

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**NEEDS AND PREFERENCE OF MALES REGARDING MALE
FAMILY PLANNING SERVICES AT KAWALE**

A RESEARCH PROPOSAL

BY:

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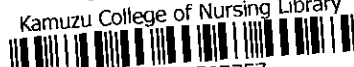
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BY:

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**SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILMENT
FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING.**

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DECLARATION

I hereby declare that this proposal is a result of my own work, and has not been presented for any degree in any other university. All sources of materials used in this proposal, have been duly acknowledged.

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Date: 15/7/2010

This research proposal has been submitted with my approval as research supervisor

Name of supervisor: Mr Msiska

Signature: Mr Msiska

Date: 17-07-10

DEDICATION

I would like to dedicate this proposal to my brother Owen Chapweteka. His love and words of encouragement made me realise the potential in me.

Above all, to almighty God, without whom this work would have been impossible.

ACKNOWLEDGEMENT

I am deeply grateful to many who helped to bring this work to completion. My special thanks go to my supervisor, Mr Msiska who shared his knowledge, experience and expertise.

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Other special thanks go to all my colleagues who gave me hope and encouragement throughout this work.

All in all am very grateful to almighty God for the free gift of life bestowed on me. Without it this work would have been impossible, am very grateful God.

ABBREVIATIONS

| | |
|------------|---|
| BLM..... | Banja La Mtsogolo |
| FP..... | Family planning |
| HSRC..... | Health Sciences Research Committee |
| ID..... | Identity |
| IEC..... | Information Education and Communication |
| LL..... | Lilongwe |
| MoH..... | Ministry of Health |
| NFWCM..... | National Family Welfare Council of Malawi |
| PRB..... | Population Reference Bureau |
| RPC..... | Research and Publications Committee |
| WHO..... | World Health Organization |

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ABSTRACT

Family planning services were introduced in Malawi in 1960, but concentration was placed on women. Though 50 years of use of family planning, it has been less effective in controlling our population. For example, the Malawi government and the World Bank (1997) stated that population was 9.5 million and they estimated that it might double within 20 years. According to Malawi Government indexmundi (2010), the annual growth rate in 2001 was 2.01 percent and 2.37 in 2007, while 2.746 in 2009. And it has been estimated to rise in 2010. The rising growth rate reflects a current fertility rate of 5.59 which is one of the highest in Africa (Malawi Government indexmundi, 2010). Malawi government and the World Bank (1997), states that low demand to family planning services has rendered the services ineffective, and hence the need to increase demand in order to bring effectiveness. Increasing demand implies increasing the number of clients seeking the services. This increase in demand can be achieved by involving men to utilize the family planning methods in addition to the female clients. Statistics has shown that males' utilization of family planning is at 13 percent despite knowledge level of 98.5 percent, (Demographic Health Survey). The statistics herein has convinced the researcher to conduct a research study on needs and preferences of males regarding male family planning services. It has shown that the males knows of family planning and approves of it however their utilization of the method remains low (13 percent) hence the study will explore ways which males prefer and need regarding male family planning services.

The study will be descriptive qualitative. It will unsurface how males wants male family planning services to be provided so that they are motivated to utilize them effectively.

A sample of 15 male individuals with knowledge on male family planning services will be recruited from Kawale. Data will be collected using a questionnaire and will be analyzed manually.

The findings of the study will be address problems of low male utilization of male family planning services, specifically the methods.

CHAPTER ONE

1.0. INTRODUCTION

Family planning is the voluntary use of contraception by individuals to decide if, when and/ or how many children they would like to have (WHO, 2000). The researcher will mainly look at male family planning. Male family planning is broader in the sense that apart from family planning methods it incorporates education, counseling, medical and social activities that accompany administration of the methods (WHO, 2000).

There are four male family planning methods and these are; Coitus interruptus/ withdrawal, condom, vasectomy and periodic abstinence. Withdrawal literally means interrupted sexual intercourse; where a man withdraws the penis just before ejaculation (release of sperms) (Medical Dictionary, 1999). The advantage of the condom is that it is cheap, easily available, reliable, and, may be used without medical supervision (American medical information centre/ sexual health glossary, 2009). Vasectomy or male sterilization is a simple operation which involves tying, cutting and removing portion of the vas deferens, the tubes which carry sperms from the testes. Vasectomy is a quick operation which may be carried out under local anesthesia. Recovery from the operation is generally quick. It does not affect the libido or ability to participate in sexual intercourse (Pati, 2008, p225) and Periodic abstinence implies not having sexual intercourse or using barrier method like condom on the days of a woman's menstrual cycle when she could become pregnant (Medical dictionary, 1999).

As discussed by Moon (2010), advantages to family planning include, budgeting- family planning allow families to plan ahead before a pregnancy hence resources are budgeted effectively, time and money can be allocated effectively based on knowledge on when the next child will come. Spacing helps the family to prevent birth of children at close intervals so that child care is not burdensome. For example many parents choose to wait until a child reaches an age of greater independence of 3 years before the next child. The other advantage is that it prevents disturbance in achieving one's career. For instance

young parents might want to use family planning to prevent pregnancy till they finish a course of study. A family under the pressure of a serious illness might also choose to delay the expansion of their family by use of family planning until the illness has passed. An illness can affect the family's finances and its ability to care for the next child. All in all family planning helps to control population growth in order to prevent pressure on available resources.

1.1. BACKGROUND

Despite a number of advantages on family planning, Malawi still faces population increase as the major problem. The Malawi government and the World Bank (1997), in their study of population growth, mentioned that the population of Malawi might double within 20 years given the annual growth rate of 3.3 percent. By then the population was 9.5 million. Their study concluded that the only way to reduce high fertility rate is to increase demand for family planning methods, access and their effective use throughout the country. In 2001 the annual growth rate was 2.01 percent and 2.39 percent in 2008, while in 2009 it was 2.746 percent and it has been estimated that it will rise in 2010 (www.indexmundi.com/Malawi/POPULATION.growth). The growth rate reflects a fertility rate of 5.59, in 2009, which is one of the highest in Africa. (http://www.indexmundi.com/malawi/total_fertility_rate.html).

