

SOCIO-DEMOGRAPHIC FACTORS INFLUENCING MALE INVOLVEMENT IN UTILIZATION OF FAMILY PLANNING METHODS IN CHATO DISTRICT GEITA TANZANIA: A MATERNAL MORTALITY REDUCTION STRATEGY

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ABSTRACT: Several developing countries including Tanzania has stepped out to address maternal and child health and improving health outcomes among people. Introduction of Family planning services is one of the interventions introduced in Tanzania since 1959, yet there is low utilization of Family planning. Socio-demographic characteristics are one of the factors influencing male involvement in family planning utilization. Efforts are needed to enable men to play a more active role in reproductive decisions. This study aimed at establishing the socio-demographic factors influencing male involvement in utilization of Family planning methods in Chato District, Geita Tanzania. Descriptive cross sectional study design was employed involving a sample of 496 men aged 19 years and above residing in Chato district. Multistage sampling technique was used to select the eligible men. Data were collected using questionnaire with both closed and open-ended questions. The proportion of men using FP was found to be 17.5%, which suggest that, there is low male involvement in utilization of Family planning methods in Chato District due to many factors. The most consequential socio-demographic factors influencing male involvement in utilization of family planning methods revealed to be men's approval (OR =4.221, 95%CI =1.147-15.539, p=0.030). The likelihood of using family planning methods is 4 times more when there is approval of a men. The findings suggest that integrating men into existing family planning services improves FP use and its sustainability. It is important to note that, men's approval and moral support is crucial to contraceptive uptake for ensuring well-being of women and children in Tanzania.

KEY WORDS: *Family planning methods, Socio-demographic factors, Male involvement*

I. INTRODUCTION

Several developing countries including Tanzania has stepped out to address maternal and child health and improving health outcomes among people. Introduction of Family planning services is one of the interventions introduced in Tanzania since 1959, (Williamson, 2009). Despite this, there is insignificant decrease of the total fertility rate from 5.8 in 1996 to 5.2 in 2016, and maternal mortality rate has increased from 529 per 100,000 live births estimated in 1996 to current 556 per 100,000 live births (Tanzania Demographic and Health Survey (TDHS), 2015-2016).

Chato's total fertility rate (TFR), or average number of children per woman, is 4.8 (District Health Information System (DHIS), 2016), higher than its neighbouring districts. Muleba District has TFR of 3.5 and Bukombe is at 4.0. Data from RCH clinics shows that, utilization of family planning methods in Chato District Council is 16.4% (DHIS, 2016). This is very low compared to the national average of 32% (TDHS, 2015-2016). High fertility is associated with maternal and child morbidity and mortality, as mothers are frequently exposed to risks of child bearing and its complications, including heavy bleeding after delivery, gestational high blood pressure and diabetes, pre-eclampsia and the risks of abortions which could result to death (Audet, 2008). Using family planning services could help to reduce the number of exposure of mothers to risks of child bearing and its complications (Tsui et al., 2010).

Family planning programs have focused attention primary on women, because of the need to free women from excessive child bearing, and to reduce maternal and infant mortality through the use of Family planning methods (USAID, 2018). This focus on women has reinforced the belief that Family planning is largely a women's business, with the man playing a very peripheral role (Ramadhan, 2008). However, men are

key decision-makers in almost all spheres of life including utilization of Family planning (Giddy et al., 2011). There is considerable need to include men more frequently in family planning services (Ndinda et al. 2017), as it has been shown that low male involvement in Family planning services influence utilization of Family planning methods. However, enabling men to play a more active role in reproductive decisions has significant benefits to the family planning methods acceptance, continuation of use, client satisfactions and efficacy (Lundgren et al., 2012). Evidence shows that domestic violence often occurs if there is use of Family planning by the women without approval by men (Kessy & Kuenning, 2007).

There are few findings on men's perspectives towards Family planning utilization; still there is a gap on the full range of factors influencing men to utilize Family planning methods. Despite the fact that factors differ from place to place there is no information on the similar study which was found done in the lake zone. This study aimed at establishing the factors influencing men's involvement in family planning methods utilization as evidenced by socio-demographic characteristics.

