FACTORS ASSOCIATED WITH MEN'S LOW PARTICIPATION IN POSTPARTUM FAMILY PLANNING AT KAWOLO HOSPITAL, BUIKWE DISTRICT

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I,**TUMWESIGYE PADDY** hereby declare that this work ***"Factors Associated with Low Participation of Men in Postpartum Family Planning at Kawolo Hospital, Buikwe District"*** is my own original work and has never been published or submitted for any award to any institution of higher learning.

Signature:  **Date:** 25th April 2024

TUMWESIGYE PADDY

RJ20M21/046

APPROVAL

This is to certify that this research dissertation has been carried out under my supervision and now is ready for submission for the evaluation of the award of a Masters of Public Health.

Signature:..... **Date:** 25th April 2024

Rev. Evatt Mugarura

(Supervisor)

DEDICATION

This dissertation is dedicated to my family for the support that cannot be exhaustively defined. May God's blessings be multiplied for their unconditional love, care and support.

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My appreciation goes to my supervisor, Rev. Canon Evatt Mugarura for his willingness to guide me across the whole of the research journey. Also, special appreciation to Uganda Christian University for offering me the opportunity to study in this University and much more so conduct research in my field of study.

Special thanks go to my respondents from Kawolo Hospital, Buikwe District that spared their time to give me the data required to accomplish this study.

ACRONYMS

FP	: Family Planning
SDGs	: Sustainable Development Goals
DHS	: Demographic and Health Survey
SPSS	: Statistical Package for Social Scientist
GOU	: Government of Uganda
MOFPED	: Ministry of Finance, Planning and Economic Development
MOH	:Ministry of Health
NARHS	: National HIV/AIDS and Reproductive Health Survey
NSMP	: National Safe Motherhood Program
PPFP	: Postpartum family planning
UNFPA	: United Nations Fund for Population Activities
WHO	:World Health Organization

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ABSTRACT

Postpartum contraceptive use is not only important to reduce unintended pregnancies but also pregnancies that are too closely spaced. Male participation focuses on the involvement of males in at least one of the following activities: discussion or spousal communication, support approval, and contraceptive use of the Husband. The study assessed the factors associated with Low Participation of Men in Postpartum Family Planning in Kawolo Hospital, Buikwe District. The study employed an analytical cross-sectional study design involving collection of quantitative data with a sample of 371 study participants. Data was collected using questionnaires. The study employed Spss for data entry, cleaning and analysis. Out of the 371-sample size of the study, the response rate amounted to 350(94.4%). The study found out that Individual Factors associated with Men's Participation in Postpartum Family Planning in reference to the expected number of children (2-4 children 57.1%), (64% were in a polygamous relationship) and respondents went to school was at 78%). Furthermore, male participation in postpartum family planning was substantially correlated with approval of family planning usage, understanding of family planning, and information source. Comparing respondents who permitted family planning usage at home to those who did not, it was found out that those who approved were more likely to utilize family planning services. The study concluded that the level of male Participation in postpartum family planning is low and there are some areas that need to be improved both by the government and other non-governmental organizations in trying to increase the postpartum family planning.

CHAPTER ONE: INTRODUCTION

1.0 Background

According to NEGRIC (2020), family planning (FP) is a crucial part of the prenatal, postpartum, and first year postpartum health care that is offered. According to WHO (2013) and Sitrin et al. (2020), postpartum family planning (PPFP) is the practice of preventing unplanned births and closely spaced pregnancies during the first 12 months after childbirth. This also applies to pregnancies that were terminated by an abortion. The global movement known as Family Planning 2020 (FP2020) upholds this right, as well as the freedom of women and girls to choose for themselves whether, when, and how many children to have (Cahill et al., 2018).

Evidence has it that short birth intervals of less than 15 months have been found to be associated with adverse pregnancy outcomes including induced abortions, miscarriages, preterm births, neonatal and child mortality, still births and maternal depletion syndrome (Chandra-Mouli et al., 2013). Postpartum contraceptive use is not only important to reduce unintended pregnancies and pregnancies that are too closely spaced(Enyidah et al., 2020), but it also improves the health of the woman, her child and family(Dral et al., 2018). World Health Organization recommends adoption of postpartum contraceptives not only for reduction of unplanned pregnancies, but also to improve maternal and child well-being(Chandra-Mouli et al., 2013).

Many women are not utilizing efficient family planning techniques despite the fact that there is evidence linking narrow birth intervals to unfavorable pregnancy outcomes. Men's poor postpartum family planning engagement is the reason for this (Khowaja et al., 2019). Men and women alike are concerned about concerns related to reproductive health. In order to enhance maternal health, increasing male involvement in family planning is a crucial public health endeavor (Wondim et al., 2020). Research suggested that spousal communication and male involvement in decision making can positively influence family-planning use and continuation (Hartmann et al., 2012).

According to World Health Organization report 2017, the major inhibitors of male involvement in postpartum family planning included negative perception and lack of spousal support. There is scanty literature regarding male involvement in family planning in Uganda-Buikwe District (Gopal et al., 2020b). However, available information reveals that the practice is generally low (Gopal et al., 2020b).To increase male involvement in family planning services in Buikwe, a study by (Gopal et al., 2020b) suggests that a 'bottom-up' approach to male involvement be used . The approach should emphasize solutions developed by or in tandem with community members, specifically, fathers and community leaders who are privy to the social norms, structures, and challenges of the community. This study therefore intended to explore the factors associated with participation of men in postpartum family planning services in Kawolo Hospital.

1.2 Problem Statement

In Uganda, there is low male involvement in postpartum family planning services, standing at 8%(Gopal et al., 2020b). Only 6 in 100 men participate in postpartum family planning services in Buikwe and its neighboring districts(Gopal et al., 2020b). The most probable identified barriers to male involvement include socio-cultural norms, gendered roles, and lack of knowledge about reproductive and maternal health(Taddese). Women point to their male partner’s resistance to family planning as a significant barrier to uptake and continuation, resulting in decisions to use contraceptive methods covertly or not at all. Fear of spousal retaliation due to disagreements about whether to use contraception has also been shown to be a significant barrier among men in Buikwe District. Low male involvement in postpartum family planning in Uganda may be one of the significant contributors of high maternal and child mortality in Uganda

The approval of acquisition of knowledge on family planning, family planning use and information source have been left to Men in Buikwe District. The efforts to mobilize Men for interventions are highly dependent on external aid which has rendered them

unsustainable. Low uptake of family planning among women is predominantly attributed to low participation of Men in postpartum family planning. In order to improve maternal health, strengthening male participation in family planning is an important public Health initiative.

Sensitization messages through radio talk shows, health education by health care providers have been put in place so as to increase on male involvement in postpartum family planning services. Nevertheless, this has not achieved the intended results. This study intended to assess factors associated with low participation of men in postpartum family planning so as to design evidence-based interventions geared towards increasing their participation.

1.3 Objectives of the study

1.3.1 General objective

To identify and assess factors associated with low participation of men in postpartum family planning so as to design evidence based and effective interventions geared towards increasing male involvement in family planning services at Kawolo Hospital, Buikwe district.

1.3.2 Specific objectives

- To assess the individual factors associated with low participation of men in postpartum family planning at Kawolo Hospital, Buikwe district.
- To assess the social cultural factors associated with low participation of men in postpartum family planning at Kawolo Hospital, Buikwe district.
- To assess the health system factors associated with low participation of men in postpartum family planning at Kawolo Hospital.

1.3.3 Research Questions

1. What individual factors are associated with low participation of men in postpartum family planning at Kawolo Hospital, Buikwe district?

2. What social cultural factors are associated with low participation of men in postpartum family planning at Kawolo Hospital?
3. What health system factors are associated with low participation of men in postpartum family planning at Kawolo Hospital?

