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Factors Influencing Participation of Men in Family Planning Services in Kalagala Health Center Iv- Luwero District-Uganda

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ABSTRACT

The study was conducted at Kalagala Health centre IV aimed at establishing the level of effectiveness of contraceptive use by men, factors influencing their access and use of family planning and the strategies that can be used to increase their level of participation in family planning services as the study objectives. The major problem was the low level or lack of men's participation in family planning in Kalagala health centre IV. The study objectives were; (1) to investigate the level of effectiveness of contraceptive use by men in Uganda, (2) to determine the factors that influence men's participation in accessing and using family planning services in Uganda and (3) to investigate the strategies for improving men participation of men in family planning services in Uganda. A case study of Kalagala Health Center IV-Luwero District. In terms of the attitude and perception towards family planning use by men, the study revealed that the the majority of men perceived that modern family planning are always available in the community and people can afford buy. Similarly, in terms of perception about the quality of services offered at Kalagala health centre, it was reported that the quality of services is of high quality. In addition, it was revealed by the study that majority of men believe that use of modern family planning can result in infertility however they were quick to report that IUDs cannot result in cancer. There was no embarrassment reported for use of the family services and majority of respondents noted that it is okay for a woman/girl to suggest her male partner to use a condom or another method to avoid pregnancy. According to the findings of the study, the major factors that encouraging men's use of family planning services at Kalagala health center include; reduction in infant mortality rate, adequate sensitization, availability of services, presence of trained health workers and affordability of the services. However, it was reported that lack of strong policies, inadequate counselling sessions organised to support contraceptive use at Kalagala Health centre IV and the dominance of female as health care providers are the major factors limiting men's participation in family planning. The study recommends that Kalagala health centre IV should work together with the development partners (public and private) and donors to improve men's education, conduct mass media campaigns to create awareness and establish clinic-based interventions and provide health counselling and education to couples rather than just women because they are proved to be important strategies for increasing male involvement in family planning in Kalagala.

Keywords: Effectiveness of contraceptive use, Family planning services, Infertility, Men, Health counselling, Health workers.

INTRODUCTION

The earliest insight into fertility regulation at personal level dates back to the 13th century when a certain local priest in names of Pierre Clergue, who had a particularly active sex life asked one mistress, Beatrice to use certain herb to prevent becoming ashamed and lost for getting pregnant with him [1]. This encounter between the priest and this lady revealed that participation in family in planning services started when both men and women actively participated in decision making regarding the utilization of the services. Literature indicate that Beatrice had four children by her husband but none by Pierre after using this herb

each time they had sexual intercourse. According to [2], when you think about birth control, your mind probably goes to the pill for women and reports indicate that a lot of work is being done for men too to increase their utilization of the birth control services but it's not a reality yet. Still, men have several options to help avoid an unplanned pregnancy. In the middle of the 20th century, an age-old quest for safe and effective oral contraception was realized were safe and effective family planning, including the pill was available to women and men around the world [3]. In the history of family planning for centuries, there are two types of that can be evidenced both in the biblical scriptures and literature. Obviously, natural family planning such as abstinence as a means of fertility control is not a new concept where one type is based on the awareness of female fertility and the other form is breast feeding based on frequent suckling [4]. The hint about fertility awareness is written in the books of Genesis about the daughters of Lot who made their fathers get drunk and they had sex with him during their fertile days and they all conceived. On the other hand, breast feeding was an unconscious and natural way of spacing babies during the ancient period. In the world history between 1800 and 1900, the size of the families declined from 7.0 to 3.5 children because almost six in nine of every 1000 women died in child birth and one in every five children died during the first five years of life. The Old Testament in Genesis 38 indicates that the oldest contraceptives procedure known to be for men is coitus interruptus or withdrawal of pennis prior to ejaculation ad this was the principal method adopted in Western Europe in the Middle Ages and modern times where there is strong condemnation for premarital conception. This led to the emergency of the modern birth control movement with the first family planning clinic being established in the United States of America in 1916 because the public health experts were so much bothered by adverse health effects of the frequent child birth, miscarriages and abortion. In 1951, India became the first country in the developing world to create a state-sponsored family planning program under the National Family Planning Program with the primary objectives were to lowering fertility rates and slowing population growth as a means to propel economic development [5]. According to Malcolm Pott, China's family planning model is the most rational and extensive experiment in any country in which community support is given to the whole spectrum of birth control activities [6]. Available data in Africa indicates low levels of men involvement in family planning programmes because it was traditionally aimed at women but there is growing awareness that reproductive wellbeing is the responsibility of both men and women recommending for active participation of both genders. According to [7], for many years, for the case of African continent, donors and governments focused attention on family planning in West Africa to both improve maternal and child health and enhance economic development. However, as fighting HIV/AIDS became a priority in the region, family planning received much less attention. Most experts agree that Sub-Saharan Africa is undergoing a transition to fewer births per woman, although the use of family planning has increased slowly and remains relatively low. In Ethiopia for example, The [8], indicates that Ethiopia is the second most populated country in Africa after Nigeria where about 20 years ago many women gave birth to more than eight babies. By 2016 according to [9], the average fertility rate had fallen to 4.6 live births per woman, according to Ethiopian Demographic Health Survey (DHS), and in the capital city Addis Ababa with more than 90 million people, women have fewer than two babies on average. Family planning (FP) can lengthen birth intervals and potentially reduce the risk of fetal death, low birthweight, prematurity, and being small for gestational age. Effective family planning is most easily achieved through access to and acceptability of modern contraceptive methods (MCMs). In Uganda, the share of married women using modern methods of contraception nearly doubled, increasing from 18 percent in 2006 to 35 percent in