II. STATEMENT OF THE RESEARCH PROBLEM

In Tanzania despite the increase of the modern family planning methods distribution, availability and usage, there is also an insignificant decrease of the total fertility rate from 5.8 in 1996 to 5.2 in 2016. Yet maternal mortality rate has increased from 529 per 100,000 live births estimated in 1996 to 578 per 100,000 live births (USAID, 2018). This increase of maternal deaths could be due to low utilization of family planning methods of only 32% for the country compared to the national target of at least 60% (One plan, 2008-2015) as a maternal reduction strategy.

Chato district experienced high maternal deaths in 2016 which was at 139 per 100,000 live births highest compared to other districts of Geita region despite many efforts which includes provision of Reproductive and Child health services in all health facilities both public and private, provision of health education on family planning to couples attending clinics and conducting family planning outreaches in hard to reach areas with the help of partners which includes Marie stops, Engender health and local Community Based Organisations (CBOs) (DHIS, 2016).

Low utilization of Family planning methods needs to be rectified, otherwise there be huge economic burden on Tanzania both from direct health care costs plus indirect costs from a decline in workplace productivity. Family planning saves lives of women and children and improves the quality of life for all and it is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities (WHO, 2010).

III. MATERIALS AND METHODS

The study was conducted in Chato district, Geita region in western Tanzania. It is bordered to the north by the Muleba District, to the south by the Shinyanga region, to the east by Lake Victoria and Mwanza region, to the west by the Ngara district, to the south west by the Kigoma region. The reason for selecting Chato district was that, it is one of the new districts of Geita region with the highest TFR and maternal deaths, but also with unknown prevalence of Family planning utilization among men.

Descriptive cross-sectional study design was used to assess the factors influencing utilization of Family planning services in Chato district. Participants of this study were men aged 19 years and above who are head of households and residing in Chato District. Multistage sampling technique was used because the sample was drawn from 23 wards in Chato districts. At each stage simple random sampling was used to select eligible wards, villages, hamlets and study participants were selected using systematic sampling. Both Simple random sampling and systematic sampling provides an equal chance for every member in the population to be involved.

Data was collected through questionnaires with both closed and open ended questions translated in Kiswahili.

IV. DATA ANALYSIS STRATEGIES AND RESULTS

After compilation and processing, Data were analysed using SPSS statistical package.

1: The proportion of men using family planning services in Chato District

The proportion of men who reported using family planning methods during the act of sexual intercourse in the past six months were only 17.5% as summarized in table 4.1

Table 1.1: Frequency Distribution of Family Planning Utilization

		Frequency	Percent	Valid Percent
Used FP	Yes	80	16.1	17.5
	No	378	76.2	82.5
	Total	458	92.3	100.0
Missing	System	38	7.7	

Total	496	100.0	
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Source: Field Data, 2019

1.2: Socio-Demographic Characteristics of Participants

1.2.1. Distribution of Men’s Age

Figure 1.1 shows age of the respondents in which the minimum age was 19years and maximum age of 70 years with mean age 35.98 (SD of ± 10.018)

