

**FACTORS ASSOCIATED WITH POSTPARTUM MOTHERS' AND MALE
PARTNERS INVOLVEMENT IN MODERN FAMILY PLANNING
IN MUNUKI PRIMARY HEALTH CARE CENTRE, JUBA,
SOUTH SUDAN**

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**AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO THE SCHOOL
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DECLARATION

I, **NYAWECH CHUOL NYUON**, declare the report entitled” Factors Associated with Postpartum Mothers’ and Male Partners Involvement in Modern Family Planning in Munuki Primary Health Care Centre, Juba, South Sudan” is my original piece of work which had not been submitted to any institution of higher learning for any academic award.

Signature.....

Date.....

APPROVAL

This is to certify that this research report was done under my supervision as research academic supervisor.

Signature.....

**ASS, PROF. ROSE PONI GORE ANDREA
SUPERVISOR**

Date.....

DEDICATION

This piece of work is humbly dedicated to the Almighty God whose grace guided and saw me through every endeavor. This report is also whole heartedly dedicated to my mother Mrs. Sarah Nyaruot who inspired me to always attain higher in all my endeavors. Not forgetting my dear husband Mr. Yien Dang Chuol and my children for their moral and spiritual support towards my education

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ABBREVIATIONS

FP - Family planning

PPFP- postpartum family planning

IUD – Intrauterine device

LAM – Lactation amenorrhea method

SSA – Sub-Saharan Africa

CPR – Contraceptive prevalence rate

WHO – World Health Organization

LAC – Long acting contraception

PHCC – Primary Health Care Centre

MCSP- Maternal Child Survival Program

US- United State

OPERATIONAL DEFINITION OF KEY TERMS

Family Planning (FP) WHO definition: is having the desired number of children and when you want to have them by using safe and effective modern family planning methods.

(MCSP) defined postpartum family planning as: The start of a modern method of contraception as soon as possible after childbirth and the continued use of this or another method for at least two years for optimal timing and spacing of pregnancies.

Male engagement: refers to the involvement of men and boys in family planning programs across life stages, including addressing gender norms and gender equality

Postpartum and male involvements in modern family planning: is the process of engaging male partners in family planning education and counseling in order to improve family planning utilization and help meet couple's reproductive health needs in the postpartum period.

ABSTRACT

Background; South Sudan as a country has one of the worst reproductive health situations in the world with a maternal mortality ratio of 789 per 100,000 live births, and a modern Contraceptive Prevalence Rate of 4.7%, and to improve Family Planning utilization, social norms surrounding sexuality.

Methods; we employed analytical cross-sectional study and used quantitative data collection approaches. The results were presented using frequency distribution and level of association was assessed using bivariate analysis at 95% level of confidence.

Results; the study enrolled forty-eight respondents and out of those, only 47.92% of them had involved their male partners in the use of modern family planning. This was affected by cultural and religious barriers, cost of modern family planning services, being employed and less monthly income as limited information about other types of modern family planning method such implants, vasectomy and tubal ligation. Sources of information about modern family planning such as radio and television.

Conclusions; the prevalence of male involvement into the use of modern family remains very low.

Recommendations; For the respondents that stay in rural areas, the health care workers need to organize monthly community outreaches for family planning which starts with health education sessions and later offer the services for those indeed.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

Postpartum family planning (PPFP) is the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirth (WHO strategic PPFP 2013). Thus, after delivery mothers are counseled and encouraged to initiate modern contraceptive method within the specified period.

Pregnancies that occur in the first year of the delivery are mostly unplanned and risky for the mothers. It also results in adverse birth outcomes for the babies such as, preterm, low birth weight, and small for gestational age (Cleland et al., 2012). If couples spaced their pregnancies at least 2 years apart from the previous birth, the morbidity and mortality risk both for the mothers and their babies will be reduced. In addition, spacing births allows parents to devote more time to each child in the early years (Rutstein and Winter, 2015).

Male involvement in Family Planning is not only limited to utilization of contraceptive services but also involves the number of men willing to support, encourage and share information as partners about family planning (Butto and Mburu, 2015) and male involvement has been evidenced to be vital for the success of Family Planning usage by their female partners (Braun et al., 2016) and in the long run maternal and infant mortality rate reduces due to the decline of unintended pregnancies.

This research seeks to establish the factors associated with postpartum mothers' and male partners involvement in modern family planning, and findings from this study will be used by health practitioners at Munuki primary health care Centre to enable engagement and educate postpartum mothers' and the male individuals on the importance of FP, national health management team to make policies that will increase modern Family Planning utilization, and can be a source of information for researchers interested in Family Planning issues, and it is a requirement for the award of a bachelor's degree in public health science to the researcher. This chapter is comprised of the background of the study, the problem statement, the research objectives, research questions, significance of the study, and the conceptual framework.

1.1 Background

Family planning (FP) is defined by the World Health Organization as the ability of individuals and couples to anticipate and get their desired number of children, and the spacing and timing of their births (Organization, 2013) . This is achieved through the use of

modern contraceptive methods which include; tubal ligation, implants, injectable, the pill, intrauterine device (IUD), female and male condoms, emergency contraceptive, lactation amenorrhea method (LAM), standard days method, and vasectomy (Muhindo et al., 2018).

Globally, utilization of modern contraceptives rose from 54% in 1999 to 57.4% in 2015 (Akhtar et al., 2021). With regard to regions, the prevalence rate of modern FP utilization rose from 55.6% to 61.2% in Europe, from 60.9% to 61.8% in Asia, it is at a constant of 66.7% in the Caribbean and Latin America (Acosta-Cazares, 2015). There has been rise from 23.6% to 28.5% in Africa which is a very low change when compared to the global average (Kuang and Brodsky, 2016).

In addition, approximately 23% of women in Africa in their reproductive age have unmet need of modern contraceptives (Feyisso et al., 2015). The fertility rate being at 4.7 children per woman hence being the highest in the world (United Nations, 2015), with one in 26 adult women being at risk of maternal death in Sub-Saharan Africa (SSA) (Gahungu et al., 2021). This is due to poor reproductive health which includes limited access to FP for the postpartum mothers.

SSA has one of the highest fertility rates in the world due to the unmet need of FP and lack of knowledge during the postpartum period in women (Gahungu et al., 2021) and the postpartum practices noted to be much used in SSA are breastfeeding and sexual abstinence. Women with unmet need for FP are sexually active and married or in consensual union aiming at preventing the unintended or too-close pregnancies during the first twelve months following delivery (Gahungu et al., 2021). Yet are not accessing any form of contraceptive service (Jumaine Gahungu, 2021), and in 2012, over 222 million women were estimated to have unmet needs for FP in developing countries (Gahungu et al., 2021).