2016, and to a further 37 percent in 2019 however women experience inequities across all family planning components [10], [11]. It is reported that Uganda has one of the highest fertility and maternal mortality rates in the East African region, estimated at 5.4 births per woman in 2016 and 343 maternal deaths per 100,000 live births in 2015, respectively amidst the increasing number of women and men using any contraceptive method [12]. The common types of family planning methods used in Uganda by men and women include; Injectables, Pills and IUDs, Implants, Male condoms and Female condoms, Male Sterilization (Vasectomy) and the Natural methods [13].

Statement of Problem

Scanty documentation on the level of men's participation in family planning exists around the world and Uganda in particular is not spared. The failure to include men in family planning programmes has had serious implications in terms of curbing population growth. Fewer men as compared to women are using family planning because of limited choice of methods, limited access to contraception, fear or experience of side effects, cultural or religious opposition, poor quality of available services, and gender-based barriers which have all greatly and negatively affected women's ability to delay or stop childbearing by use of any method of contraception and birth control methods [14]. This trend leads to over 21 million unsafe abortions being carried out every year, mostly in developing countries. Available data from [15], indicates that 30.4 % of the married and 45.1% not in marriage adolescent aged 15-19 years do not have access to modern methods of contraception in Uganda. In general, as compared to the national recommendation, the level of male participation in family planning utilisation is low possibly due to fear of side effects and commodity stockouts. This makes it difficult for women, men and couples to choose if and when to have children by way of voluntarily and intentionally delaying, spacing or limiting pregnancies leading to frequent unwanted pregnancies, child birth, unsafe abortion and increasing cases of maternal and child morbidity and mortality [16]-[20]. In order to improve male participation in family planning, improving male knowledge and attitudes towards family planning is essential [21]. There is need to collect to collect data on the factors influencing men to participation in accessing and using the family planning services in Uganda. The major purpose of this study was to examine the factors influencing participation of men in family planning services in Uganda. A case study of Kalagala Health Center IV-Luwero District and the findings of this study will be used to improve policy design and implementation in Uganda.

METHODOLOGY

Research design

The study employed a mixed research design comprising of both quantitative and qualitative research approaches; which specifically consisted of descriptive co-relational design and cross-sectional design. The qualitative approach consisted of a case study design where Kalagala Health Center IV was used as a case study.

Area of Study

The study was conducted in Kalagala at Kalagala Health Center IV which is a town in Central Uganda located in the metropolitan areas in Luweero District. Kalagala is located approximately 15 kilometres (9.3 mi), by road, northeast of Bombo, the nearest large town. This location lies approximately 46 kilometres (29 mi), by road, northeast of Kampala, the largest city in Uganda and the capital of that country. The coordinates of the town are:00 36 47N, 32 36 56E (Latitude:0.6130; Longitude:32.6105)

Study Population

The target population for this study was 100 respondents who often receive health services at Kalagala Health Center IV in Luweero.