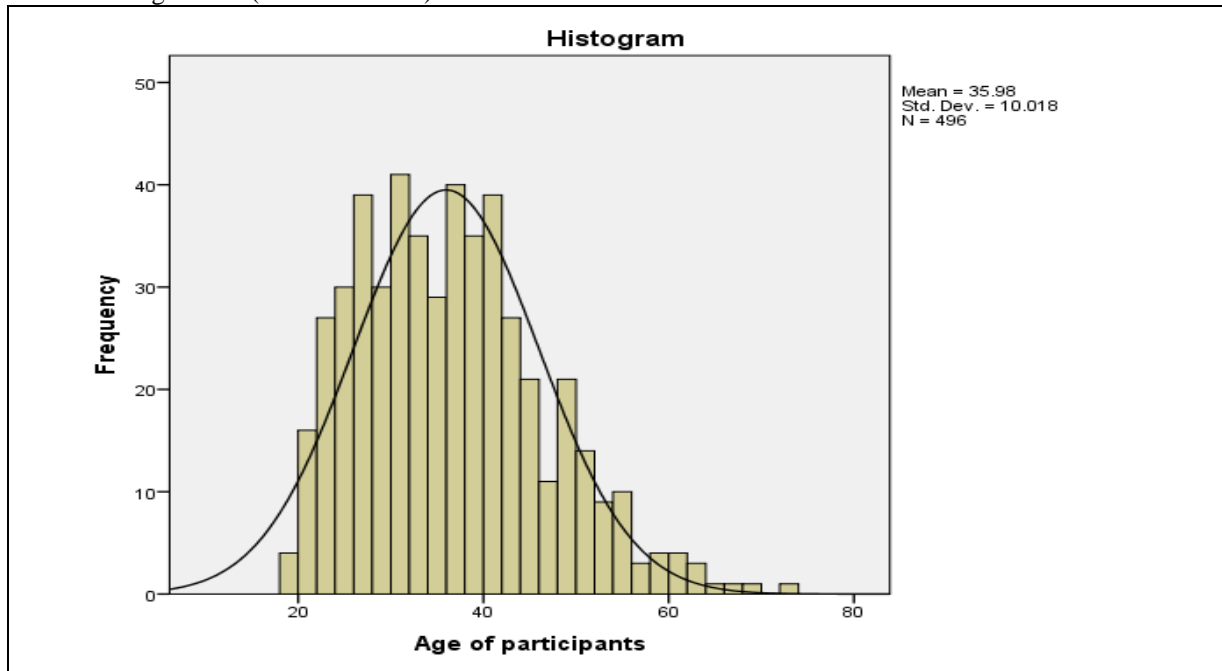


Figure 4.1: Age of Respondents

Source: Field Data, 2019

1.2.2. Distribution of Social Demographic characteristics of Respondents

Table 1.2 shows the composition of men in each age group, including men’s marital status, those with children, number of children they have, number of wives they have, occupation, level of education and their religion. Majority of men about 83.9% (n=441) were aged between 20years to 49years, and most of them were married (89.7% n=445). About 95.8 % (n=475) of men had children in which 83.3% (n=402) responded having two or more children. However, 86.2% (n=412) of respondents had only one wife, maybe because many are Christians (80% n=397). More than half of men who responded were Peasants (64.1% n=318) with very few men who had no formal education (11.9% n=59). The rest were educated from primary level (55.5%), secondary level (24.4%) and college education (5.4%).

Table 1.2: Distribution of Socio-Demographic Characteristics of Respondents

Characteristics	Frequency	Percent
Age group	19	0.8
	20- 29	28.6
	30- 39	36.3
	40- 49	24
	50+	10.3
	Total	496
Marital Status	Not married	2.2
	Married	89.7
	Widowed	2.2
	Separated	3.6
	Cohabiting	2.2
	Total	496
Do you have any child	Yes	95.8
	No	4.2
	Total	496
Number of children	80	16.1

Characteristics		Frequency	Percent
	Two or more	402	83.9
	Total	482	100
	Missing System	14	2.8
	Total	496	
Number of wives	One	412	86.2
	Two	50	10.5
	Three	6	1.3
	Four	1	0.2
	Other	9	1.9
	Total	478	100
	Missing system	18	3.6
	Total	496	
Occupation	Peasant	318	64.1
	Casual	25	5
	Employed	21	4.2
	Petty Business	93	18.8
	More than one occupation	39	7.9
	Total	496	100
Level of education	No formal education	59	11.9
	Adult education	12	2.4
	Primary Education	277	55.8
	Secondary Education	121	24.4
	College	26	5.2
	Others	1	0.2
	Total	496	100
Religion	Christian	397	80
	Muslim	60	12.1
	No religion	38	7.7
	Others	1	0.2
	Total	496	100

Source: Field Data, 2019

2: The Relationship between Socio-Demographic factors and Utilization of Family Planning methods

2.1 Utilization of Family Planning Methods by Demographic characteristic (Age, Marital Status, Religion, Level of Education and Occupation)

Table 2.1 shows analysis of demographic factors with utilization of family planning methods. With regard to age, men in the age group 30-39 utilized more family planning methods (38.8%) than those in the other age groups, followed by men in age group 20-29 with 33.8%. However the difference was not statistically significant ($p=0.625$)

Married men appear using more family planning methods (92.5%) than those who are single, widowed, separated or cohabiting with p -value=0.901. The p value shows that utilization of family planning methods is not associated with marital status. Peasants (55%) utilized more family planning services than those with petty business (23.8%), casual labours (6.3%), employed (1.3%) and others with more than one occupation (13.8%). However the p -value is 0.315 showing that, occupation is not associated with utilization of family planning methods. Level of education (p -value =0.272) and religion ($p=0.670$) were also statistically not associated with family planning methods use.

