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Chapter

Male Involvement in Family Planning Services

Mesfin Abebe, Tsion Mulat Tebeje, Wondwosen Molla and Getnet Melaku

Abstract

Family planning is the ability of individuals and couples to anticipate and obtain their preferred number of children, spacing, and timing of births. It is accomplished through the use of contraceptive methods and the treatment of involuntary infertility. Family planning is important for the well-being of women and their families, and it can help a country reduce poverty and achieve the SDGs faster. When family planning methods are used effectively, they assist couples in having the number of children they desire, improve maternal and child health, which may assist women in avoiding unintended pregnancies, and lower risk factors for maternal and child mortality. Increasing the use of condoms and vasectomies among men is only one aspect of male involvement in family planning. It also includes the number of men who support and encourage their partners and peers to use family planning, as well as the number of men who influence policy to make it more favorable to promoting male-related programs. Men's participation is critical to women's health and program completion, as it promotes shared responsibility for birth control, contraceptive reputation, and thus the women are more likely to adopt and continue using beginning prevention if their partner's active assistance.

Keywords: male involvement, family planning, magnitude, associated factors, Ethiopia

1. Introduction

Family planning is the process by which individuals and couples predict and achieve the number, spacing, and timing of children they desire. By using contraceptive methods and treating unintentional infertility, it is achieved [1, 2]. It encompasses the services, policies, information, attitudes, practices, and commodities, such as contraception, that enable women, men, couples, and adolescents to avoid unintended pregnancy and make decisions about whether and/or when to have a child [3]. Programs for family planning (FP) have mainly focused on women. However, there is a shift to involve men in supporting and using FP services as a result of the focus on gender equity for best health. The World Health Organization (WHO) and the Ministry of Health in the majority of countries have recommended and approved the use of FP methods as an effective intervention, and men, as the decision-makers in most African families, have a crucial role to play in this process [4].

Family planning has been a major concern in programs to reduce the population as well as those that promote and improve reproductive health [5]. Family planning is critical for the health of women and families, and it can accelerate a country's progress toward eradicating poverty and achieving the Sustainable Development Goals. Effective family planning techniques enable couples to have as many children as they want, improve maternal and child health, which may assist women in avoiding unintended pregnancies, and reduce risk factors for maternal and infant mortality [6].

The use of contraception has been linked to decreased fertility, better maternal and child health due to birth spacing and fewer pregnancies, and increased women's empowerment by enabling them to complete their education and enter the workforce [7]. The two types of contraceptive methods. This are modern and traditional methods of contraceptive. Male and female sterilization, IUDs, implants, injectable contraceptives, pills, male and female condoms, emergency contraception, and the lactational amenorrhea method are all modern methods. (LAM), While traditional methods consist of rhythm (calendar), withdrawal, and folk methods [8, 9].

Contraception has a number of advantages, including ensuring couples have the number of children they want and lowering infant, perinatal, and maternal mortality. Additionally, it lowers the chance of HIV transmission, STI acquisition, and unintended pregnancy. Furthermore, it reduces pregnancy and birth-related complications by giving a mother enough time to recover from previous pregnancy complications [8]. Globally, women have played a significant role in household management and decision-making regarding their own health care and life through family planning. There has been a significant improvement in family planning utilization and birth rates. However, male involvement in family planning remains minimal, with men playing a secondary role [10].

Male involvement in family planning (FP) refers to all organizational actions aimed at increasing the acceptability and uptake of FP among both sexes. It includes men participating in decision making, approving it, or encouraging their spouse's use of family planning [11]. Through increased spousal communication, male involvement can lead to contraceptive use [12–14]. It encompasses more than just an increase in the proportion of men who use condoms and get vasectomies. It also includes the proportion of men who support and encourage their partners and their peers to use FP and who influence public policy to make male-related programs more widely promoted. In this context, "male involvement" refers to activities aimed at men as a distinct group with the goal of raising couples' acceptance and use of family planning, more so than male contraception [15].

In African nations, men are frequently the main decision-makers, and this has a big impact on their spouse's health and access to healthcare, including decisions about family planning (FP) [16]. Family planning is critical for slowing unsustainable population growth and its negative effects on the economy, environment, and national and regional development efforts [9]. Men are also blamed for a large proportion of their female partners' poor reproductive health. Furthermore, male involvement aids not only in the acceptance of a contraceptive but also in its effective use and continuation [9].

