UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

NEEDS AND PREFERENCES OF MALES REGARDING THEIR INVOLVEMENT IN MALE FAMILY PLANNING SERVICES AT KAWALE 1

A DISSERTATION SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFULLMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING

BY

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NOVEMBER, 2010

DECLARATION

I hereby declare that this study is the result of my own work and it has never been presented or published anywhere for the purpose of attaining an academic award.

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DEDICATION

This dissertation is dedicated to the almighty God and my late father who introduced me to this world. I thank you very much.

May God be with you.

ACKNOWLEDGEMENT

I am deeply grateful to the almighty God and many others who helped to bring this work to completion. My special thanks goes to my supervisor, Mr. M.Y. Msiska who shared his knowledge, experience and expertise, "your supportive comments and constructive criticism helped me to come up with this work."

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May the almighty God bless them all.

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ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

BLM: Banja La Mtsogolo

FP: Family Planning

HIV: Human Immunodeficiency virus

ID: Identity

IEC: Information Education and Communication

LL: Lilongwe

MoH: Ministry of Health

MoE: Ministry of Education

NFWCM: National Family Welfare Council of Malawi

NFPCM: National Family Planning Council of Malawi

RC: Roman Catholic

PRB: Population Reference Bureau

RPC: Research and Publications Committee

SDA: Seventh Day Adventist

WHO: Word Health Organization

ABSTRACT

This study explored needs and preferences of males regarding their involvement in male family planning services. To achieve the purpose of the study the research emphasized on the following four objectives; knowledge of males on male family planning services, extent to which males are involved in family planning, barriers faced when accessing male family planning services, males' perception on what can be done in order to promote their involvement in male family planning. The study was descriptive qualitative. It recruited a sample size of 12 males from Kawale 1. Data was collected using an interview guide and a recorder, data analysis was done manually. An Excel software package was used to assist with presentation of the findings in form of tables, graphs and figures. The findings of this study have revealed that males at Kawale needs and prefer some conditions for them to effectively get involved in male family planning. The conditions preferred were; assistance by friendly providers, assistance by fellow males, introduction of more male family planning methods, increase in awareness of male family planning services and legislation protecting males from losing wife to other men when they are on permanent male family planning method. Therefore in addition to increasing awareness on male family planning services, this study has also recommended that MoH should train special personnel in the provision of male family planning services with emphasis on friendliness and sensitivity to the needs of males on male family planning and that such training should target men as service providers.

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 vans deference, 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 in 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

i. To assess males' knowledge on male family planning services.
ii. To explore the extent to which males are involved in family planning.
iii. To find out barriers faced when accessing male family planning services.
iv. To find out their perception on what can be done in order to increase access to the methods of males.

CHAPTER TWO

2.0.0 LITERATURE REVIEW

2.1.0. 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 family methods. Some studies have shown factors that reduce utilizing of male family planning methods. However a gap exists on men's knowledge level, approval and utilization.

The literature reviewed herein consists of written, credible information relevant to the topic of study. The review has been divided according to the specific objectives of the study i.e. Knowledge of males on male family planning services, extent of males involvement in family planning, barriers in accessing male family planning services and males' perception on what can promote male involvement in male family planning services.

2.2.0. General literature

Family planning services in Malawi were first introduced in early 1960s in order to control population to manageable levels (NFWCM/ FPPTP, 1995). 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. 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 in utilizing male family planning methods, to utilize the methods.

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). 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 in family planning.

2.3.0. MALES' KNOWLEDGE ON MALE FAMILY PLANNING SERVICES

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 know, favor and approve of family planning in comparison to the stereotype that they oppose it. For example, in 8 of 12 African countries with surveys of men, at least 70% of men know and approve of family planning. Most findings have shown that men are knowledge on family planning issues and they approve of it. However they lag behind when it comes to utilization of the methods. Malawi is not an exception, for example, male utilization of male family planning is low at13 percent, despite family planning knowledge level of 95.8 percent (Demographic Health survey, 2000).

2.4.0. EXTENT OF MALE INVOLVEMENT IN FAMILY PLANNING SERVICES.

In Africa, a number of studies have been done to determine male involvement in family planning 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 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). Male utilization of male family planning methods has been low at13 percent, despite family planning knowledge level of 95.8 percent in men (Demographic Health survey, 2000).

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. And 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 tubal ligation 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), Pile proceeded to report that vasectomy though seen as unacceptable in men can be accepted and utilized.

2.5.0. BARRIERS IN ACCESSING MALE FAMILY PLANNING SERVICES.

Drennan (1998) showed that men's utilization of male family planning methods, 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) males are demotivated or barred because most family planning clinics are manned by females and the services are provided under female oriented culture, staff demonstrates negative attitude towards male clients and they lack skill and knowledge to handle male clients. Therefore 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 of male involvement in family planning, 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. In African countries including Malawi, male motivators are being introduced to address their special concerns and to eliminate the 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).

2.6.0. MALE PERCEPTION ON WHAT CAN BE DONE TO PROMOTE THEIR INVOLVEMENT IN MALE FAMILY PLANNING SERVICES.

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, religion and cultural factors. Furthermore Temwa (2000), in her study of limited utilization of male family planning by men, found that limited utilization is due to poor education background, traditional beliefs, and view that family planning is a female issue among others. Drennan (1998) reported that data collected from 13countries, 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 ¼ of women surveyed wanted no more children. Surprisingly unlike women, men were not

using any method of family planning. 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. 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 (Government of Malawi and World Bank, 1996). 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 male family planning (Drennan, 1998).

2.7.0. Summary

Literature review for this study emphasized on; males' knowledge, attitude, perception, level of utilization of male family planning methods, barriers in accessing male family planning services, and the factors that influence utilization of the methods.

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 male family planning. Further more some studies have recommended provision of the methods in an approach approved by males but it has shown they have been little or no response on this recommendation.