Table 2.1: Utilization of Family Planning Methods by Demographic factors (Age, Marital Status, Religion, Level of Education and Occupation)

characteristics	Did use FP during sex		Total	Significance
	Yes	No		
19	0	3	3	
	0.00%	100.00%	100.00%	
	0.00%	0.80%	0.70%	
20-29	27	106	133	
	20.30%	79.70%	100.00%	

Age group	characteristics	Did use FP during sex		Total	Significance
				33.80%	
30-39		31	138	169	Chi-Square=2.610 p-value=0.625
		18.30%	81.70%	100.00%	
		38.80%	36.50%	26.90%	
	40-49	17	96	113	
		15.00%	85.00%	100.00%	
		21.30%	25.40%	24.70%	
	50 +	5	35	40	
		12.50%	87.50%	100.00%	
		6.30%	9.30%	8.70%	
TOTAL		80	378	458	
Marital Status	Not married	1	9	10	Chi - Square=1.057 p-Value =0.901
		10.00%	90.00%	100.00%	
		1.30%	2.40%	2.20%	
	Married	74	350	424	
		17.50%	82.50%	100.00%	
		92.50%	92.60%	92.60%	
	widow	1	2	3	
		33.30%	66.70%	100.00%	
		1.30%	0.50%	0.70%	
	Separated	2	10	12	
		16.70%	83.80%	1000.00%	
		2.50%	2.60%	2.00%	
	cohabiting	2	7	9	
		22.20%	77.80%	100.00%	
		2.50%	1.90%	2.00%	
Total		80	378	458	
Occupation	peasant	44	249	293	Chi-Square=5.912 p-Value =0.315
		15.00%	85.00%	100.00%	
		55.00%	65.90%	64.00%	
	casuals	5	20	25	
		20.00%	80.00%	100.00%	
		6.30%	5.30%	5.50%	
	Employed	1	1	2	
		50.00%	50.00%	100.00%	
		1.30%	0.30%	0.40%	
	Petty business	19	67	86	
		22.10%	77.90%	100.00%	
		23.80%	17.70%	18.80%	
	More than one occupation	11	41	52	
		21.20%	78.80%	100.00%	
		13.80%	10.80%	11.40%	
Total		80	378	458	
Education level	No formal education	9	45	54	Chi- Square =6.373, P-
		16.70%	83.30%	100.00%	
		11.30%	11.90%	11.80%	
	Adult Education	1	7	8	
		12.50%	83.30%	100.00%	
		1.30%	11.90%	11.80%	
	Primary Education	37	219	256	
		14.50%	85.50%	100.00%	
		16.30%	57.90%	55.90%	
	Secondary education	26	89	115	
		22.60%	77.40%	100.00%	
		32.50%	23.50%	25.10%	

characteristics	Did use FP during sex		Total	Significance		
	Yes	No				
college	7	17	24	Chi- Square =1.1551, P-value 0.272		
	29.30%	70.80%	100.00%			
	8.80%	4.50%	5.20%			
other	0	1	1			
	0.00%	100.00%	100.00%			
	0.00%	0.30%	0.20%			
Total	80	378	458			
Religious	Christianity	67	299		366	Chi- Square =1.1551, P-value 0.670
		18.30%	81.70%		100.00%	
		83.80%	79.10%	79.90%		
	Muslim	9	45	54		
		16.70%	83.30%	100.00%		
		11.30%	11.90%	11.80%		
	Non religion	4	33	37		
		10.80%	89.20%	100.00%		
		5.00%	8.70%	8.10%		
other	0	1	1			
	0.00%	100.00%	100.00%			
	0.00%	0.30%	0.20%			
Total	80	378	458			

Key: Statistically significant difference means (p<0.001) - **Source:** Field Data, 2019

2.2 Utilization of Family Planning Methods by Social factors

This study also explored factors that might be associated with family planning methods use at a bivariate level of analysis, using the chi-square test. Analysis on selected behaviours yielded the following results as shown in table 3.2. Men with more than one children had used family planning methods (85.7%) more than those with one children (14.3%), p=0.036. Therefore having many children is associated with utilization of family planning methods. Results reveals that, spouse who talked with their partners about family planning had used family planning methods more (87.5%) than those who did not discuss with partners (12.5%) with p <0.001. Therefore discussion among couples is statistically significant associated with utilization of family planning methods.