The contraceptive prevalence rate (CPR) of Sub-Saharan Africa was estimated at 31.5% for women or their sexual partners (Bongaarts, 2017), with Kenya contributing (26%), Tanzania (25%). On the other hand, in Ethiopia it was found at 26%), Rwanda (21%) and Uganda taking (34%) (Eshete and Adissu, 2017). Similarly, contraceptive prevalence was found at 54.9% for Northern Africa of which South Sudan is considered a part (Bongaarts, 2017). The low utilization of modern contraception has been cited as a major contributing factor to maternal mortality rate and is estimated to be 438 deaths per 100,000 women (Andi et al., 2014).

A key factor to having a low CPR is the lack of male involvement in FP services therefore hampering its usage and continuation. More so, the Beijing world women conference emphasized the sharing of responsibilities of reproductive health issues like FP between men and women (Butto and Mburu, 2015). Male involvement in Family Planning is not only limited to utilization of contraceptive services but also involves the number of men willing to support, encourage and share information as partners about family planning (Butto and Mburu, 2015) and male involvement has been evidenced to be vital for the success of Family Planning usage by their female partners (Butto and Mburu, 2015) and in the long run maternal and infant mortality rate reduces due to the decline in unintended pregnancies. South Sudan as a country has one of the worst reproductive health situations in the world with a maternal mortality ratio of 789 per 100,000 live births (Kane et al., 2016). However, the a modern Contraceptive Prevalence Rate of 4.7%, and to improve Family Planning utilization, social norms surrounding sexuality and reproduction have to be understood in order for public health responses to increase (Kane et al., 2016).

1.2 Problem Statement

Involvement of men in Family Planning through facilitating spouse access to preferred contraceptive methods is vital for the well-being and autonomy of women (Hardee et al., 2017). Family planning (FP) enables individuals and couples to have their desired number of children with the proper spacing (Sultan, 2018). Therefore , the involvement of both the male and their female counterpart in sharing of information, spousal support and accompaniment increases family planning utilization, proper usage, and continuation since men in many societies are the core decision makers regarding family size (Aborigo et al., 2018).

Despite efforts by World Health Organization (WHO) and ministry of health, South Sudan being a conflict afflicted setting has affected the uptake of family planning services, the modern contraceptive prevalence rate stands at 2.7% with the unmet need at 30.8% (Obwoya et al., 2018).

This is due to barriers like misconceptions about family planning, inadequate data collection and communication to the inhabitants and this has resulted into high fertility rates and unintended pregnancies (Moses et al., 2021). With over half of the girls being married by the age of 18, and limited uptake of modern contraception, South Sudan has one of the highest maternal and child mortality rates in Sub-Saharan Africa and globally (Tsui et al., 2017).

Therefore, attaining sustainable development goal number three of ensuring good health and well-being is still far from realization.

To ensure increased utilization of modern family planning services, postpartum mothers must be informed about the importance of family planning after birth, the risks involved with too-soon and too-close pregnancies and the male partners must be vividly involved in this form of reproductive health. Therefore, there is a need for awareness and extra research on how to increase utilization of family planning in a conflict inflicted setting like South Sudan, and also to document modern family planning utilization barriers as a way of providing evidence required to influence national policy making, donations, activism, and access.

1.3 Study Objectives

1.3.1 General objectives

To determine the factors associated with postpartum mothers' and male involvement in modern family planning in Munuki Primary Health care Centre, Juba, and South Sudan.

1.3.2 Specific objectives

- I. To assess the socio-demographic factors associated with postpartum mothers' and male partner's involvement in modern family planning in Munuki primary Health care Centre, Juba, and South Sudan.
- II. To determine the individual factors associated with postpartum mothers' and male partner's involvement in modern family planning in Munuki primary health care Centre, Juba, and South Sudan.
- III. To establish the socioeconomic factors associated with postpartum mothers' and male involvement in modern family planning in Munuki primary health care Centre, Juba, and South Sudan.

1.4 Research questions

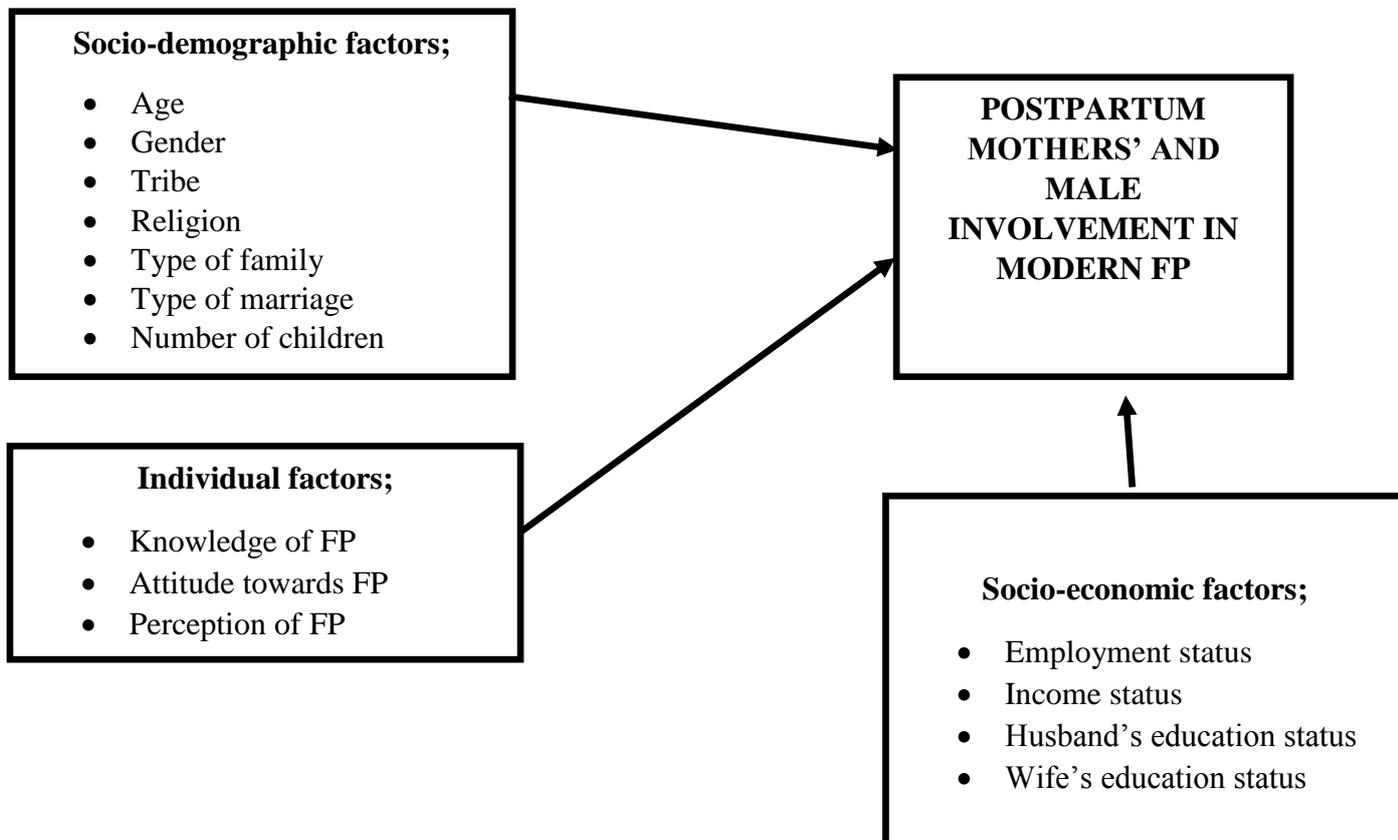
- I. What are the socio-demographic factors associated with postpartum mothers' and male partner's involvement in modern family planning in Munuki primary health care Centre, Juba, South Sudan?
- II. What are the individual factors associated with postpartum mothers' and male partner's involvement in modern family planning in Munuki primary health care Centre, Juba, South Sudan?