CHAPTER THREE

3.0.0. THEORETICAL FRAMEWORK

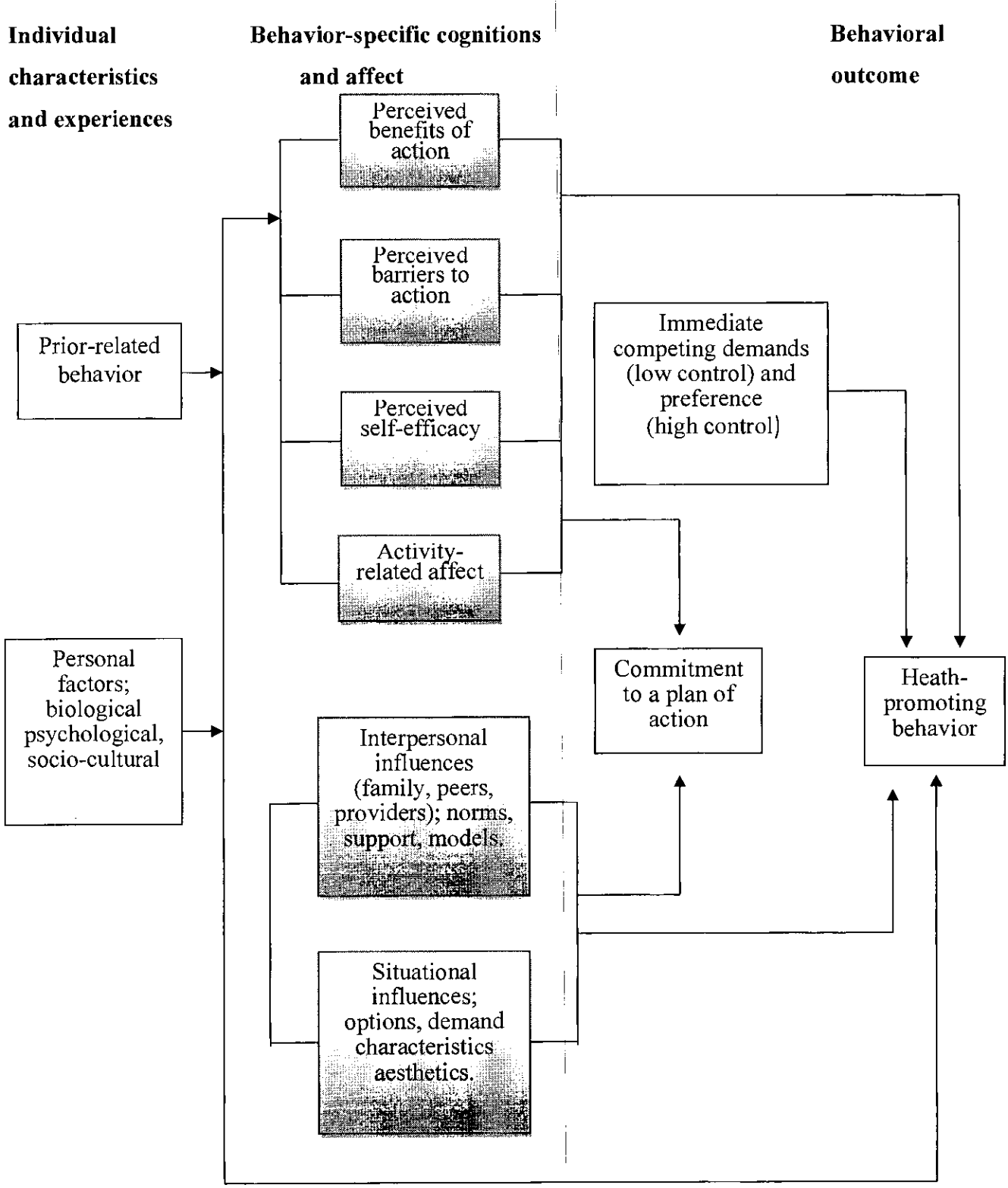
3.1.0. Introduction

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, behavior-specific cognitions, affect, and health promotion actions. **Individual characteristics and experiences** are the consequence of a health promoting action that was undertaken before. As shown by figure 1 on the next page, prior related behavior or consequence of an action undertaken before can affect the attitude of the individual towards that action, hence determining whether that individual will ever undertake that health promoting behavior. **Behavior-specific cognitions** are a group of concepts of this model that are said to motivate the individual to engage in health promoting actions. In reference to figure 1 on the next page, the concepts include, perceived benefits of an action, perceived barriers of an action, perceived self efficacy, activity related affect, interpersonal influences and situational influences. According to Pender (2001) behavior 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 heath behavior, 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. On the next page is figure 1, presenting the Health Promotion Model ;Source: Friedman, M.M, Bowder, V.R, Jones, E.G, 2003, p432.

3.2.0. Figure 1. The health promotion model



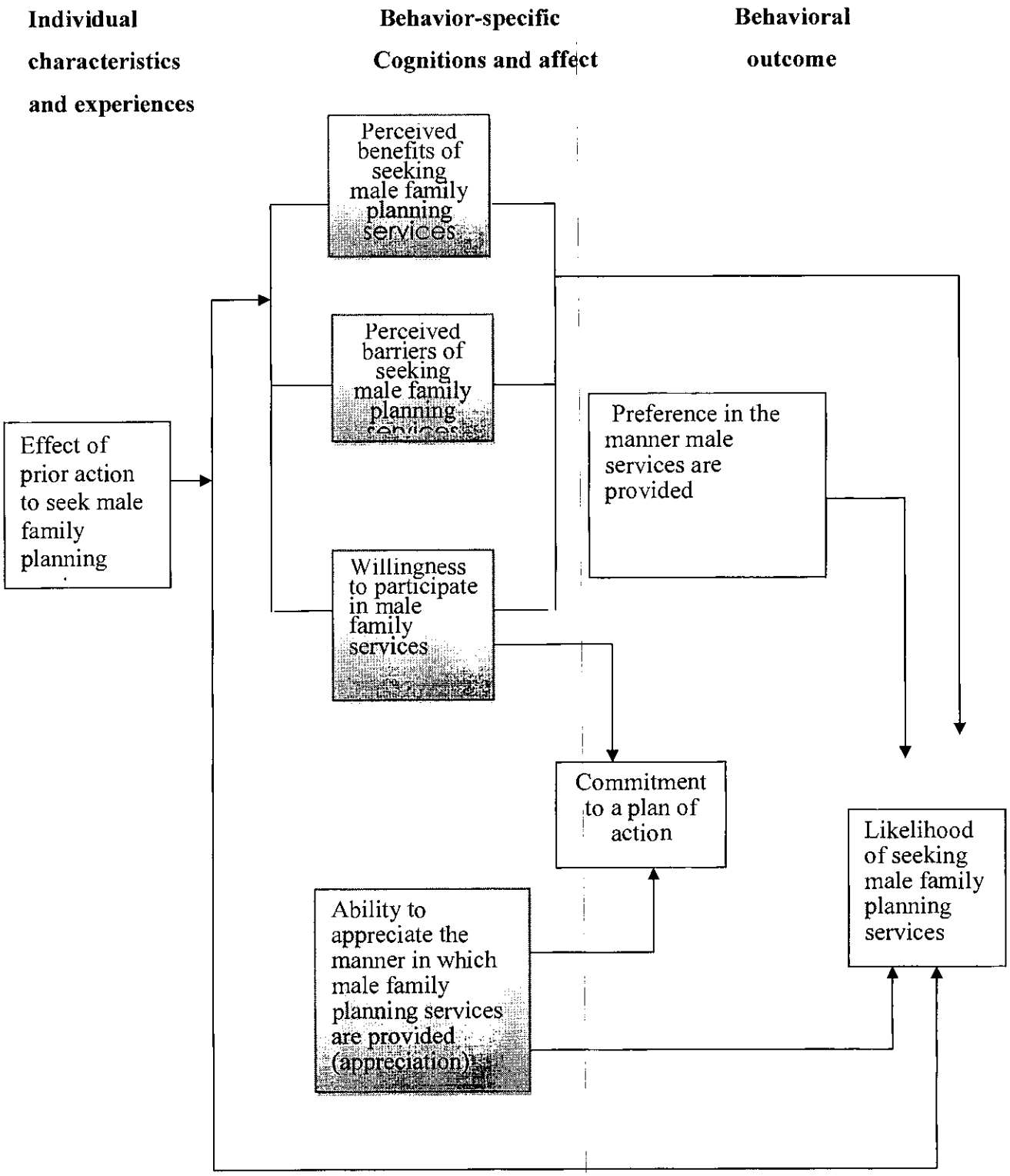
3.3.0. Application of the model to the study

The researcher modified the Health Promotion Model in order to apply variables of interest to the study. The selected variables are; the consequence of prior action pertaining seeking male family planning services, 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 on the 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 2 on the next page 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. Thus 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 perceive inconveniences in seeking a health promoting behavior and when steps are taken to eliminate the inconveniences the people are more likely to act positively. Therefore 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.

3.4.0. Figure 2. The modified health promotion model



CHAPTER FOUR

4.0.0. RESEARCH METHODOLOGY

4.1.0. Introduction

This chapter will discuss the study's design, sample size, study setting, sampling method, data collection data analysis, dissemination of findings.

4.2.0. Research design

The study was conducted using a qualitative research design. This was the case because the study aimed at exploring needs and preferences of males regarding their involvement in male family planning services hence this design was appropriate to allow the participants express themselves on what they need and prefer regarding male family planning services.

4.3.0. Study setting

The research was conducted at Kawale 1. This is an urban area in Lilongwe area.

4.4.0. Sampling

The participants were drawn from Kawale 1. They were in total 12 males who had some knowledge pertaining to male family planning services. Convenient sampling was used to select the participants. Neumann (2006) states, convenient sampling means recruiting readily available persons for a study.