Sample size

The sample size for the study was 80 respondents who were selected from the target population of 100 Kalagala Health Center IV**.** This sample was arrived at using Slovene's formula of sample size archived

from Krejcie and Morgan tables (1970) calculated as; -

$n=N/1+N (e^2)$

Where n is the sample size, N is the target population, e is the error, which is 0.05

$N=100/1+100 (0.05)^2$

n=80

Table 1: Purposive sampling technique

Category	Target population	Sample
Male	100	80
Total	**100**	**80**

Sampling selection Procedure

To select the sample of 80 respondents from the 100 target population, Purposive sampling technique was used to select respondents from Kalagala Health Center IV. In this technique, the researcher used only those respondents in whom he had an interest depending on their willingness to participate in the study. The researcher used inclusion and exclusion criteria in selecting the sample where were the inclusion criteria depended on the willingness to participate in the study and the exclusion criteria depended on the unwillingness to participate in the study.

Data sources

The research used both primary and secondary sources data, where the primary data was obtained from the respondents by use of questionnaires, whereas secondary data was through reading newspapers, articles and journals.

Primary data sources

The researcher obtained/collected primary data by using designed questionnaires while secondary data was obtained by visiting the documents and files from different offices to collect information for the researcher's study.

Secondary sources

The researcher also used data from reports and previous research work selected from genuine textbooks and the internet.

Data collection instruments

The data collection instrument in this study was basically a questionnaire guide supplemented by a face-to-face interview guide with a few selected medical personnel at the health centre.

Questionnaire guide

Questionnaires by definition mean a set of printed questions addressed by the researcher to the respondent for him or her to answer and after answering return the questionnaires to the researcher. The questionnaires were administered personally by the researcher to the respondents and collected after time intervals. The questionnaires comprised both open-ended and closed-ended questions which required the respondents to answer all the questions to the best of their knowledge.

Validity of the instrument

Validity is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. Content validity was ensured by subjecting the researcher-devised questionnaires to be premised on infrastructure and economic growth consisting of all the elements of the two concepts interlinked together.

Reliability of the instruments

Reliability is a measure of the degree to which research instruments yield consistent results or data after repeated trials. The pre-testing technique was employed to assess the reliability (accuracy) of the instruments. The researcher distributed ten questionnaires to ten qualified respondents, from the Luweero district at Kalagala. These respondents were not included in the actual study. In this pre-testing technique, the questionnaires were later administered twice to the same subjects after the appropriate group of the subject was selected, then the initial conditions were kept constant, and the scores were analyzed from both testing periods to get the coefficient of reliability or stability. The tests and the trait measured if they were stable, indicated consistent and essentially the same results in both times.

Research Procedure

The researcher obtained an introductory letter from the Faculty of Clinical Medicine and Dentistry Kampala International University and took it to the

administration of Kalagala Health IV to ask for permission to conduct the study from the Health Center. After approval, the researcher visited the health centre and then purposive sampling was used to select respondents from the target population to arrive at the minimum sample size. Questionnaires were administered and during the administration of questionnaires, the respondents were required to answer completely and not to leave any part of the questionnaires unanswered, the researcher requested collect the questionnaires back within five days from the date of distribution, on collection, all returned questionnaires were checked if all questions are answered. After the collection of data, the data gathered was edited, encoded into the computer and statistically analyzed using the Statistical Package for Social Sciences (SPSS).

Data Analysis

The frequency and percentage distributions were used to determine the demographic characteristics of the respondents. Descriptive statistics specifically means and standard deviations were applied to analyse data by using statistical packages for social scientists (SPSS).

Ethical Considerations

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in this study, the researcher sought for permission to adopt the standardized questionnaire.

RESULTS

Personal Information of the Respondents

This study examined the gender, age, marital status and level of education and distance travelled by respondents to access health facilities from their area of location as shown in the frequency tables, pie charts and bar graphs below.