According to the results, respondents who discussed about family planning methods with other people apart from spouse had used more family planning methods (77.5%) than respondents who did not discuss with others about family planning (22.5%) p <0.001. Therefore discussing family planning with others apart from partners is significantly associated with utilization of family planning methods.

Men were also asked to who should decide to get another children, 68.8% of respondents said both men and women, while men only were 30% and women only 1.2% (p <0.313). However the difference was not statistically significant. Also men who approve family planning methods use to partners had used family planning more (92.5%) than those who did not approve use of family planning to spouse (7.5%) with p-value <0.001. Therefore approval of men on partners is significantly associated with family planning methods use. Tribe approval to utilize family planning methods (p=0.173), having many children is security at old age (p=0.70) and having many children increases the work force (0.119) were all not associated with utilization of family planning methods

Table 2.2: Utilization of Family Planning Methods by Social Barriers

Characteristic		Did Use FP during sex		significance
		Yes	No	
Number of Children	one	11	62	Pearson Chi-Square=10.248 P-value=0.036
		14.30%	16.80%	
	More than 1	66	307	
		85.70%	83.20%	
Total		77	369	
Spouse talk about FP use	yes	70	212	Pearson Chi-Square =26.830, P-
		87.50%	56.50%	
	No	10	163	

Characteristic		Did Use FP during sex		significance value <0.001
		12.50%	43.50%	
Total		80	375	
Have you ever talked to anybody else apart from your wife about FP	Yes	62	193	Pearson Chi-Square =18.707, P-value <0.001
		77.50%	51.10%	
	No	18	185	
		22.50%	48.90%	
		80	378	
Who should decide to get another child	Men only	24	124	Pearson Chi-Square =3.563, P-value 0.313
		30.00%	32.80%	
	Mother only	1	17	
		1.30%	4.50%	
	Both mother & women	55	232	
		68.80%	61.40%	
	other	0	5	
		0.00%	1.30%	
		80	378	
Approve use of FP by men	Yes	74	242	Pearson Chi-Square =24.791, P-value 0.001
		92.50%	64.20%	
	No	6	135	
		7.50%	35.80%	
		80	377	
In your tribe is FP use allowed?	yes	55	220	Pearson Chi-Square =3.505, P-value 0.173
		68.80%	58.50%	
	No	20	135	
		25.00%	35.90%	
	Don't know	5	21	
		6.30%	5.60%	
		80	376	
Having many children is security at old age	yes	27	179	Pearson Chi-Square =5.305, P-value 0.70
		33.80%	47.90%	
	No	47	172	
		58.80%	46.00%	
	Don't know	6	23	
		7.50%	6.10%	
		80	374	
Having many children increases the working force	Yes	19	135	Pearson Chi-Square =4.255, P-value=0.119
		23.80%	35.70%	
	No	58	230	
		72.50%	60.80%	
	Don't know	3	13	
		3.80%	3.40%	
		80	378	
Men prefer male child for inheritance	yes	17	123	Pearson Chi-Square =4.767, P-value =0.92
		21.30%	32.50%	
	no	59	230	
		73.80%	60.80%	
	Don't know	4	25	
		5.00%	6.60%	
		80	378	
Having many children improves status of males	Yes	12	118	Pearson Chi-Square =8.646, P-value=0.13
		15.00%	31.20%	
	No	66	254	
		82.50%	67.20%	

Characteristic	Did Use FP during sex		significance
	Don't know		
	2	6	
	2.50%	1.60%	
	80	378	

Key: Statistically significant difference means ($p < 0.001$)

Source: Field Data, 2019

2.3 Multivariable analysis

Table 3.3 shows that, only one of the independent variables made a unique statistically significant contribution to the model, which was men's approval on use of family planning methods. In the model the factors entered were those found to be significantly associated with utilization of family planning methods at bivariate level. The effect of each factor on the dependent variable (utilization of family planning during sex) was indicated by the odds ratio for each variable relative to the reference category. In this model men's approval on the use of family planning methods had odds ratio of 4.221, which means respondents who approved family planning methods use were four times (OR =4.221, 95% CI =1.147-15.539) more likely to use family planning methods than those who disapproved it controlling for all other factors in the model. Therefore, the most socio-demographic factor influencing male involvements utilization of family planning methods was men's approval on the use of family planning methods .

