<b>56</b>	<b>28</b>	<b>84</b>	<b>42</b>	<b>336</b>

Table 4.8 vividly shows that majority of respondents 83% acknowledged that they had heard about family planning practices. As observed from the table, the most popular means through which male respondents acquired information on family planning practices was through open discussion. Open discussions are flexible, does not require any formal arrangement before being carried out, can be conducted anywhere with anybody, does not have any monetary value attached to it; all these attributes could have been behind the popularity of open discussion among male respondents. This finding is in line with DeRose *et al.*, (2004), who asserted that, one of the most effective method to establish family planning method and attitudes among men is through discussions.

Usually, men are generally assumed to be unconcerned about family planning and issues related to it. In the instance that they are willing to discuss family planning matters, this is not only construed as evidence of a positive attitude, but it also goes a long way in setting up a platform that encourages openness to the practice of family planning. In giving examples to the efficiency of discussions, DeRose *et al.* (2004) report that, In England, discussion of family planning methods during the controversial Besant-Bradlaugh trial

helped to promote the decline of fertility rates in the country. The scholars further report that, in Sub-Saharan Africa, and Kenya to be specific, social network discussions about contraceptives have greatly helped in promoting contraceptive use among individuals and spouses, as well.

#### **4.5.2 Open Discussion of Family Planning Practices with Spouses**

This sub-section deeply enquired whether spouses freely discussed family planning practices. This was necessary because it enabled the researcher gauge the spouses level of awareness of family planning practices. In lieu of this, respondents were asked to state whether they freely discussed with their spouses matters concerning family planning practices and the number of children they would like to have.

Out of 336 male respondents who participated in the study, 294 acknowledged that they freely discussed matters concerning family planning with their spouses where as 280 acknowledged that they freely discussed with their spouses the number of children they would like to have ( Table 4.9).

**Table 4.9: Cross-Tabulation of Awareness of Family Planning Practices and means of Acquisition of Information**

		Do you freely discuss with your wife about the number of children you would like to have?		
		Yes	No	Total
Discuss with the wife concerning family planning practices	Yes	266 (90.5%)	28(9.5%)	294 (87.5%)
	No	14 (33.3%)	28(66.7%)	42 (12.5%)
<b>Total</b>		<b>280</b>	<b>56</b>	<b>336</b>

As reflected from Table 4.9, 87.5% male respondents acknowledged that they held open discussion with their spouses on matters concerning family planning practices. 280 respondents acknowledged that they held healthy discussion with their spouses concerning the number of children. Based on findings of this study, majority of male respondents in Migosi area freely held open discussions with their spouses on matters concerning family planning practices as well as the number of children. This is in agreement with studies conducted by (Bayray, 2002) which showed that family planning programs that involved couples (both men and women) had been observed to be more effective compared to those that spotlight one gender.

To support this observation, DeRose *et al.*,(2004) notes that “Promoting spousal discussion of family planning had frequently been advocated as a viable policy tool for” increasing effectiveness of family planning methods and campaigns as well as “narrowing the gender gap in partners' fertility intentions in developing countries.” Furthermore, DeRose *et al.*, (2004) reported that studies from various scholarly quarters indicated that spouses or couples “who discussed the topic (family planning) were 2-10 times as likely

as those who had not to practice contraception.” It is because of these, among many other reasons, that there has been an upbeat trend of more family planning studies, methods and campaigns targeting the men folk—specifically in regards to observing and positively transforming men’s attitudes towards contraceptive use, family planning and reproductive health.

Out of 336 male respondents who participated in the study, 50% frequently used condoms. On family planning practices preferred, 16.7% respondents preferred fertility prevention, 25% respondents preferred pregnancy prevention, 29.2% respondents preferred both birth spacing and birth control ( Table 4.10 ).