III. What are the socioeconomic factors associated with postpartum mothers' and male partner's involvement in modern family planning in Munuki primary health Centre, Juba, South Sudan?

1.5 Significance of the study

This research seeks to establish the factors associated with postpartum mothers' and male partners involvement in modern family planning, and findings from this study will be used by health practitioners at Munuki primary health care Centre to enable engagement and educate postpartum mothers' and the male individuals on the importance of FP, national health management team to make policies that will increase modern Family Planning utilization, and can be a source of information for researchers interested in Family Planning issues, and it is a requirement for the award of a bachelor's degree in public health science to the researcher.

1.6 Conceptual framework.



1.7 Figure 1 shows factors associated with male involvement in to the use of modern family planning.

Narrative of the conceptual frame work

The conceptual frame work is showing, diagrammatically, the factors associated with postpartum mothers' and male involvement in modern family planning. Postpartum mothers' and male involvement in modern family planning is dependent on factors such as: socio-demographic factors such as gender, age, tribe, religion, type of marriage, number of children, travel distance to hospital; individual factors such as knowledge of Family Planning, attitude towards Family Planning, perception of Family Planning; and socio-economic factors; employment status, husband's education status, and wife's education status.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter is focusing on available literatures from several sources that are reviewed and presented according to the study variables such as socio-demographic factors, individual factors and socio-economic factors associated with postpartum mothers' and male involvement in modern family planning.

2.1.1 Postpartum mothers and male involvement in Family Planning.

According to a descriptive cross-sectional study carried out in western Asia by (Zeyneloğlu et al., 2013), with the aim of exploring factors that influence men who use FP services.

The study findings showed that 60.4% of the men were not using any FP method, and age, level of education, number of children, and religious beliefs influenced participation in Family Planning (Zeyneloğlu et al., 2013). With religious beliefs mainly prohibiting men from utilizing Family Planning. Meanwhile, in a community-based cross-sectional study carried out in Nepal, India, with the aim of assessing the factors affecting the utilization of FP methods among postpartum mothers in the Kailali district of Nepal (Baral, 2018). The study result indicated that 32.8% of the women assessed used different types of contraceptives with condoms taking on 37.1%, and 50% of postpartum women had an unmet need for family planning (FP) (Baral, 2018). It was also noted that the husband's occupation and past use of FP were significantly associated with the use of modern contraceptives during the first year of postpartum period (Joshi et al., 2020).

Furthermore, according to a descriptive cross-sectional study carried out in Talensi district, Ghana, among 280 women respondents; the number of living children and level of education influenced contraceptive use (Adofo, 2014). In addition, the desire to space children (94%), prevention of pregnancy, and contracting STIs (84%) were factors that significantly motivated women to use contraception. However, opposition from male partners (90%) and misconception (83%) were major barriers to Family Planning utilization (Kok et al., 2015).

In a comparative analysis of population based cross-sectional data was carried out on postpartum Family Planning utilization in Burundi and Rwanda (Rutaremwā and Kabagenyi, 2018). The study showed that Postpartum Family Planning use was at 20% in Burundi and at 51% in Rwanda (Rutaremwā and Kabagenyi, 2018). However, women with a higher education utilized postpartum family planning (PPFP) services more than their counterparts in both countries, and protestant women were less likely to use PPFP in both countries.

Wealth status, age of woman and number of living children were noted to be significant variables in regression models of both countries (Rutaremwā and Kabagenyi, 2018).

Meanwhile, in a mixed method study carried out in Kenya with the objective of establishing the determinants of contraceptive uptake among postpartum women in a county referral hospital in rural Kenya (Ontiri et al., 2019). The study found out that 86.3% of women use contraceptives within a year of delivery in a government facility. There was a significant association ($p \leq 0.05$) between postpartum family planning and lower age, being married, higher education level, and being employed (Ontiri et al., 2019).

On the contrary, there was a high contraceptive uptake among postpartum mothers procuring contraceptives at health centers; however, there was unmet need for contraceptives among women who desired no more children (Jalang'o et al., 2017).

A quantitative cross-sectional study in Ethiopia, carried out with the aim of exploring the level of male involvement in FP activities among factory workers; the education status of men, and the number of children they had alive influenced their involvement in FP activities (Walle and Alamrew, 2014). According to a cross-sectional study in Baghmalek city, Iran with the aim of determining the association between socio-cultural factors with the decision of men participating in FP. The study findings revealed significant relationships between fear of contraceptive side effects, having strong religious faith, patriarchal gender attitudes and men participation in family planning (Mahmoud, Halimeh, Amir, Parvin, & Manouchehr, 2017).