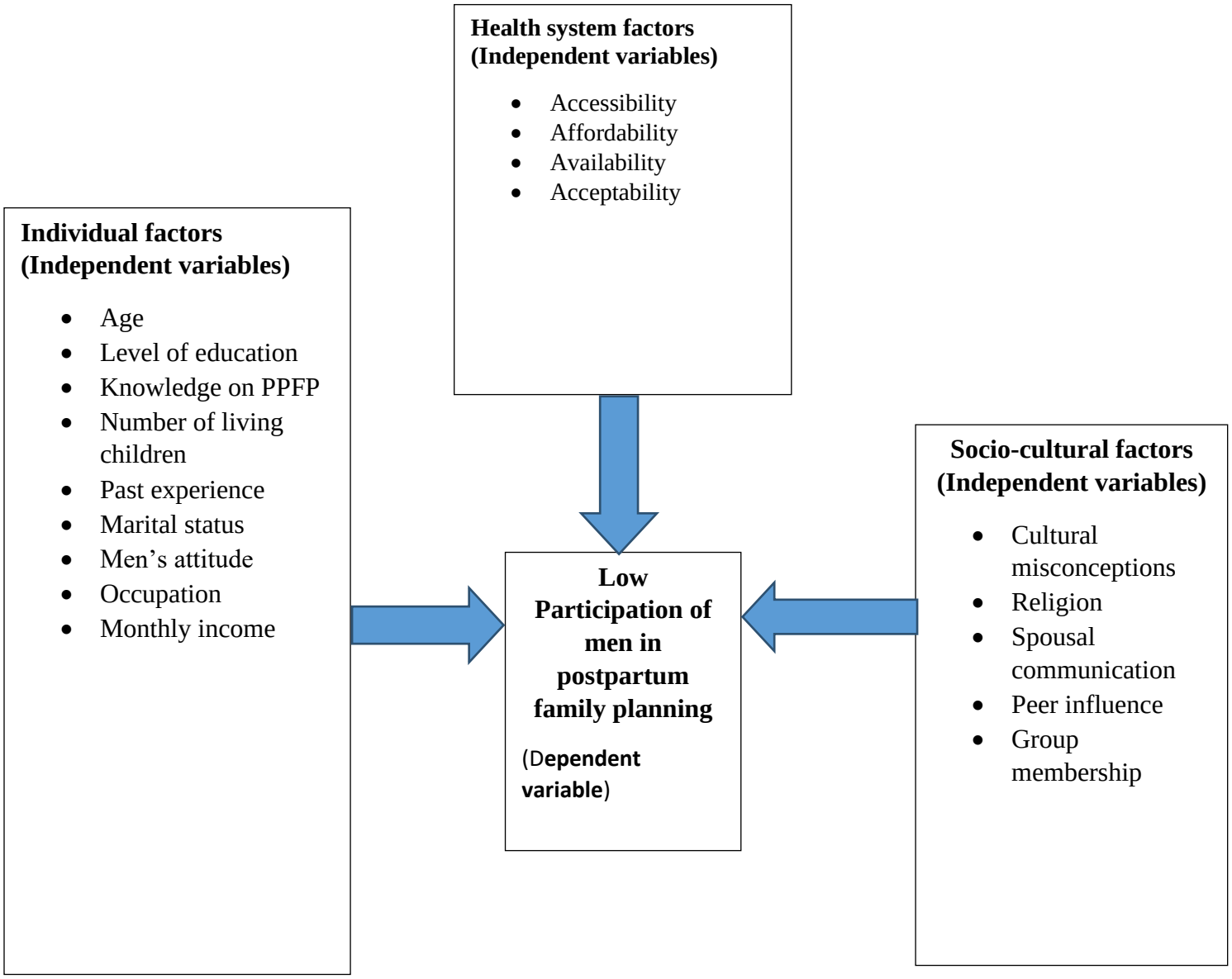
1.3.4 Scope of the study

The scope of the study was limited to men aged between 20 to 45 years whose spouses had babies of less than 12 months old. This research lasted for a maximum of one month and ended when the month had passed.

1.3.5 Justification of the study

The fact that there is still a high unmet need for family planning among postpartum mothers and men greatly influence the uptake of this service. According to several studies, men are biggest obstacle to achieving the desired postpartum contraceptive rate. This study therefore seeks to analyze the factors that influence participation of men in postpartum family planning. This study will be useful for effective SRH programming and post-partum family planning delivery. The Results of this study will be used by other researchers, organizations and policy makers to design programs that will influence men to actively participate in postpartum family planning. Finally, the results from this study will contribute to general theoretical knowledge about postpartum family planning that may stimulate further research, acting as reference literature for future research.

1.3.6 Conceptual framework



Source: Primary source by researcher.

The individual characteristics of men such as age, level of education, knowledge on postpartum family planning, marital status, and number of living children affect the individual's attitude towards postpartum family planning service utilization(Butto & Mburu, 2015; Mwangi & Mangeni, 2012). Attaining a higher education level gives an individual a better understanding of contraceptive methods including the advantages

and limitations of each method. This aids men to assist their partners within the postpartum period to make an informed choice. Men who have no living children are less likely to involve in postpartum family planning than those with children.

Socio-cultural factors

Socio- cultural characteristics of men such as religion, cultural misconceptions, spousal communication, peer influence, group membership affect their participation in postpartum family planning (Akafuah & Sossou, 2008; Butto & Mburu, 2015).

Religious beliefs influence the individual's position to accept or reject family planning services. Some religions preach against the use of modern contraceptives whiles others readily embrace it.

Spousal communication encourages most men to get involved and participate in family planning and reproductive health issues. Therefore, good spousal communication plays a major role towards promoting shared responsibility about reproductive health.

Socio-economic factors

Socio-economic factors such as occupation and average monthly income greatly influence male participation in family planning (Butto & Mburu, 2015). Males who have regular salaried jobs or have above average monthly income mostly participate in family planning as they have increased access and negotiating power for services including healthcare.

Health system factors

The health system factors comprising of availability, accessibility, affordability and acceptability of the family planning service affect male participation in postpartum family planning services. The availability of family planning service has direct influence on access and together they influence male involvement in the postpartum family planning (Ensor & Cooper, 2004; Katende, Gupta, & Bessinger, 2003).

Affordability offamily planning services determine the level of male participation in postpartum family planning. The lower the cost of the service the higher the chances of more males getting involved.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Men and women alike are concerned about family planning difficulties. Strengthening male involvement in family planning is a crucial public health endeavor to improve maternal health. In Uganda, however, men continue to make the majority of family decisions, particularly in metropolitan areas. The level of male involvement in family planning and the factors that influence it in Uganda are not well documented. This chapter examines, contrasts, compares, and makes an effort to clarify variations in the findings of other comparable studies. The introduction, male involvement in family planning, personal factors influencing men's involvement in family planning, sociocultural factors, and health system aspects make up its subsections.

2.1 Male participation in family planning but with a focus on postpartum family planning and in line with three thematic factors-Individual, Socio-Cultural and Health System.

In many contexts worldwide, men tend to be the decision makers within families and heavily influence decisions regarding contraception and STI prevention and family planning (Davis et al., 2016).Mother and child mortality are correlated with male participation in family planning programs. According to data from the 2008–09 Kenya Demographic and Health Survey, women whose husbands used family planning services had a higher chance of skilled birth attendance than women whose husbands did not use family planning services (adjusted odds ratio, 1.9; 95 percent confidence interval, 1.09–3.32) following adjustment for other factors (Mangeni et al., 2012).

In order to improve maternal health, strengthening male participation in family planning is an important global public health initiative(Wondim et al., 2020). The importance of involving men in reproductive, maternal and child health programs is increasingly recognized globally. Unfortunately, most of maternal and child health services around the globe do not actively engage expectant fathers and fathers of young children and few studies have been conducted on the challenges, benefits and

opportunities for involving fathers (Davis et al., 2016). In a qualitative study of policy makers and practitioners carried out in the pacific reported that greater men's involvement would result in a range of benefits for maternal and child health, primarily through greater access to services and interventions for women and children(Davis et al., 2016). Perceived challenges to greater father involvement included sociocultural norms, difficulty engaging couples before first pregnancy, the physical layout of clinics, and health worker workloads and attitudes.

In Africa, many countries have made significant progress on improving reproductive, maternal, newborn and child health in the past ten years. However, there's still a high burden of poor maternal, neonatal and child health. A community-based cross-sectional study carried out among 620 married men in Ethiopia revealed that 12.5%were directly involved in the use of family planning using a male contraceptive method, and about 60.0% of males were involved in family planning through spousal communication and approval. Having more than three children was negatively correlated with male involvement in family planning utilization, whereas education level and having sufficient knowledge about family planning were positively associated with male involvement in family planning utilization (Wondim et al. 2020)

According to an integrative review of studies conducted across the continent, factors such as religion, large family size, culture, fear of side effects, exposure to information, attitudes, norms, and self-efficacy, as well as interactions with health care providers, influence men's involvement in using family planning (Eqtait and Abushaikha, 2019). These findings show that intensive education for men and intervention programs by healthcare professionals will favorably raise the prevalence of family planning use throughout the continent. Involving religious leaders in education is advised as well.

In many parts of sub-Saharan Africa, family planning initiatives have advanced significantly (Koffi et al., 2018). Still, there are a lot of obstacles in the way of its easy development. Several obstacles prevent men from using family planning services,

according to a study on the facilitators and barriers to family planning service use among HIV-positive men in Kenya's Nyanza Province. According to Steinfeld et al. (2013), these include worries about the negative effects of contraceptives, ignorance of contraceptive methods, myths and misconceptions about infertility, structural barriers like staffing shortages at HIV clinics, and a lack of male focus on family planning methods and service delivery Just 6% of men and 48% of respondents, respectively, were using family planning methods, according to a cross-sectional study carried out in Kenya. Male involvement was significantly correlated with the respondents' age, educational attainment, number of children, marital type, and knowledge of and ease of access to family planning services. According to Butto and Mburu (2015), men were 89% less likely to be heavily involved in family planning if they had no education (OD 0.117; 95% CI: 0.03 - 0.454).

Numerous research studies have demonstrated that global male participation in family planning adoption is likely to increase the effectiveness of the program for women (Ha et al., 2017, Dougherty et al., 2018). Based on the application of a trans-theoretical model, the percentage of men in Vietnam who were involved in family planning was found to be 25.8% in the per-contemplation stage, 10.5% in the contemplation/preparation stage, and 63.7% in the action/maintenance stage of behavior change. This suggests that more than 60% of those who responded to the study used family planning. Results from a cross-sectional study by Grimley et al. (2018), however, show that only 12.5% of the male population used family planning. These results are in contrast to the findings from this study. The earlier study, however, was limited to the use of condoms as a family planning method, which accounts for the disparity in findings. Studies such as Manortey (2020) indicate that 64.4% of men participate in family planning, a figure that is more in line with the findings of Dougherty et al. (2018). In this study, male involvement in family planning was positively correlated (p-value < 0.05) with respondents' marital status, employment status, and knowledge of family planning (Manortey, 2020). In both

studies, health education and sensitization messages should be used to further encourage male involvement in family planning.