Sex of respondents

This study focused on determining the gender of respondents who often visit Kalagala health centre IV. The findings indicated that the majority of respondents who answered the questionnaires were males representing 76.3 per cent and female respondents representing 23.8 per cent of the total sampled population. There were more males because the study wanted to understand in-depth the level of male participation in family planning services as shown in the table below.

Table 2: Sex of respondents in Kalagala

Gender of respondents	Frequency	Per cent
Male	61	76.3
Female	19	23.8
Total	**80**	**100.0**

Age of respondents

As part of the study, the age of the respondents was studied and the findings indicated that the majority were between the age of 40-39 years, followed by 30-39, then 50-59 and 60 and above and 2.5 per cent were between the age of 20-29 years respectively. Adults were chosen because the study wanted to understand the context of family and lived experiences of the practitioners of the various forms of family planning. This is shown in the subsequent bar graph.

Table 3: Age of respondents in Kalagala

Age of respondents	Frequency	Per cent
20-29	2	2.5
30-39	20	25.0
40-49	35	43.8
50-59	14	17.5
60 and above	9	11.3
Total	**80**	**100.0**

Marital status of respondents

The study examined the marital status of respondents and the findings revealed that the majority of respondents were married representing a total of 76.3 per cent and 15 per cent of the respondents were single followed by those who had divorced represented 7.5 per cent reported under others and the least percentage of 1.3 were reported others as their marital status as indicated on the subsequent table.

Table 4: Marital status of respondents in Kalagala

Marital status of respondents	Frequency	Per cent
Single	12	15.0
Married	61	76.3
Divorced	6	7.5
Others	1	1.3
Total	**80**	**100.0**

Education level of respondents

The study revealed that the majority of respondents had a diploma education as their highest level of education at 35 per cent followed by a degree at 12.5 per cent, then others/none at 20 per cent and secondary with 7.5 per cent while postgraduate recorded the lowest percentage of 1.3 respectively. This is shown on the subsequent bar graph.

Table 5: Education level of respondents in Kalagala

Education level of respondents	Frequency	Per cent
Primary	10	12.5
Secondary	6	7.5
Diploma	28	35.0
Degree	19	23.8
Postgraduate	1	1.3
Others/none	16	20.0
Total	**80**	**100.0**

Distance to the nearest health facility

The study also examined the distance that respondents travel in order to access health services as a factor that determines the usage of health services and it was revealed that the majority of respondents represented by 57.5 per cent travel between 2-5 kilometres to Kalagala health centre IV followed by 37.5 per cent who travel for more than 6 kilometres in order to access health services while 5 per cent of the respondents travel for less than 1 kilometres to access the services at the health centre. This is shown on the subsequent line graph.