4.5.0. Pilot study

An interview guide was pre tested in form of a pilot study at Mchesi in Lilongwe. The pilot study was conducted on seven male participants. The changes on the interview guide were made where necessary in order to improve its clarity and effectiveness in data collection.

4.6.0. Data collection

Data was collected using an interview guide and a recorder. The study used both English and Chichewa interview guides in interviewing the participants. The participants were asked questions from the guide which was structured based on the four objectives of this study. Answers from participants were recorded using a phone reorder.

4.7.0. Data analysis

Data was analyzed manually and presented in qualitative form. An Excel software package was used to assist with presentation of the findings in tables, graphs and figures.

4.8.0. Dissemination of results

The research findings will be communicated through a written report to the research supervisor and to the faculty of nursing at Kamuzu College of Nursing.

4.9.0. Ethical consideration

In order to ensure that the study was ethically appropriate, the proposal passed through the college's research committee for review and scrutiny. When approval was granted the researcher sought permission from authorities to conduct the study at the stated area of Kawale 1.

The subjects were informed about the purpose of the study. Consent was sought from each participant. Participation of subjects was voluntary. They were communicated to on their rights pertaining to participation in the study for example; they were told that they had freedom to withdraw from the study when they felt that they no longer wanted to continue participating in the study. They were also assured of confidentiality of their information. Their names were not used but instead they were assigned numbers. Lastly the Participants were told that there were no direct benefits in form of money or other materials but that the findings of the study would help in promoting male family planning service delivery system.

4.10.0. Work plan

According to Polit and Hungler (1991), the researcher has to indicate the sequence of tasks to be performed, the anticipated length of time required for their completion, and the personnel for their completion. Following is a Gantt chart showing the plan and schedule of activities to be carried out during the study.

Figure 3, showing sequence of task pertaining dissertation development

Activity/2010	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Topic selection and formulation												
Formulation of objectives and planning of methods												
Literature review												
Proposal development												
Proposal submission												
Pretesting and data collection												
Data collection												
Data analysis and interpretation of results												
Report writing and submission of dissertation												
Dissemination of results												

4.11.0 Budget

STATIONERY	(MK)	(MK)
3 reams of paper at K700 each	2100.00	
1 flash disk	4000.00	
2 envelops at K25 each	50.00	
3 pencils at K10 each	30.00	
4 pens at K30 each	120.00	
2 file folders at K150 each	300.00	
		Subtotal 6600.00
SECRETARIAL SERVICES		
Photocopying 12 consent forms and questionnaires at K10 per page	1200.00	
Printing 2 research proposals	1000.00	
Binding 2 research proposals	300.00	
Printing dissertations, 3copies	2100.00	
Binding 3 copies of dissertations	750.00	
Printing of clearance letters	100.00	
Contingency		1205.00
		Subtotal 6400.00
		Grand total 13255

4.11.1. Budget justification

The stationery outlined in the budget was used throughout the whole research process. Money was needed for printing and binding services, buying writing materials and flash diskette for storing information. The research also required funds for internet services to access electronic information. Contingency money amounting to K1205 was used to top up the budget in order to meet costs of some stationery which had gone up.

4.12.0. Limitations of the study

The following were the limitations to the study:

a) The study was done on a small scale therefore the findings can not be generalized in Malawi.

CHAPTER FIVE

5.0.0. PRESENTATION OF FINDINGS

5.1.0. Introduction

This chapter presents the findings of the study. The research had a sample size of 12. The research findings have been presented in categories of; characteristics of participants, knowledge of males on male family planning services, barriers faced in accessing male family planning services, extent of male involvement in family planning, and males' perception on what can be done to promote their involvement in male family planning services.

5.2.0. DEMOGRAPHIC DATA

5.2.1. Age, marital status and number of children.

All of the 12 (100%) participants were married men. Each participant had at least two children; and the maximum number of children per participant was 5. The ages of the participants ranged from 25-83 years old and the mean age being 34 years old. Below is table 1 presenting age distribution among the participants.

Table 3.

Table showing age distribution of participants.

AGE	PERCENT	MEAN AGE(years)
25	16.7	34
26	8.3	
27	8.3	
29	8.3	
31	16.7	
32	8.3	
34	8.3	
36	8.3	
83	8.3	

Table 1 on the previous page has shown that majority of participants were above 30 years old. It has also shown that the youngest participant was 25 years old while the oldest was 83 years old. It has also indicated that the mean age was 34 years old.

5.2.2. Tribe

The findings of this study established that 41.7% were Ngoni, 25% were Chewa, and 8.3% each of Tumbuka, Yao, Lomwe and Man'ganja. Below is a tabular presentation of this information;

Table 2.

Table showing distribution of tribe among the participants.

TRIBE	PERCENT
Ngoni	41.7
Chewa	25
Tumbuka	8.3
Yao	8.3
Lomwe	8.3
Mang'anja	8.3

The table above has shown that the majority of the participants were of Ngoni tribe and Tumbuka while Yao, Lomwe and Mang,anja were in minority.

5.2.3. Religion

The research found out that, 41.7% belonged to Roman Catholic, 16.7% belonged to New Apostolic Church, and 8.3% belonged to each of Assemblies of God, Zambezi Evangelical Church, CCAP, and SDA. Below is table 3, showing this information;

Table 3.

Table showing religion of the participants.

RELIGION	PERCENT
Assemblies of God	8.3
Zambezi Evangelical Church,	8.3
CCAP	8.3
SDA	8.3
New Apostolic,	16.7
Roman Catholic,	41.7

Table 3 above has shown that the majority of the participants belonged to Roman Catholic Church whilst the least belonged to each of Assemblies of God, Zambezi Evangelical Church, CCAP and SDA;

5.2.4. Education

This research established that 50 % of the participants attained secondary school education, 25% college education, 16.7% primary education, and 8.3% attained university education. Below is a tabular presentation of this information.

Table 4

A table showing education level of participants.

EDUCATION LEVEL	PERCENT
University	8.3
College	25
Secondary	50
Primary	16.7
None	0

Table 4, above has shown that the participants had varying qualifications, the minimum being primary and the maximum of university. The majority of participants were minimally educated having attained secondary education.

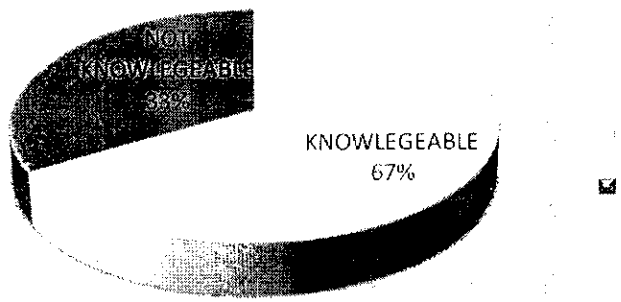
5.3.0. KNOWLEDGE OF MALES ON MALE FAMILY PLANNING SERVICES.

5.3.1. Knowledge levels

The research wanted to find out males' knowledge level on male family planning services. It was established that 8 (66.7%) of the participants had some knowledge of male family planning services while 4 (33.3%) had not. This information has been presented in the graph below;

Graph 1.

Graph showing knowledge levels of the participants.



Graph 1, above has shown that a good number of the participants knew what male family planning is. For the 66.7% that expressed knowledge, 41.7% learnt about it from the radio and 41.7% from the hospital including BLM, while 6.6% represented those who learnt from newspapers, friends and school. The researcher went on to assess knowledge specifically on male methods, and found that 4 (33.3%) knew of condom as a method of family planning, 3 (25%) knew of vasectomy, 8.3% knew of vasectomy, periodic abstinence and condom altogether while 33.3% knew none of the male methods however they were practicing periodic abstinence unknowingly as a strategy to prevent contraception. On the next page is table 5, showing knowledge on male family planning method.

Table 5.

Table showing knowledge on male methods of family planning.