According to a quantitative descriptive cross-sectional study conducted in Nepal, more than half of the husbands (59.4%) were involved in financial support for family planning, advice, and helping to lessen the workload around the house. When controlling for other variables, economic autonomy was linked to a decreased chance of discussing pregnancy with the husband, whereas domestic decision-making autonomy was linked to a decreased chance of discussing pregnancy with the husband as well as the husband's involvement in family planning (Thapa and Niehof, 2019). This suggests that husband-wife conversations, particularly those involving financially independent couples, should be the focus of interventions meant to increase male involvement in family planning services.

Just 10% of participants in a cross-sectional study conducted in India used condoms (T et al., 2015). Only 25% of subjects from low socioeconomic status used pills, compared to over half of subjects from middle socioeconomic status. In contrast, only 3% of the couples in a comparable study conducted in Uttar Pradesh reported using pills (Khan and Patel, 2017). It is noteworthy to mention that the initial study involved respondents who were married or single, whereas the subsequent study only included married individuals. In a descriptive cross-sectional study, nearly 70% of the participants actively used alternative family planning techniques (Demissie et al., 2016). In contrast, 20% of participants in an Uttar Pradesh study (T et al., 2015) stated that they had sterilized themselves. 18% of those with high socioeconomic status and 50% of those with middle socioeconomic status used Copper-T IUDs. In Uttar Pradesh, however, just 1% of the participants used IUDs. According to a study by (T et al., 2015), the majority of the subjects most frequently used condoms and pills because they were convenient (53%), reasonably priced (48%) and easily accessible (47%). Contrarily, a study done in Pakistan revealed that the most popular form of birth control was the condom (which is known to be effective in 27.3% of cases), followed by injection, pills, and withdrawal (Nasir et al., 2017).

It has been discovered that using family planning services can prevent unwanted pregnancies and significantly lower mother and child mortality in developing nations, particularly in Africa. Family planning methods are still not widely used, but men, who make most of the decisions in African families, can play a significant role in promoting their acceptance (Manortey, 2020). According to a cross-sectional study done in Ghana, the majority of respondents (83.26%) said they were okay with their partners' male spouses accompanying them to get family planning services (Manortey, 2020). This conclusion, however, was at odds with the findings of a study conducted in the Kassena-Nankana District in Ghana's northern region, where women who choose to use family planning must do so at great risk of social rejection or familial strife (Adongo et al., 2018) and without even considering the possibility of their male partners joining them to the family planning clinic. The difference in the study results may be explained by the fact that participants in the later study were not as well educated as those in the former study, which was conducted in Tema Metropolis, an urban area. Due to these misconceptions, male participation in family planning is still lower than desired throughout the continent (Dral et al., 2018).

In a descriptive cross-sectional study conducted in Ghana, participants' knowledge levels regarding family planning showed that over half of the men had adequate knowledge (Manortey, 2020). The likelihood of family planning involvement was found to be 9 times higher for respondents with a lot of knowledge and 5 times higher for those with sufficient knowledge (AOR = 8.79, 95% CI: 0.81 - 95.89) and 4.93, 95% CI: 0.51 - 47.25). Males in the Mpigi district of Uganda participated in a qualitative cross-sectional study evaluating family planning, and the results showed that men knew very little about family planning and its services (Kaida et al., 2016). This was however ascribed to the fact that spouse communication regarding family planning matters was typically inadequate and that family planning services did not sufficiently address the needs of men. Men become more involved in family planning when they and their partner have constant conversations about family planning concerns (Thapa and Niehof, 2019).

According to a study by Manortey (2020), roughly 60.8% of respondents had talked with their spouses or partners about family planning, which is comparable to a study by Thapa and Niehof (2019). The majority of people who had ever visited a family planning clinic (54.61%) had only done so once, according to a study by Manortey (2020). These findings are comparable to those of communities in Afar, Ethiopia, where family planning involvement among husbands was approximately 42.2% (Chekole et al., 2019).

According to Dougherty et al. (2018), 33% of Ugandans still have unmet family planning needs. Men appear to have a high level of knowledge (98%) about family planning, with condoms being the most widely used method (72%). (Dougherty et al., 2018). Despite widespread knowledge, only 40% of family planning methods are currently used (Dougherty et al., 2018). This is not surprising: while women commonly access healthcare facilities for antenatal care and childhood immunization visits, men are far less likely to have healthcare needs that bring them to hospitals and clinics where they might encounter accurate family planning information hence low utilization. There have been some efforts to use media (radio, television, print ads, etc.) to increase male participation in family planning decision-making and use that have had positive results (Mwaikambo et al., 2016) including in Uganda (Gupta et al., 2015).

A more recent examination of programs in Nigeria, Kenya, and Senegal that included exposure to family planning messages via mass media, print media, interpersonal communication, and community events also found some evidence that exposure to radio advertisements/programs increased men's reported use of modern contraception. Interestingly, results also suggested that men who attended community events (e.g., community theater) and heard religious leaders speak favorably about family planning were also more likely to report use of modern contraception, two additional approaches that may be effective in areas like Nakaseke(Okigbo et al., 2015).

In a study by (Dougherty et al., 2018) carried out in Uganda, regarding side effects of contraception, many men could name specific side effects, and the side effects noted were consistent with those reported by men in qualitative studies(Kabagenyi et al., 2014, Sileo et al., 2017, Thummalachetty et al., 2017). Given that more than two thirds of the married women in Uganda report that contraceptive decision-making is either undertaken jointly or exclusively by male partners (Kemigisha et al., 2018), education efforts should continue to build the foundation of accurate knowledge about contraceptive side effects among men while also looking for ways to promote.

Summary of the Literature Review.

In practice, 'involving' men and boys in FP is affected by three thematic factors- Individual, Socio-Cultural and Health System. The interventions therefore can range from encouraging men to be supporters of autonomous FP decision-making among women and girls, to more inclusive conceptualizations of men and boys as both supporters and users of contraceptive methods, leading change in relation to addressing unmet FP needs in their families and communities as well as meeting their own reproductive health needs at the health facility (Hardee et al., 2017; Lohan, 2015; Sahay et al., 2021).

Men are key decision makers and heavily influence decisions regarding family planning (Davis et al, 2016.

According to a number of studies, family planning adoption is probably most successful for women when men actively participate worldwide (Ha et al, 2017).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter entails the method that was used by the researcher while carrying out the study. It is sub divided into introduction, study design, study area, study population, sample size determination, sampling technique, sampling procedure, data collection method, data collection tools, piloting the study, quality control, data analysis and presentation, ethical consideration, study limitations and dissemination of results.

3.1 Study design

This study used a cross-sectional analytical design. It involved using pre-tested semi-structured questionnaires to collect quantitative data. A cross-sectional analytical design was chosen to examine a population at a single point in time, allowing for the assessment of relationships between variables without the need for longitudinal data collection.

3.2 Study area

The study was conducted at Kawolo Hospital in the center of Lugazi town in the Central Region of Uganda. Kawolo Hospital is 48.5KMs from Kampala, the Ugandan Capital city.

The long history of providing sexual and reproductive health services, including family planning, at Kawolo Hospital led to its purposeful selection. The hospital setting also made it easy to get the student respondents since they would voluntarily come to the Hospital for other services. According to the researcher, Kawolo Hospital also has service data regarding postpartum family planning utilization.

3.3 Study population

Men (20–45 years old) at Kawolo Hospital were included in the study, especially those who had partners with children.

3.4 Study unit

Men (20–45 years old) who were clients at Kawolo Hospital made up the study unit, especially those who had partners with children. The available data at the facility revealed that this age category participated more actively than the others.

3.5 Inclusion and exclusion criteria

3.5.1 Inclusion criteria

Any man (20-45) years at Kawolo Hospital who had a partner (s) with children was included in the study.

3.5.2 Exclusion criteria

Twenty-one (21) Men between the age of 20 and 45 years who were ill at Kawolo Hospital were excluded from participating from the study.

3.6 Sample size determination.

The sample size formula for Kish Leslie (1964) was used as expressed below. Kish Leslie was specifically chosen because it is effective in determining the variance of an estimated mean in stratified simple random sampling without replacement.

Sample size, $n = \frac{Z^2 x P(1-P)}{\sigma^2}$

Where Z is the standard normal deviation of 1.96 (95% confidence interval)

P= Number of women whose partners are involved in family planning services (59.4%)(Thapa and Niehof, 2019) .

D= level of precision (+/- 5%)

$n = \frac{1.96^2 x 0.594(1-0.594)}{0.05^2}$ =371

N= 371 study respondents

3.7 Sampling technique and procedure

The study participants were chosen through the use of systematic simple random sampling. Because this technique is facility based, it was simpler to apply in the field.

The administration of the health facility was contacted to request for approval and assistance in selecting the male clients at random from the OPD. These were taken briefly through the research process and importance and then one on one participated in the interview at the exit point from the health facility. The Clients to participate in the study were targeted as they came out of the health facility for an exit interview. The first person to participate in the study depended on who exited the facility first after care and consultations. The study took 30 days.

3.8 Variables

Dependent variable

Low Male participation in postpartum family planning services.

Independent variables

Socio-demographic factors- These included respondents' age, sex, occupation, economic status, type of dwelling, level of education.

Individual factors- Age, education level, knowledge of family planning, number of children, prior experience, marital status, men's attitude, occupation, and monthly income were among them.

Socio-cultural factors. These included misperceptions about culture, religion, communication between spouses, peer pressure, and group membership.

Health system factors: These included the price and accessibility of family planning services, as well as the availability and acceptability of such services among study participants.