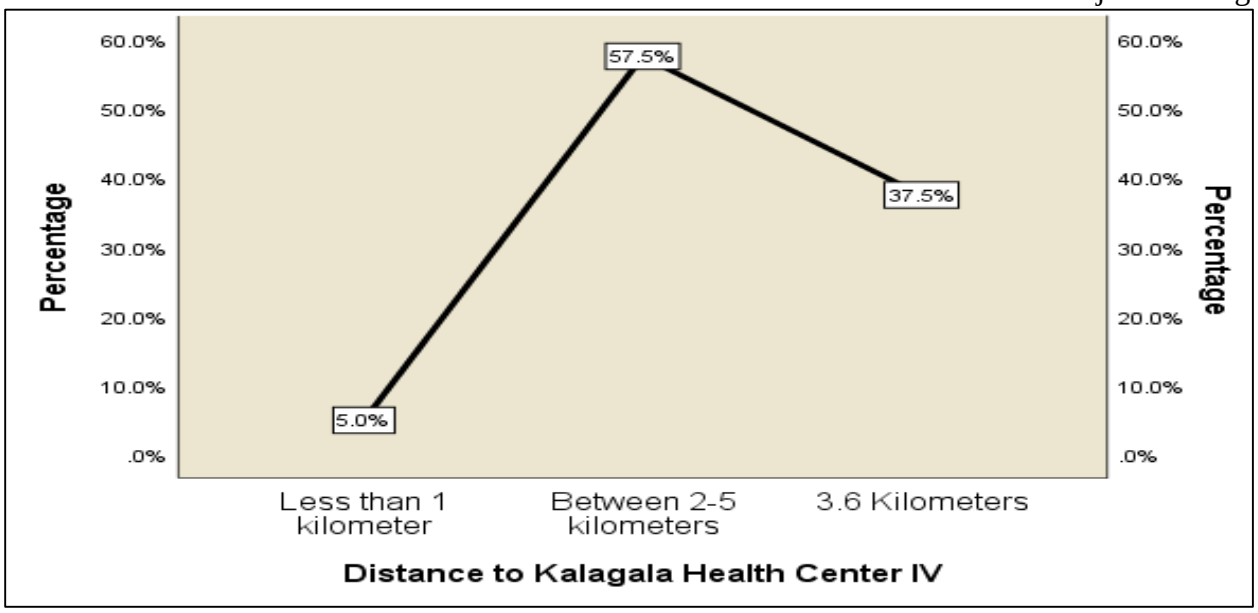

Figure 1: Distance to the nearest health facility in Kalagala

The prevalence of family planning use by men

The proportion of respondents currently using any family planning methods by sex

In this study, it was revealed that the majority of men who responded to the questionnaires are not currently using any family planning methods while the majority of the women are using family planning methods. For instance, out of the 61 male respondents' 46.2 per cent are using family planning methods, especially by use of condoms while 53.8 per cent of the 19 females who responded to the questionnaires are using family planning. For the case of the respondents who reported that they do not use any family planning, 90.7 per cent were males while 9.3 per cent were females. This confirms the existing literature which indicates that the majority of men do not use family planning services or believe that family planning is meant for women. Detailed results are indicated in Table 6 below.

Table 6: Showing the Proportion of respondents currently using any family planning methods by sex

I am currently using any family planning methods	Sex of respondents		Total
	Male	Female	
Yes	46.2%	53.8%	100.0%
No	90.7%	9.3%	100.0%
Total	**76.3%**	**23.8%**	**100.0%**

The proportion of respondents currently using modern family planning methods by sex

The results in Table 6 below indicate that the majority of men are not using modern family planning at Kalagala health centre IV while the majority of women use modern family planning methods. For instance, only 20 per cent of men reported to be using family planning while 80 per cent of the females reported using family planning. Of those who are not using modern family planning,84.3 per cent were males while 15.7 per cent were females. This is shown in Table 7 below.

Table 7: Showing the proportion of respondents currently using modern family planning methods by sex

I am currently using a modern family planning method		Sex of respondents		Total
		Male	Female	
	Yes	20.0%	80.0%	100.0%
	No	84.3%	15.7%	100.0%
Total		**76.3%**	**23.8%**	**100.0%**

The proportion of respondents' short-term family planning method ever used by sex

For the case of the proportion of respondents currently using short-term family planning, both men and women are using condoms while the majority reported not to be using any of the methods listed. In terms of the long-term family planning methods ever used by respondents, the majority of men represented 54 and women represented 10 reported that they have never used long-term family planning. This is followed by 7 men who have ever used withdrawal methods while 5 women reported that they have used implants as shown in Table 8 below.

Table 8: Showing the proportion of respondents' short-term family planning methods ever used by sex

Please list the short-term FP method that you have ever used		Male	Female	Total
	Pills	0	2	2
	Emergency FP	0	1	1
	Male condoms	15	12	27
	None/others	46	4	50
Please list the long-term FP method that you have ever				
	IUD	0	1	1
	Implants	0	5	5
	Lactational amenorrhea	0	2	2
	Withdrawal	7	1	8
	None/others	54	10	64

Attitude or perception towards family planning use by men in Uganda

In this section, the study investigated the attitude of respondents in terms of availability, affordability, quality of services and side effects or fear of embarrassment for using the family planning services and the detailed results are discussed below.