Family planning is crucial for achieving the goals and the post-2015 development agenda. The five SDG themes of People, Planet, Prosperity, Peace, and Partnership can all advance more quickly as a result. In the time frame of the SDGs, there is a chance for the world to achieve significant convergence between the developed and developing worlds, ending avoidable child and maternal deaths and achieving relative parity in addressing the family planning requirements of women, men, couples, and

teenagers who want to space or limit childbearing [3]. Target 3.7 of the Sustainable Development Goals (SDGs) calls for universal access to sexual and reproductive health care services, including birth control, information, and education, by the end of 2030, and thus the integration of reproductive health into national strategy and programs [1, 17, 18]. Men's involvement in reproductive health issues is essential for achieving the SDGs. Furthermore, increasing economic development requires regulating fertility to the level of substitution. Family planning can reduce maternal and child mortality by 32% and 10%, respectively [19]. Male participation includes not only male contraception but also all other national program activities aimed at increasing male awareness, acceptability, and prevalence of family planning methods. The primary goal of family planning is to allow women and men to plan their families and space their children using modern contraceptives [20]. Sub-Saharan Africa has the highest fertility rate (more than 5 children per woman) as well as the fastest growth rate (on average 2.5 percent per year) [21].

According to UN projections, the population of Sub-Saharan Africa will reach 2.12 billion by 2050 [22]. The second-most populous country in Africa is Ethiopia. It has the highest rate of annual growth (2.6%), infant mortality (43/1000 live births), and maternal mortality (412 per 100,000 live births) [23, 24]. Over the previous ten years, the Ethiopian population increased, rising from 55.18 million in 1994 to 112 million in 2019 and probably over 114 million in 2020 [22]. The United Nations reported that in 2019 Africa had a contraceptive prevalence rate (CPR) of 29.4%, sub-Saharan Africa had a CPR of 28.5%, Ethiopia had a CPR of 26.5%, and there was a 22% unmet need for FP in Africa [1]. According to the EDHS 2019 report, usage of modern contraceptives among married women has increased since 2000, 2005, 2011, 2016, and 2019 by 6%, 14%, 27%, 35%, and 41%, respectively, while usage of traditional methods has remained stable for the years of 2005, 2011, 2016, and 2019 at about 1%. Injectable usage among modern methods of contraception, which increased steadily from 3% in 2000 to 27% in 2019, and primarily to blame for the rise in the use of modern methods than others [24].

Studies have shown that the involvement of men significantly changed the way family planning is used in many developing nations. Their participation in using family planning services is still minimal. Several studies on male involvement in family planning use and reproductive health have been carried out in Ethiopia in various regions of the nation. The husband plays a significant role in this country in approving or disapproving the use of family planning services by their wives based on a number of barriers between these religions and cultures that are said to have a negative impact on them. This is due to the fact that in many developing nations, such as Ethiopia, men frequently have the deciding influence over major family decisions, such as their wives' use of contraceptives [25].

Traditionally, men have been excluded from receiving or providing information about sexuality, reproductive health, and birth spacing. They have also been ignored or excluded in some way from participating in many family planning programs, owing to the perception that family planning is a woman's domain [14, 26]. To reduce contraceptive discontinuation rates, male participation is required [27]. In Ethiopia the extent of male involvement in family planning service utilization 68% from a previous study [28]. Few pieces of research suggest that male involvement can increase uptake and continuation of family planning methods by improving spousal communication through pathways of increased knowledge or decreased male opposition [12, 13]. Husbands have a significant impact on women's access to family planning services and other forms of healthcare [29].

2. Factors affecting male involvement in family planning

Studies done in African contexts have found that men's lack of knowledge about contraceptive methods, as well as gender norms regarding men's roles, may be important factors in men's negative perceptions of and disengagement from family planning. Some studies also suggest that spousal communication is low even in situations where men approve of contraceptive methods [30, 31]. The West African Demographic and Health Survey found that about 75% of men and women had not discussed family planning with their partners in the year before the survey [32]. In Tanzania, 45% of married women said they were unaware of their husbands' thoughts on family planning or thought they were opposed to it, even though in fact many of the husbands were in favor [33]. Several socioeconomic factors, including religion and tradition, the role of women in decision-making in society, cultural values, and others, have a significant impact on family planning services in Ethiopia. Women's access to family planning services may be impacted by their status in the family, the economy, and public life [34].