**Table 4.10: Cross – Tabulation of Family Planning Practices Preferred and Frequently used**

		Family Planning Practices Preferred				Total
		Fertility prevention	Pregnancy prevention	Birth spacing	Birth control	
Family Planning practices frequently used	Pills	0	28(66.7%)	14(33.3%)	0	42
	Injection	0	0	28	0	28
	Norplant	14( 14.3%)	28( 28.6%)	14(14.3%)	42(42.9%)	98
	Condom	42(25%)	28(16.7%)	42(25%)	56(33.3%)	168
<b>Total</b>		<b>56(16.7%)</b>	<b>84(25%)</b>	<b>98(29.2%)</b>	<b>98(29.2%)</b>	<b>336</b>

As evidenced in Table 4.10, the most frequently used family planning practices was condom 50%. The most referred family planning practices were birth spacing and birth control 29.17%. This finding is in line with that of Clelan *et al.*, in 1992, which found out that media percentage of men desiring to postpone childbearing through family planning was 56%. As of 2004, this percentage had increased to 72% with more recent statistics projecting a higher percent. In essence, this positive trend simply indicates that men's attitudes and practicing of family planning methods is on the rise. This assertion is further compounded by the fact that there has been a general global decline in births across the Sub-Saharan region (specifically East Africa), and the world at large (Bongaarts, 2008).

#### **4.5.3 Family Planning Practices Frequently Used**

The researcher felt that it was necessary to further examine family planning practices frequently used by spouses in order to ascertain their level of exposure to family planning. This information informed the researcher in gauging the spouses level of awareness of family planning practices. To do this, male respondents were requested to indicate family planning practices they preferred and frequently used.

#### **4.6 Factors Influencing Attitude of Men towards Family Planning**

Over the recent times, the issue of male attitudes towards family planning has been increasingly debated by many socioeconomic scholars coming up strongly to voice their opinions. According to Sternberg and Hubley (2004), this scholarly and research-based trend is majorly based on the fact mens' attitudes do not only play an important role in the acceptance of the family planning methods, but they also go a long way in ensuring their proper implementation. In addition, Bayray (2012) asserts that "Men's knowledge, attitude and practice towards family planning also influence the behavior of their wives." In view of these paramount reasons, the researcher examined factors influencing mens'

attitude towards family planning methods in Kisumu City under the following sub-themes; negative attitude towards family planning by men, lack of agreement between spouses, perceived side effects of certain family planning methods.

#### 4.6.1 Negative Attitude towards Family Planning by Men

Negative attitude towards family planning by men was regarded as one of the limiting factors influencing mens' acceptance of family planning. This motivated the researcher to inquire from the male respondents their take on the blanket perception that “ the general attitude of men to towards family planning is negative”.

Out of 336 male respondents who participated in the study, a whooping majority 70.83% strongly agreed that men demonstrated negative attitude towards family planning, 4.17% male respondents agreed, 16.66% respondents were neutral, 4.17% respondents disagreed with the statement where as 4.17% male respondents strongly disagreed (Table 4.11).

**Table 4.11: Attitude of Men towards Family Planning**

Statement	Responses					Total
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	
The general attitude of men towards family planning is negative	238 (70.83%)	14 (4.17%)	56 (16.66%)	14 (4.17%)	14 (4.17%)	336



Table 4.11 reveal that 70.83% male respondents supported the blanket perception that “the general attitude of men to towards family planning is negative”. Findings from this study showed that majority of men demonstrated negative attitude towards family planning. Bayray (2012) also herald similar sentiments in his study which revealed that “Men’s knowledge, attitude and practice towards family planning also influence the behavior of their wives.” In spite of these important roles and the reported global move to increase the involvement of men in reproductive health matters; male attitudes towards family planning methods remain generally negative, if not poor ( Odu *et al.*, 2006).

According to Kabwigu (2001), these negative practices, attitudes and their resulting consequences are significantly attributed to men’s limited involvement in family planning endeavors and their misplaced notions towards the same. Oindo (2002) additionally asserts that the limited involvement is mainly in terms of providing, receiving or spreading information regarding family planning and reproductive health issues which are vital in encouraging positive attitudes and practices. The negative or misplaced attitudes by men mainly manifests in the form of misinformation, ignorance and the alleged general lack of interest on family planning issues thus their non-participatory or passive involvement on health matters related to reproductive health (Bayray,2012). Therefore in most circumstances, men do not even know the types or methods of family planning.

#### **4.6.2 Lack of Agreement between Spouses**

The researcher considered lack of agreement between spouses as one of the limiting factors working against spouses striving towards embracing family planning. In order to obtain an in-depth information, the researcher sought respondents opinion on this matter. Out of 336 male respondents who took part in this study, 29.2% respondents opined that they preferred fewer number of children compared to their wives’ proposal of their

preference number of children while 20.8% male respondents opined that they preferred more number of children compared to their wives' proposal ( Table 4.12).