The proportion of respondents' long-term family planning method ever used by sex

In terms of the attitude and perception towards family planning use by men, the study revealed that the majority of men perceived that modern family planning was not always available in the community for use represented by 27 men who strongly disagreed and 11 women who also strongly disagreed. This may be one of the reasons why few men use family planning

services because they usually do not bother to look for these services. Furthermore, when asked if modern contraceptives are affordable in the community, the majority of men strongly agreed they are available represented by 24 men followed by 14 who agreed only. For the case of women who responded to the questionnaire 7 strongly agreed while 4 only agreed. Similarly, in terms of perception about the quality of services offered at Kalagala health centre, it was reported that the quality of services is good and this shows that there could be other factors that influence men to use the family planning services available at the health facility. This is because the majority of respondents that is to say 25 and 36 for men and 9 and 4 for women strongly agreed and agreed respectively that the family planning services provided in Kalagala health facility are of high quality. In addition, it was revealed by the study that the majority of men believe that the use of modern family planning can result in infertility however they were quick to report that IUDs cannot result in cancer. There was no embarrassment reported for use of the family services and the majority of respondents noted that it is okay for a woman/girl to suggest her male partner to use a condom or another method to avoid pregnancy. The detailed results are presented in Table 9 below.

Table 9: Showing the proportion of respondents' long-term family planning methods ever used by sex

	Observation(N)		Male	Female	Total
Modern Family planning was always available in my community for use	80	Strongly agree	24	1	25
		Agree	10	6	16
		Strongly disagree	27	11	38
		Disagree	0	1	1
Modern contraceptives are affordable in my community	80	Strongly agree	24	7	31
		Agree	14	4	18
		Strong disagree	18	1	19
		Disagree	5	7	12
Family planning services provided in Kalagala health facility are of high quality	80	Strongly agree	25	9	34
		Agree	36	4	40
		Strongly disagree	0	5	5
		Disagree	0	1	1
I believe that the use of modern family planning can result in infertility	80	Strongly agree	9	1	10
		Agree	51	17	68
		Disagree	1	1	2
I believe that using IUDs can result in cancer	80	Strongly agree	3	0	3
		Agree	6	9	15
		Strongly disagree	33	6	39
		Disagree	19	4	23
I am embarrassed to get/ask about family planning from a health facility	80	Strongly agree	0	1	1
		Agree	0	1	1
		Strongly disagree	7	0	7
		Disagree	54	17	71
I would be embarrassed if people found out that I am using family planning	80	Agree	5	8	13
		Strongly disagree	0	9	9
		Disagree	56	2	58
It is okay for a woman/girl to suggest to her male partner that they use a condom or another method to avoid pregnancy	80	Strongly agree	47	4	51
		Agree	11	10	21
		Strongly disagree	2	1	3
		Disagree	1	4	5
My partner would be annoyed with me if they discovered I was asking for condoms, pills or other family-planning services	80	Agree	0	9	9
		Strongly disagree	3	7	10
		Disagree	58	3	61

My friends would laugh at me/tease me if they found out that I was asking for condoms, pills or other family planning services	80	Strongly agree	5	0	5
		Agree	4	2	6
		Disagree	52	17	69

The factors that influence men's participation in accessing and using family planning services

In this section, the study examined some of the factors that can influence men in accessing the available services at Kalagala health centre IV because the available literature has confirmed that increasing men's participation has a positive impact on sexual and reproductive health. According to the findings presented in Table 10 below, the major factors that influence men's use of family planning services at Kalagala health centre include; reduction in infant mortality rate, adequate sensitization, availability of services, presence of trained health workers and affordability of the services. However, it was reported that lack of strong policies, inadequate counselling sessions organised to support contraceptive use at Kalagala Health Centre IV and the dominance of females as health care providers are the major factors limiting men's participation in family planning as shown in table 10 below.

Table 10: The factors that influence men's participation in accessing and using family planning services in Kalagala health centre IV

	Observation(N)		Male	Female	Total
Reduction in infant rate has an influence on the use of family planning	80	Strongly agree	8	16	24
		Agree	47	3	50
		Strongly disagree	3	0	3
		Disagree	3	0	3
I am influenced by my wife/husband to use family planning	80	Strongly agree	0	1	1
		Agree	3	12	15
		Strong disagree	58	6	64
		Disagree	0	1	1
Uganda has strong policies that encourage the use of family planning	80	Strongly agree	5	1	6
		Agree	55	17	72
		Strongly disagree	1	1	2
		Disagree	5	1	6
Adequate sensitization has influenced about use of family planning at Kalagala Health Center IV	80	Strongly agree	39	6	45
		Agree	22	11	33
		Disagree	0	2	2
There are adequate counselling sessions organised to support contraceptive use at Kalagala Health Centre IV	80	Strongly agree	1	1	2
		Agree	0	1	1
		Disagree	60	17	77
There are adequate services on family planning provided at Kalagala health centre IV	80	Strongly agree	16	11	27
		Agree	44	7	51