KNOWLEDGE ON METHOD OF MALE FAMILY PLANNING.	PERCENT
Condom	33.3
Vasectomy	25
Vasectomy, Periodic abstinence, Condom	8.3
No Knowledge	33.3

Table 5, above has shown that the majority knew of a method of male family planning. Many knew of condom method while the least knew of a periodic abstinence.

5.3.2. Utilization of male methods

Of the 66.7% knowledgeable, 50% were using periodic abstinence, 25% were using condom, while 12.5% were using withdrawal and another 12.5 none. Surprisingly for the 33.3% that expressed ignorance of male family planning methods confessed that they were using periodic abstinence unknowingly. None of the 12 participants used vasectomy method. Following is table 3, presenting utilization level of male family planning methods.

Table 6.

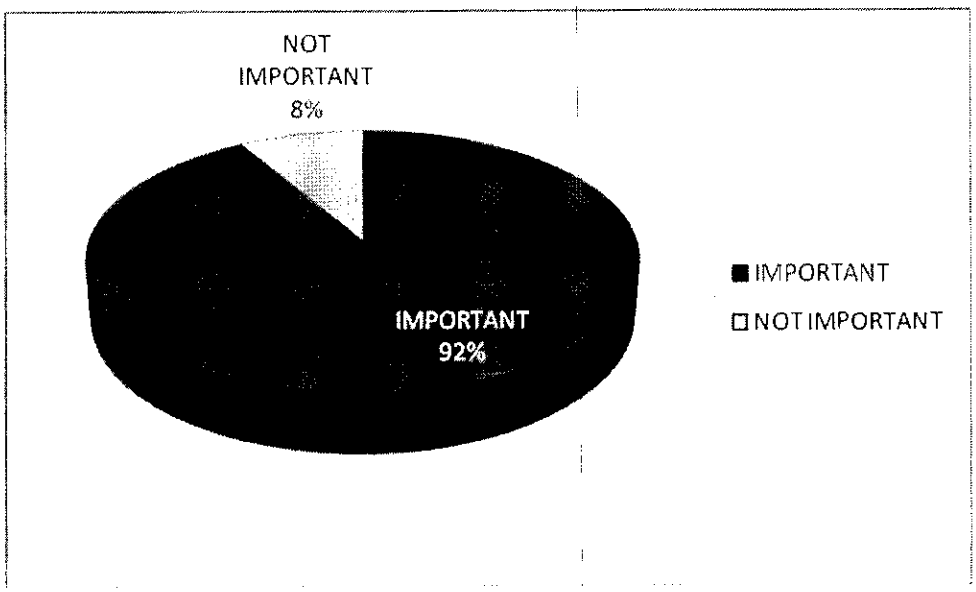
Table showing levels of utilization of male family methods in both the knowledgeable and non knowledgeable participants.

KNOWLEGEABLE-66.7%		NOT KNOWLEDGEABLE-33.3%	
METHOD UTILIZATION	**PERCENT**	**METHOD UTILIZATION**	**PERCENT**
Periodic abstinence	50	Periodic abstinence	100
Condom	25	Condom	0
Withdrawal	12.5	Withdrawal	0
Vasectomy	0	Vasectomy	0
Not on Method	12.5	Not on Method	None

Table 6 above, indicates that periodic abstinence was the most utilized method, with high level utilization among the non knowledgeable seconded by the knowledgeable participants. Withdrawal was the least utilized among the knowledgeable participants and was never utilized among the non knowledgeable. The table has also shown that no participant used vasectomy.

5.3.3. Knowledge on importance of using male family planning methods

When asked whether male family planning is important, 91.7% reported it is while 8.3% said it is not. Graph 2 below presents this information.



The graph above has shown that the majority perceived male family planning as important. Surprisingly the 8.3% in graph 3, above who responded that male family planning is not important were using periodic abstinence as their male contraception method. When further asked to mention what the importance are; Of the 11 (91.7%) participants, 9 (72.7%) participants gave specific importance to male family planning thus; man motivates wife to take a method when it is her turn, relieve wife from using female planning method, promotion of wife's health since she is spared from side effects of other female contraception, expression of love to wife, effective substitute to female family planning. However 2 (18.2%) of the 11 participants gave a broad importance to family planning as; Enabling the family to manage expenditures on child education since the family is able to time child birth. On the next page is table 7, presenting the responses on importance of male family planning methods.

Table 7.

Table showing importance of male family planning methods.

IMPORTANCE	PERCENT
Relieve wife from female planning method	33.3
Promotion of wife's health since she is spared from side effects of some female contraception	
Man motivates wife to take a method when it is her turn	25
Enable the family to manage expenditures on child education since the family is able to time child birth.	16.7
Expression of love to wife	16.7
Good substitute to female family planning	8.3

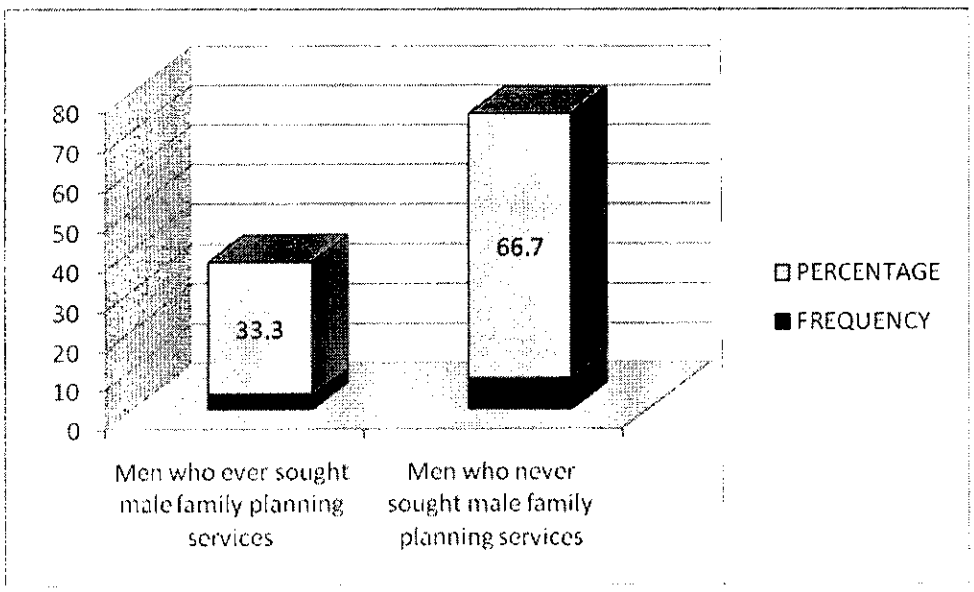
Table 7, above has shown that the majority of participants perceived male family planning important and were able to give specific importance to male family planning methods.

5.4.0. BARRIERS MALES FACE IN ACCESSING MALE FAMILY PLANNING SERVICES

The research also wanted to establish barriers males face when they are accessing male family planning services. Of the 12 participants, 4 (33.3%) indicated that they had ever sought male family planning services from the hospital. Services sought were condom method and counseling on male family planning methods, and when asked if they faced problems with the way services were rendered they reported that they did not face any problems. 66.7% indicated that they had never sought male family planning services before. On the next page is graph 3, representing hospital male family planning seeking rate.

Graph 3.

Graph representing male family planning seeking rate



Graph 3, above has shown that the majority never sought male family planning services.

5.4.1. Barriers for not seeking male family planning services from the hospital

Those that had never sought male family planning services from the hospital, indicated the following barriers for their inaction; 4 (33.3%) reported that they lacked information on male family planning, another 4 (33.3%) reported that they had no time to seek male family planning services because they were at work most of their time especially weekdays, 2 (16.7 %) indicated that family planning is against their religious beliefs,1 (8.3 %) said that family planning is a female issue, 1 (8.3 %) indicated lack of motivation to seek male family planning services. On the next page is table 8, representing the responses on barriers.