In reference to the conclusion by the Malawi government and the World Bank in their study as discussed in the previous paragraph, the increase in demand for family planning methods can be achieved by increasing access to male family planning methods in addition to the female planning methods. Emphasis has been placed in male family planning methods because, the males have comparatively lagged behind in utilization of family methods and other related services despite having similar reproductive goals as females (Drennan, 1998), for example utilization of male methods has been at 13 percent despite family planning knowledge level of 98.5 percent (Malawi Demographic Health Survey 2004). In order to counter act the problem of men's low utilization of male family planning methods, Bradis et al (1998), in their study suggested that male clients be motivated by providing the services in the manner, environment and conditions that the male clients approve.

1.2. STATEMENT OF THE PROBLEM

It has been observed through the clinical experience that despite government efforts, in light of population growth, to encourage male participation in family planning services the response is not encouraging. And even though 95.8 percent of men are knowledgeable on family planning, utilization is at 13 percent (Demographic Health Survey, 2004). Therefore the study intends to explore needs and preferences of males regarding male family planning services.

1.3. SIGNIFICANCE OF THE STUDY

The study will help in identifying ways in which male family planning services can be provided so that the males are motivated to utilize them to the maximum. Motivation of males to utilize male methods of family planning will not only help increase the demand for males but also for females because even though some contraceptive methods are available to them, women have little say and control about fertility decisions (Male involvement in reproductive health and family planning, 2004), this implies that men decide on timing and frequency of sexual activity and use of contraceptives. Consequently the problem of rapid population growth will be combated.

1.4. STUDY OBJECTIVES

1. 1.4.1. BROAD OBJECTIVE

To explore needs and preferences of males regarding male family planning services.

1.4.2. SPECIFIC OBJECTIVES

- 1.** To assess males' knowledge on male family planning services.
- 2.** To explore the extent to which males are involved in family planning.
- 3.** To find out barriers faced when accessing male family planning services.
- 4.** To find out their perception on what can be done in order to increase access to the methods of males.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. INTRODUCTION

Literature review is an organized written presentation of what has been done on a topic by scholars. The purpose of review is to communicate to the reader on what has been done regarding a topic of interest, (Burns, 2005, p93).

Studies on male family planning have attempted to show link between perception, attitude, knowledge levels of males, and utilization of male methods. Some studies have shown factors that reduce male utilizing of male methods of family planning. However a gap exists on studies aiming at exploring ways on how best the male methods should be offered to motivate men to be utilizing them.

The literature reviewed herein consists of written, credible information relevant to the topic of study. The review has been divided depending on where the research was done i.e. Globally, African, and Malawian in that order.

2.2. GLOBALLY

Researchers have shown that men are crucial for family planning services to be effective. Bradis et al (1998) found out that without men's commitment and engagement to prevent unintended pregnancy, women alone are hampered in their efforts to use contraceptive methods because decisions about fertility are made by men. This directs to a conclusion that effectiveness can be achieved by increasing male involvement. However Drennan (1998) showed that men's contraception, a component of male involvement, is lower than might be expected given their high level of knowledge and approval. According to studies by Freya et al (1995) this has been the case because most family planning clinics are manned by females and the services are provided under female oriented culture, the staff demonstrates negative attitude towards male clients and they lack skill and knowledge to handle male clients hence males perceive family planning as a female

issue. But the question remains, how male involvement can be improved. In attempt to answer the question, Bradis et al (1998) in their study recommended that programs should find better ways to reach men as individuals and as family members. He proceeded to say this can be achieved if policy makers and providers understand men's psychosocial and reproductive health needs.

Studies on vasectomy have shown that males are becoming interested in vasectomy. Pile (2009), states vasectomy though seen as unacceptable in men can be accepted and utilized. Currently 43 million males are on vasectomy across the world and prevalence rate of vasectomy is equal or exceeds that of tubal ligation a similar method in females, in Bhutan, Denmark, Netherlands, News land and United Kingdom. In Switzerland, Norway, Belgium, Canada, Nepal the ratio of vasectomy to tubal ligation is less than 1 to 2. From 1981 to 1991 males seeking vasectomy increased from 33 million to 41 million. Furthermore Pile (2009) mentions, vasectomy is well utilized in America, Europe and Asia, unlike Africa which has prevalence of 0.1 percent. South Africa has a prevalence of 4.8%, however there is hope of increase in the prevalence rate as has been the case with female sterilization a similar method to females which had also began with a low prevalence in late 1980's but had improved in the following years. Currently men in South Africa, Tanzania, Ghana, Kenya and Ethiopia have shown interest in vasectomy (Pile, 2009).

2.3. AFRICAN

In Africa, a number of studies have been done to determine male involvement and knowledge level in family planning. Most findings have shown that men are knowledge on family planning issues and they approve it. However they lag behind when it comes to utilization of the methods, for example; Kintu, (2009), reported that a study done in Nigeria to determine the extent of male involvement in family planning among couples of males aged between 30 and 49 and females aged between 30 and 39 showed that virtually all 98.8% male respondents were aware of existence of male family planning methods and Eighty nine percent of men approved of the use of family planning however level of utilization was low if compared to females. The study further recommended that there is

need for more male targeted information in the mass media. Male targeted information can be achieved if providers understand men's views on needs and preferences regarding family planning (Drennan, 1998).

As discussed by Drennan, (2009), 85% of the men surveyed in Niger know of at least one method compared with 77% of the women. In Bangladesh, Brazil, Haiti, and Pakistan, knowledge levels are almost identical among men and women. He proceeded to report that, most surveys in Africa, find that many men favor and approve of family planning in comparison to the stereotype that they oppose it. For example, in 8 of 12 countries with surveys of men, at least 70% of men approve of family planning. Furthermore, Drennan (1998) reported that data collected from 13 countries, 11 sub-Saharan Africa, Morocco and Egypt showed that men and women have similar reproductive preferences and attitudes toward family planning, for example 2/3 of men and 1/4 of women surveyed wanted no more children. Surprisingly unlike women, men were not using any contraception. This brings us to a question that why is it that those men were not using any contraception despite similar reproductive preferences and attitude like the females. In attempt to address the question Toure (1996) stated that most programs have developed Information, Education and Communication (IEC) campaigns aimed at increasing awareness and knowledge of men however there have been little done on programs to change attitudes and practices towards male family planning.

From the information above it can be deduced that men are knowledgeable on family planning issues and they do not have negative attitude towards it, they only need to be motivated by providing the services in the manner they need and prefer. In African countries including Malawi, male motivators are being introduced to address their special concerns and to eliminate barriers faced in accessing the male methods (Government of Malawi and World Bank, 1996). It is motivation rather choice that influences males to seek male family planning services, when motivated they can willingly use a condom even though it reduces sexual pleasure and go for vasectomy when desired family size is attained (Kerra et al, 1997).