		Strongly disagree	1	0	1
		Disagree	0	1	1
There are trained health workers to provide male-friendly services for family planning at Kalagala Health Center IV	80	Strongly agree	1	0	1
		Agree	46	15	61
		Strongly disagree	0	3	3
		Disagree	14	1	15
The dominance of female as healthcare providers affect male involvement in family planning	80	Agree	8	2	10
		Strongly disagree	52	8	60
		Disagree	1	9	10
The affordability of family planning services has an influence on the use of family planning	80	Strongly agree	28	17	45
		Agree	28	2	30
		Strongly disagree	1	0	1
		Disagree	4	0	4

DISCUSSION

Findings on the personal information of respondents

The findings on the personal information of respondents indicated that the majority were male respondents represented by 76.3 per cent while females were represented by 23.8 respectively implying that there were more male respondents since the study targeted men mostly. In terms of the age of respondents, the study revealed that the majority were between the age of 40-39 years, followed by 30-39, then 50-59 and 60 and above and 2.5 per cent were between the age of 20-29 years respectively. Adults were chosen because the study wanted to understand the context of family and lived experiences of the practitioners of the various forms of family planning. These needed to be men or women who are married and the study further revealed that the majority of respondents were married representing a total of 76.3 per cent and 15 per cent of the respondents were single followed by those who had divorced represented 7.5 per cent reported under others and the least percentage of 1.3 were reported others as their marital status. Similarly, in terms of the level of education of respondents, had diploma education as their highest level of education at 35 per cent followed by a degree at 12.5 per cent, then others/none at 20 per cent and secondary at 7.5 per cent while postgraduate recorded the lowest per cent of 1.3 respectively. We target respondents who had moderate levels of education to enhance the quality of data collected and views represented in this study. It was revealed by the study that people travel very long distances to access health services in Kalagala including family planning services.

Findings on the prevalence of contraceptive use by men in Kalagala health centre IV

In terms of the level of prevalence of contraceptive use by men, it was revealed that men who responded to the questionnaires are not currently using any family planning methods while the majority of the women are using family planning methods. For instance, out of the 61 male respondents' 46.2 per cent are using family planning methods, especially by use of condoms while 53.8 per cent of the 19 females who responded to the questionnaires are using family planning. For the case of the respondents who reported that they do not use any family planning,90.7 per cent were males while 9.3 per cent were females. This confirms the existing literature which indicates that the majority of men do not use family planning services or believe that family planning is meant for women.

Findings on the factors that influence men's participation in accessing and using family planning services in Kalagala

The study examined some of the factors that can influence men in accessing the available services at Kalagala health centre IV and the major factors explaining the reasons why men are participating and influencing family planning services at Kalagala health centre IV include; reduction in infant mortality rate, adequate sensitization, availability of services, presence of trained health workers and affordability of the services. However, it was reported that lack of strong policies, inadequate counselling sessions organised to support contraceptive use at Kalagala Health Centre IV and the dominance of females as health care providers are the major factors limiting men's participation in family planning.

Recommendation

- The researcher recommends that strategies aimed at increasing men's participation be designed because it was realized that few men are participating in family planning in Kalagala.
- The researcher also recommends that Kalagala health centre IV work together with the development partners(public and private) and donors to improve men's education, conduct mass media campaigns to create awareness for men to involve in family planning, establish clinic-based interventions on reproductive health services and providing health counselling and education to couples rather than just women because they are proved to be important strategies for increasing male involvement in family planning in Kalagala IV.