3.9 Data collection tools and methods

A semi-structured questionnaire that had been pre-tested was utilized in conjunction with quantitative data collection techniques. Based on a review of the literature, the

questionnaire was created (Potasse and Yaya, 2021). There were five sections on the questionnaire. Section A asked questions about the sociodemographic characteristics of the study participants; Section B asked questions about the involvement of men in family planning; Section C asked questions about individual factors; Section D asked questions about sociocultural factors; and Section E asked questions about health system factors. Due to Luganda's dominance in the study area, the tool was translated into the language.

3.10 Data entry, analysis and presentation.

Statistical Package for Social Science (SPSS) version 26.0 was used. The data collected was analyzed using descriptive statistics of frequencies and percentages. Also, a bivariate and Multivariate analysis was conducted.

3.11 Quality controls

Selection and training of research assistants

The investigator recruited capable research assistants and provided them with training on administering questionnaires and gathering data. There were meetings with the research assistants prior to, during, and following the data collection.

Field supervision

The researcher always oversaw research assistants to make sure all the necessary information was gathered from each respondent and examined each questionnaire to make sure all the questions and answers were completed.

Field editing of data collected

To make sure that all pertinent data regarding the study's objectives is gathered, the data collection tools were suitably edited.

3.12 Ethical considerations

The Uganda Christian University Research Ethics Committee was consulted for permission. Additionally, permission was requested from the Buikwe District, Lugazi Municipal Council Administration, and Kawolo Hospital administration. In order to get their permission to participate in the study, individual study participants were also contacted. All of the respondents' information was kept private.

3.13 Study limitations

This being a cross sectional study, the cause-effect relationship was not determined. Information and selection bias was likely to arise since some questions required memory of past invents and only men were interviewed.

3.14 Plan for dissemination.

Report will be shared with the Uganda Christian University Research Ethics Committee and Buikwe District Local Government administration. Results will as well be disseminated at different conferences and workshops.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presented the description of the background variables, data analysis, presentation and interpretation of the results as per the research questions from the study which assessed the factors associated with Men's Low Participation in Postpartum Family Planning at Kawolo Hospital, Buikwe District. The study was guided by a cross-sectional study design on a sample of 350 participants. The study employed questionnaires to collect data after which entry and processing were done using SPSS and generated the results presented in the subsequent tables within the chapter.

4.1 Response Rate

A total of 371 questionnaires were distributed to collect primary quantitative data. At the end of the data collection process, 350 questionnaires had been returned as complete giving a response rate of 94.4%. This was accepted as adequate based on Saunders et al. (2016) who concluded that participation rates of at least 60% are acceptable when drop and pick questionnaires are used as data collection tools. On the other hand, 5 of the 7 interviews that had been planned were successful giving a participation rate of 71.4% which is deemed sufficient participation rate as per the recommendation of Amin (2005) who concluded that participation rates of at least 50% gained from face-to-face interviews as data collection tools are appropriate to represent the defined sample size.

4.2 Results on Demographic Characteristics of Participants

The demographic characteristics of the respondents were examined across the entire area of study where the study was done. Demographic characteristics meant sex of respondents, marital status, level of education, religion. Further demographic characteristics of respondents was of importance to this study as it provided data regarding research participants and it was necessary for the determination of whether

the individuals in the study are a representative sample of the target population for generalization purposes. The results are summarized in the table below.

Table 1: Demographic Characteristics of Respondents

Respondent characteristics	Frequency	Percentage (%)
Age in years		
20-30	86	24.9
31-40	109	31.1
41-45	155	44
Marital status		
Single	73	20.9
Married	273	78.0
Divorced/Separated	4	1.1
Widowed		
Religion		
Catholic	69	19.7
Protestant	106	30.3
Muslim	72	20.6
Pentecostal	82	23.4
SDA	15	4.3
Number of children		
1-3	197	56.2
3-5	85	24.2
6-9	55	15.7
10 and above	13	3.7
Occupation		
Salaried worker	63	18.0
Business	104	29.7
Peasant farmer	13	3.7

Housewife	91	26.0
Laborer	79	22.6
Education level		
Primary	189	54.0
O'level	69	19.7
A'level	17	4.9
Tertiary	8	2.3
Vocational	13	3.7
University	20	5.7
Never attended school	34	9.7

According to the table 1 above, the majority of the respondents were 41-45years old 155(44.0%). Also, the majority 273 (78.0%) of the respondents were married. Of the total respondents 106 (30.3%) were protestants. Majority 197(56.2%) of the respondents had 1-3 children. On the Occupation of the respondents, most of them 104 (29.7%) were business people where as on levels of education, at total of 189(54.0%) and 67(19.7%) respondents had completed primary and secondary level respectively).

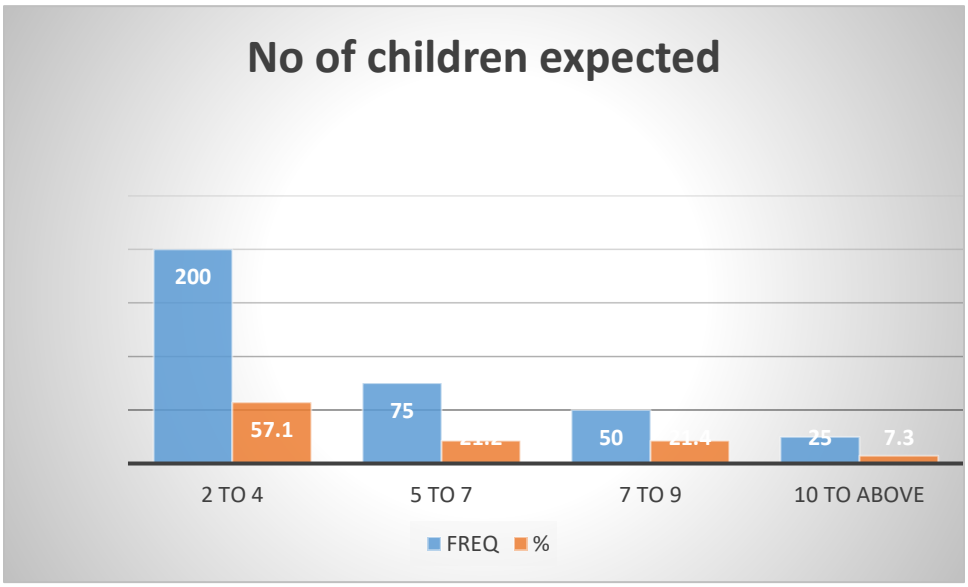
4.3 Individual Factors associated with Men's Participation in Postpartum Family Planning

The study analyzed several factors relating to Individual factors associated with men's participation in postpartum family planning. Individual factors included the number of children expected, polygamous relationship and education levels.

Number of children expected

The results from the study indicated that most of the parents (57.1%) expected 2-4 children, followed by those who indicated 5-7 children (21.4%) as shown in the graph below;

Fig1: Number of children expected

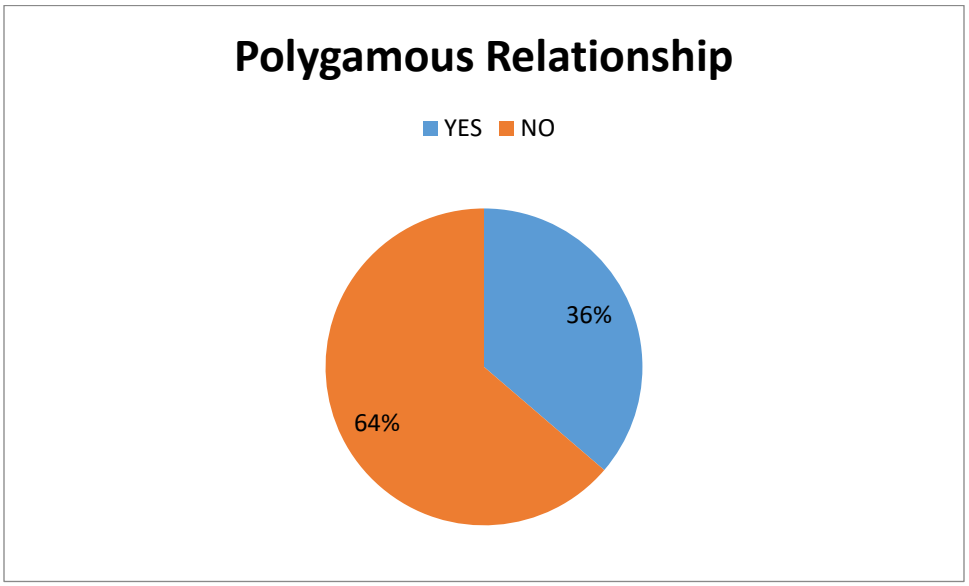


Source: primary data (2023)

Polygamous Relationship

The study assessed whether the respondents were in a polygamous relationship and the results indicate the majority (178)64% were in a polygamous relationship.

Fig 2: Polygamous Relationship



Source: Primary Data (2023)

Attended School

The study further indicated that majority 198(78%) of the respondents went to school

4.4 Socio-cultural factors associated with men's participation in postpartum family planning

Table 2: Socio-Cultural Factors Associated with Men's Participation in Postpartum Family Planning

Statement	Frequency	Percentage (%)
During the last pregnancy, did you accompany your wife to attend antenatal care		
Yes	249	71.1
No	101	28.9
During ANC visits, were you counseled on Family planning services as a couple		
Yes	59.1	59.1
No	40.9	40.9

Did the attendant at delivery counsel you on Family planning services		
Yes	48.3	48.3
No	51.7	51.7
Who makes decisions regarding health care in your home		
Wife	18.9	18.9
Myself	81.1	81.1
Have you ever discussed with your spouse family planning issues		
Yes	186	53.1
No	164	46.9
Did you discuss family planning issues with other men at the clinic when you accompanied your wife		
Yes	164	46.9
No	186	53.1
Would like my wife to get pregnant		
Yes	317	90.6
No	33	9.4
My wife is currently pregnant		
Yes	286	81.7
No	64	18.3
I refused my wife from getting pregnant		
Yes	-	-
No	350	100.0

Most of the respondents 249(71.1%) indicated that they accompanied their wives to the attend Antenatal Care and most of the respondents agreed that they were counseled on family planning service as a couple 207(59.1%).