**Table 4.12: Cross-Tabulation of Number of Children required by Husband/Wife and Method of Resolution in Case of Disagreement**

	Do you think your wife wants the same number of children that you want or more?				Total
	same number	More children	Fewer Children	Dont know	
	If the husband and wife wants unequal number of children, it is resolved by				
Joint decision	0	42(42.9%)	42(60%)	14(33.3%)	98
Husband's decision	0	14((14.2%)	28(40%)	0	42
Wife's decision	0	42(42.9%)	0	0	42
Disagreeing further	0	0	0	28(66.7%)	28
NA	126	0	0	0	126
<b>Total</b>	<b>126(37.5 )</b>	<b>98(29.2%)</b>	<b>70(20.8%)</b>	<b>42(12.5%)</b>	<b>336</b>

As reflected in Table 4.12, 37.5% of male respondents interviewed reported that in most cases, they agree with their spouses on the number of children to bring up in the family. However, the table reflect glaring evidence that in some cases, couples differ on the number of children to settle down for in the family. Interestingly, when such cases occur, joint discussion as a method of resolution stood out as the most preferred method between the spouses at 29.2%. Another striking finding to note is that in case of failure to resolve the required number of children by the couples, decision could be made either in favour of the wife or in favour of the husband on a fifty-fifty basis at 12.5%. This finding concurs with a study conducted and reported by Were and Karanja (1994), a survey of 355 men regarding contraceptive attitudes that was conducted in Machakos District

between January and March 1987 which revealed that 93.2% of the men approved of family planning, 64.4% were against vasectomy, 56.9% were of the opinion that women are the ones who should use contraceptives and close to 100% preferred a joint approach as far as learning about contraceptives and using them was concerned.

A different study by Khasiani (1991) also supports the findings of Were and Karanja by indicating that 84% of the interviewed men and women believed that the use of contraceptives was a woman's responsibility. This notion that the use of contraceptives should be a woman's responsibility is strongly against the current studies and campaigns on family planning which opine that both men and women should be equally and actively involved in family planning matters (Steinfeld *et al.*, 2013).

#### **4.6.3 Perceived Side Effects of Certain Family Planning Methods**

The researcher was interested in establishing whether perceived side effects of certain family planning methods acted as a limiting factor in discouraging male respondents from embracing family planning methods. For this reason, the researcher the male respondents to indicate whether the perceived side effects of some of the family planning methods inhibited some of them from adopting family planning.

Out of 336 male respondents who participated in the study, a whopping majority of respondents acknowledged that vasectomy had maximum side effects 37.5%, 28.6% male respondents alluded to the fact that injection had side effects, a handful number of respondents 4.8% echoed that condom had side effects. Finally, 23.8% male respondents acknowledged that withdrawal as a method of family planning had side effects ( Table 4.13).

**Table 4.13: Cross-Tabulation of Family Planning Methods and their Side Effects**

Family Planning Methods used	Does family planning method have side effects?		
	Yes	No	Total
Vasectomy	126(42.9%)	0	126(37.5%)
Withdrawal	70(23.8%)	0	70(20.8%)
Condom	14(4.8%)	42(75%)	56(16.7%)
Injection	84(28.6%)	0	84(25%)
<b>Total</b>	<b>294(87.5%)</b>	<b>42(12.5%)</b>	<b>336(100%)</b>

The most striking revelation of the finding is the fact that virtually all the family planning methods used by men had some sort of side effects. Vasectomy took the lead at 42.9% followed by with injection 28.6%, then withdrawal 23.8% and finally condoms 4.8% which had the least side effect according to the male respondents who participated in the study. Interestingly, 75% male respondents asserted that condoms had no side effects, a much higher number than those who pointed out that condoms had side effects. This scenario implied that use of condoms by male respondents was somehow safer with minimum side effects.

In the same vein, according to male respondents interviewed, the highest number of respondents 42.9% identified vasectomy as the family planning method with maximum side effects. This could be due to the fact that vasectomy is irreversible and in some cases results to mens' impotence. Sentiments which are shared by (Were & Karanja, 1994; and Clelan *et al.*, 2011) in their study where they underscored that men are afraid of some of the side effects of certain family planning methods such as vasectomy—especially in regards to issues such as irreversibility of vasectomy or impotence sometimes resulting from sterilization of men.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter contains summary of findings, conclusion, recommendations and areas for further research.

