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**Boston University** School of Public Health  
Department of International Health



# Factors that Influence Male Involvement in SRH in Western Kenya: a qualitative study

## Presenters:

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# study objectives

- ❖ To establish the status of male involvement in reproductive health services in western Kenya
- ❖ To investigate the best strategies to involve male partners in reproductive health services
- ❖ To identify an appropriate service delivery model that incorporates current evidence, views of men, women and health providers in Western Kenya.



# study location

- ❖ Conducted at six locations at the three provinces of western Kenya: Nyanza, North Rift and Western.
- ❖ Study locations were mapped around five health facilities which were study focal points
- ❖ The health facilities included clinics and hospital departments where reproductive health services are provided



# methods

## Study Design:

- ❖ Qualitative descriptive (QD) methodology

## Sampling & Recruitment

- ❖ Stratified purposive:
  - ❖ select study clinics (focal points)
- ❖ Snowball sampling:
  - ❖ identify key informants

## Data collection:

- ❖ In-depth interviews = 12
- ❖ FGDs = 8

## Data Analysis

- ❖ Coding and analysis by hand & nvivo8 computer program



# findings



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# YES, men should be involved in RH in western Kenya

*...In reproductive health you want the mother to be safe and the baby to be safe and if the man is not involved the mother will not be safe and the baby will not be safe..." (Study participant)*

❖ However, it will be a challenging endeavor



# factors influencing male involvement in SRH in Western Kenya

- ❖ Gender norms
- ❖ Traditional approaches to sexual and reproductive health programs by health systems and providers



**gender norms**

**traditional approaches to SRH**



- 1. Cultural practices**
- 2. Parenting practices in relation to SRH**
- 3. Male involvement in FP**
- 4. Prevention of STIs**
- 5. Accompanying partners to the clinics**

**status of male involvement in SRH in W. Kenya**

- 1. Family planning practices**
- 2. Male knowledge of RH & FP**

**LOW**



# gender norms: negative cultures

- ❖ Cultural practices impacting negatively on SRH:
  - ❖ Polygamy
  - ❖ Extramarital affairs
  - ❖ Preference of children of certain sexes
  - ❖ General male indifference to RH



# gender norms: parenting practices in relation to RH

- ❖ Child rearing traditionally responsibility of women in western Kenya
- ❖ Men do not feel obliged to be involved or to discuss parenting matters with their female partners

*...for a long time in our culture men are not allowed to discuss sex matters with our children particularly girls, we have always left this to the mothers (male FGD)*



# gender norms: male involvement in RH & FP

- ❖ It is the woman to decide when to “stop” giving birth e.g. in a polygamous marriage
- ❖ Relatives can also dictate the # of children a woman should deliver



# gender norms: prevention of STIs

- ❖ Men rarely seek medical care for & never inform their partners of [an] STI infection
- ❖ Women fear to disclose an STI infection due to male harshness
- ❖ STIs still stigmatized in the community

*...if you get an STI you are immoral. That's how the community looks at you, especially gonorrhoea; it is a disease of the harlots...that those men and women have no moral standards...so many of them still have that understanding and I think it hasn't been removed yet*



# gender norms: accompanying partners to clinics

- ❖ A husband who accompanies a wife to the clinic = “amekaliwa”

*it is culture, if my friend [Mx X]...sees me take my wife to the clinic he will say huyu amekaliwa, but if we are taught together he wouldn't burst me but right now I see him take his wife I will tell him bwana umekaliwa na bibi nyumbani (Mister your wife controls you at home) –(male FGD)*



# traditional approaches to SRH

- ❖ The traditional approaches taken by the health systems in SRH interventions discourage male involvement
- ❖ Programs were introduced as relevant for women and children
- ❖ Some men who have attempted to accompany their wives to the clinics are told to “wait outside”, by the health providers



# traditional approaches to SRH: family planning practices

- ❖ *When family planning came, they started talking to the women and left the men out, so they [men] knew it was a woman's affair (female FGD)*