All efforts aiming at promoting male involvement have the goal of correcting the negative effects of population growth like difficulties in achieving food sufficiency to mention one. It is believed that male utilization of family planning methods can help solve the devastating issues of population growth. According to Population Reference Bureau (1992), the sub-Saharan Africa is the world's fastest growing region. The growth rate in this region is 3 percent per year and the population is estimated to double in 23 years time. Haub et al (1990) stated that population for eastern Africa was estimated at 199 million and southern Africa 45 million in 1990. The problems associated with population growth can be corrected by increasing demand in family planning services. Unless male clients are involved, family planning will not be effective because research has shown that male involvement can help reduce fertility rate (WHO, 1996).

2.4. MALAWI

Family planning services in Malawi were first introduced in early 1960s (NFWCM/FPPTP, 1995). Among the goals was to control population to manageable levels. According to Chando (1993), it was until 1991 when Banja La Mtsogolo (BLM), initiated programs aiming at increasing awareness of roles of men in family planning. However male utilization of male family planning methods has been low (13 percent), despite family planning knowledge level of 95.8 percent in men (Demographic Health survey, 1992).

Similarly, population growth is the major issue in Malawi. The Malawi Government and World Bank (1997), in their study on population and family planning, established that the population of Malawi might double within 20 years. By then the population was 9.5 million and growth rate 3.3 percent which is 10 percent higher than for all less developed countries. From the study it was recommended that the country should increase demand on family planning methods. This can be achieved by motivating men who lag behind to utilize male methods of family planning by providing the services in a manner convenient to them.

Mwanza (1997), in her study on factors that influence men's participation in family planning found out that, participation is influenced by attitude on family planning, environment under which family planning services are provided, method availability, knowledge on family planning, education, prevalence of STI, economic status, religion and cultural factors. Furthermore Temwa (2000), in her study of limited utilization of male family planning by men in Lunzu, Blantyre found that limited utilization is due to poor education background, traditional beliefs, and view that family planning is a female issue among others.

Even though there have been studies aiming at identifying the cause for low utilization of male family planning methods, there have not been studies to change attitude and practices towards male family planning.

2.5. Summary

Literature review for the study emphasized on knowledge, attitude, perception, needs and preferences regarding the services, level of utilization of male methods and the factors that influence it.

From the review it has been established that majority of males are more knowledgeable than women on family planning issues and are willing to participate in family planning. Further more some studies have recommended provision of the services in an approach approved by males but they have been little or no response.

This brings in a need to do a research on needs and preferences of male clients regarding male family planning services because efforts to promote male utilization in Malawi may have been too weak and too brief or based on incomplete understanding of men's motivations, and what engages them.

CHAPTER THREE

3. THEORETICAL FRAMEWORK

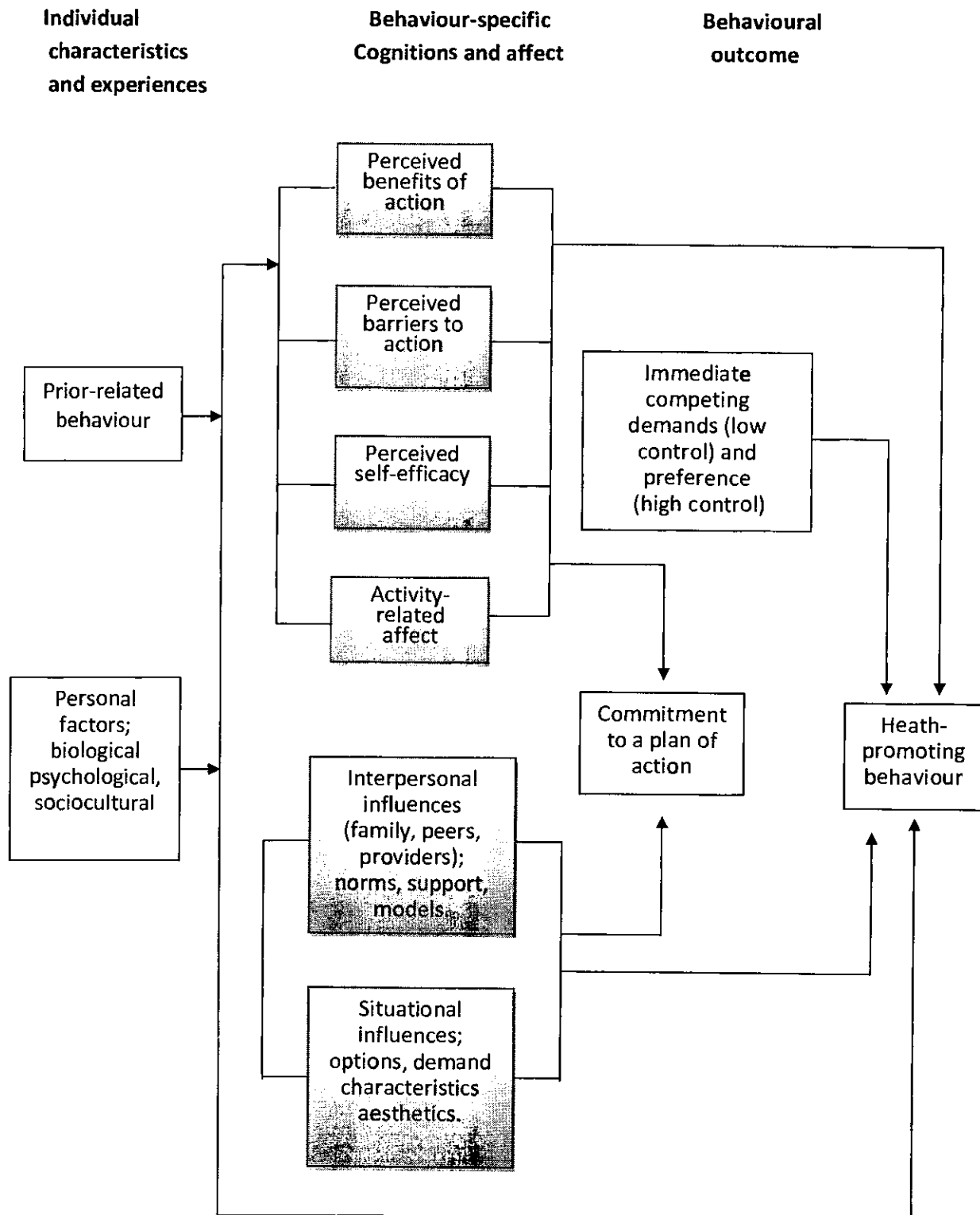
3.1. INTRODUCTION

The findings of a research are significant and utilized in nursing when the research was performed within the context of theoretical framework (Polit and Hunger, 1995). This study is based on a theoretical framework of Health Promotion Model by Pender, 2001.