Meanwhile, in a cross-sectional study in Pakistan, Lubna Javed., et al (2014), whose study objective was to assess the male contraceptive method usage among couples practicing contraception (Javed et al., 2014). The result indicated that 73% of the males were literate and of which 42.4% of these were involved in FP. With regard to modern family planning (FP), condom use alone was 30.6%, intrauterine devices 23.6%, injections 14.6%, bilateral tubal ligation among the females was 11.6%, and only 1.2% used emergency pills (Javed et al., 2014).

While in Uganda, in a cross-sectional study carried out by Ojanduru Lillian (2012), with the aim of finding the factors influencing family planning service use among the sexually active adolescents. The findings showed that 95% of the respondents have knowledge on family planning, however, only 24.1% reported using FP services.

Marital status, educational level and ethnicity were significantly associated to FP use, contraceptive use was low among the Bakiga, Itesot and Luo when compared to other tribes and, likelihood of contraception use increased with increased education level, being married, and increase in age (Ojanduru, 2012). Unlike this study, the current study will focus on married men and postpartum mothers.

According to a cross-sectional qualitative study carried out in Renk, South Sudan by (Ahmed et al., 2015) with the aim of determining what affects FP service uptake among couples in Renk. The study shows that the preference for large families negatively affected contraceptive utilization (Ahmed et al., 2015). And a few of the reasons for not using FP services were social stigma, religious prohibition and cultural norms which consider FP utilization a taboo and, the very few users had financial burden for large families as the main push factor (Ahmed et al., 2015).

2.2 Individual factors associated with male partner's involvement in modern family planning.

2.2.1 Knowledge, Attitudes and Perceptions of modern family planning methods.

According to a study in Kiev, Ukraine by (Podolskyi et al., 2018) aiming to explore women's knowledge and attitudes towards modern contraceptive methods, with data collected from recently pregnant women. Though most women (89%) stated obtaining information on contraceptive methods from a medical doctor, there was a low level of knowledge with regard to long acting contraceptive(LAC) like IUD(17%) and implants(47%), even when most women expressed a wish to postpone or refrain from future pregnancies and, barrier methods like condoms(75%) and oral contraceptives(46%) were the commonly used methods (Podolskyi et al., 2018).

Meanwhile, in a separate study in Mexico, whose aim was to examine the Family Planning perception and barriers to contraception among the poorest population of Chiapas, Mexico (Dansereau et al., 2017). The most of the participants voiced concerns about the side effects of modern contraception methods like oral pills, and the misconception of infertility as a barrier to FP utilization, however, participants were generally aware of modern contraception (Dansereau et al., 2017).

In a descriptive study (Mahadeen, Khalil, Hamdan-Mansour, Sato, & Imoto, 2010) whose aim was to explore the prevalence of use and knowledge and attitudes towards FP among rural Jordanian women (Mashanda-Tafaune and Monareng, 2016). The most common contraception methods used were oral contraceptive pills (31.1%) and IUD (24.8%), and opposition from the husband or family members or religious reasons were reported by less than 1% of the women (Mashanda-Tafaune and Monareng, 2016).

And about 95% of the women agreed that FP had positive advantages for health, which showed a positive attitude (Mashanda-Tafaune and Monareng, 2016).

Comparably, in a mixed methods study carried out at the Thailand-Myanmar border by Salisbury. P et al., (2015) with the aim of better understanding FP knowledge, attitudes and practices amongst refugee and migrant, pregnant and postpartum women (Salisbury et al., 2016). The result showed that 90% of women were knowledgeable about contraceptives for birth spacing, and 60% used FP in the past. However, major gaps noted were, low uptake of long acting contraception (LAC), lack of awareness of emergency contraception (>90%) and misconceptions surrounding female sterilization (Salisbury et al., 2016).

Furthermore, in a community-based cross-sectional study conducted in 2013 among postpartum mothers in Kailali district, Nepal with the objective of assessing the factors affecting the utilization of FP methods among postpartum mothers (Joshi et al., 2020). However, the result showed that only 32.8% reported using different types of contraceptives like condoms (37.1%) being the mostly used, and 50% had an unmet need for FP hence uptake within the first year was reported to be low among women in this district (Joshi et al., 2020).

Meanwhile, in a community-based cross-sectional study conducted among reproductive-age women in Ethiopia (Bekele et al., 2020) with the aim of assessing the level of knowledge and attitudes towards FP, and associated factors . The study established that more than half of the women had poor knowledge on FP (56.5%) with a positive predictor of good knowledge being older in age, having a high level of education, being an urban resident, being Christian and accessing a radio/television, and only 52.3% had favorable attitudes towards FP (Bekele et al., 2020).

In Gambia,(SALAMI et al., 2019) carried out a cross sectional study among 411 couples from both rural and urban areas, with the aim of examining knowledge, attitude, and practice of FP among married couples. They found that, men had adequate knowledge and positive

attitudes towards FP. However, their involvement in terms of contraceptive use and support for their partners was low because Gambian men wanting more male children directly impacts their partners use of FP (Jammeh et al., 2014).

Similarly, in an cross-sectional study among married men in Vihiga county, western Kenya, whose aim was to assess men's role in FP decision making in Vihiga county of Kenya (Jammeh et al., 2014). From a sample of 150 men aged 18 – 49 years, men were found to have excellent knowledge of FP, and among the known methods were condoms (100%), IUD (81%), and vasectomy (15%). With the main source of information being mass media (43%); 15% of men reported it being their responsibility to use FP methods while 55% said it was the responsibility of the women and, stigma, religious prohibition, social acceptance of FP, and the number and sex of the children was cited as a major hindrance of FP utilization (Jammeh et al., 2014).

In a descriptive cross-sectional study carried out in Tanzania, with the aim of determining the factors that influence male involvement in FP practice in Moshi rural district (Chuwa and Mgaya, 2013). The results did show that modern FP knowledge among men was high (85.3%) but its use was low (47.0%), and both users and non-users had a positive attitude towards FP (Chuwa and Mgaya, 2013).

According to a cross sectional study carried out in post conflict Gulu district, northern Uganda, a conflict afflicted area similar to South Sudan, with the aim of assessing community perspectives, attitude and factors that influence use of Family Planning services (Orach et al., 2015). The CPR was estimated at 47.5%, and the main reason for low utilization of FP was fear of side effects (88.2%). Factors that affected FP included age, rural residence, cohabitation and occupation which was being a farmer (Orach et al., 2015).