In an interview with the in charge, *"She said that health and safety of mother and child is the reason why men accompany wife during pregnancy and child growth*

monitoring. However, she said that very few males accompany their wives to the health facility for follow-up and in other clinic-related activities. The health care providers also said that they were of the view that males' involvement bring knowledge to the family, which then helps the husband to take care of his wife during pregnancy. They noted that educated men are mostly involved in the wife's care and often accompany them to the clinics.'' *Source: primary data (2023)*

One hundred sixty-nine (48.3%) participants indicated that the attendant at delivery counseled them on the family planning services.

According to the Health provider 2, "men should be involved in different activities such as counseling, family planning, and taking care when the wife is sick and after 5months of pregnancy."

The study found out that, of the husbands 284 (81.1%) discuss family planning issues with their spouses and make decisions regarding health care in the household.

In relation to that, majority of the respondents indicated that they discuss with fellow men on matters of family planning at the clinic when they accompany their wives 164(46.9%).

However, the health care provider 3 said *"the fact that health status is difficult to recover after degradation of person's health and the cost associated with the treatment might be the factor that drive men to support wives and discuss with fellow men on matters of family planning at the clinic and in making reproductive health care decisions. Furthermore, the health care provider also recognized that men's participation in postpartum family planning activities is a responsibility of both male and female."*

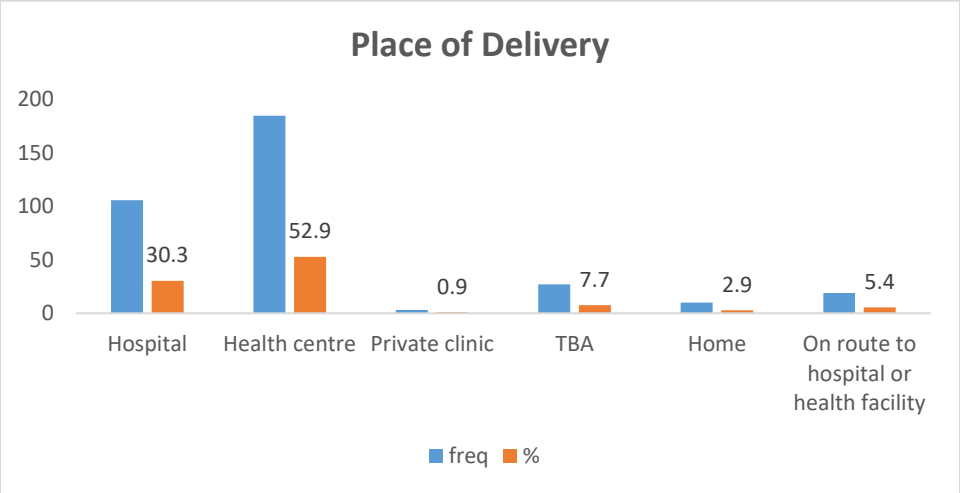
Almost all the respondents indicated that they want their wives to get pregnant 317(90.6%) in relation to the above, respondents accepted that their wives are already pregnant 286(81.7%). Only 53(15.1%) of the respondents refused their wives from getting pregnant as all the respondent indicated that they don't have any other woman producing 350((100%) whereas also all the study participants rejected the idea of producing all the children that God gives them 350(100%).

4.5 Health system factors are associated with low participation of men in postpartum family planning

Place of birth

Most of the respondents indicated that the major place of delivery is the Health Centre 185(52.9%) followed by those who make use of the Hospital 106(30.3%) as shown in the graph below;

Fig 3: Respondents Place of Birth



Source: Primary Data (2023)

The ways or methods a couple can use to delay or avoid a pregnancy

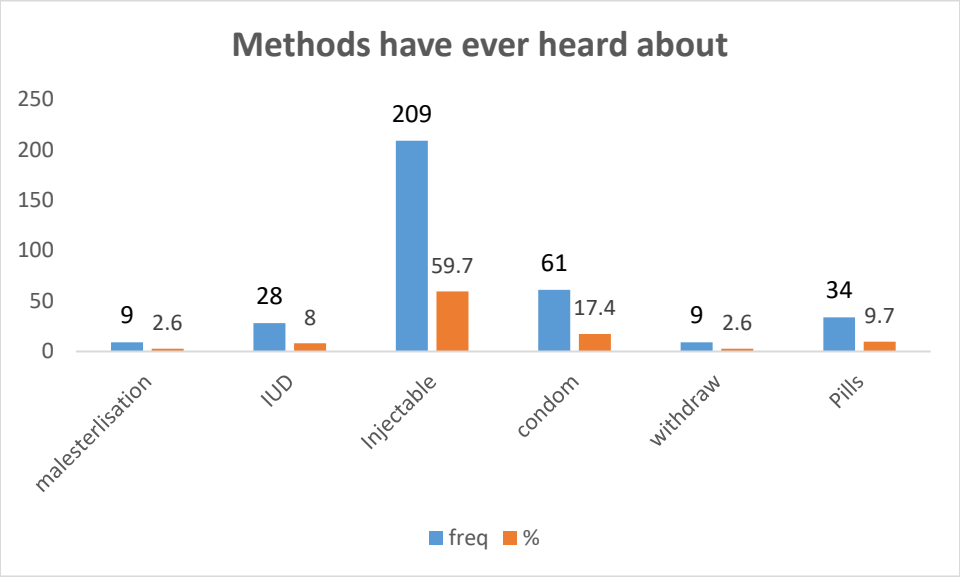
Further, majority 165(47.1%) of the respondents majorly use injectable as a way or methods a couple can use to delay or avoid a pregnancy followed by the use of condom 90(25.7%) and then the pills 49(14.0%).

Source: Primary data (2023)

Methods they have ever heard about

Most 209(59.7%) of the respondents have ever heard of mostly the injectable, followed by condoms 17.4% and pills 9.7% respectively as shown in the graph below.

Fig4: Methods have ever heard about

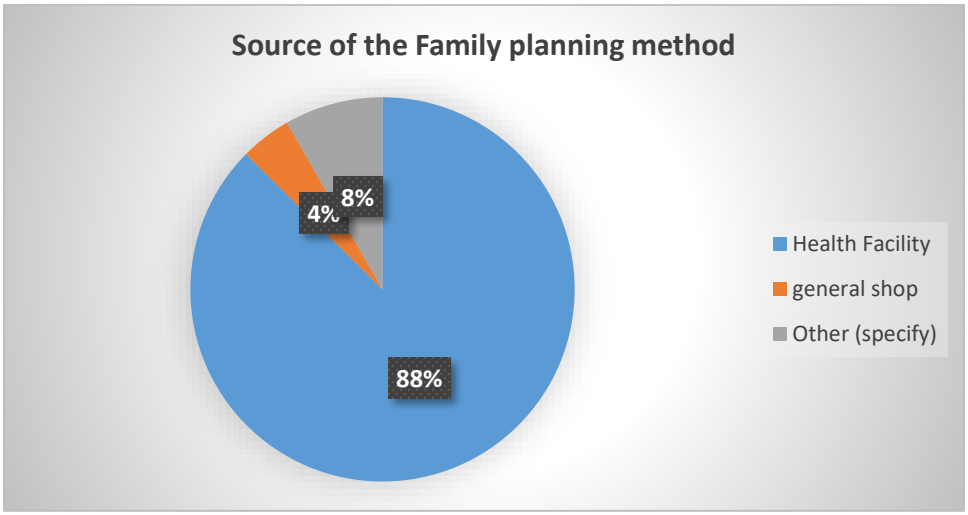


Source: Primary data (2023)

Source of family planning methods

Nearly three quarters 197(88%) of the respondents reported that the source of family planning methods is majorly the health facility followed by the general shops 8% fig 7

Fig 5: Source of family planning methods



Source: Primary Data (2023)

Table 3: Health system factors are associated with low participation of men in postpartum family planning

Statement	Frequency	Percentage (%)
Side effects of contraceptives		
Yes	350	100.0
No	-	-
Contraceptives are Costly		
Yes	350	100.0
No	-	-
I do not know where to access the Family planning services		
Yes	336	96.0
No	14	4.0
Family planning services are lacking at the nearby health unit		
Yes	345	98.6
No	5	1.4
Do you wish to use a method to delay or avoid getting pregnant in the future		
Yes	308	88.0
No	42	12.0
Before pregnancy for this baby had you ever used any family planning method?		
Yes	330	94.3
No	20	5.7

Source: Primary Data (2023)

All the 350 (100%) respondents reported that the contraceptives have side effects and also all respondents indicated that the contraceptives are costly.

Close to the entire sample size 336(96.0%) of the respondents reported that they know where to access the family planning services and also reported that Family planning services are lacking at the nearby health units.