Health promotion focuses on movement towards a consistent state of enhanced health and well being, (Friedman, Bowder, Jones, 2003, p432). Pender's model theorizes about relationships among individual characteristics, experiences, behaviour-specific cognitions, affect, and health promotion actions. **Individual characteristics and experiences** include the effect or the consequence of a health promoting action ever undertaken by an individual. As shown by figure 1, prior related behaviour or the effect of an action ever undertaken can affect the attitude of the individual towards that action hence determining whether that individual will ever undertake that health promoting behaviour. **Behaviour-specific cognitions** are concepts of the model that are said to motivate the individual to engage in health promoting actions. In reference to figure 1, the concepts include, perceived benefits of a taken action, perceived barriers of an action, perceived self efficacy, activity related affect, interpersonal influences and situational influences. According to Pender (2001) behaviour specific cognitions that are thought to lead in health promoting action are positive perceptions of anticipated expected outcome, minimal barriers to action, feeling efficacious and skilled, positive feelings about the health behaviour, presence of family and peer social support, positive role models and availability of environmental contexts that are compatible, safe, and interesting (Friedman, Bowder, Jones, 2003, p432).

Pender and associates in their model emphasized that health promoting actions are ultimately directed towards attaining positive health outcomes so that the client enjoys positive health experiences throughout the personal's lifetime.

3.2. THE HEALTH PROMOTION MODEL (diagrammatic presentation)



Source: Friedman, M.M, Bowder, V.R, Jones, E.G, 2003, p432

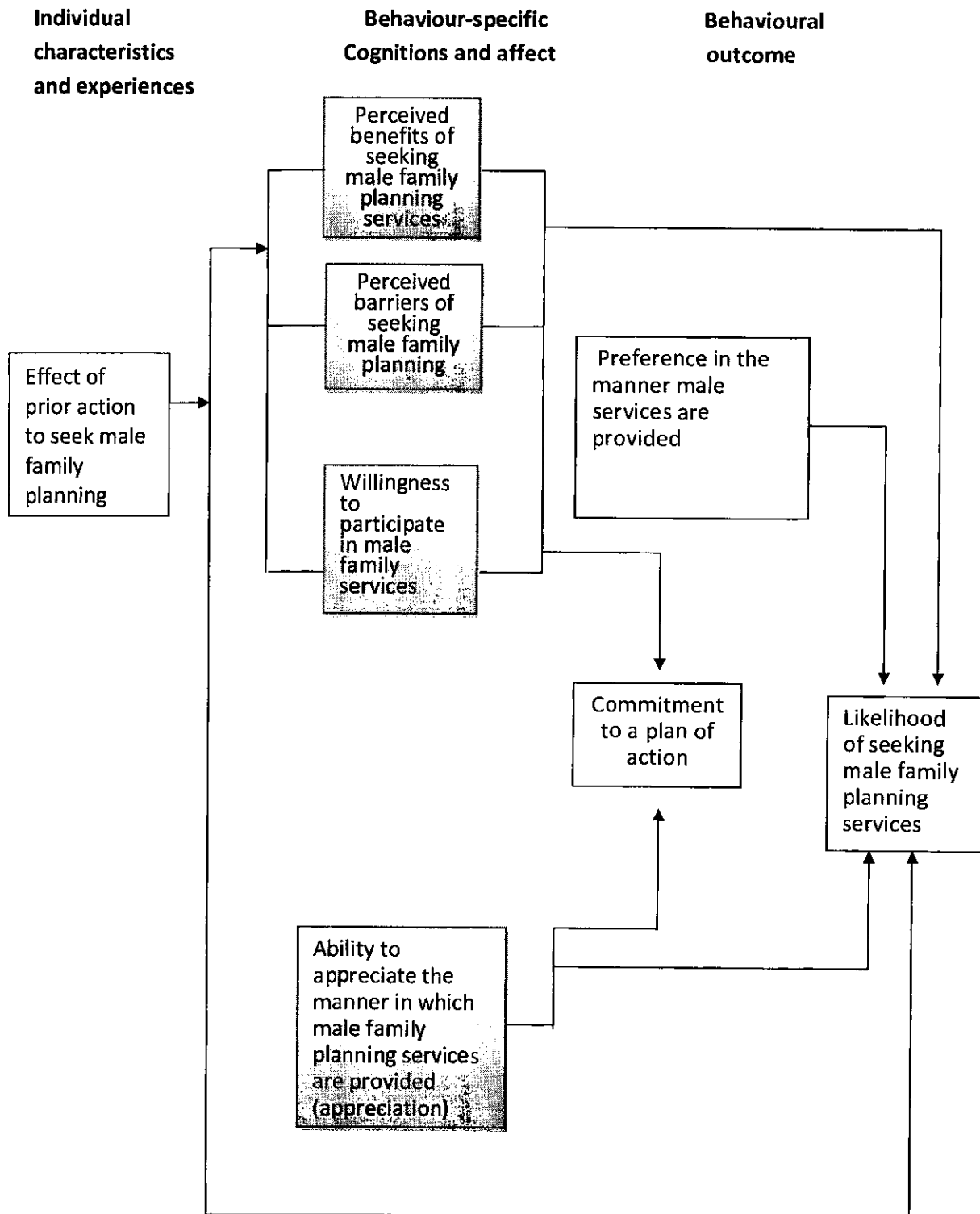
3.3. APPLICATION OF THE MODEL TO THE STUDY

The researcher modified the Health Promotion Model in order to apply variables of interest to the study. The selected variables are; the effect of prior male family planning seeking action, perceived benefits of seeking male family planning services, perceived barriers of seeking male family planning service, and preferences in the manner the methods are served.

