

INTRODUCTION

There is a vast unmet need for contraception in sub-Saharan Africa, especially among HIV-affected men and women. As in much of Sub-Saharan Africa, fertility rates among Kenyan women are significantly higher than desired fertility. Meeting the unmet need for family planning is critical to the prevention of unintended pregnancies, especially in the context of high HIV prevalence.

Male partners' disapproval or opposition, is frequently cited as a major barrier to contraceptive use in studies in sub-Saharan African countries (Lasee & Becker, 1997; Bankole & Singh, 1998; Dodoo et al., 1997; Dodoo 1998; Wolff et al., 2000; DeRose et al., 2004; Grabbe et al., 2009; Shattuck et al., 2011) In the past two decades, multiple studies in African settings have demonstrated that involving men can improve women's contraceptive uptake and that interventions aimed at both men and women will be more successful than those targeting women alone (Mbizo & Bassett, 1996; Becker, 1996; Bawah et al., 1999). Several studies have also found women's perceptions of their husbands' approval of family planning were significantly related to their contraceptive use (Becker, 1996; Lasee & Becker, 1997; Wolff et al., 2000; Ntshebe, 2011)

METHODS

This qualitative study was conducted among community-based and HIV clinic-based couples in the Migori and Rongo districts in Nyanza Province, Kenya, in conjunction with the Family AIDS Care and Education Services (FACES). Created in March 2005, FACES partners with government health facilities to provide HIV care, treatment, and support to individuals and families, and currently has over 40,000 patients enrolled in care and over 12,000 on antiretroviral therapy (ART). The Nyanza Province has among the highest HIV prevalence in Kenya; it is estimated that between 15-21% of the population is HIV positive, the highest in the country (Kenya's national HIV prevalence is 6.7%) (Kenya Ministry of Health, 2005) In Nyanza, it is estimated only 21% of women overall and less than 5% of HIV-infected women are using a modern contraceptive method (FACES, 2011).

Individual, semi-structured, in-depth interviews were conducted with each partner, separately, yet simultaneously, from 40 married, heterosexual couples between June to September 2010. The overall objective of this study was to gain a better understanding of how couple decision-making and power influenced fertility and family planning outcomes in the context of high HIV prevalence. In this paper, we focus on men and women's perceptions of male disapproval of family planning.

RESULTS:

Stigma associated with family planning use, including its association with female promiscuity and prostitution, was a major barrier to male acceptance of family planning. Among men, it was commonly believed that women sought contraception in order to avoid pregnancies from extramarital sexual encounters. Many

men felt that their acceptance of family planning implicitly gave women permission to be promiscuous. One 45 year old father of eight discussed this: *“you know the reason why women in many families don’t ask their husbands if they can go for family planning is that the woman thinks that anytime that she will ask the husband to go for family planning then it will mean that she has been a prostitute.”* The association of family planning with promiscuity and extra-marital relationships contributed to a lack of communication among couples. Women avoided expressing their desire to use contraception to their partners because they feared their husbands would suspect them of being unfaithful. One 28 year-old mother of five explained, *“the way some men are; maybe some of them feel that if the woman can go for family planning, they feel that they shall have allowed them to be promiscuous....that you have been given a chance to be promiscuous; because he knows that you will have affairs and not conceive.”*

Many women also perceived that men did not approve of family planning because they wanted to have as many children as possible, regardless of the burden. A 30 year old mother of four said: *“There are those who don’t agree because they want children. For them what is important is that you give them a child, even if you are dying after that.”* Another 30 year old mother of seven explained *“Some men do not agree to family planning practice, because for him he only knows that you carry the pregnancy and give birth...He just likes seeing you give birth but he doesn’t think of the future life.”* Another mother of six agreed: *“Their desire is to have children but then it is the woman who carries the burden...they just want their wives to be pregnant all the time.”*

Both men and women discussed how efforts to delay or limit fertility threatened men’s power, paternal family lineage, and land security. Since land is inherited and protected by male children in the local Luo culture, men’s status and roles within their household and community were closely tied to the number of children they produced. Men did not want limit their family size because future children brought wealth and status to the family. For example, one 45 year old husband with four wives said, *“you see the laws of the Luosis that their wealth is dependent on their children. A child is the wealth that we can see. Yes, even if you have some powers or a piece of land, if you have a child you know that your wealth will not get lost. The laws have been like that from the past.”* Some women believed that men competed for large families as a sign of status. One 25 year-old woman with two children explained: *“Sometimes there is competition here, so and so has how many children and how many children do I have, he is having more children than me, so even if you try to tell him about that thing he will just tell you that people are competing here, there is competition here....So he wants it so much such that even if you can give birth twice in a year that is fine by him.”* Another 24 year old mother of one had similar views: *“The reason why they cannot agree with family planning ... some of them see that their fathers had many children they don’t want this thing called family planning in their lives. Some people also compete with their brothers; that so and so is having more children than me so I cannot take my wife for family planning.”*