#### 5.2 Summary of Findings

The study sought to assess the attitude of men towards family planning methods in Kisumu City. Findings of the study revealed that majority of respondents were within the range of 31-40 years, a mature age bracket within which most men marry. On number of children, majority of respondents had 1-3 children, an indication that most men (50.0%) had appreciated family planning methods and were striving for the ideal of number of 1 - 2 children. Looking at academic qualification, men who had Certificate and Diploma academic qualification tied at 41.7%, an indication that majority of men in Migosi area were literate.

The first objective of the study was to establish family planning methods used by men. Findings of the study revealed that majority (75%) of male respondents in Migosi area preferred the use of condoms to plan their families. On role of family planning in gapping of children, results of the study revealed that majority of male respondents 322 acknowledged that that family planning enabled them to plan their families.

The second objective of the study was to determine the level of awareness of men on family planning practices. Results of the study revealed that the most popular means through which men acquired information on family planning practices was through open discussion (126). On reasons for adopting family planning practices by spouses, findings of the study revealed that most spouses adopted family planning practices for birth spacing and birth control (98).

The third objective of the study was to examine factors that influence men's attitude towards family planning methods. Findings of the study revealed that majority of men demonstrated negative attitude towards family planning. While examining lack of agreement between spouses on the appropriate number of children to bring up in the family, results of the study revealed that majority of spouses in most cases agreed on the number of children to bring up in the family (126). Another striking finding to note is that in case of failure to resolve the required number of children by the couples, decision could be made either in favour of the wife or in favour of the husband on a fifty-fifty basis (42). Regarding perceived side effects of family planning methods, findings of the study revealed that use of condoms by male respondents had minimum side effects while the highest number of respondents (126) identified vasectomy as the family planning method with maximum side effects.

### **5.3 Conclusion**

The main purpose of the study was to assess the attitude of men towards family planning methods in Kisumu City, Migosi Estate. In terms of the stated research objectives, the following findings emerged from the study:

On family planning methods, majority of male respondents in Migosi area preferred the use of condoms to plan their families. Most respondents acknowledged that that family planning enabled them to plan their families.

Looking at levels of awareness of men on family planning practices, results of the study revealed that the most popular means through men acquired information on family planning practices was through open discussion. While examining reasons for adopting

family planning practices by spouses, findings of the study revealed that most spouses adopted family planning practices for birth spacing and birth control.

Considering factors influencing mens' attitude towards family planning, findings of the study revealed that majority of men demonstrated negative attitude towards family planning. Majority of spouses in most cases agreed on the number of children to bring up in the family. In case of failure to resolve the required number of children by the couples, results of the study revealed that decision could be made either in favour of the wife or in favour of the husband on a fifty-fifty basis. Regarding perceived side effects of family planning methods, use of condoms by male respondents had minimum side effects while vasectomy was identified as the family planning method with maximum side effects.

#### **5.4 Recommendations**

Based on the study findings, the following recommendations were made:

1. The Government and other relevant stakeholders should manufacture plenty of condoms and distribute them to all public hospitals or any public place within reach to ease access to condoms.
2. Awareness campaigns should be initiated by medical practitioners besides the popular open discussion channels in order to augment public level of awareness on the importance of family planning.
3. Seminars should be organized for men by relevant stakeholders aimed at stirring them to take-up their rightful places as family heads by spearheading the implementation of family planning practices at family levels.

## 5.5 Areas for Further Research

This study did not explore certain areas that were equally important. Such areas were left out because the scope of this study warranted. In view of this, the study suggests the following areas for further research:

1. Utilization of computerized health management information system in enhancing service delivery in public Hospitals in Kisumu City.
2. Impact of family planning practices on the quality of livelihood among families living in Kisumu City.
3. Challenges facing families living within Kisumu City in implementing family planning methods. Replicating a similar study within the same locality but changing the gender. i.e Assessment of women attitudes towards family planning methods in Kisumu City. A case of Migosi Estate.



