Male Involvement in Women's Reproductive Health in Kenya: A Key Approach to Improving Uptake of Sexual and Reproductive Services by Women

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Introduction

Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.[1]. Male involvement includes not only encouraging men to become more involved and supportive of women's needs, choices, and rights in sexual and reproductive health but also addressing men's own sexual and reproductive health needs and behavior.

Men's involvement is a critical component in the uptake of sexual reproductive health (SRH) services aimed at improving women's reproductive health with increased interest in the last two decades. The development of strategies for encouraging male participation in reproductive health is therefore essential to improving women's health status (Pranitha Maharaj 2000).

The 1994 International Conference on Population and Development (ICPD) in Cairo, and the 1995 Fourth World Conference on Women in Beijing formally recognized the role of men in promoting gender equality and better reproductive health for both men and women.

Men's lack of participation in reproductive health not only damages their own health, but also contributes to the reproductive ill health of their female partners and children. In India for example, the involvement of men in family planning method use is limited by men avoiding direct use family planning but the methods used by the women were at the discretion of their husbands. (Saha KB et al, 2007).

In Zimbabwe men reported making the final decisions in contraceptive use, even when women were responsible for obtaining contraceptives (Mbizvo MT and Adamchack DJ 1991) while in Madagascar the key barriers to use of Family Planning included gaps in knowledge about contraceptive methods; dissatisfaction with some modern contraceptive methods; and concern about social opposition to using contraceptives, largely from male partners (Bodo Randrianasolo et al 2008).

However, limited attempts have been made to explore the role and impact of men's involvement in women's uptake of SRH services in Kenya.

Study objective: To explore men's involvement and experiences of their partners' health in the context of integrating SRH/HIV services in public health facilities.

Methods

Study Design

A cross sectional qualitative study was implemented as part of a broader quasi experimental study aimed at measuring community perceptions of the quality and use of FP, STI, HIV/AIDS and other SRH services from both

the study facilities and private practitioners. The study utilized qualitative data from in depth interviews that were conducted in Thika and Nyahururu districts in Kenya. Respondents included a subset of men aged 20 - 50 years from the baseline community survey conducted in 2009 whose main objective was to explore men's involvement in seeking SRH services.

Study setting

The two districts selected for this study represent the variation in study areas for the project, Thika being the intervention and Nyahururu the comparison site. Targeted participants resided 10 kilometers from the study facilities and they or their partners or someone they know had used services from study facilities.

The facility criteria were to have high client load (more than 100 FP per month), a minimum of two FP providers qualified in and currently providing FP services, a range of services (FP, VCT, STI treatment, PMTCT): no provision of integrated CT-FP services. All hospitals were in peri-urban locations and health centers in rural locations. Additionally, these facilities were to serve populations with similar socio-economic characteristics, have a similar health infrastructure (i.e. public sector), and serve a population with a relatively high modern method contraceptive prevalence rate (58%) compared with the national average (33%) (KDHS 2003) and similar HIV prevalence among women aged 15 to 49 years in Central Province 7.6% compared to the national level of 8.7% (KAIS 2008) .

Study procedures

A total of 60 IDIs (30 in each site) were conducted and used in the analysis. These respondents were from a subset from the baseline survey of community members who were or whose partners were likely to have used SRH services from the project study facilities. All men who had indicated their phone contacts during the baseline survey study were eligible to participate in the study. A semi structured guide was used. Trained researchers facilitated the IDIs in Swahili or English languages. The interviews were tape recorded, transcribed verbatim, translated to English and analyzed using QSR Nvivo 9 Software © (International Pty 2007, Australia).

Key Findings

Nature of male involvement in SRH service use

Decision Making: Study findings indicate that all the 42 men interviewed felt or would be attending for SRH services together with their partners.

These included influencing type of family planning method to be used, choosing place of delivery as well as where their partners should attend for ANC services. About half of the men interviewed had individually or jointly with the partner. Even though majority of men interviewed felt that use of FP is solely the woman responsibility, they were keen to be part of decision making for the same.

"We trust each other so much and that's why we sit together and discus on the family planning method to use or the period that we need to visit the clinics together (**Married man from Thika**)"

Financial Support was one of the ways in which men were involved in SRH service use since most women depend on their partners for economic support.