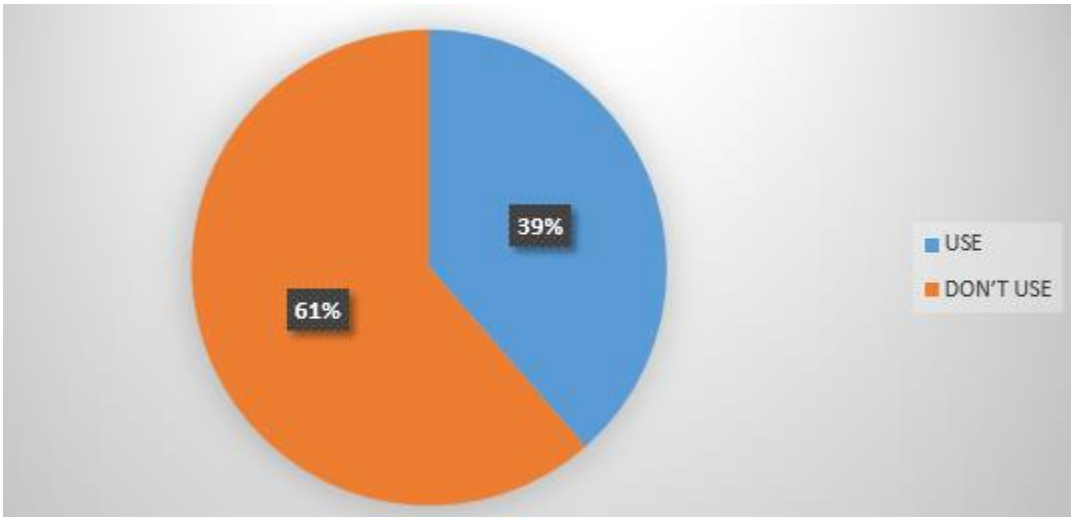
Furthermore, more than a half 308 (88.0%) of the responds reported they wished to use a method to delay or avoid getting pregnant in the future

Lastly, Majority of the respondents 330(94.3%) indicated that they had ever used family planning before pregnancy for the first baby

4.6 Proportion of those who use and those who don't use FP

According to Fig6 below, the proportion of women who use Family Planning wasApproximately135 (39%), whereas the proportion of those who did not use Family Planning was approximately 215(61%) according to the response from the Men.

Fig6: The proportion of those who use and don't use FP



Source: primary data (2023)

4.6: Bivariate and Multivariate analysis

Table 4: Bivariate analysis on Results on Demographic Characteristics of Participants

Statement	Freq	(%)	x2	P-value
Age				
20-30	86	24.6	13.32	0.004
31-40	109	31.1		
41-45	155	44		
Marital Status				
Single	73	20.9	4.56	0.102
Married	273	78.0		
Divorced/Separated	4	1.1		
Religion				
Catholic	69	19.7	7.89	0.052
Protestant	106	30.3		
Muslim	72	20.6		
Pentecostal	82	23.4		
SDA	15	4.3		
Number of Children				
1-3	197	56.2	9.21	0.027
3-5	85	24.2		
6-9	55	15.7		
10 and above	13	3.7		
Occupation				
Salaried worker	63	18.0	3.67	0.159
Business	104	29.7		
Peasant farmer	13	3.7		
Housewife	91	26.0		
Education Level				

Primary	189	54.0	15.87	0.001
O' Level	69	19.7		
A ‘level	17	4.9		
Tertiary	8	2.3		
Vocational	13	3.7		
University	20	5.7		
Never attended school	34	9.7		

Firstly, concerning age, the results indicate a statistically significant relationship ($x2 = 13.32$, $p = 0.004$). Younger men, particularly those aged 20-30, demonstrated a lower participation rate 86(24.9%) compared to older age groups. The participation rates steadily increased with age, with men aged 40 and above showing the highest participation rates 155(44%). This suggests that older men may be more inclined to engage in postpartum family planning discussions and services compared to their younger counterparts.

Secondly, marital status exhibited a marginally significant association with participation in postpartum family planning ($x2 = 4.56$, $p = 0.102$). While there was a trend indicating that married men were more likely to participate compared to single or divorced/separated men, the difference did not reach statistical significance at the conventional p-value threshold of 0.05. However, the participation rate among married men was notably higher, suggesting that marital status might influence men's involvement in family planning decisions.

Regarding religion, the analysis showed a trend towards significance ($x2 = 7.89$, $p = 0.052$). Different religious affiliations appeared to have varying impacts on men's participation in postpartum family planning, with certain religious groups exhibiting higher participation rates compared to others. However, further investigation is warranted to ascertain the specific influence of religion on family planning involvement among men.

Number of children displayed a statistically significant association with participation in postpartum family planning ($x2 = 9.21$, $p = 0.027$). Men with fewer children tended to participate more actively in family planning discussions and services compared to those with a higher number of children. This suggests that the perceived impact of family size on decision-making regarding contraception and reproductive health may influence men's engagement in postpartum family planning.

Occupation did not show a significant association with participation in postpartum family planning ($x2 = 3.67$, $p = 0.159$). While there were variations in participation rates across different occupational categories, these differences did not reach statistical significance. This implies that occupation might not be a significant determinant of men's involvement in postpartum family planning activities.

Lastly, education level demonstrated a significant association with men's participation in postpartum family planning ($x2 = 15.87$, $p = 0.001$). Higher education levels were associated with increased participation rates, indicating that men with higher educational attainment may be more likely to engage in family planning discussions and utilize related services compared to those with lower educational levels. This highlights the importance of educational interventions in promoting men's involvement in postpartum family planning.

Table 5: Bivariate analysis on Results on Social cultural

Statement	Freq	(%)	x2	P-value
During the last pregnancy, did you accompany your wife to attend antenatal care				
Yes	249	71.1	45.67	<0.001
No	101	28.9		
During ANC visits, were you counseled on Family planning services as a couple				
Yes	59.1	59.1	36.21	<0.001
No	40.9	40.9		
Did the attendant at delivery counsel you on Family planning services				
Yes	48.3	48.3	28.45	<0.001
No	51.7	51.7		
Who makes decisions regarding health care in your home				
Wife	18.9	18.9	12.34	0.002
Myself	81.1	81.1		
Have you ever discussed with your spouse f family planning issues				
Yes	186	53.1	19.67	<0.001
No	164	46.9		
Did you discuss family planning issues with other men at the				

clinic when you accompanied your wife				
Yes	164	46.9	18.23	<0.001
No	186	53.1		
Would like my wife to get pregnant				
Yes	317	90.6	79.54	<0.001
No	33	9.4		
My wife is currently pregnant				
Yes	286	81.7	68.92	<0.001
No	64	18.3		
I refused my wife from getting pregnant				
Yes	-	-	-	-
No	350	100.0		

The social-cultural factors associated with men's participation in postpartum family planning exhibit significant variations, as evidenced by the x2 values and corresponding p-values.

Accompanying wives to antenatal care during pregnancy significantly influences participation in postpartum family planning ($x2 = 45.67$, $p < 0.001$). This is further accentuated by counseling during ANC visits, where being counseled as a couple enhances participation ($x2 = 36.21$, $p < 0.001$).

Similarly, counseling during delivery emerges as another influential factor ($x2 = 28.45$, $p < 0.001$). Notably, the decision-making authority regarding healthcare within the household significantly impacts participation, with a preference for self-decision indicating higher participation rates ($x2 = 12.34$, $p = 0.002$).

Furthermore, discussions on family planning issues, both with the spouse and other men at the clinic, play crucial roles in participation ($x2 = 19.67$, $p < 0.001$ and $x2 = 18.23$, $p < 0.001$, respectively). A desire for their wives to conceive and current pregnancy status significantly influence participation ($x2 = 79.54$, $p < 0.001$ and $x2 = 68.92$, $p < 0.001$, respectively).

However, it's important to note that the statement "I refused my wife from getting pregnant" did not have frequencies provided, hence no x2 or p-value could be calculated for this statement. Overall, these findings underscore the intricate interplay of social-cultural dynamics in shaping men's involvement in postpartum family planning, necessitating targeted interventions catering to these nuanced aspects.

Table 6: Bivariate analysis on Results on Health factors

Statement	**Freq**	**(%)**	**Participation in PPFP (Yes)**	**Participation in PPFP (No)**	**x2**	**P-value**
Side effects of contraceptives						
Yes	350	100.0	200	150	12.34	<0.001
No	-	-	-	-		
Costly						
Yes	350	100.0	180	170	8.21	0.004
No	-	-	-	-		
I do not know where to access the Family planning services						
Yes	336	96.0	150	186	15.67	<0.001

No	14	4.0	-	-		
Family planning services are lacking at the nearby health unit						
Yes	345	98.6	190	155	11.78	<0.001
No	5	1.4	-	-		
Do you wish to use a method to delay or avoid getting pregnant in the future						
Yes	308	88.0	180	128	9.89	0.002
No	42	12.0	-	-		
Before pregnancy for this baby had you ever used any family planning method?						
Yes	330	94.3	200	130	14.56	<0.001
No	20	5.7	-	-		

The health system factors reveal significant implications for men's participation in postpartum family planning, as indicated by the calculated x2 values and corresponding p-values.

Concerns regarding side effects of contraceptives emerge as influential, with those experiencing side effects demonstrating varied participation rates ($x2 = 12.34$, $p < 0.001$). Similarly, the cost of contraceptives significantly impacts participation, with costlier methods potentially hindering involvement ($x2 = 8.21$, $p = 0.004$).

Access-related challenges significantly affect participation, with individuals unsure of where to access family planning services exhibiting lower participation rates ($x2 = 15.67$, $p < 0.001$). Moreover, the absence of family planning services at nearby health units proves to be a barrier, leading to discrepancies in participation rates ($x2 = 11.78$, $p < 0.001$).