In reference to figure 2 next page, likelihood of seeking male family planning services will be influenced by prior experience in attempt to access the services, perceived benefits and barriers to male family planning seeking action, appreciation of the services and preference in the manner the methods are served. However the figure shows that preference and appreciation of the services are crucial in determining whether the client will seek male family planning services. For the client to seek male family planning services there must be minimal barriers and he must be able to appreciate the manner in which the services are provided. He must prefer going for male family planning services to other available options.

Furthermore Friedman, Bowden, Jones, (2003) in attempt to support the Health Promotion Model states that if people perceives inconveniences in seeking a health promoting behaviour and when steps are taken to eliminate the inconveniences the people are more likely to act positively. Health practitioners should not use fear tactic to build anxiety and people's willingness without offering an effective and accessible remedial action to handle and reduce the inconveniences.

3.4. THE MODIFIED HEALTH PROMOTION MODEL (diagrammatic presentation)



CHAPTER FOUR

4. METHODOLOGY

The research methodology of the study, includes, research design, setting, sampling, data collection and analysis.

4.1. RESEARCH DESIGN

The study will use descriptive qualitative research design. This is because the study is aimed at exploring needs and preferences of males regarding male family planning services hence participants will be given opportunity to express themselves on what they need and prefer on male family planning services.

4.2 RESEARCH SETTING

The research will be conducted at Kawale, a catchment area for Kawale Banja La Mtsogolo (BLM) clinic. This clinic among others provides male family planning services.

4.3. SAMPLING

The population of interest for the study are males who are knowledgeable on male family planning services and they should be living in Kawale. Convenient sampling will be used in the study. Neumann (2006) states, convenient sampling means recruiting readily available persons for the study; hence in this study male persons with knowledge on male family services will be recruited from Kawale. The study will involve a sample of 15 individuals.

4.4. PRE-TESTING

A questionnaire will be tested before the actual study to determine its effectiveness and clarity to the study. After pre-testing, changes will be made where necessary to improve the data collection tool.

Pre-testing will be conducted on seven clients at Mchezi area, Liolongwe, using convenient sampling.

4.5. DATA COLLECTION

A questionnaire will be used to collect data. The questions have been formulated in English and translated in Chichewa to easy communication. The questionnaire has been designed according to the objectives of the study. It contains closed and open ended questions. The guide has five sections; socio-demographic data, section on knowledge on male family services, barriers faced in accessing the services, extent of male involvement in family planning, and a section on perceived ways of improving the services.

The researcher will be an interviewer.

4.6. DATA ANALYSIS

Collected data will be analyzed manually and then presented in qualitative form. Tables, graphs and charts will also be used to present the findings in order to improve clarity.

4.7. ETHICAL CONSIDERATIONS

Any person involved in any study must be protected. In order to ensure protection of human rights to the subjects, the following shall be taken into consideration. Subjects will be informed on the study purpose, method, data collection procedure, and their benefit from the study.

The issue of privacy and confidentiality will be addressed that is collected information will be kept in a folder which will only be accessed by those directly involved in the research. Numbers will be used instead of actual names.

They will also be assured that that no physical risk or emotional injury shall be involved in the study. Participants will be told that they will not benefit directly. However they will benefit indirectly because the findings of the study will help improve population growth problems in Malawi and hence making Malawi a better place to live.

The subjects will participate freely and voluntarily in the study and withdraw at any time they feel like doing so without penalties. Those who will give consent will be given a consent form to sign and for the illiterate a thumb stump will be used. To guarantee safety of clients and for study legality, the research proposal will be submitted to Kamuzu College of Nursing Research and Publications Committee for approval. After the Research Committee's approval, permission shall be sought from District Commissioner for Lilongwe, Ministry of Health and Population: the health sciences research committee and the chief responsible for Kawale.

4.8. TIME LINE (WORK PLAN)

The time line of the study is the description of the period of time the whole research project will take. It starts from a proposal and data collection tool development to the time when research findings will be disseminated.

| RESEARCH ACTIVITY | TIMES IN MONTHS (2010) |
|--|------------------------|
| Literature search, proposal writing (final copy) | April and June |
| Clearance | July |
| Pre-testing | August |
| Data collection and interpretation | September |
| Compiling results for dissertation | October |
| Submission of dissertation | October |

4.9. DISSEMINATION OF RESULTS

The research findings will be communicated through a written report. Polit and Beck (2003), ascertains that no research is complete until findings have been shared with others in a research report. Copies of research report will therefore, be disseminated to the faculty of nursing (KCN), Kamuzu College of nursing library, Ministry of Health and Population; the Health Sciences Research Committee and the District Commissioner for Lilongwe.

4.1.0. BREAK DOWN OF BUDGET

| ITEM | QUATITY | COST (MK) |
|--|---------|------------------|
| Ream of paper @ K800 each | 4 | 3200.00 |
| Pens at K35 each | 5 | 175.00 |
| Printing and binding research proposal @ K500 each | 4 | 2000.00 |
| Folder @ K 375 | 2 | 750.00 |
| Printing, and binding dissertation @ K1000 each | 4 | 4000.00 |
| Transport to and from research area K 400 each | 8 trips | 3200.00 |
| Contingency | | 2000.00 |
| GRAND TOTAL | | 15,325.00 |

4.1.1. JUSTIFICATION OF THE BUDGET

STATIONARY

Reams of paper are important for printing and photocopying of research proposal, questionnaires, clearance letters, and dissertations.

Binding services are necessary for the order and organization of research work. The 4 copies of dissertations appearing in the budget will be distributed to the Ministry of Health HSRC, faculty of nursing, the research supervisor and the researcher's own copy. Folders will be used for storing collected data while ball point pens will be used for writing rough work.

TRANSPORT

The transport costs have been included because the researcher will have to travel to Kawale during data collection. Other transport costs may be incurred depending on where the researcher will be operating from during data collection (for instance, if the researcher will be doing preceptorship during data collection).

CONTIGENCY

Contingency covers unforeseen rise in the costs of whatever has been budgeted for and to cater for other unexpected expenditures not appearing in the budget.

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APPENDIX i

QUESTIONNAIRE (ENGLISH VERSION)

ID:.....

DATE:.....

This is a questionnaire to explore needs and preferences of males regarding male family services. It is hence meant for research purposes only. Please answer correctly as this research is important to improve health programs on male family planning. While some questions are personal, but they are necessary in order to get useful information. Your answers will not be exposed for any other purpose. Thank you.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION (Tick where appropriate)

1. What is your age?

20-24 years () 25-29 years () 30-34years ()
35 and above ()

2. What is your sex?

Male ()

Female ()

3. Which church do you belong to?

CCAP () Roman Catholic () SDA ()
Islam () Others specify.....