Table 2.3: Logistic Regression Predicting Likelihood of Utilization of Family Planning Methods by Men

Characteristic	P-value	Exp(B)=OR	95% C.I.for EXP(B)	
			Lower	Upper
Number of Children	.423	1.091	.882	1.350
Knowing FP clinic	.388	.422	.060	2.994
Talk with spouse on FP	.108	2.188	.843	5.679
Talked to others On FP	.176	1.527	.827	2.821
Approve Spouse use FP	.030	4.221	1.147	15.539

Key: Statistically significant difference means ($p < 0.001$)

Source: Field Data, 2019

V. DISCUSSION

The objective of this study was to assess the proportion of men utilizing family planning methods and the factors influencing men on the utilization of family planning methods.

Proportion of men utilizing family planning methods

The proportion of men utilizing family planning methods was found to be 17.5%. This is very low level of utilization and imply that there are still some obstacles affecting utilization of family planning methods which needs to be addressed otherwise unwanted pregnancies will be on the increase leading to increased maternal deaths due to abortions and complications of pregnancy.

Low male involvement was also found in a study done in Northwest Ethiopia where the proportion of men using or directly participating in the use of family planning services was only 8.4%. These results are also similar to a study done in the Democratic Republic of Congo which stands at 17% as reported by Kerry et al. (2015). However, results on male utilization of FP varies from place to place as seen from a study done in Moshi rural district which was found to be at 47% as reported by Chuwa, 2001, and Ramadhan, (2008) who reported 52.9% utilization of family planning by men in Kisarawe District, Tanzania. One possible reason for the difference's is substantial variation of utilization of family planning services across the country by residence, region and social economic factors (Mtae, 2015). Another possible reason for these differences could be the difference in reference populations and difference in sample size.

Family planning can avert 32% of all maternal deaths and 10% of childhood deaths. Family planning service should be intensified in the whole nation as research has demonstrated that FP can prevent up to one in every three maternal deaths by allowing women to avoid high risk pregnancies and abortions of unintended (DHIS, 2010). Unintended pregnancy is concern to public health as it can lead to adverse social and health problems which include fatal complications of pregnancy or likelihood of unsafe abortions (Yazdkhasti et al., 2015). Great efforts are needed to achieve significant reduction in maternal and infant mortality and their associated costs by investment in health care infrastructures and provision of quality services to improve quality and access of FP services to all.

Description of the study sample

The mean age of respondents was 35.98 (SD of ± 10.018), and majority of men of the study

population were young generation aged between 20-49 years. Since family planning needs varies across different age groups, these findings highlight the need for family planning programs to cater services and messages toward specific age groups (Prata, 2016).

Most of men were married (89.7% n=445), 95.8 % (n=475) of men had children in which 83.3% (n=402) responded having two or more children, however 86.2% (n=412) of respondents had only one wife. These results suggest that, family planning services strategies should be taken as a whole for never-married women and married women by ensuring equitable access to family planning among all marital groups, particularly in countries where nonmarital sex may be stigmatized (Wang et al, 2017). Having children also should be considered due to different unmet needs between those without children and those with children (Funmilayo, 2017). The results for polygynous versus monogamous men suggest the nature of demand of family planning services activities in areas where polygamy is prevalent.

Most men were Christians (80% n=397), Understanding these differences may result in more culturally competent delivery of care by health care providers (Pinter B, 2016). More than half of men who responded were Peasants (64.1% n=318) with very few men who had no formal education (11.9% n=59). The rest were educated from primary level (55.5%), secondary level (24.4%) and college education (5.4%). Contraceptive use has a relation with economic activities of individuals and education level, these results help to understand the unmet need and the preferred choice of contraceptives (Mpuga, 2011).