## REFERENCES

- Bayray, A. (2012). Assessment of male involvement in family planning use among men in South Eastern zone of Tigray, Ethiopia. *Scholarly Journal of Medicine*, 2(2), 1-10.
- Bongaarts J. (2008). Fertility transitions in developing countries: progress or stagnation? *Stud Fam Plann*, 39, 105-10.
- Brym, R. J., & Lie, J. (2006). *Sociology: your compass for a new world: your compass for a new world*. Stamford, Connecticut: Cengage Learning.
- Catania, J. A., Kegeles, S. M., & Coates, T. J. (1990). Towards an understanding of risk behavior: an AIDS risk reduction model (ARRM). *Health Educ Q.*, 17(1):53-72.
- CIA World Factbook (2013). Field Listing :: Total fertility rate (Country comparison to the world). Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/fields/2127.html>
- Ciccantelli, S., & Magidson, J. (2006). *Consumer idealized design: involving consumers in the product development process*. Retrieved from <http://clubofamsterdam.blogspot.com/2006/03/consumer-idealized-design-involving.html>
- Cleland, J. G. Ndugwa, R. P., & Zulu, E. M. (2011). Family planning in sub-Saharan Africa: progress or stagnation? *Bulletin of the World Health Organization*, 89, 137-143.
- DeRose, L. F., Dodoo, F. N. Ezech, A. C., & Owuor, T. O. (2004). Does Discussion of Family Planning Improve Knowledge of Partner's Attitude Toward Contraceptives? *International Family Planning Perspectives*, 30(2), 87-93.
- Donovan, R., & Henley, N. (2010). *Principles and practice of social marketing: an international perspective*. Cambridge: Cambridge University Press

- Dooley (1996). *Social Research Methods*. 3rd Edition, Prectice-Hall of India, New Delhi
- Ezeh, A. C., Mberu, B. U., & Emina, J. O. (2009). Stall in fertility decline in Eastern African countries: regional analysis of patterns, determinants and implications. *Philos Trans R Soc Lond B Biol Sci*, 364, 2991-3007.
- Ferguson, L.J. (2004). Casemix: Key issues for health care managers. In M.Clinton (Ed). (2004). *Management in the Australian Health Care Industry*, 3<sup>rd</sup> Edition. Sydney: Pearson Education Australia.
- Flick, U. (2009). *An introduction to qualitative research* (4<sup>th</sup> Ed.). London, UK: Sage.
- Glenn, D.I. (1992), *Determining Sample Size*, IFAS, Florida USA.
- Grusec, J. E. (1992). Social learning theory and developmental psychology: The legacies of Robert Sears and Albert Bandura. *Developmental Psychology*, 28(5), 776-786.
- Jenkins, L. (2009). *Basic principles of research*. Retrieved from <http://www.suite101.com/content/basic-principles-of-research-a160964>
- Kabwigu, S. (2001). Obstacles to male participation in family planning: a study in Kiyeyi - Tororo district. Retrieved from <http://www.chdc.mak.ac.ug/publications/Kabwigu%20Samuel%202001%20Obstacles%20to%20Male%20Participation%20in%20Family%20Planning.pdf>
- Kamau, R. K, Karanja, J., Sekadde-Kigonde, C., Ruminjo, J. K., Nichols, D., & Liku, J. (1996). Barriers to contraceptive use in Kenya. *East African Medical Journal*, 73(10), 651-659.
- Kasomo D. (2006). *Research Methods in Humanities and Education*. Zapf Chancery. Eldoret, Kenya
- Khasiani, S. A. (1991). Family planning knowledge, attitudes and practices among health centre personnel in Western Province of Kenya. *J Obstet Gynaecol East Cent Africa*, 9(1), 30-6.

- Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D. A. Goslin (Ed.), *Handbook of socialization theory and research*. Chicago: Rand McNally.
- Kombo, D.K. and Tromp D.L.A (2006). *Proposal and thesis writing: An Introduction*. Paulines Publication NAIROBI, Africa.
- Kothari, R.C. (2003). *Research Methodology methods and Techniques*. Delhi International Ltd. Publishers.
- Macionis, J. (2008). *Society: the basics* (10<sup>th</sup> Ed.). Upper Saddle River, NJ: Prentice Hall.
- Maylor, B., & Blackmon, K.. (2005). *Researching business and management*. Hampshire: Palgrave Macmillan.
- McBurney, D. H., & White, T. L. (2009). *Research methods*. Stamford, Connecticut: Cengage Learning.
- Mungai, P. (1996). Men's knowledge, attitudes and practices with regard to family planning. *Africa Link*, Apr: 5-7.
- Mugenda, O.M.&Mugenda A.G., (1999). *Research Methods. Quantitative and Qualitative Approaches*. Acts Press, Nairobi Murray, R (2004) *Human rights in Africa: Overcoming barriers to family planning through integration*
- Mugenda, M.O. & Mugenda, G.A. (2003). *Research methods: Qualitative and quantitative approaches*. Nairobi, Kenya, Act Press.
- Ngechu, D (2006). *Conceptual Framework in Social Sciences*. Eagle Cliffs: Prentice Hall
- Nzioka, C. (1996). Lay perceptions of risk of HIV infection and the social construction of safer sex. *AIDS Care* 8 , 565–579.
- Ocholla-Ayayo, A. B. (1976). *Traditional ideology and ethics among the southern luo*. Uppsala: Scandinavian Institute of African Studies.