4. Which tribe are you?

Chewa () Tumbuka () Ngoni ()
Yawo () Lomwe () Others specify.....

5. What is your educational level?

Primary school ()

Secondary school ()

College ()

University ()

None ()

6. Are you married?

Yes ()

No ()

7. If yes to Q6, how many children do you have?

1-2 () 3-4 () 4-5 () 5 -6 () more than 6 ()

None ()

SECTION B: KNOWLEDGE ON MALE FAMILY PLANNING SERVICES

8. Are you aware of male family planning services?

Yes ()

No ()

9. If yes to Q12, where did you learn about the services?

Hospital ()

Church ()

Friends ()

At school ()

Radio ()

Others specify.....

10. Which of the following male methods of family planning do you use?

Withdraw/ coitus interruptus ()

Vasectomy ()

Condom ()

Periodic abstinence ()

11. Where are the methods in Q14, provided? (Specify

facility).....

12. Apart from the methods, what other male family services are provided?

Health education on male methods ()

Counselling ()

Drama/ role play ()

Nothing ()

Other specify.....

13. What are male family planning

services?.....

.....

14. Is male family planning important?

Yes ()

No ()

15. If yes to Q 14, what are the importances?

.....

SECTION C: BARRIERS FACED IN ACCESSING MALE FAMILY PLANNING SERVICES

16. Have you ever sought family planning services?

Yes ()

No ()

17. If yes to Q16, what services did you seek?

Male methods ()

Education on male family planning ()

Counselling ()

Others specify.....

18. What are the problems that you faced?

Unfriendly staff ()

Long waiting hours ()

Female providers ()

Receiving services in the same environment as females ()

Long distance ()

Other specify.....

19. If no to Q, 16, why is that the case?

Family planning is a female issue ()

Heard about the problems as above in Q 18 ()

It is against culture or religious belief ()

Belief in having many children ()

It is not important ()

Others specify ()

SECTION D: EXTENT OF MALE INVOLVEMENT IN FAMILY PLANNING

20. What part do you take in family planning?

Escort wife to family planning ()

Encourage male friends ()

Use male methods ()

Attend family planning education sessions ()

Make decisions on family planning in the family ()

Nothing ()

21. Are you satisfied with the role you assume?

Yes ()

No ()

22. If no to Q21, how would you want to get involved?.....

23. What do you think, make you unable to assume the role you have mentioned in Q22?.....
.....

SECTION E: PERCEPTION ON WAYS TO IMPROVE MALE FAMILY PLANNING SERVICES

24. Are you satisfied with the way male family planning services are provided?

Yes ()

No ()

25. If no to Q 24, how would you need and prefer the services to be provided to you? (You can give more than one answer).

Male clients be assisted by male providers ()

Male clients be assisted first before females ()

Special clinics for males or special waiting places for males ()

Friendly providers ()

Special hours for male services (weekends and after working hours) ()

More methods available (),

specify, your suggestions of more methods.....

Community outreach clinics for male family planning ()

Others specify.....

26. Do you think implementation of the suggestions in Q 25, would motivate you to seek male family planning services?

Yes ()

No ()

27. If no to Q 26,what do you think can motivate you to go for male family planning services?.....

.....

.....

.....

.....

28. How do you feel with the way male family planning services are provided currently?

Motivated ()

Demotivated ()

Nothing ()

THANK YOU VERY MUCH FOR PARTICIPATING IN THE STUDY.

APPENDIX ii

MAFUNSO A M'CHICHEWA

Awa ndi mafunso omwe athandize kupeza mayankho mu kafukufukuyu, “Makonda ndi Zofuna Za amuna m'mene njira za kulera za abambo ziyenera kuperekedwa ku chipatala. Mayankho anu adzasungidwa mwa chisisi. Khalani omasuka kutenga mbali. Zikomo.

Nambala:.....

Tsiku:.....

GAWO LOYAMBA: MBIRI YANU

1. Zaka za kubadwa

20-24 ()

25-29 ()

30-34 ()

35 ndi kuposela ()

2. Chibadwidwe: Mamuna ()

Mkazi ()

3. Mumapemphera mpingo wanji?

CCAP ()

Roman Catholic ()

SDA ()

Islam ()

Zina tchulani ()

4. Mtundu wanu ndi wanji?

Chewa ()

Tumbuka ()

Ngoni ()

Yao ()

Lomwe ()

Zina tchulani ()

5. Munafika pati ndi maphunziro?

Primary ()

Secondary ()

College ()

University ()

Simunapitepo ku sukulu ()

6. Muli pabanja?

Eya ()

Ayi ()

7. Ngati eya, mufunso 6, muli ndi ana angati?

1-2 ()

2-3 ()

4-5 ()

5-6 ()

6 ndi kuposela ()

GAWO LA CHIWIRI: ZOMWE MUKUDZIWA PA M'MENE AMAPEREKELA NJIRA ZA KULERA ZA ABAMBO KUCHIPATALA

8. Kodi munamvapo za njira ya kulera ya abambo?

Eya ()

Ayi ()

9. Ngati ndi eya mufunso 8, munamva kwa ndani?

Anzanu ()

Ku tchalichi ()

Kuchipatala ()

Pa wailesi ()

Ku sukulu ()

Zina tchulani ()

10. Kodi ndi njira ziti za kulera zomwe mumagwiritsa ntchito?

Vasectomy ()

Condom ()

Withdwaw ()

Periodic abstinence ()

11. Kodi njira mwatchula mufunso 10, zimapezeka kuti, (tchulani chipatala).....

12. Kupatulapo njira za abambo, kodi zina zomwe mumathandizidwa mukapita kuchipatala kukafuna njira za abambo ndi ziti?

Maphunziro azakulera ()

Uphungu wa za kulera ()

Sewelo la za kulera ()

Palibe ()

13. Kodi njira ya kulera ya abambo ndi yofunika?

Eya ()

Ayi ()

14. Ngati ndi eya mufunso 13, tchulani kufunika kwake?.....
.....
.....

GAWO LA CHITATU: ZOVUTA ZOMWE MUMAKUMANA NAZO MUKAFUNA NJIRA ZA ABAMBO ZA KULERA

15. Kodi munayambapo mwatenga njira ya abambo ya kulera kapena kukafuna uphungu wa za kulera?

Eya (), tchulani dzina, ngati ndi njira

Ayi ()

16. Ngati ndi eya mufunso 15, kodi ndi mavuto ati amene munakumana nawo?

Othandiza opanda msangala ()

Kudikilira nthawi yayitali ()

Othandiza a chizimayi ()

Kudikilira malo amodzi ndi amayi ()

Kuyenda mtunda wautali ()

Zina tchulani.....