And basing on an ancillary analysis of qualitative data gathered from field notes between 2013 and 2017, among South Sudanese women living in Uganda refugee camps, with the objective of exploring knowledge, beliefs and acceptance of modern family planning methods among South Sudanese women. There has been a change in reproductive health norms due to the relocation, breastfeeding for 2 to 3 years with no sex was one acceptable FP method with cultural norms and use of modern FP was not an acceptable cultural norm, women had very little knowledge on modern contraception, but desired to learn and teach others (Shi et al., 2019).

2.3 Socio-economic factors associated with postpartum mothers and male involvement in modern family planning

According to a cross-sectional study carried out by Fah and Joshua in 2017, to gauge the roles men play in Family Planning activities and, their relationship to socio-economic factors in Malaysia; the study showed that socio-economic factors such as income level, occupation and education level were positively associated with men's involvement in FP activities ((Chukwuere et al., 2017). Meanwhile, in a descriptive cross-sectional study among 600 married men, with the objective being to establish the relationship between FP service utilization and socio-economic variables (Dhruve et al., 2016). The study showed that education level, respondent occupation and socio-economic class were significantly associated with male involvement in FP utilization (Dhruve et al., 2016).

Similarly, in a qualitative cross-sectional study carried out in 2012 in Kigali, Rwanda with the aim of finding out what hindered men's integration in to FP and, the factors that influenced their integration (Rusatira and Kyamanywa, 2012). Respondents pointed out income status concerns as a major enhancing factor for males to utilize FP, because men tend to weigh the burden of raising more children to few: also the side effects, religious practices and limited FP methods were noted as a hindrance to male involvement in FP (Rusatira and Kyamanywa, 2012).

Furthermore, according to a qualitative and quantitative cross-sectional study in Mombasa county, Kenya, with the purpose of determining the socio-economic variables which were associated with FP uptake among the women (Ouma et al., 2018). The study found that being poor, and having no or low level of education were directly related to contraception utilization among respondents (Ouma et al., 2018).

A qualitative cross-sectional study in Lome city, Togo, carried out among 72 married men, with the aim of exploring the men's attitude towards their involvement in FP (Kpegba, 2019). The socio-economic factors like income levels greatly motivated men to get involved in FP service utilization.

In a study on determinants of family planning use among Turkish married men living in south west Turkey. it was noted that the socio-economic status of a man directly influences his

involvement and utilization of FP services, that is, men with a low economic status may find it hard to purchase contraceptives and support the wife in matters related to FP since they see it as a waste to spend the little income they have on FP activities ((Zeyneloğlu et al., 2013). According to a population-based cross-sectional study carried out in Uganda, among 3298 women of reproductive age. The study revealed that 28% of the respondents used modern FP during the postpartum period and this was significantly associated with primary or higher education and richest wealth status as socio-economic factors (Rutaremwya et al., 2015). This is similar to a cross-sectional meta-analysis study carried out in Ethiopia where its results showed that mothers who had secondary and above level of education were more likely to use FP during postpartum period compared to their counterparts (Rutaremwya et al., 2015).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter describes the methodology of the study which includes; the study design, study population, sample size calculation, sampling procedures, sources of data, eligibility criteria, study variables, data collection tools, data analysis, quality control and the ethical issues concerning this study.

3.1 Study Design

A quantitative descriptive cross-sectional study design was employed in collecting the data related to the factors associated with postpartum mothers' and male involvement in modern family planning (FP) in Munuki PHCC Juba, South Sudan, because the method is cost effective and time saving therefore, data was got in a limited amount of time.

3.2 Study Population

The study population is postpartum mothers' and male partner's individuals attaining health services from Munuki primary health care centre in Central Equatorial Juba, and the reason for the selection of this group is because; most of postpartum pregnancy which occurred are unintended and the male are sexually active coupled. Involving male partners in family planning (FP) education and counseling may improve FP utilization and help meet couples' reproductive health needs in the postpartum period.

3.3 Study setting

Munuki primary health care center currently known Musey pakued is a primary health care centers which provides medical services to a population of about 70,000 in Juba. Munuki PHCC is supported by Health Pooled Fund (HPF) South Sudan through its implementing partner Health Link —which recently installed electricity and water supply in the Centre (USAID Delegations 2021). Munuki primary health care center is located in the state of Central Equatoria Juba, South Sudan. It is mainly accessed by the local individuals living in Juba.

3.4 Sample Size Calculation

South Sudan contraceptive prevalence rate is 4.7% (Sumit, Maryse, & Jacqueline, 2016). Sample size is formulated using the Kish-Leslie formula for sample size determination, which is;

$$n = \frac{Z^2 (P*Q)}{e^2}$$

Where;

n = the sample size

Z = 1.69 (the confidence level, which is 95%)

P = the contraceptive prevalence rate is 4.7% which is 0.047

Q = (1-P)

e = acceptable margin of error at 5% (0.05)

Therefore substituting;

$$n = (1.69^2 (0.047 * 0.953)) / 0.05^2$$

$$n = 51$$

Therefore, a sample of 48 out of 51 were utilized.

3.5 Sampling Procedures

The technique employed is simple random sampling to select a primary health care center from the 110 primary health care centers in the state of Central Equatoria Juba. When selecting the respondents, a purposive non-probability sampling method was used since the individuals of interest are postpartum mothers and legally and traditionally married men.

Crossman defines purposive sampling as a form of non-probability sampling where a sample is selected basing on their characteristics and objective of the study (Crossman, 2020).

3.6 Sources of data

The data about the factors associated with postpartum mothers' and male involvement in modern FP was exclusively collected from postpartum mothers and, legally and traditionally married men seeking health services at Munuki hospital in Juba, South Sudan.

3.7 Eligibility criteria:

3.7.1 Inclusion criteria

All postpartum mothers, and all legally and traditionally married men accessing Munuki primary health centre for health services was included in the study.

3.7.2 Exclusion criteria

Any postpartum mother and man who declines to consent for her/him to be a participant was excluded. Those with mental issues, and those who was not accessing health services at the primary health care centre during the time of the study was excluded from the study.

3.8 Study Variables

The study variables for the factors associated with postpartum mothers' and male involvement in modern family planning (FP) at Munuki primary health care centre, Juba, South Sudan are:

3.8.1 Independent variable;

Socio-demographic factors such as the respondents' gender, age, tribe, religion, type of marriage, number of children, and travel distance to hospital. Individual factors include knowledge, perception and attitude towards FP. Socio-economic factors include; employment status, husband's, and wife's education status.