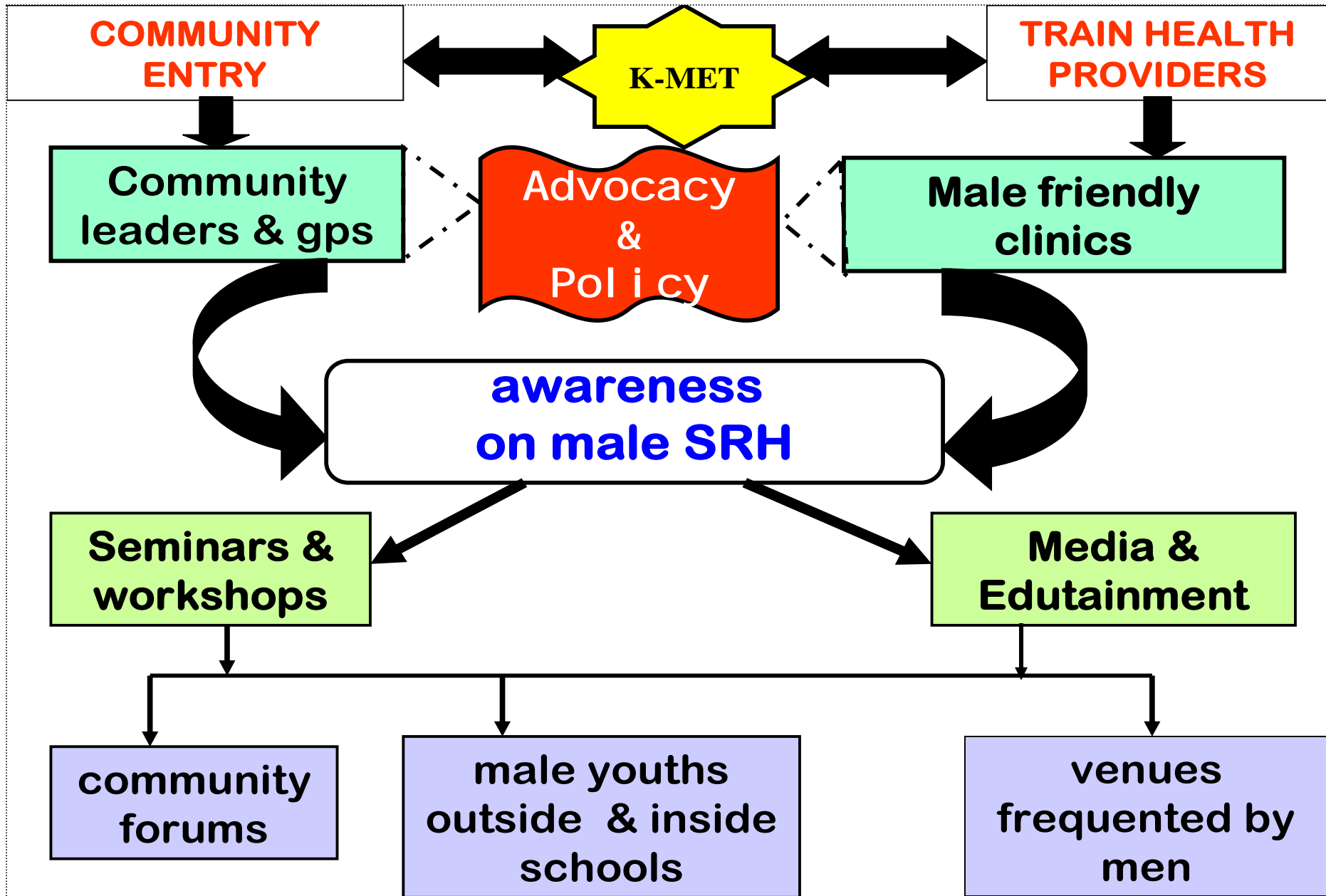


# traditional approaches to SRH: male knowledge on SRH

- ❖ Since men have not been involved, they lack knowledge on RH issues
  - ❖ Result, myths and misconceptions about FP
- ❖ Hence, men lack appreciation of the side effects of FP and how these affect women's health



# Suggested strategies for intervention



# conclusion

- ❖ Influences of male involvement in RH are gender norms, and traditional approaches to SRH. These should be addressed by RH programs
- ❖ Suggested service delivery model:
  - ❖ Training of health providers
  - ❖ Involving community leaders as an entry point
  - ❖ Creating awareness
  - ❖ Male-friendly clinics
  - ❖ Advocacy
  - ❖ Empower women



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**THE END**

**thanks for listening**



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