- Odu, O. O., Ijadunola, K. T., Komolafe, J. O., & Adebimpe, W. T. (2006). Men's knowledge of and attitude with respect to family planning in a suburban Nigerian community. *Niger Journal of Medicine*, 15(3), 260-265.
- Oindo, M. L. (2002). Contraception and sexuality among the youth in Kisumu, Kenya. *African Health Sciences*, 2(1), 33-39.
- Oyamo, A. E. (2010). Knowledge and attitudes of men and women Towards vasectomy as a family planning Method, in Winam Division, Kisumu District. Retrieved from <http://erepository.uonbi.ac.ke:8080/xmlui/handle/123456789/20965>
- Quark, P. (2005). *Research methods: design of investigations*. Retrieved from [http://learners.ncu.edu/syllabus/download\\_file.asp?syllabus\\_rr\\_id=130718](http://learners.ncu.edu/syllabus/download_file.asp?syllabus_rr_id=130718)
- Shiundu, A. (2010). Kenya: House divided over children per family. Retrieved from <http://allafrica.com/stories/201006241038.html>
- Skills4study. (n.d.). *Choosing appropriate research methodologies and methods*. Retrieved from <http://www.palgrave.com/skills4study/studentlife/postgraduate/choosing.asp>
- Steinfeld, R. L., Newmann, S. J., Onono, M., Cohen, C. R., Bukusi, E. A., & Grossman, D. (2013). Overcoming barriers to family planning through integration: perspectives of HIV-positive men in Nyanza Province, Kenya. *AIDS Research and Treatment*, 2013. Retrieved from <http://www.hindawi.com/journals/art/2013/861983/>
- Sternberg, P., & Hubley, J. (2004). Evaluating men's involvement as strategy in sexual and reproductive health promotion. *Health promotion international*, 19(3), 389-396
- UNAIDS. (2000). *Report on the Global HIV/AIDS epidemic*, UNAIDS, Geneva.

Vaishnavi, V., & Kuechler, W. 2009. *Design Research in Information Systems*.

[Retrieved from <http://desrist.org/design-research-in-information-systems>

Were, E. O., & Karanja, J. K. (1994). Attitudes of males to contraception in a Kenyan rural population. *East African Medical Journal*, 71(2), 106-109.

Weinreich, N. K. (2006). *Integrating quantitative and qualitative methods in social marketing research*. Retrieved from <http://www.social-marketing.com/research.html>

## SECTION I

### Demographic Characteristics

1. How do you reside within Migori County?

Upper Migori [ 1 ]      Lower Migori [ 2 ]      Migori Central [ 3 ]

2. Which age bracket do you belong to?

15-20yrs [ 1 ]      21-30yrs [ 2 ]      31-40yrs [ 3 ]      41-50yrs [ 4 ]

3. What is your gender?

Male [ 1 ]

Female [ 2 ]

4. How many children do you have?

0-1 [ 1 ]      2-3 [ 2 ]      4-6 [ 3 ]      7-9 [ 4 ]

5. What is your highest academic qualification?

None [ 1 ]      Certificate [ 2 ]      Diploma [ 3 ]      Degree [ 4 ]

## SECTION II

### Attitudes to Contraception

#### 1. Contraception

1. How do you feel about using contraceptives?

Very good [ 1 ]      Good [ 2 ]      Fair [ 3 ]      Poor [ 4 ]      Very poor [ 5 ]

2. How do you feel about using condoms?

Very good [ 1 ]      Good [ 2 ]      Fair [ 3 ]      Poor [ 4 ]      Very poor [ 5 ]