3.8.2 Dependent variables;

Postpartum mothers and male involvement in modern FP which is through contraceptive use, communication with partner and their approval for use of modern FP.

3.9 Data collection methods

The information about modern Family Planning was collected using a researcher administered questionnaire to ensure consistency of data collected, and with most of the local people not being conversant with English as a language, research assistants was trained to help the researcher translate the questionnaire verbally into the local language of the respondent. The questionnaire contains both closed and open-ended questions to be able to collect all required primary data.

3.10 Data analysis

The data collected was coded, entered and analyzed using IBM SPSS statistics version 20. And then the data was presented in tables, and analyzed, at univariate using frequency distribution and percentage tables. And a cross-tabulation of the independent and dependent variable at bivariate level to establish any association, and finally a Pearson Chi-square test

was used to establish any statistical association between the independent and dependent variable.

3.11 Quality control

The questionnaire was pre-tested to ensure accuracy, and research assistants was identified and trained on how to use the questionnaire. And the data was strictly kept under lock and key.

3.12 Ethical issues

A written permission was sought from the Munuki hospital management office in charge of research, with Clarke International University authorization, and before collecting data, a verbal consent was sought from every participant after a proper explanation of the purpose and aim of the research. Participants was assured that their identities shall be kept confidential and information collected from them shall be for purely research purposes only.

3.13 Dissemination of results

The information was compiled and copies was distributed to; Clarke International University library (formerly International Health Sciences University), and Munuki hospital research offices in Central Equatoria Juba, South Sudan.

3.14 Limitation of the study

Unwillingness on the part of some respondents to complete filling the questionnaire once they had finished receiving the service they had come for at the hospital, failure of some female respondents to answer truthfully since their husbands had not allowed them to access/use any FP service, and lastly the illiteracy among most respondents made explaining the questionnaire challenging. However, some of the above limitations were minimized through training the research assistants about the data collection tool, and clearly explaining what the research was about and what the role of the respondents was emphasized.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents results from a study that assessed factors associated with postpartum mothers and male involvement in modern family in Munuki Hospital Juba, South Sudan. Forty-eight out of the 50 expected mothers participated in this study with 96% response rate.

Spousal communication, approval and support

Table 1 shows spousal communication approval and support

Variables	Category	Frequency	Percentage
Ever discussed FP with partner	Yes	26	54.2
	No	22	45.8
Ever discussed number of children	Yes	20	41.7
	No	28	58.3
Approve wife or husband to use FP	Yes	15	31.3
	No	33	68.8
Ever accompanied wife to FP clinic	Yes	7	14.6
	No	41	85.4
Ever encouraged partner to use FPO	Yes	18	37.5
	No	30	62.5
Total		48	100.0

Source primary field data 2021

The result presented in table 1 showed that half 26(54.2%) of the respondents had ever discussed about family planning with their partners while 22(45.8%) of them never discussed. In addition, 20(41.7%) of the respondents agreed that they had ever discussed the number of children they need to have while 28(58.3%) of the respondents never discussed. Moreover, our study finding revealed that only 15(31.3%) of the respondents had approve their or husband to use modern family planning unlike the majority 33(68.8%) of the respondents never approved.

Similarly, the study revealed that only 7(14.6%) of the respondents indicated that they had ever accompanied their wife or husband to the family planning clinic while the majority 41(85.4%) of them had never accompanied. Meanwhile, the study result showed that 18(37.5%) of the respondents had ever encouraged their partners to use modern family planning as compared to the 30(62.5%) of them disagreed.

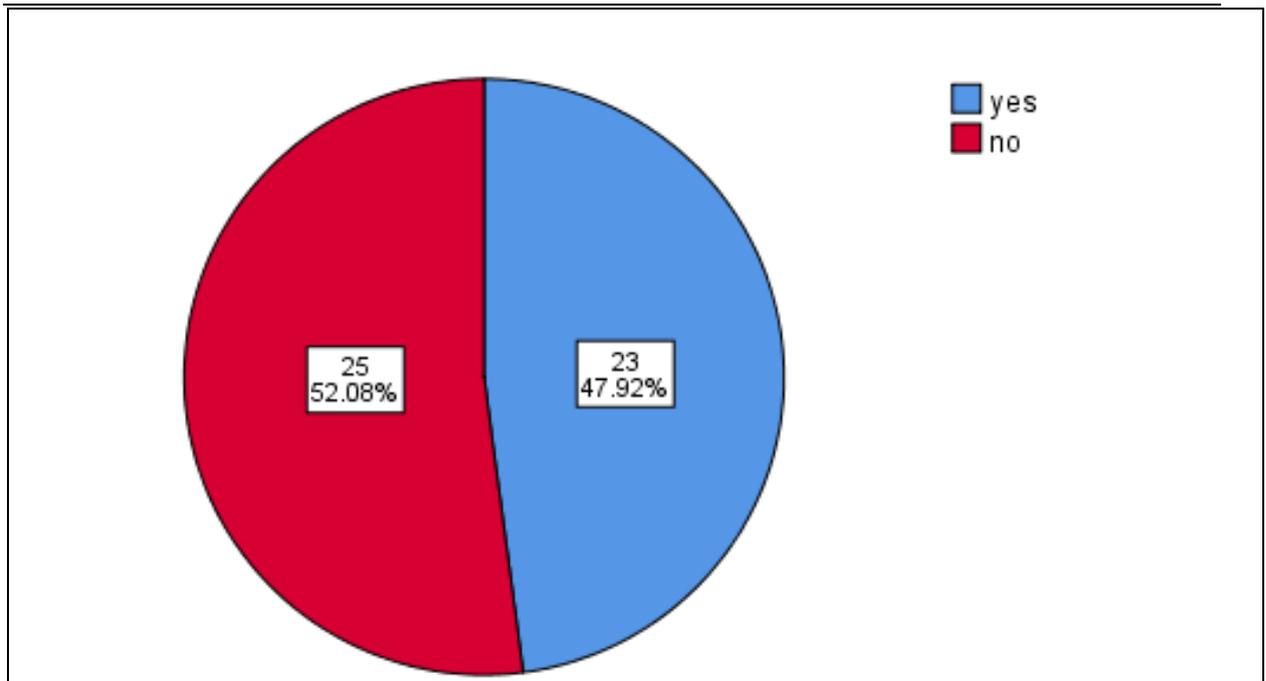


Figure 2 Indicates proportion of male involvement in modern family planning

The result in figure 2 showed that less than half 23(47.92%) of the respondents had ever involved male in family planning while half 25(52.08%) of them had never involved male in the use modern family planning.