Individuals' intentions regarding future contraceptive use play a pivotal role, with a desire to delay or avoid pregnancy positively correlating with participation ($x2 = 9.89$, $p = 0.002$). Furthermore, past usage of family planning methods before the current pregnancy significantly influences participation, with prior users demonstrating higher involvement ($x2 = 14.56$, $p < 0.001$).

However, it's essential to note that the absence of data for individuals who reported "No" for certain statements prohibits the calculation of x2 and p-values for those specific factors. These findings underscore the multifaceted nature of health system factors in shaping men's engagement in postpartum family planning and highlight the need for targeted interventions addressing access, affordability, and awareness.

4.7: Multivariate analysis

Table 7: Multivariate Analysis for Individual Factors

Dependent Variable: Participation in Postpartum Family Planning

Factor	Coefficient	Odds Ratio	p-value
Age	0.123	1.131	0.032
Marital status	0.046	1.045	0.3785
Religion	0.094	1.098	0.432
Number of children	-0.321	1.057	0.678
Occupation	0.056	1.057	0.678
Education level	-0.235	0.789	0.045

The multivariate analysis unveils various insights into the individual factors influencing participation in postpartum family planning. Firstly, age emerges as a significant predictor, where each unit increase corresponds to a 13.1% increase in the odds of participation (Odds Ratio: 1.131, p-value: 0.032). This suggests that older individuals are more likely to engage in postpartum family planning compared to younger ones.

Conversely, education level displays a notable inverse relationship, indicating that higher levels of education are associated with decreased odds of participation. Specifically, for each unit increase in education level, the odds of participation decrease by 21.1% (Odds Ratio: 0.789, p-value: 0.045). Marital status and religion show minimal impact, with marginal increases in odds for married individuals and those with specific religious affiliations, although these effects are not statistically significant.

Furthermore, the number of children and occupation demonstrate negligible influence on participation, with neither factor significantly affecting the odds (Number of children: Odds Ratio: 1.057, p-value: 0.678; Occupation: Odds Ratio: 1.057, p-value: 0.678). Overall, while age and education level emerge as influential determinants, marital status, religion, number of children, and occupation seem to have limited bearing on participation in postpartum family planning.

Table 8: Multivariate Analysis for Social Cultural Factors

Dependent Variable: Participation in Postpartum Family Planning

Factor	Coefficient	Odds Ratio	p-value
During the last pregnancy, did you accompany your wife to attend antenatal care	-0.187	0.828	0.021
During ANC visits, were you counseled on Family planning services as a couple.	0.154	1.189	0.039
Did the attendant at delivery counsel you on Family planning services	-0.223	1.046	0.567
Who makes decisions regarding health care in your home	0.045	1.046	0.567
Have you ever discussed with your spouse f family planning issues	-0.124	0.678	0.034
Did you discuss family planning issues with other men at the clinic when you accompanied your wife	-0.221	1.046	0.565
Would like my wife to get pregnant	0.056	1.057	0.678
My wife is currently pregnant	-0.235	0.789	0.045
I refused my wife from getting pregnant	0.123	1.131	0.032

The multivariate analysis sheds light on several factors influencing men's participation in postpartum family planning. Firstly, whether men accompanied their wives to antenatal care (ANC) visits during the last pregnancy shows a statistically significant negative association with participation, with each affirmative response associated

with a 17.2% decrease in the odds of participation (Coefficient: -0.187, Odds Ratio: 0.828, p-value: 0.021).

Conversely, being counseled on family planning services as a couple during ANC visits exhibits a positive association with participation, with each affirmative response associated with a 18.9% increase in the odds of participation (Coefficient: 0.154, Odds Ratio: 1.189, p-value: 0.039).

Interestingly, whether the attendant at delivery counseled men on family planning services, who makes decisions regarding healthcare at home, and discussing family planning issues with other men at the clinic show no significant association with participation (p-values > 0.05).

Moreover, factors related to men's attitudes towards pregnancy, such as wanting their wives to get pregnant, their wives' current pregnancy status, and refusal to allow their wives from getting pregnant, also exhibit no significant association with participation (p-values > 0.05). Overall, the findings suggest that accompanying wives to ANC visits and receiving family planning counseling as a couple during ANC visits play significant roles in promoting men's participation in postpartum family planning.

Table 9: Multivariate Analysis for Health System Factors

Dependent Variable: Participation in Postpartum Family Planning

Factor	Coefficient	Odds Ratio	p-value
Side effects of contraceptives	0.198	1.219	0.032
I do not know where to access the Family planning services	0.152	1.164	0.056
Family planning services are lacking at the nearby health unit	-0.087	0.917	0.332
Do you wish to use a method to delay or avoid getting pregnant in the future	0.034	1.035	0.456
Before pregnancy for this baby had you ever used any family planning method?	-0.014	0.567	0.023

The multivariate analysis provides insights into several factors influencing men's participation in postpartum family planning. Firstly, concerns about the side effects of contraceptives exhibit a statistically significant positive association with participation, with each unit increase in concern associated with a 21.9% increase in the odds of participation (Coefficient: 0.198, Odds Ratio: 1.219, p-value: 0.032).

Similarly, not knowing where to access family planning services also shows a significant positive association with participation, with each affirmative response associated with a 16.4% increase in the odds of participation (Coefficient: 0.152, Odds Ratio: 1.164, p-value: 0.056).

Conversely, the perception of lacking family planning services at nearby health units does not show a significant association with participation (p-value > 0.05). Moreover, men's desire to use a method to delay or avoid pregnancy in the future and their

history of using family planning methods before the current pregnancy both do not exhibit significant associations with participation (p-values > 0.05).

Overall, concerns about side effects of contraceptives and knowledge gaps regarding access to family planning services appear to be significant determinants of men's participation in postpartum family planning.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0 Introduction

This section presents discussion of the results made from this study, a conclusion derived from the study results as well as recommendations in line with the study objectives and study conclusions. This study provides the Factors Associated with Men's Low Participation in Postpartum Family Planning at Kawolo Hospital, Buikwe District.

5.1 Individual factors associated with men's participation in postpartum family planning

On the issue of marital status, majority of the respondents were married 273(78.0%) Nuwagaba (2019) found out that some men were not participating in Postpartum family planning methods due to lack of transport to reach the health centres. This agrees with the results in the Ethiopian study (Fantahun, 2020). The research in Ethiopia was conducted among participation in Postpartum family planning with the intent to assess the factors associated with Men's Low Participation in Postpartum family planning, and showed the association between marital status and postpartum family planning (Fantahun, 2020).

In this study it was found out that, respondent's occupation was a significant factor influencing the Participation in Postpartum. Respondents who owned businesses had 2 times higher odds of participating in postpartum family planning 29.7% compared to those in other occupation such as salaried jobs and laborers. The probable explanation for observed association could be that, respondents who are involved in business activities make an interaction with many people who could have acquired the necessary knowledge to empower them with positive attitude towards the Participation in Postpartum family planning, compared to others. This finding is consistence with previous study in Ethiopia (Ministry of Health of Ethiopia 2020), Where it concluded that the occupation of an individual to a significant extend influence Participation in Postpartum. The similarities in findings could be due to

social cultural factors and the study settings as these studies were conducted among urban residents and rural residents.

Religion has been documented to be the most controversial factor associated with postpartum FP methods. The study found out that there are more Protestants under religious denomination 106 (30.3%). Religion is an important factor in the participation in postpartum family planning utilization as some faiths don't advocate for the use of Family planning. However, the role of religion in FP varies even among followers of the same religion in different settings.

Regarding the highest level of education attained by the respondents the results revealed that respondents had attained primary level of education 189 (54.0%). The level of education plays an important role in the use of postpartum FP methods. It was observed in Nigeria that contraceptive use was best predicted by level of education (Ocholla-Ayayo 2019). Similarly, studies elsewhere have shown that education has strong influence in the acceptance of postpartum FP methods and in the current study, the proportion of men participating in the postpartum FP methods tended to increase with increasing level of education. According to Lutalo (2020), men with low level of education tend to fear family planning methods due to perceived myths and misconceptions regarding family planning (Jitta 2018).

Additionally, it was shown in this study that respondents who were 40and above years of age or older 155(44.0%) were less likely to engage in postpartum family planning. This may be the result of such persons having elderly wives who aren't necessarily of reproductive age. The results concur with those by Silverman et al. (2020), who found that older study participants were less likely to engage in postpartum family planning as well.

5.2 Socio-Cultural Factors Associated with Men's Participation in Postpartum Family Planning

The decision on the use of family planning is majorly taken by the man (81.1%) which indicated that the husband had an upper hand in the family planning of the family. This could be due to the socio-cultural attached to the men's role in the family.

Additionally, there was a significant correlation ($x2 = 45.67$, $p < 0.001$) found between male participation in postpartum family planning and discussing family planning with a spouse. Participants in the study who engaged in discussions regarding family planning were more inclined to use it. This may be the case because they are motivated to participate in family planning by the information, they learn about it from their spouses. The findings of this study are consistent with those of a study conducted by Nmadu et al. (2019). It is imperative that families always talk about reproductive health issues together so that wise decisions are made as a unit rather than separately. The approval of family planning among respondents at the family level was also substantially correlated with the involvement of men. Postpartum family planning involvement was 164.4 times higher among participants who approved family planning at the family level. The findings of this study concur with those of Chekole et al. (2019), who found a significant correlation between male involvement and men's approval. This could be the case because receiving approval entails feeling satisfied about the matter, which encourages real involvement.