17. Ngati ndi ayi mufunso 15, nchifukwa chani simunatengepo njira ya kulera kapena kukamva uphungu wa za njirazi?

Nkhani ya kulera ndi ya amayi ()

Ndinamvapo za za mavuto a mufunso 16, ()

Chipembedzo kapena chikhalidwe chimaletsa ()

Kulera ndikosafunika ()

Kukhulupirila kukhala ndi ana ambiri ()

Zina tchulani

GAWO LA CHINAYI: MBALI YOMWE ABAMBO AMATENGAPO PA ZAKULERA

18. kodi mumatengapo mbali yanji pa nkhani za kulera?

Kuperekeza akazi anu kukatenga njira ya kulera ()

Kuphunzitsa anzanu njira za kulera ()

Kukamvera uphungu wa za kulera ()

Kukatenga njira za kulera ()

Kupanga maganizo a zakulera mbanja ()

Palibe ()

19. kodi mumakhutitsidwa ndi mbali mumatengayo?

Eya ()

Ayi ()

20. Ngati ayi, mufunso 19, mumafuna mutamatenga mbali

yanji?.....

21. Nchifukwa chiyani mumakanika kutenga mbali ya kukhosi

kwanuyo?.....
.....

**GAWO LA CHISANU; MAGANIZO ANU PA M'MENE TINGAPITILITSIRE PATSOGOLO
MAPEREKEREDWE ANJIRAZI KUCHIPATALA**

22. Kodi mumakhutira ndi m'mene njirazi zi maperekedwera ku chipatala?

Eya ()

Ayi ()

23. Ngati ayi, mufunso 22, mungakonde zitamakhala bwanji? (mukhoza kuyankha kuposa yankho limodzi)

Amuna adzithandizidwa ndi amuna ()

Opereka njirazi azikhala amsangala ()

Abambo azithandizidwa malo osiyana ndi amayi ()

Nthawi ya bwino ya abambo monga akaweluka ku ntchito kapena weekend ()

Abambo azithandizidwa koyamba kuposa amayi ()

Njira za abambo zikhale zochuluka (),

Tchulaniponi njira zina zomwe mukuganizira.....

Chipatala choyenda kumene abambo amapezeka ()

Zina tchulani.....

24. Kodi mukuona ngati kukhazikitsa maganizo anu mufunso 23, kungakupangitseni kuti, mudzikatenga njira za ababmbozi?

Eya ()

Ayi ()

25. Ngati ndi ayi mufunso 24, ndi chani chomwe chingakupangitseni kukatenga njirazi.....

.....

26. Kodi panopa mumamva bwanji ndi m'mene njirazi zimaperekedwera?

Okhumudwa ()

Osangalala ()

Palibe ()

ZIKOMO KWAMBIRI POTENGAPO MBALI PAKAFUKUFUKUYU.

APPENDIX iii

REQUEST FOR APPROVAL FROM RESEARCH AND PUBLICATIONS COMMITTEE

Kamuzu College of Nursing

Private Bag 1

Lilongwe

02 June, 2010

The Chairperson

Kamuzu College of Nursing Research and publications Committee

Private Bag 1

Lilongwe

Dear Sir/Madam,

APPLICATION FOR APPROVAL TO CONDUCT A RESEARCH AT KAWALE

I am a fourth year, generic student pursuing a Bachelor's of Science in nursing. In partial fulfillment of this course, I am required to carry out a research project. The aim of the study is to explore needs and preferences of males regarding male family planning services.

The results of the study will help to identify gaps in utilization of male family planning services. This would help to develop strategies to promote utilization of the services.

I therefore write this letter to ask for an approval to conduct a research study at the above mentioned area.

Attached is the research proposal for your approval. Looking forward to your favorable consideration.

Yours faithfully,

Blessings Chapweteka (Mr.)

Supervisor' signature.....Date.....

APPENDIX IV

LETTER SEEKING PERMISSION FROM LILONGWE DISTRICT COMMISSIONER

Kamuzu College of nursing

Private bag 1

Lilongwe

02 June, 2010.

The District Commissioner

Lilongwe City Assembly

P.O Box 93

Lilongwe

Dear sir/madam

**REQUEST TO CONDUCT A STUDY ON NEEDS AND PREFERENCES OF MALES
REGARDING MALE FAMILY PLANNING SERVICES AT KAWALE.**

I am a fourth year student at Kamuzu College of nursing pursuing Bachelor of Science in nursing. I am expected to conduct a research in any area of interest in partial fulfillment of the requirements for an award of a degree.

I therefore would like to request your office to allow me to conduct the above stated study at Kawale. The aim of the research is to explore needs and preferences of males regarding male family planning services.

The results of the study would be used to improve male family planning programs and in the process making them effective. The study will take place between the months of August and September, 2010.

I'm looking forward to your favorable response.

Yours faithfully

Blessings Chapweteka (Mr.).

Research Supervisor's signature.....Date.....

APPENDIX V

LETTER FOR SEEKING PERMISSION FROM THE HEALTH SCIENCES RESEARCH COMMITTEE

Kamuzu College of nursing

Private bag 1

Lilongwe.

02 June, 2010.

The Health Sciences Research Committee

Ministry of Health and Population

P.O Box 30077

Lilongwe 3.

Dear sir/madam

REQUEST TO CONDUCT A STUDY ON NEEDS AND PREFERENCES OF MALES REGARDING MALE FAMILY PLANNING SERVICES AT KAWALE.

I am a fourth year student at Kamuzu College of nursing pursuing Bachelor of Science in nursing. I am expected to conduct a research in any area of interest in partial fulfillment of the requirements for an award of a degree.

I therefore would like to request your office to allow me to conduct a study at Kawale. The aim of the research is to explore needs and preferences of males regarding male family planning services.

The results of the study would be used to improve male family planning programs and in the process making them effective. The study will take place between the months of August and September, 2010. The results will be sent to your institution through a dissertation.