4.1 Socio-demographic characteristics of respondents

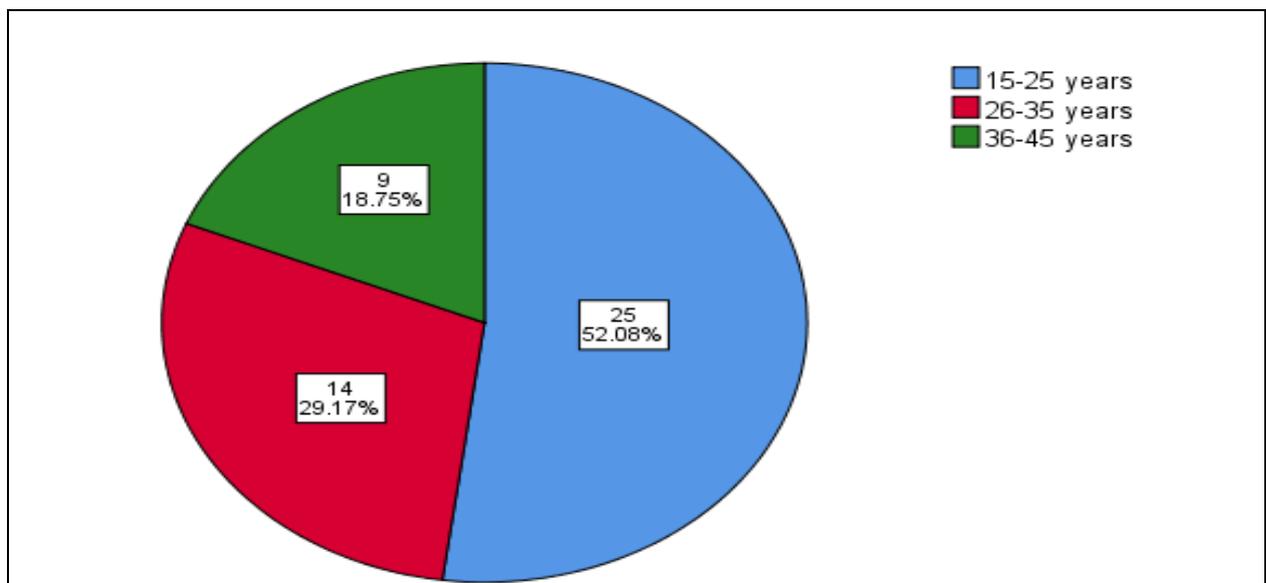


Figure 3 shows distribution of respondents according to age

The results shown in figure 3 above, indicated that the majority 25(52.08%) of the respondents were aged 15-25 years followed by those aged 26-35 years 14 (29.17%) and those aged 36-45 years, 9 (18.75%).

Table 2; demographic characteristics of the respondents

Variables	Category	Frequency	Percentage
Gender	Male	37	77.1
	Female	11	22.9
Religion	Christian	45	93.8
	Muslim	3	6.3
Type of family	monogamous	22	45.8
	Polygamous	15	31.3
	Not indicated	11	22.9
Type of marriage	Wedded	41	85.4
	Cohabiting	6	12.5
	Not indicated	1	2.1
Do you have children	Yes	46	95.8
	No	2	4.2
Number of children	1-3	39	81.3
	4-6	8	16.7
	Not indicated	1	2.1
Number of girls	< 2 girls	22	45.8
	> 2 girls	12	25.0
	Not applicable	14	29.2
Number of boys	< 2 boys	13	27.1
	> 2 boys	21	43.8
	Not applicable	14	29.2
Total		48	100.0

Source primary field data 2021

According to this result in table 2 above, indicated that the majority 37(77.1%) of the respondents were female as compare to the 11(22.9%) of them were male. In addition, the study showed that the majority 45(93.8%) of the respondents were Christians while 3(6.3%) of them were Muslims. Regarding the type of marriage, 22(45.8%) of the respondents were monogamous while 15(31.3%) of them were polygamous. In addition, 41(85.4%) of the respondents indicated that they had wedded while 6(12.5%) of them were cohabiting.

Furthermore, the study assessed whether the respondents had children and the results indicated that the majority 46(95.8%) of the respondents agreed that they have children while only 2(4.2%) of them were not. However, 39(81.3%) of the respondents indicated that have one to three children while 7(14.6%) of them had four to six children.

In addition, 22(45.8%) of the respondents had less than two girls while 12(25.0%) of them had more than two girls. Similarly, 13(27.1%) of the respondents had less than two boys while 21(43.8%) of them had more than two boys.