Table 8.

Table showing reasons for not seeking male family planning services.

REASONS	PERCENT
No time to seek male family planning services because they are at work most of their time especially weekdays.	33.3
Lack of information on male family planning	33.3
It is against religious beliefs	16.7
Lack of motivation to engage in male family planning.	8.3
Family planning is a female issue	8.3

Table 8, above has shown the majority did not seek male family planning services because they had no time to do so as they were at work, and lacked information on male family planning services; however some attributed the inaction to religious beliefs.

5.5.0. EXTENT OF MALE INVOLVEMENT IN FAMILY PLANNING

5.5.1. Roles of males in family planning

The research also intended to establish the role taken by males in family planning. It was established that , 7 (58.3%) participants used male methods and also make decisions about family planning in their families, 2 (16.7%) escorted their wives to take a family planning method at the hospital , and another 2 (16.7 %) encouraged male friends to take a method, whilst 1 (8.3%) took no part in family planning. Following on the next page is table 9, presentation the information on the roles;

Table 9.

Table showing roles of males in family planning

ROLE	PERCENTAGE
User of male family planning methods	58.3
Make decisions on family planning in the family	
Escorted their wives to take a family planning method	16.7
Encouraged male friends to take a method	16.7
Took no part in family planning	8.3

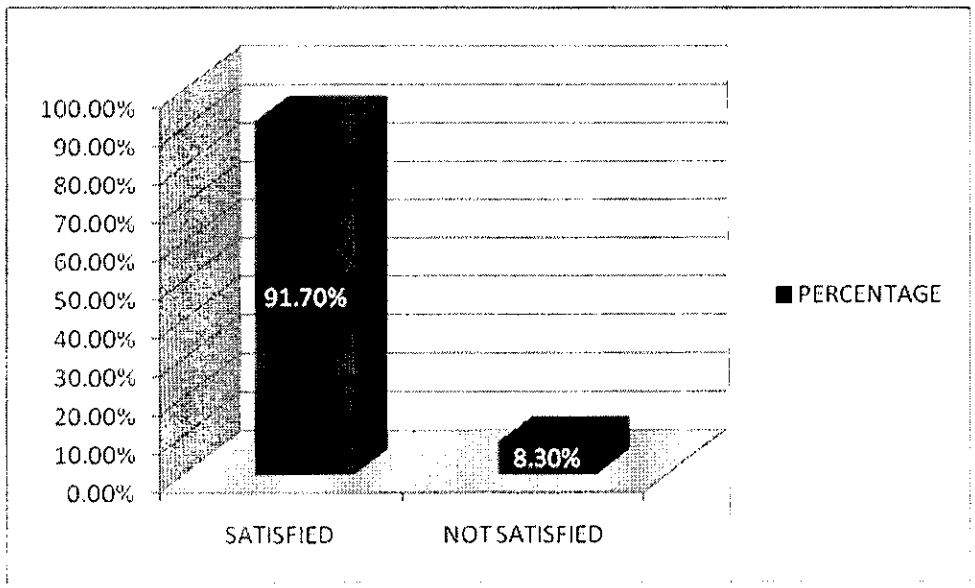
Table 9, above has shown that a good number of the participants were taking some role in family planning.

5.5.2. Satisfaction of assumed roles

When asked whether the role assumed satisfied them, 11 (91.7%) were positive while 1 (8.3%) was negative. The participant who reported of no satisfaction was further asked on preferential role and indicated that would prefer assuming the role of educating others males on importance of family planning but had no basis since male family planning lacked adequate publicity already. On the next page is graph 4, showing satisfaction of roles assumed by the participants.

Graph 4

Graph showing satisfaction of role taken



Graph 4 above, has shown that the majority of the participants were satisfied with the role they assumed.

5.6.0. MALES' PERCEPTION ON PROMOTION OF MALE INVOLVEMENT IN MALE FAMILY PLANNING SERVICES.

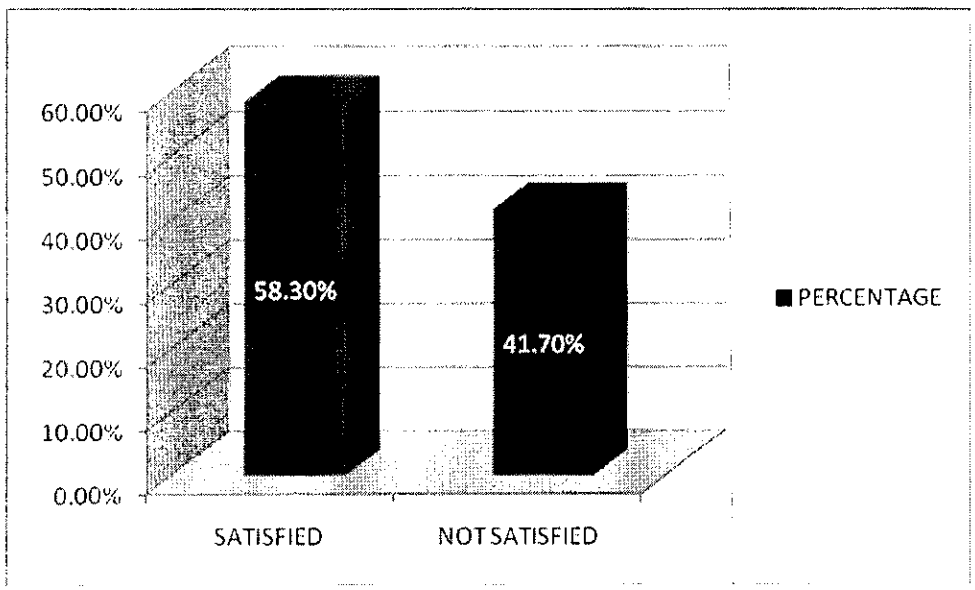
The overall aim of the research was to establish ways of promoting male involvement in male family planning services, hence this section wanted to unveil males' perception on ways to promote male involvement in male family planning services specifically the methods.

5.6.1. Satisfaction with male family planning delivery system

When asked to rate the current male family planning delivery system, 7 (58.3%) reported satisfaction while 5 (41.7%) reported dissatisfaction. Below is a graphical presentation of satisfaction levels.

Graph 5.

Graph showing satisfaction levels.



The graph above has shown that a majorty of participants were satisfied with the current male family planning delivery system.Even though 58.3% reported satisfaction they could not say what actually satisfied them. On the other hand those that reported dissatisfaction gave reasons that summed up to lack of information on male family planning services, representing 41.7% response rate.

5.6.2. Motivators to increasing male involvement in male family planning services

The participants were then asked to describe what could motivate them to increase involvement in male family planning services and they gave the following responses; 41.7% reported preference to assistance by friendly providers, 33.3% reported preference to assistance by fellow males, 16.7% preferred introduction of more male family methods for example oral pills and injectable contraceptives, another 16.7% preferred increase in awareness of male family planning services while 8.3% needed legislation to protect them from losing wife to other men when they are on permanent male family planning method like vasectomy. Below is tabular presentation of this information.

Table 10.

Table showing motivators to increasing male involvement in male family planning.