Limitations of the study

i. Most of the respondents were busy and gave only little attention to the questions asked in the questionnaire.
ii. Some people were not willing to give the information because they saw no value in the information to themselves.
iii. The study was only limited to the case study due to limited time and resources to cover the whole of Kalagala. The researcher resorted to purposive sampling and yet it had its own disadvantages.

REFERENCES

1. Malcolm Potts, MD (2009). History of Contraception; https://www.glowm.com/sectionview/heading/History%20of%20Contraception/item/375#.
2. Prerna, G. *et al.* (2020). Male involvement in reproductive, maternal, newborn, and child health: evaluating gaps between policy and practice in Uganda.
3. Kaja, J. *et al.* (2020). HP+ Policy brief; http://www.healthpolicyplus.com/ns/pubs/18431-18784_UgandaFPEquityBrief.pdf.
4. Visaria, L. *et al.* (1999). From Family Planning to Reproductive Health: Challenges Facing India. International Family Planning Perspectives. 25: S44–S49.
5. Li, W. (1976). Application of Social Science Theories to Family Planning Health Education in the People's Republic of China; https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.66.5.440.
6. Dougherty, A. *et al.* (2018). Knowledge and use of family planning among men in rural Uganda. *BMC Public Health* 18, 1294. https://doi.org/10.1186/s12889-018-6173-3.
7. Sumitra, S. Bhuvan, K. C. *et al.* (2018). Factors influencing male participation in reproductive health: a qualitative study.
8. World Health Organisation (2020). Uganda Contraception within the context of adolescents'sexual and reproductive lives: Country profile;https://apps.who.int/iris/bitstream/handle/10665/339537/WHO-SRH-20.26-eng.pdf
9. USAID. (2018). High-Impact Practices in Family Planning (HIPs). Engaging Men

and Boys in Family Planning: A Strategic Planning Guide. Washington, DC:https://www.fphighimpactpractices.org/guides/engaging-men-and-boys-in-family-planning/
10. Global Partnership about FP 2030(2022) https://fp2030.org/uganda.
11. Namasivayam, A. *et al.* (2019). Improved contraceptive use among women and men in Uganda between 1995-2016: A repeated cross-sectional population study; https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0219963&type=printable.
12. Uganda Bureau of Statistics (2020): Uganda Family Planning Atlas; https://uganda.unfpa.org/sites/default/files/pubpdf/uganda_family_planning_atlas.pdf.
13. Getinet, W. *et al.* (2020). Male Involvement in Family Planning Utilization and Associated Factors in Womberma District, Northern Ethiopia: Community-Based Cross-Sectional Study: https://www.dovepress.com/getfile.php?fileID=65291.
14. Hardee, H. (2017). Reproductive Health; Are men well served by family planning programs?
15. Mbambu, M. J. (2032). Evaluation of the knowledge, attitude and practice among women attending family planning at Bwera general Hospital. INOSR Experimental Sciences, 11(1), 1-16.
16. Hadijah, N. (2023). Evaluation of factors associated with low utilization of family planning services among mothers attending maternal child health services at KIU-TH Bushenyi District, Uganda. INOSR Scientific Research, 9 (1), 80-96.
17. Robert, A. (2023). Factors influencing utilization of Family Planning Services among Married Women (15-49 Years) in Kitwe Town Council Ntugamo District. Newport International Journal of Research in Medical Sciences. 3 (1), 58-69.
18. Emmanuel, I. O., Esther, U. A., Getrude, U. O. and Okechukwu, P. C. U. (2023). Prostate Cancer: Review on Risk Factors. Eurasian Experiment Journal of Public Health (EEJPH). 4(1), 4-7.
19. Richard, S. E., Ngozi, I. A., Okechukwu, P. C. U. (2023). Prostate Specific Antigen Levels on Prostate Disorders in South-East Nigeria. IAA Journal of Scientific Research. 10(1), 74-76.
20. Enos, T. (2023). Evaluation of the Urinary Retention in Matured Male Patients at Kampala International University Teaching Hospital in Bushenyi District Western Uganda. INOSR Scientific Research. 9(1), 50-58.

Mukasa Gaster (2023).Factors Influencing Participation of Men in Family Planning Services in Kalagala Health Center Iv- Luwero Distrct-Uganda. IAA Journal of Applied Sciences 9(2):27-40.