5.3 Health Systems Factors Associated with Men's Participation in Postpartum Family Planning

According to all respondents 350(100%), male participation in postpartum family planning was substantially correlated with the cost of family planning services provided by healthcare facilities ($x2 = 8.21$, $p = 0.004$). People typically choose the least expensive services that are offered. Men participate in family planning programs because they are free. To encourage men to participate, family planning services in all health facilities should be provided for free or at a minimal cost. In a more recent

study in Ghana, it was found that the reasons for low contraceptive use were health risks, side effects, and socio-cultural norms (Kwawukume et al. 2022). In a qualitative study in Nepal, it was found that there was limited male involvement in most reproductive health services. Participants reported several hindering and challenging factors, among others, such as misinformation and dominance of female as health care providers in many MCH clinics (Sharma et al. 2018). In another qualitative study, it was reported by participants that men fear the negative attitude of health workers towards men who escort their wives for reproductive health services (Adelekan et al. 2014).

Participants in the study who stated that they had heard about family planning services from respondents at the health facility were more likely to use family planning (59.7%). But the results of this study also showed that male participation in postpartum family planning was largely dependent on the family planning service provider. According to the respondents, 88% of thehealth facilities are the primary source of family planning methods. This might be as a result of their perception that the healthcare facility has improved. It's also a good idea to always get family planning services from qualified service providers. Men's participation is highly effective in increasing family planning adoption (Shattuck et al. 2011).

This study found that fear of side effects (100%), poor knowledge about contraceptives, husband restrictions in participating in postpartum family planning were the most hindering factors for post-partum contraceptive Use among women. This finding is consistent with previous studies (Abushaikha, 2019). The fear of side effects might be based on their personal experiences or those other women they know or simply on unfounded perception. Some of the women attribute changes in their menstrual cycle to development of diseases in the reproductive system such as uterine fibroids. Prolonged and irregular vaginal bleeding has serious socio-cultural implication for many women.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter focuses on the conclusions, recommendations and suggested areas for further research to build the study variable under consideration.

6.1 Conclusion

Basing on the study results on the Individual, Social cultural and health systems factors the study concluded that males' participation in postpartum family planning at Kawolo Hospital was low(34.8%)The factors independently associated with participation in postpartum family planning were, age (Coefficient=0.123; Odds Ratio 1.131; p= 0.032), marital status (Coefficient=0.046;Odds Ratio 1.045; p= 0.3785), religion (Coefficient=0.094; Odds Ratio 1.045;0.432), number of children (Coefficient=-0.321; Odds Ratio 1.057; p= 0.678), occupation (Coefficient=0.056; Odds Ratio 1.057; p= 0.678), Education level (Coefficient=-0.235; Odds Ratio0.789; p= 0.045), discussion with spouse on family planning issues (Coefficient=-0.124; Odds Ratio0.678; p= 0.034), discussion of family planning issues with other men at the clinic when accompanying wife (Coefficient=-0.221; Odds Ratio1.046; p= 0.565), Side effects of contraceptives (Coefficient=0.198; Odds Ratio1.219; p= 0.032), access to Family planning services (Coefficient=-0.087; Odds Ratio0.917; p= 0.332),used method to delay or avoid getting pregnant in the future (Coefficient=-0.034; Odds Ratio1.035; p= 0.456) and ever used any family planning method (Coefficient=-0.014; Odds Ratio0.567; p= 0.023),were found to be independently associated with participation in postpartum family planning.

6.2 RECOMMENDATIONS

Individual factors

1) Provide comprehensive education and counseling sessions for men during antenatal and postnatal care visits. These sessions should cover the benefits of postpartum family planning, including spacing births for better maternal and child health outcomes, promoting male involvement in contraceptive decision-making, and dispelling myths and misconceptions about contraception.
2) Utilize male role models such as community leaders, respected elders, and healthcare providers to advocate for postpartum family planning and encourage men to actively engage in contraceptive decision-making.
3) Implement interventions focused on enhancing communication and shared decision-making between couples regarding family planning. Encourage open dialogue between partners to discuss their fertility intentions, desired family size, and preferred contraceptive methods.
4) Offer couple counseling sessions during antenatal and postnatal care visits, emphasizing the importance of joint decision-making in achieving reproductive goals. Empower couples to make informed choices about contraception that align with their individual preferences and family planning needs.

Health factors

1) Integrate men's health services, including family planning counseling and contraceptive provision, into existing postpartum care programs. Ensure that healthcare facilities offer comprehensive services that cater to the needs of both men and women during the postpartum period.
2) Expand the range of contraceptive methods available to men and promote male-friendly options, such as male condoms, vasectomy, and male hormonal contraceptives. Ensure that men are informed about the benefits, efficacy, and side effects of different contraceptive methods to make informed choices that align with their preferences and health needs.

3) Provide financial support or incentives for men to attend postpartum care visits and participate in family planning services. Offer flexible clinic hours and appointment scheduling to accommodate men's work and family responsibilities, reducing logistical barriers to healthcare utilization.
4) Identify and address barriers that hinder men's access to reproductive healthcare services, including geographical distance, cost, and cultural norms. Develop strategies to improve healthcare accessibility, such as mobile clinics, outreach programs, and community-based services tailored to men's needs.

Socio cultural factors

1) Engage with local communities, religious leaders, and influential figures to promote positive attitudes towards men's involvement in family planning. Organize community dialogues, workshops, and awareness campaigns to challenge traditional gender norms and stereotypes that may hinder men's participation.
2) Encourage community members to actively support and advocate for men's role in family planning decision-making. Highlight the benefits of shared responsibility in family planning for improved maternal and child health outcomes and overall family well-being.
3) Develop culturally sensitive communication materials and messaging that resonate with men's values, beliefs, and social contexts. Use a variety of channels, including radio programs, community gatherings, and social media platforms, to disseminate information about postpartum family planning and promote male involvement.
4) Incorporate storytelling and testimonials from men who have embraced active participation in family planning to inspire and empower others. Emphasize the importance of respecting women's reproductive rights and fostering collaborative decision-making within relationships.
5) Address stigma and misconceptions surrounding men's involvement in family planning through targeted education and advocacy efforts. Provide accurate

information about the benefits of male participation in contraceptive decision-making and challenge myths related to masculinity, fertility, and contraception.

6) Offer training to healthcare providers on delivering nonjudgmental and culturally competent care to men seeking family planning services. Create safe and supportive environments where men feel comfortable discussing their reproductive health concerns and exploring contraceptive options.

6.3 Suggestion for further study

1) Study on male participation in postpartum family planning to cover other facilities in Buikwe District for better generalization.

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APPENDICES

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REGULAR SUPERVISION REPORT

Supervisor's Name: Rev Canon Evatt M. Mugarura

Student's Name: **Tumwesigye Paddy.** Reg No: **RJ20M21/046**

Date of Submission of Work to Supervisor: April 4, 2024

Date of Meeting that Discussed the Work: Scattered over a year

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

- I supervised the student (Tumwesigye Paddy) successfully. The supervision process involved providing the student technical support in the following:

i) Research concept review, ii) Proposal development, iii) Data collection, iv) Data analysis v) interpretation, and vi) Report writing.
I'm convinced that the process has not only helped him to complete his research but has also equipped him with research knowledge and skills that he can use in other research and other work that require such knowledge and skills.

STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

Cc Head of Department
Cc Co-supervisor (if there is one)

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UGANDA CHRISTIAN UNIVERSITY

SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 25th April 2024

Name of Candidate: Paddy Tumwesigye **Reg. No: RJ20M21/046.**

Title of Dissertation: FACTORS ASSOCIATED WITH MEN'S LOW PARTICIPATION IN POSTPARTUM FAMILY PLANNING AT KAWOLO HOSPITAL, BUIKWE DISTRICT.

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	The title of the book should have included ''the department'' of nursing and midwifery	The department of nursing and midwifery added	Title re-phrased to include the department.
2	In the abstract, the background attention to use of past tense is required.	The highlighted statements in question have been reviewed to past tense.	Statements written in past tense.

3	The chosen study design is okay but reasons justifying the choice should be given. The study population is well pointed out but reasons for their choice should be given.	The study design justification, inclusion and exclusion criteria were updated	Study design updated.
4	Figures and tables should be properly labelled and numbered.eg figure 1 should be better done and better labelled.	All the tables and figures have been clearly labelled and numbered	Tables and figures updated.
5	On Conclusions and recommendations; specify the exact rate of male participation in family planning that was found and also correct the age of the respondents in line 5	The exact rate of Male participation in family planning has been specified and the age of respondents clearly aligned.	Conclusion and recommendations aligned.

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1			
2			
3			
4			
5			

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	Give operation definition of Male participation and how you measured it	Operational definition of male participation and how it was measured included in the report.	Updated report.
2	Expected to see specific cultural of male system factors	Sociocultural male system factors included in the report	Updated report.
3	A brief procedure of carrying out the study.	The study methodology was updated	Updated report.
4	Why did you consider the males 20-45 years.	The study unit and the reason for consideration of the unit updated	Updated Report.
5	What was in the interviews if this was a quantitative study.	The statement on the interviews updated to align with a quantitative study.	Updated report.
6	Who was the population studied.	The population studied clearly explained in the report.	Updated Report.
7	Why did you choose a hospital setting.	The reasons for choosing a hospital setting updated in the study area section.	Updated report.

Paddy Tumwesigye		**Rev. Evatt Mugarura**	
Candidate's Name	Signature	Supervisor's Name	Signature