I'm looking forward to your favorable response.

Yours faithfully

Blessings Chapweteka (Mr.)

Supervisor's signature.....Date.....

APPENDIX Vi

KALATA YOPEMPHA CHILOREZO KWA AMFUMU A KAWALE

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

02 June, 2010.

KUPEPAMPHA CHILOREZO CHOCHITA KAFUKUFUKU M'DERA LA KAWALE

Ndine wophunzira za unamwino ku sukulu ya Kamuzu College of Nursing ku Lilongwe, ndipo ndili mchaka cha chinayi.

Ndalemba kalatayi kuti ndipemphe chilorezo chozachita kafukufuku m'dera lanu la Kawale. Mutu wa kafukufuku ndi "Makonda ndi Zofuna Za amuna m'mene njira za kulera za abambo ziyenera kuperekedwa ku chipatala". Kafufukuyu adzapangidwa pakati pa miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loledwa.

Ine wanu

Blessings Chapweteka (Mr). Mr Msiska (Research Supervisor).....Date.....

APPENDIX Vii

KALATA YOPEMPHA CHILOREZO KWA AMFUMU A MCHEZI

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

02 July, 2010.

KUPEPAMPHA CHILOREZO CHOCHITA KAFUKUFUKU WOYESELA M'DERA LA MCHEZI

Ndine wophunzira za unamwino ku sukulu ya Kamuzu College of Nursing ku Lilongwe, ndipo ndili mchaka cha chinayi.

Ndalemba kalatayi kuti ndipemphe chilorezo chodzachita kafukufuku woyesa m'dera lanu pamena ndikudikila kukapanga kafukufuku weniweni ku Kawale. Mutu wa kafukufukuyu ndi "Makonda ndi Zofuna Za amuna m'mene njira za kulera za abambo ziyenera kuperekedwa ku chipatala". Kafukufuku oyesayu amathandiza opanga kafukufuku kudziwa zina zofunika mu kafukufuku weniweni zomwe samatha kudziwa. Kafukufukuyu adzapangidwa pakati pa miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loledwa.

Ine wanu

Blessings Chapweteka (Mr). Mr Msiska (Research Supervisor).....Date.....

APPENDIX viii

CONSENT FORM

CONSENT TO PARTICIPATE IN A STUDY ON NEEDS AND PREFERENCES OF MALES REGARDING MALE FAMILY PLANNING SERVICES AT KAWALE.

I am Blessings Chapweteka, a fourth year student pursuing a Bachelor of Science degree in nursing at Kamuzu College of Nursing, Lilongwe. In partial fulfillment of this program, I am required to conduct a research study and the topic of my study is as stated above. Therefore I write to request you to participate in this study. The research is expected to take place between months of August and September. Your role will be to respond to some questions that have been prepared. Your responses shall be held in confidence. Only the researcher and people directly involved in the research shall have access to your responses. To ensure maximum confidentiality to your responses, a number shall be used as a substitute to your name.

Be informed that participation in the study is voluntary. You are free to withdraw at any time without any penalties. There are no risks associated with the study and no direct benefits. However the findings of the study will be useful in improving male family planning programs in Malawi so that they are attractive. Hence addressing the problems of population growth. Feel free to ask any questions pertaining to the study.

Your participation will be greatly appreciated.

Thank you.

Blessings Chapweteka (Mr.)

(Principal Researcher)

You are asked to sign in a space below if you have understood the consent form and you have agreed to participate in the study.

Ihave read and understood the consent form and it is my personal will to participate in the study.

Signature.....Date.....

Name of researcher.....

Researchers signature.....Date.....

APPENDIX ix

KUPEMPHA CHILOLEZO KWA WOTENGA NAWO MBALI PA KAFUKUFUKU

Dzina langa ndine Blessings Chapweteka, wophunzira za unamwino kusukulu yaukachenjede ya kamuzu College of Nursing, ku Lilongwe, ndipo ndiri m'chaka cha chinayi. Ndilamulo pa sukuluyi kuti ndipange kafukufuku ngati mbali imodzi yondiyeneletsa kuti ndimalize maphunzilo anga aukachenjede. Kotelo ndikupempha kuti mutenge nawo mbali mu kafukufukuyu. Mutu wa kafukufukuyi ndi, **Makonda ndi zofuna za amuna m'mene njira za kulera za abambo ziyenela kuperekedwea ku chipatala.** Kafukufukuyu adzapangikira ku Kawale ndipo akuyeneka kudzapangidwa pakati pa miyezi ya August ndi September.

Kafukufukuyu adzathandiza boma komanso mabungwe omwe si aboma kudziwa mmene angakopere abambo popereka njira ya kulera ya abambo. Izi zizathandiza kuti abambo ambiri azigwiritsa ntchito njirazi kotero kuchepetsa mavuto omwe amabwera chifukwa chochulukana m'mziko. Mbali yanu idzakhala kuyankha mafunso omwe akonzedwa. Mayankho anu adzasungidwa mwachisisi ndipo palibe wina aliyense amene angadziwe kupatula opaga kafukufukuyu ndi aphunzitsi amene amandiunikira pakafukufukuyu. Pofunakuwonetsetsa kuti chinsinsi chisungikedi, sindidzalemba dzina lanu m'malo mwake ndidzalemba nambala.

Muli ndi ufulu wotenganawo mbali mukafukufukuyu mosakakamizidwa, ndipo muli ndi ufulu wosiya kutenganawo mbali mu kafukufukuyu nthawi iliyonse imene mwafuna popanda kukulipiritsani kwantundu winauliwonse. Komanso mukutsimikizidwa kuti simudzapwetekedwa mwanjira ina iliyonse mukafukufukuyu. Khalani omasuka kufunsa mafunso okhudzana ndi kafukufukuyu.

Kutenga mbali kwanu kudzakhala kopambana kwambiri.

Zikomo kwambiri.

Blessings Chapweteka.

Mufunsidwa kusaina mmusimu kusonyeza kuti mwamvetsa bwino lomwe mfundozi ndikuti mwasankha kutenganawo mbali mukafukufukuyu mwaufulu wanu.

Inendamvetsa bwino lomwe mfundo zimene zalembedwa mu chikalatachi ndipo ndasankha mosaumilizidwa kutenganawo mbali m'kafukufukuyu.

Saini.....Tsiku.....

Dzina la wopanga kafukufuku.....Saini ya wopanga kafukufuku.....