NEEDS AND PREFERENCE ON MALE INVOLVEMENT IN MALE FAMILY	PERCENTAGE
Assistance by friendly providers at the hospital.	41.7
Assistance by fellow males.	33.3
Introduction of more male family planning methods for example oral pills and injectable contraceptives.	16.7
Increase in awareness of male family planning services.	
Law that protect them from losing wife to other men when they are on permanent male family planning methods like vasectomy	8.3

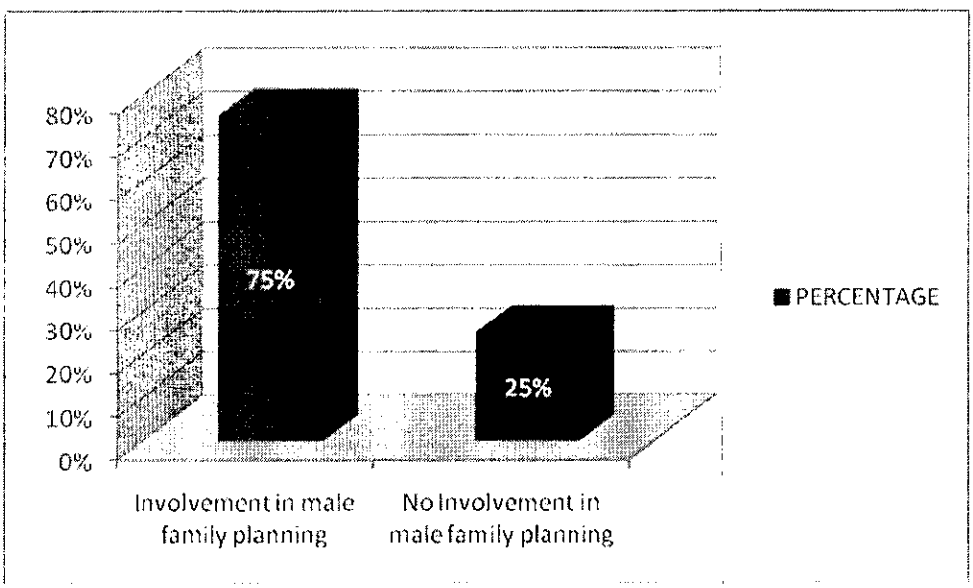
Table 10 above has shown that there are some factors that can promote male involvement in male family planning services.

5.6.3. Readiness of males to effectively get involved in male family planning services when their needs and preferences on male family services are implemented.

The research went further to find out if implementation of their suggestions would motivate them seek male family planning services or promote their involvement in male family planning services. 9 (75%) reported that it would motivate them whilst 3 (25%) reported that it would not. Those that reported it would not motivate them were further asked to describe what would motivate them and maintained nothing would motivate them because; family planning is a female issue, another indicated that as long as his wife takes a method it does not make sense for him to go for male family planning, and the last one said male family planning is against his religion. Below is a graphic presentation of the effect of implementing needs and preferences of males.

Graph 6.

Graph showing readiness of males to effectively get involved in male family planning when their needs and preferences on male family services are implemented.



Graph 6 above shows that the majority of males would effectively get involved in male family planning if their needs and preferences are implemented.

5.7.0. Summary of findings

It has shown that the sample consisted married men who had attained some formal education with age range from 25 to 83 years. The majority of the participants showed that they had some knowledge on male family planning methods, condom being a method known much while periodic abstinence was the least known though it had high utilization rate. Withdrawal was not known by any of the participants. Though some participants knew vasectomy none used it. Majority of participants were able to give importance of male family planning. The participants also assumed different roles in family planning. The participants established that they are some things they need and prefer for them to effectively utilize male family planning methods.

CHAPTER SIX

6.1.0. DISCUSSION OF FINDINGS

6.2.0. INTRODUCTION

This chapter discusses the findings of the study "needs and preferences of males regarding their involvement in male family planning services". The discussion will base on the four objectives of the study thus;

- To assess the knowledge of males on male family planning services.
- To explore the extent to which males are involved in family planning.
- To find out barriers faced when accessing male family planning services.
- To find out males' perception on what can be done in order to promote their involvement in male family planning.

6.3.0. KNOWLEDGE OF MALES ON MALE FAMILY PLANNING

The research findings established that a majority of males had knowledge on male family planning. Even though they had knowledge it has shown that the knowledge insignificantly contributed to use of male family planning methods. This information directs to a conclusion that knowledge level on male family planning is not equal to usage rate. However the researcher is of the opinion that knowledge on male family planning is one of the contributing factors to utilization of male family planning as was established by Chimera (2000) in her research pertaining limited utilization of family planning methods by males. In attempting to explain the inverse relationship between knowledge level on male family planning and utilization of the male methods in this setting the researcher suggests that the information that the participants had on male family planning in this setting was misleading or insufficient. In support of the researcher's suggestion Wambuli (1995), states that what people know about male family planning is based on rumors. She further went on to say vasectomy can go unused if providers fail to explain it as a contraceptive choice because some people equate vasectomy to castration.

It has shown in this research that males lack accurate information on male family planning because male family planning services do not receive adequate publicity because as Mwanza (1997) put it; family planning service providers and planners have largely ignored the role of men as users of male family methods. Therefore it is the view of the researcher that promoting publicity of male family planning through IEC can help promote male involvement in male family planning because Piotrow et al (1994) published that Information Education and Communication (IEC) component of male family planning creates awareness, increase knowledge, builds approval and influence behavior. This directs to a conclusion that if males can have adequate knowledge on male family planning they can approve of male family planning and increase utilization of the male family planning methods.

6.3.1. Knowledge on importance of male family planning

The majority knew the importance to family planning. Of the 12 participants 11 (91.7%) were able to give importance to male family planning. Of the 11 (91.7%), 9 (72.7) gave specific importance to male family planning. However 2 (18.2%) of the 11 gave a broad importance to family planning. This brings to a conclusion that many males perceived male family planning beneficial hence the researcher is convinced that it was not lack of knowledge on the benefits of male family planning that made the participants not to seek the male family planning services but some other factors. However the researcher is of the view that perceived benefits on male family planning has impact on decisions males make pertaining seeking male family planning services. The findings herein on the benefits versus utilization of male methods disagrees with Chimera (2000) who in her study of limited utilization of family planning methods by men, discussed that males who engaged in male family planning are those who perceived male family planning as beneficial.

6.4.0. BARRIERS MALES FACE IN ACCESSING MALE FAMILY PLANNING SERVICES.

The research wanted to find out factors that hinder males from utilizing male family planning effectively. Males that had ever sought male family planning services from the hospital were asked to air out problems that they faced. Similarly those that had never sought the services

before were also asked on what prevented them from seeking the male family planning services. It was shown that 4 (33.3%) had sought male family services before while 8 (66.7) had not.

6.4.1. Barriers faced by males who ever sought male family planning services.

Of the 4, 3 (25%) sought condom method from the hospital, 1(8.3%) sought counseling on male family planning methods from BLM. Surprisingly all of those who sought family planning services reported that they did not face any problems herein referred to as barriers. This research suggests that the indication that they did not face problems could be because those participants had gone to seek male condoms for the purposes of protection from Sexually Transmitted Infections and not as a male family planning method; therefore they did not expect much from the provider apart distributing the condom. Finger (1998) supports this thinking by writing that while AIDS appear to have caused an increase in use of condoms it has not necessarily increased use of condoms as a family planning measure. And even though this research established that all the 12 participants knew condom, only 4 (33.3%) were able to associate condoms with prevention of contraception. This also agrees with Toure (1996) who published that knowledge and use of condoms are on the increase since they are a primary strategy for AIDS prevention.

6.4.2. Barriers faced by males who had never sought male family planning services.

A majority of 8 (66.7%) participants responded that they had never sought male family planning services from the hospital before, and indicated the following as barriers; lack of time as most of the time they are at work. Lack of adequate information on male family planning services thus where to find the services, their side effects, and type of methods available. Some indicated that their religious beliefs prohibited them from using the methods. Some indicated that they lacked motivation to engage in male family planning. Some participants indicated that they perceived family planning as a female issue. These findings agree with what Chimera (2000) established in her study of limited utilization of family planning methods by men. It has shown that the dominating barrier for not seeking male family planning services was lack of adequate information on male planning services because even reasons to say they had no time to seek the services and that family planning is against religious beliefs have roots of ignorance on male family planning services because religions like Catholic only prohibits synthetic methods like the

condom but not natural methods like periodic abstinence and coitus interruptus. Similarly clinics like BLM, provides male services even on weekends when those at work are resting. However the researcher does not underrate the significance of provision of male family services during the times when the majority male are off work.