The possibility of child death compelled some men to desire large families. In the context of high HIV prevalence, the uncertainty of children's survival to adulthood was a major concern. Some participants desired larger families than ideal to ensure that they would remain with a preferred amount of children. One 47 year-old father of five who had two children die explained why some men did not approve of family planning, *"they say that you may be planning your family and it is God who knows. You may give birth but you don't know which one will live and which one will die so that is why they don't agree that the woman should stop."* Another 47 year old father of six who was HIV positive agreed: *"I just want many children.... now it is just the plan of God. Yes, because there are those that I have buried and there are those that are alive.... So what is the level that I should say 'it should be like this' and stop? I don't see if I can trust that well..."*

Another common reason for men's disapproval of family planning was potential negative side effects of the contraceptive method, especially infertility. The potential loss of a woman's future fertility capabilities was a major concern to men. This may have related to the gender role expectations that males produce heirs. While women believed this to be a salient concern for men, few women articulated this as their own concern, possibly because women had a higher level of family planning knowledge. Among both men and women, however, contraceptive methods were perceived to have negative health consequences, such as loss of energy and libido, birth defects, bleeding, cancer, HIV and other health problems. A 20 year old mother of one explained why she felt her husband did not approve of family planning: *"The reason why he does not want it is that he thinks that family planning can give me so many problems such that I can not even go to the farm; I cannot do any hard work."* A 26 year old mother of two explained: *"Others say that those things give people problems that it can bring unknown disease to someone or that it can make someone not to have more children ever again."*

Many men believed that fertility should be left up to God. For example, one young male said, *"Most men don't support the idea of family planning.... those are creations of God and they should not be blocked."* Another 38 year old father of four said *"Yes, you will find some people who don't know saying that their wives cannot go to the hospital....she cannot take the pills for family planning; she should just give birth until she has finished all the children in her womb...."* A young mother of two also explained: *"we hear them say that a woman should not give birth and stop for a while and then give birth later on, that she should just give birth to all the eggs God created in her uterus."* Another 40 year old mother of six had similar thoughts: *"you should just accept to give birth because it is a gift from God; it is God-given. Later on, they feel that it is a problem when one has delivered many children....yet initially it never occurred to them to have few children so that they can take good care of themselves."*

DISCUSSION & CONCLUSIONS

Men's disapproval of family planning was discussed by both men and women in this study. Men clearly had a role in reproductive decision-making in this context. Supporting numerous other studies in sub-Saharan Africa, women frequently deferred to male partners in reproductive decision-making (Bongaarts & Bruce 1995; Dadoo et al. 1997; Ezeh 1993; Wolff et al., 2000; Shattuck et al., 2011). According to both women and men, male disapproval was a significant determinant of women's contraceptive use. Women's perceptions of the reasons why their partners disapproved of family planning were very consistent with the opinions expressed by men.

While men's reproductive decisions were influenced, in part, by their HIV-positive status, socio-cultural factors were most influential in their disapproval of family planning. The most important factors included: threatening men's roles, culturally-expected gender roles and the preferences for large families, the belief that God should determine how many children a couple had, and the fear of child death. Similar to other studies, interest in family planning raised suspicions of infidelity, female promiscuity and of having children outside of the union (Biddlecom & Fapohunda, 1998; Wolff et al., 2000). Many men perceived family planning to cause negative health effects. In particular, infertility was a major concern in the context of high HIV prevalence and high mortality. Some men expressed fears that they would not be able to replace children that died or, upon their own deaths, would be incapable of fulfilling male gender roles by leaving descendants to carry on the family name and inherit the family property.

To meet couples' reproductive needs, efforts to enhance male participation as a strategy for improving family planning access among HIV-affected individuals are needed. Innovative programming can improve men's knowledge and understanding of the benefits of family planning. To address men's concerns, programs should focus on understanding how rapidly changing gender relations elicit men's fears concerning their role in families, communities, and relationships. Programs should creatively engage men to reconfigure notions of masculinity to include support for their partners and the positive role that men can play in family planning within families and communities.

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