"When my wife goes to hospital to deliver, have to look all means to get money to pay for hospital because you see she just depends on me ....." **(Married man from Thika)**

"A good man is one that is there for his family be able to support with all the money that may be needed" **(Married man from Nyahururu)**

Escort /Social Support: Majority of the men interviewed from both regions were likely to accompany their partners to attend for SRH services as a way of offering social and moral support. Men drop their partners to the health facilities but do not wait for them because of long waiting time and they and that is the time they are supposed to be working.

*"Yah, they should because when they are involved first of all the women will be motivated and they will feel they are taken care of by their men and also when they are involved you see they will be faithful partners".(***Married Man Nyahururu)**

*"When you go together as a couple, you are given the first priority and need not to wait and also when go for screening together, you are advised and given good health talk" (***Married Man Nyahururu)**

"Girlfriend had an issue with the FP services so he went give support and hear what the problem was" **(Unmarried man with girlfriend from Nyahururu)**

*"It's a very good idea to go to hospital together with your wife like when she is going to deliver and you go with her, she feels good and knows that actually care for he and that's why I prefer taking my wife to hospital wherever she wants to" (***Married man from Thika)**

SRH service use

More than half of the men interviewed had been to a health facility for SRH service use together with their partners in the last 12 months prior to being interviewed. Findings show that the main service that couples sought for together was HIV counseling and testing followed by delivery services even though the men would not be present during delivery.

"It is good because it helps build the trust between you" **(Married man from Nyahururu)**

"When you go together as a couple, you are given the first priority and need not to wait and also when go for screening together, you are advised and given good health talk" **(Married man from Nyahururu)**

*"Yes, we went for the delivery services together but never went to the delivery room"***(Married man from Nyahururu)**

However, only two respondents were aware of SRH services available for both men and women offered in the health facilities. This may have an impact on low access of SRH services by men.

Nearly all men interviewed indicated that they would want to be involved in SRH service provision together with their partners but they are limited by accessibility due to time factor.

> *" .....the services are not so accessible to men coz you see here in Thika most men go to work very early in the morning before the hospitals open and return late when they are already closed so that really hinder many men from going to the hospital" (***Married man from Thika)**

*"Not so easily accessible coz you see men have lots of commitment and may not get the right time to be in hospital during the running hours. So time is a very big hindrance" (***Married man from Nyahururu)**

Cost of health care also emerged as an impediment to men seeking SRH services.

"They are easily accessible for men but the cost of services block many men away from seeking the treatments."

Discussion

Men's role in the decision-making process on the use of SRH services by women is critical in the uptake of the services. For example, our study findings showed that men played an important role in the selection of place for delivery or ANC services for their wives. This in turn has key implication to the use of skilled birth attendance in Kenya. Therefore, it is critical to involve men in reproductive health issues by empowering them through enhancing their knowledge on SRH issues.

Men are the breadwinners in many families and, therefore, are an important factor in facilitating their partners' access to SRH services through providing financial support. Financial access is a critical aspect in determining the use of SRH services. Financial costs limit the utilization of SRH services even by men. Approaches towards reducing costs of SRH services for both men and women and recognizing the role of men as providers will help in bridging the gap of under utilization of SRH services.

The role of male partners in providing social support to their women is a vital link to strengthening male involvement in addressing women's SRH needs. Initiatives aimed at promoting couples access and utilization of SRH services should be encouraged.

Conclusion and Recommendations

Due to the largely dominant social and economic role that men play in the household, their active involvement is critical to the success of SRH interventions. In the context of integrated services men's support ,uptake and use of SRH services is likely to contribute to better indicators of maternal and child health due to their critical role in society and in sexual and reproductive health.

There should be deliberate efforts targeting men through providing men friendly services to enhance uptake of these services by men and women together. Some of the strategies could involve: Provision of SRH services targeting men such as Family planning counseling and provision, STI screening and treatment and couple communication ;awareness to promote men involvement in SRH services; Provision men friendly services, for example, shorter waiting times so that men who are engaged in economic activities can find time to attend for these services with their partners; The Maternal and Child Health department should be renamed to promote inclusiveness and recognize the important role of men in the uptake SRH services.

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