The researcher suggests that it was a very negative development that a majority of participants did not seek male family planning services because this might have contributed to inadequacy of factual information on male family planning and promoted reliance on wrong information they heard from unreliable sources.

6.5.0. EXTENT OF MALE INVOLVEMENT IN MALE FAMILY PLANNING SERVICES

This research also wanted to establish roles male assume in family planning and whether they are satisfied with the assumed roles. This was done in order to establish the significance of the assumed roles to their involvement in male family planning. This research established that the majority of the participants assumed some roles in family planning either as users of methods or as supporters to wife. The majority participants indicated that they were satisfied with the roles they assumed. The researcher views that males assumed appropriate roles as users of the methods and as supporters to their wives because this is stipulated in the national family planning policy on males' family planning roles. However the researcher is of the view that even though majority of participants (58.3 %) used male methods it did not count much because the majority users used unreliable method of periodic abstinence knowingly or unknowingly, and lack of factual information on the use of such method made such a method far away from effectiveness.

This research has also established that majority males perceived that their role was to support their wives or make decisions pertaining to family planning in their family. They nearly ignored their role as users of the methods. In explaining why this has been the perception of males, Mwanza (1997) argued that men's involvement in family planning as users has been largely ignored by family planning planners and service providers.

6.6.0. PERCEPTION OF MALES ON FACTORS THAT CAN PROMOTE THEIR INVOLVEMENT IN MALE FAMILY PLANNING SERVICES.

The overall aim of this research was to establish ways of promoting male involvement in male family planning. Therefore participants were asked to describe ways they would prefer and need for them get much involved in male family planning. The participants were also asked to rate the current male family planning delivery system in order to determine pre existing perception on the current delivery system. The majority indicated that they were satisfied with the current male family planning delivery system however it surprises the researcher to found out that only few participants sought male family planning services as was shown in the findings.

6.6.1. Preference to assistance by friendly providers

41.7% of the participants reported that they preferred to be assisted by friendly providers. The researcher is of the view that this preference can be generalized to clients seeking other health services; they would also need and prefer to be served by friendly providers. However the researcher holds that in order to achieve effectiveness in males' involvement, unlike in other health services this preference is not a choice in male family planning delivery system. This is the case because male clients have choice as far as contraceptive decisions are concerned in a family while a patient suffering from malaria have no option but to seek health services if he is to achieve wellness.

6.6.2. Preference to assistance by fellow males

33.3% participants reported preference to assistance by fellow males. This agrees to Chimera (2000) who in her study of limited utilization of family planning methods by men also found out that, men preferred to be assisted by male providers. Looking at the sensitivity of male family planning, the researcher suggests that this can be helpful as it will help change the attitude that family planning is a female issue as 1 (8.3%) participant indicated in this research. Mwanza (1997) in her study of factors that influence men's participation, found out that attitude is one factor that influences males' involvement in male family planning hence if males develop positive attitude towards male family planning they would seek male family planning services.

6.6.3. Introduction of more male family planning methods

16.7% participants preferred introduction of more male family planning methods. IPPF supports these findings by publishing that the chief obstacle to use of male family methods is lack of choice on male methods. The researcher is of the view that lack of choice might have a great impact on low utilization of the available methods.

6.6.4. Increase in awareness of male family planning services

16.7% of the participants preferred increase in awareness of male family planning services. This research has established that majority of participants lacked factual information on male family planning services. Therefore the researcher suggests that increasing awareness on male family planning would help eliminate misconceptions male have on male family planning and in the process promoting involvement in male family planning.

6.6.5. Legislation to protect them from losing wife to other men when they are on permanent male family planning methods like vasectomy.

8.3% of the participants indicated that they wanted legislation to protect them from losing wife to other men when they are on permanent male family planning methods. Participants who gave this response reported that they would not go for a method like vasectomy because they were afraid their wives would leave them for other men because they would not enjoy the same sexual pleasure and that they will no longer impregnate the wife.

The researcher suggests that women who had ever gone for tubal ligation, a similar method to vasectomy, have such fears of losing the husband as well. Now the question is why is that women are still utilizing tubal ligation despite such fears. The probable answer is women have thorough information on female planning including tubal ligation. Similarly if males can have thorough factual information on male family planning inclusive vasectomy method the researcher suggests they would utilize the methods. Moreover claims of reduction in sexual pressure are not true, they are based on rumors. However the researcher does not underrate such fears but what the researcher holds is that such fears are based on lack of adequate factual information, because even before provision of such permanent methods, family planning

providers are mandated to establish from both partners whether a required family size has been attained. This implies that if a man is gone for vasectomy the wife as well is satisfied with that decision thus ruling out the possibility of leaving the husband because of vasectomy.

6.7.0. Summary

What comes out strongly from the discussion is that there are a number of factors that bar males from getting much involved in male family planning. And it has been discussed that many of the barriers has root of lack of factual information on issues pertaining to male family planning on the side of the participants. Similarly it has been discussed that a number of positive changes need to be made to the current male family planning delivery system in order to achieve effective male involvement.

Some time was also spent discussing about the needs and preferences of males regarding their involvement in male family planning.

CHAPTER SEVEN

7.0.0. CONCLUSION, RECOMMENDATIONS AND IMPLICATION OF THE STUDY.

This section focuses on conclusion of the study and recommendations geared towards promoting male involvement in male family planning as well as implication of this study.

7.1.0 CONCLUSION

This research has established that there are some problems with the current male family planning delivery system that prevent males' involvement in male family planning services. However the majority of participants demonstrated willingness to get involved in male family planning as long as the problems are rectified. According to the participants, things that can promote their involvement, herein referred to as needs and preferences are; preference to assistance by friendly providers, preference to assistance by fellow males, introduction of other male family methods (for example oral pills and injectable contraceptives), increase in awareness of male family planning service and Law that protects males from losing wife to other men when they are on permanent male family planning methods like vasectomy

7.2.0. IMPLICATIONS OF THE STUDY

This study has provided insight in the following areas;

7.2.1. Nursing practice

MoH need to produce well trained male nurses to provide male family planning services in various hospitals. The nurses should be able to handle male clients as unique beings, taking into account their needs. The services provided need to ensure components of friendliness and sensitivity to the needs of males on male family planning and should prioritize men as service providers at the same time providing the services at times convenient to males like on weekends. Implementing the recommendations would motivate males to get much involved in male family planning.

7.2.2. Nursing research

Achieving effectiveness in male involvement in male family planning needs evidence based interventions so that males are reached out as unique individuals thus providing male specific interventions. Therefore there is need to do more research pertaining to male family planning in order to gain more understanding on issues of male involvement in male family planning.

7.3.0. RECOMMENDATIONS

This research makes the following recommendations;

i. The Ministry of Health (MoH) should intensify awareness campaigns utilizing Information Communication and Education (IEC) on male family planning using the print media, television, radio, man to man health education and counseling.

ii. Advocacy strategies should utilize multidisciplinary approach to raise awareness on male family planning for example MoH should collaborate with Population Service International to advertize condoms as protectors of Sexually Transmitted Infections and as a male family planning method.

iii. Providers of male family planning services should set aside special days like weekends for provision of male family services.

iv. MoH should set aside a special day for commemoration of male family planning.

v. MoH should fight for introduction/adoption of more methods of male family planning.

vi. Providers of male family planning services should introduce male family planning outreach clinics.

vii. MoH should advocate for legislation that would motivate men to go for methods like vasectomy for example such legislation should make an offence for a wife to leave a husband on basis vasectomy use.

viii. MoH should train special personnel in the provision of male family planning with emphasis on friendliness and sensitivity to the needs of males on male family planning. Such training should target men as providers.

ix. MoH should devise strategies to ensure that religions that forbid synthetic male family planning methods have trained male personnel to provide natural male family planning methods within the church.

x. MoH in collaboration with the Ministry of Education (MoE) should consider the MoE incorporating male family planning education in primary, secondary and college syllabus.

xi. MoH should advocate for introduction of work place male family planning services.