Factors Influencing male Involvement in Family planning utilization

The consequential socio-demographic factors influencing male involvement in utilization of family planning was found to be Men's approval on family planning methods utilization. The association of approval of men and FP utilization was statistically significant at multivariable analysis where approval of men was 4 times more likely to be associated with FP use [OR=4.22, p<0.05]. These findings compare with the study done among women by Rob et al (2007) that showed that partner approval was more likely to be associated with utilization of Family planning in six countries that included Kenya, Malawi, Tanzania, Ivory Cost, Burkina Faso, and Ghana. For// instance partner approval was 4 times more likely to be associated with Family /planning utilization in Malawi [OR =3.59: 95% CI 2.93-4.39] and in Kenya [OR =3.49: 95% CI 2.73-4.46]. This is because most men who approve FP use with partner reported to use Family planning than those who did not approve. Traditionally men decide on FP utilization and the number of children as well as how to use what is produced by the family. This association is consistent with a study conducted in Nigeria which revealed that men were factors affecting their wife to use family planning methods (Mairiga et al. 2010). Women acknowledged opposition from their husband on the use of FP due to ignorance, men believe using FP makes a woman unfaithful, and if a woman use FP without husband's approve conflict in family happen, some women are beaten in Chato society if found using FP secretly. A study done in Ghana by Do and Kurimoto (2012), found out that husband's disapproval to use contraceptives was a common reason for women in Ghana not to use contraceptives for fear that they would lose their husbands affection. Also Mtae (2015), in Mvomelo Morogoro found that, many women use contraceptives covertly because their husbands object the use of Family planning and most of the time men are not ready to discuss.

Wolff et al. (2000) in their study showed that partner opposition was found to account for as much as 20 percent of unmet need reported by women. It has been reported that in a number of African societies that are largely patriarchal, Tanzania inclusive, women face challenges such as partner opposition in making fertility preferences (Mtae, 2015). Kessy, (2007) also shows that, women utilization of family planning services in secrecy exposed them to emotional or physical violence if discovered by their husbands. In fact, many men feel that it is men's responsibility to allow women to use family planning methods, due to the fact that in many African societies' men are decision -makers in reproductive matters and women just follow without questioning what men tell them to do or not to do (Amrad, 2014). For this reason, it is important to involve men in family planning services as a way to prevent women who use family planning methods from domestic violence.

Although men's approval had positive effects on the use of FP methods, answers from open ended questions revealed that some men disapproved FP use because it reduces sexual pleasure. Men revealed that using a condom during sex is not pleasant, not only that but other methods used by women makes them sick and make sex unpleasant, for example heavy bleeding after FP use affects frequent intercourse. This myths and misinformation makes men and women unable to use FP. This could be due to FP programme traditionally have focused on women as the primary beneficiaries and men have been considered as the silent partners of the services hence remain ignorant when it comes to reproductive health which includes Family planning utilization (Hossain et al. 2012). Tanzania Family Planning Research Agenda 2013-2020 also revealed that, men need to be educated to understand the benefits of FP and approve its utilization for the healthier family especially in Tanzania where the societies are largely patriarchal (male dominance), women face challenges such as partner opposition in making fertility related decisions. (MoHCDGE, 2013).

VI. CONCLUSION

This is the first study to be carried out in the study area using men as proxy for utilization of family planning services. Also there is no information on any other similar study which has been done in the lake zone, hence this study will add knowledge in the professional arena.

The proportion of men utilizing family planning methods was found to be very low. This could be due to low level of male involvement, and lack of information. All stakeholders with the Government in the front line should ensure family planning programs incorporates the responsibility and roles of males in the uptake of family planning services in order to protect the health of the mother and infants but also higher social economic status due to healthy family to care hence accumulate greater assets

Recommendations

Government Level

1. Male involvement is crucial to improved utilization of family planning services, programs at all levels should be guided in a manner that reaches both men and women with family planning information and services and provides a space for couples to discuss fertility intentions and contraception.
2. Allocation of adequate financial resources at all levels will help access for FP services for all
3. Deployment of skilled health workers across the country to provide right information on FP methods and provide FP methods according to individual needs in the quest to reduce unnecessary side effects of FP method
4. Governmental Policies should incorporate the responsibility and role of males in the uptake of family planning services. Policies and strategies which mention men, offer strong opportunities for male involvement at implementation level (service level)

Program Level

1. Service quality – Service Delivery Points has geographical proximity to individuals and individuals cost of reaching SDP is within their economic means.
2. Provision of sustained advocacy for use of family planning services at community level through conducting seminars to community leaders and promotion adverts in media/leaflets. This will make individuals free from social-demographic and cultural behaviours in seeking FP services

Recommendations for further researches

- Feasible ways to increase contraceptive continuation rates must be identified
- Research directed toward improving training programs and supply logistics should be undertaken
- Assess the benefits of involving both partners in the contraceptive counselling process

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