In a study conducted in Kenya, it was discovered that male involvement in family planning was significantly associated with demographic factors such as age, the number of children, educational attainment, and social factors such as social group membership and religion of the respondent. Knowing a place that provides family planning services, having a general understanding of family planning, and being aware of particular family planning techniques accessible to both men and women were all significantly associated. However, only the ease of access to family planning services for men was found to be strongly associated with male participation [26].

Another Nigerian study found that the level of education, the number of living children, and approval of family planning are all indicators of male involvement in reproductive health care [35]. According to a Bangladesh study, the level of male involvement was associated to schooling experience, type of residency, and exposure to electronic media [36]. Men who participate in family planning, in addition to using contraception, support and encourage their partners' contraceptive needs and decisions, encourage their peers to use contraception, and influence public policy to improve male-related programs [37]. One of the essential health care services that can promote and ensure reproductive health is family planning. According to studies, males' intentions to discuss family planning are influenced by their attitudes, norms, and self-efficacy. Males' perceptions of family planning as a female responsibility also influence family planning [20].

In many sub-Saharan African nations, men were also key decision-makers in the household and typically opposed their partners' use of contraceptives. The male predominance in decision-making among couples and its impact on women's decision-making power in the use of contraceptives are both caused by women's young age at marriage, the age gap between husband and wife, polygamous family structures, and culture. Decisions about limiting fertility are made by the husband or his parents in societies where gender stratification is common [38, 39].

Recently, the husband's involvement in the decision-making process for family planning has come to light as an important factor influencing the use of contraceptives. Men who participate in family planning make decisions about using contraception [12], but study indicates that male involvement is lower in less developed nations [40, 41].

Research from the past suggested that men should even participate in family planning programs [41], but until now, the majority of countries worldwide have only

targeted women in these programs [42, 43]. According to some studies, men as well as women must be involved in order for targeted family planning coverage to be successfully achieved [44]. According to study done in Malawi, targeting men for family planning interventions may greatly increase the uptake of contraceptives [45]. Others suggested that targeting both spouses with family planning education rather than focusing solely on one gender might be more effective [46]. It has also been demonstrated how important it is to involve husbands in family planning initiatives in order to increase the use of modern contraceptives rather than traditional methods [47].

Men typically serve as the health care system's gatekeepers in developing countries. They are the ones who make the majority of decisions that have a direct impact on the health of their spouse and their children. Their choices have an impact on resource utilization, access to health care services, contraceptive use, birth spacing, the availability of nutritious food, and the workload of women [48].

However, research on couples' contraceptive use has primarily focused on the knowledge, attitudes, discussion, and intentions regarding family planning rather than examining the specific effects of programs on the use of contraceptives and family planning services [49]. In order to achieve higher levels of contraceptive prevalence, efforts must be made to promote spousal cooperation and communication as well as to encourage men's involvement in family planning [44].

According to a qualitative study conducted in Nepal, men's education and attitude, knowledge and awareness, sociocultural factors, psychological factors, aspects of the health system, and policies all have a significant impact on male involvement in reproductive health [48]. Another study done in Ethiopia found that lack of knowledge, myths, misconceptions, access issues, the desire to have more children, fear of social rejection, concerns about side effects, the husband's opposition and religious prohibition, negative attitudes, the husband and partner's educational status, the number of living children, the male approach to family planning, male family planning awareness, and conversation with the wife about family planning have all contributed to the lack of access to family planning services [21, 27, 50–52].

Men's involvement in family planning could increase the prevalence of contraception in a number of ways, including by giving couples who are dissatisfied with their current method options, increasing male contraceptive use, encouraging more conversation between sexual partners, and altering male attitudes toward contraception. According to a study conducted in Ethiopia, husband participation in home visits during discussions increased the likelihood that couples would start using contraceptives and keep using them [34].

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