7.4.0. Areas for further study.

The following are the proposed areas for further study;

i. This research should to be done on a larger scale for generalization of the findings.

ii. Impact of education level on male involvement in male family planning.

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APPENDICES

Appendix I

LETTER SEEKING CLEARANCE FROM RPC

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

2nd July, 2010.

The Research and Publications Committee

Kamuzu College of Nursing

Private bag 1

Lilongwe

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a fourth year generic student studying Bachelor of Science degree in Nursing. In fulfillment of the requirement for this degree, I am required to conduct a research study. The title of the study is "*Needs and preferences of males regarding their involvement in male family planning services at Kawale 1*"

The purpose of this letter is to seek your approval to conduct the study at the stated area.

Looking forward to your favorable consideration.

Yours faithfully,

Blessings Chapweteka (Mr.) Mr Msiska

(Principal researcher) (Research Supervisor)

Appendix II

KALATA YOPEMPHA CHILOREZO CHOPANGA KAFUKUFUKU WOYESA M'DERA LA MCHESI, LILONGWE.

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

2nd July, 2010.

Kwa: Group Village Headman Mchesi

Kupempha chilorezo chochita kafukufuku woyesa m'dera la Mchesi

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

Ndalemba kalatayi kuti ndipemphe chilorezo chodzachita kafukufuku woyesa m'dera lanu pamene ndikudikira kukapanga kafukufuku weniweni ku Kawale. Kafukufukuyu ndi imbali imodzi ya maphunziro anga ndipo mutu wake ndi *"Makonda ndi zofuna za amuna m'mene njira za kulera za amuna ziyenera kuperekedwa ku chipatala"*. Kafukufuku oyesayu amathandazi opanga kafukufuku kudziwa zina zofunika mu kafukufuku weniweni zomwe sanathe kudziwa. Kafukufukuyu adzapangika pakati miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loredwa.

Ine wanu,

....

Blessings Chapweteka. (Mr.) Mr M.Y.Msiska

(Principal Researcher) (Research supervisor)

Appendix III

KALATA YOPEMPHA CHILOREZO CHOPANGA KAFUKUFUKU M'DERA LA KAWALE, LILONGWE.

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

2nd July, 2010.

Kwa: Group Village Headman Kawale.

Kupempha chilorezo chochita kafukufuku m'dera la Kawale

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

Ndalemba kalatayi kuti ndipemphe chilorezo chodzachita kafukufuku m'dera lanu la Kawale. Kafukufukuyu ndi imbali imodzi ya maphunziro anga ndipo mutu wake ndi "*Makonda ndi zofuna za amuna m'mene njira za kulera za amuna ziyenera kuperekedwa ku chipatala*". Kafukufukuyu adzapangika pakati miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loredwa.

Ine wanu,

.....

Blessings Chapweteka. (Mr.)

(Principal Researcher)

.....

Mr M.Y.Msiska

(Research supervisor)

University of Malawi
KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: **Needs and Preference of Males regarding male family planning services at Kawale Needs and Preference of Males regarding male family planning services at Kawale**

INVESTIGATOR: **BLESSINGS CHAPWETEKA**

DEPARTMENT/YEAR OF STUDY: 2010

REVIEW DATE : SEPTEMBER 2010

DECISION OF THE COMMITTEE: Approved

SIGNATURE: ..... **DATE:** 06-10-10

CHAIRPERSON, RESEARCH AND PULBICATIONS COMMITTEE

cc Supervisor:

DECLARATION OF INVESTIGATOR(S)

I/we fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.

DATE 26/10/10 SIGNATURE(S) .....

Appendix V

APPROVAL LETTER FROM MCHESI VILLAGE HEADMAN

Ine Duwe
Ndavomeleza Kuti ayende
mmudzi muno

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

2nd July, 2010.

Kwa: Group Village Headman Mchesi

Kupempha chilorezo chochita kafukufuku woyesa m'dera la Mchesi

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

Ndalemba kalatayi kuti ndipemphe chilorezo chodzachita kafukufuku woyesa m'dera lanu pamene ndikudikira kukapanga kafukufuku weniweni ku Kawale. Kafukufukuyu ndi imbali imodzi ya maphunziro anga ndipo mutu wake ndi "*Makonda ndi zofuna za amuna m'mene njira za kulera za amuna ziyenera kuperekedwa ku chipatala*". Kafukufuku oyesayu amathandazi opanga kafukufuku kudziwa zina zofunika mu kafukufuku weniweni zomwe sanathe kudziwa. Kafukufukuyu adzapangika pakati miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loredwa.

Ine wanu,

....

Blessings Chapweteka. (Mr.) Mr M.Y.Msiska

(Principal Researcher) (Research supervisor)

Appendix VI

APPROVAL LETTER FROM KAWALE VILLAGE HEADMAN

Group chigamula
Ndapeleka chilolezo
Alandileni

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

2nd July, 2010.

Kwa: Group Village Headman Kawale.

Kupempha chilorezo chochita kafukufuku m'dera la Kawale

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

Ndalemba kalatayi kuti ndipemphe chilorezo chodzachita kafukufuku m'dera lanu la Kawale. Kafukufukuyu ndi imbali imodzi ya maphunziro anga ndipo mutu wake ndi "*Makonda ndi zofuna za amuna m'mene njira za kulera za amuna ziyenera kuperekedwa ku chipatala*". Kafukufukuyu adzapangika pakati miyezi ya August ndi September.

Ndikhala othokoza ngati pempho langa liri loredwa.

Ine wanu,

.....

Blessings Chapweteka. (Mr.)

(Principal Researcher)

.....

Mr M.Y.Msiska

(Research supervisor)

Appendix VII

CONSENT FORM (English version)

Consent to participate in a study on needs and preferences of males regarding their involvement in male family planning services at kawale 1.

I am Blessings Chapweteka, a fourth year student pursing 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.

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

Date.....

Appendix VIII

CONSENT FORM (Chichewa Version)

<u>Kupempha chilolezo kwa wotenga nawo mbali pa kafukufuku</u>

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

Kafukufukuyu adzathandiza, kuti boma komanso mabungwe omwe si aboma kudziwa m'mene angakopere amuna popereka njira ya kulera ya amuna. 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 pa kafukufukuyu. Pofunakuwonetsetsa kuti chinsinsi chisungikedi, sindidzalemba dzina lanu m'mwalo mwake ndidzalemba nambala.

Muli ndi ufulu wotenganawo mbali mu kafukufukuyu 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.

(Opanga kafukufuku)

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

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

Tsiku.....

APPENDIX XI

INTERVIEW GUIDE (English version)

ID:.....

DATE.....

This is a questionnaire to explore needs and preferences of males regarding their involvement in male family planning 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: DEMOGRAPHIC DATA (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 18, what are the importance?
.....

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 ( )
- Counseling ( )
- 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 methods?.....

.....

.

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

- Motivated ( )
- Demotivated ( )
- Nothing ( )

Appendix X

INTERVIEW GUIDE (Chichewa version)

Nambala:.....

Tsiku:.....

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

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 AMUNA KUCHIPATALA.

8. Kodi munamvapo za njira ya kulera ya amuna?

- 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 ( )
- Withdraw ( )
- 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 amuna ndi ziti?

- Maphunziro azakulera ( )
- Uphungu wa za kulera ( )
- Sewelo la za kulera ( )
- Palibe ( )

13. Kodi njira ya kulera ya amuna ndi yofunika?

- Eya ( )
- Ayi ( )

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

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

15. Kodi munayambapo mwatenga njira ya kulera kwa amuna 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 AMUNA 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 m'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 TINGAPITITSIRE 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 amunazi?

- 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 ( )