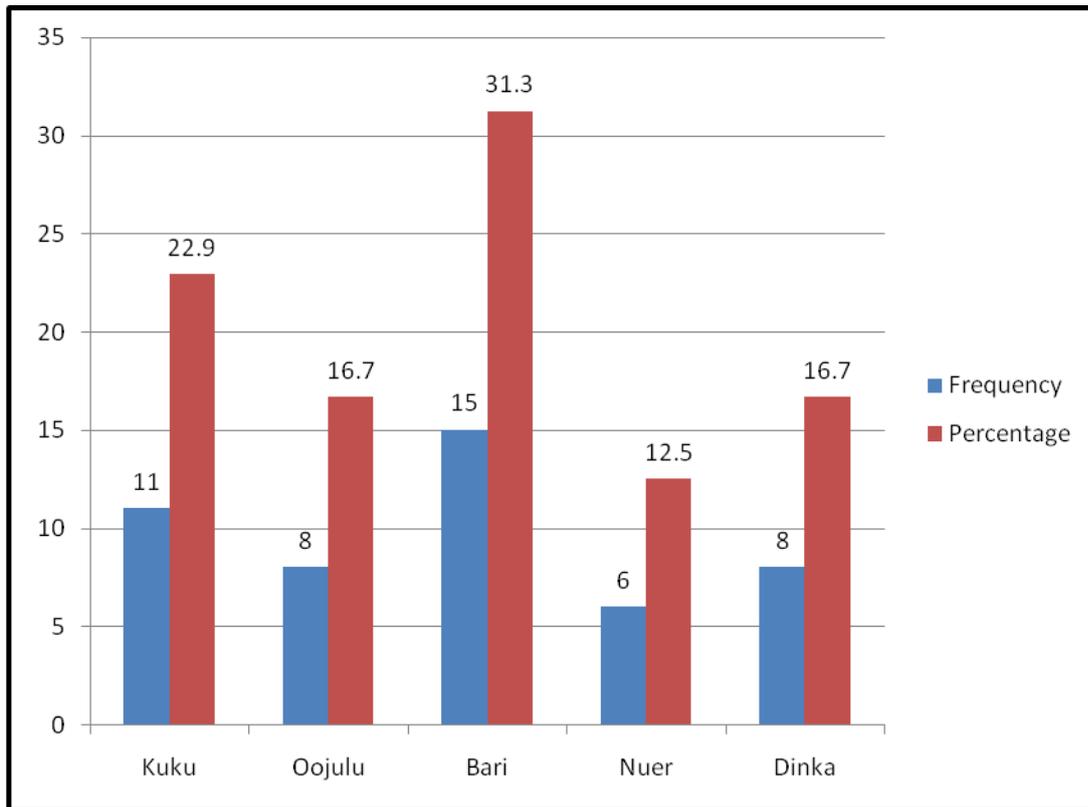


Figure 4 shows distribution of respondents according to tribe

According to the results presented in figure 4 above, majority of the respondents were Bari, Kuku, (Dinka and Oojulu), with (31.3%, 22.9%, and 16.7%) respectively and those with smallest percent were Nuer and Kuku (12.5%, and 11%).

Table 3; bivariate analysis of demographic characteristics

Variables	Category	Male involvement		Total	χ^2	P-value
		Yes	No			
Age	15-25 years	12(52.2%)	13(52.0%)	25(52.1%)	0.354	0.927
	26-35 years	6(26.1%)	8(32.0%)	14(29.2%)		
	36-45 years	5(21.7%)	4(16.0%)	9(18.8%)		
Gender	Female	20(87.0%)	17(68.0%)	37(77.1%)	2.437	0.173
	Male	3(13.0%)	8(32.0%)	11(22.9%)		
Tribes	Kuku	7(30.4%)	4(16.0%)	11(22.9%)	1.972	0.75
	Pojulu	4(17.4%)	4(16.0%)	8(16.7%)		
	Bari	7(30.4%)	8(32.0%)	15(31.3%)		
	Nuer	2(8.7%)	4(16.0%)	6(12.5%)		
	Dinka	3(13.0%)	5(20.0%)	8(16.7%)		
Religion	Christina	22(95.7%)	23(92.0%)	45(93.8%)	0.273	1
	Moslem	1(4.3%)	2(8.0%)	3(6.3%)		
Type of family	Monogamous	12(52.2%)	10(40.0%)	22(45.8%)	0.985	0.611
	Polygamous	7(30.4%)	8(32.0%)	15(31.3%)		
	Not indicated	4(17.4%)	7(28.0%)	11(22.9%)		
Type of marriage	Wedded	19(82.6%)	22(88.0%)	41(85.4%)	1.806	0.405
	Cohabiting	4(17.4%)	2(8.0%)	6(12.5%)		
	Not indicated	0(0.0%)	1(4.0%)	1(2.1%)		
Have children	Yes	21(91.3%)	25(100.0%)	46(95.8%)	2.268	0.224
	No	2(8.7%)	0(0.0%)	2(4.2%)		
Number of children	1-3	19(82.6%)	20(80.0%)	39(81.3%)	1.445	0.703
	4-6	3(13.0%)	5(20.0%)	8(16.7%)		
	Not indicated	1(4.3%)	0(0.0%)	1(2.1%)		
Number of girls	< 2 girls	11(47.8%)	11(44.0%)	22(45.8%)	0.25	0.871
	> 2 girls	5(21.7%)	7(28.0%)	12(25.0%)		
	Not applicable	7(30.4%)	7(28.0%)	14(29.2%)		
Number of boys	< 2 boys	5(21.7%)	8(32.0%)	13(27.1%)	1.326	0.577
	> 2 boys	12(52.2%)	9(36.0%)	21(43.8%)		
	Not applicable	6(26.1%)	8(32.0%)	14(29.2%)		
Total		23(100%)	25(100%)	48(100%)		

Source primary field data 2021

The distribution of the respondents according to male involvement into the use of family planning was assessed and the results showed that (52.2%) of the respondents aged 15 to 25 years had involved their spouses as compared to the 26.1% in those aged 26 to 35 years and 21.7% aged 36 to 45 years. In addition, the study finding revealed higher proportion of spouse involvement among respondents that were females (87.0%) as compared to the males (13.0%).

However, the prevalence of involvement into family planning use was higher among respondents that were kukus and Bari (30.4%) unlike those who belong to other tribes such as Pojulu 17.4%, Nuer 8.7% and Dinka 13.0%.

The study finding revealed that 95.7% of the Christians had involved male into the use of modern family planning as compared to only 4.3% involvement observed among Muslims. Mores, 52.2% of the respondents that belonged to monogamous family had involved their spouse in the use of modern family method while 30.4% involvement was found among polygamous family. Relatedly, 82.6% of the respondents that had wedded involved their partners in the use modern family planning unlike those who were cohabiting 17.4%. Meanwhile, the study also established that respondents had children had higher proportion 91.3% of male involvement in the use of modern family planning as compared to those who never had. In addition, 82.6% of the respondents that had one to three children had involved their partners in the use of modern family planning while 13.0% of those with four to six children involved their spouses.

More so, the study revealed that 47.8% of the respondents that had less than two girls as compared to 21.7% of those with two girls and above had involved their partners in the use of modern family planning. In addition, respondents that had more than two boys had involved their partners in the use of modern family as compared to lower proportion observed among those with less than two boys (52.2% vs. 21.7) respectively.

4.2 Socio-economic characteristics of respondents

Table 4; univariate analysis of socio-economic factors associated with male involvement in use of FP

Variables	Category	Frequency	Percentage
Employment status	Employed formally	12	25.0
	Self-employed	7	14.6
	Unemployed	24	50.0
	Indicated	5	10.4
Occupation	Teacher	1	2.1
	Business	8	16.7
	Civil servant	3	6.3
	Student	7	14.6
	Others	18	37.5
	Indicated	11	22.9
Average monthly income	< 20,000	12	25.0
	20,000-100000	7	14.6
	> 200,000	3	6.3
	Indicated	26	54.2
Level of education	Never schooled	5	10.4
	Secondary	7	14.6
	Primary	17	35.4
	Tertiary	17	35.4
	Indicated	2	4.2
Partners level of education	Never schooled	2	4.2
	Primary	6	12.5
	Secondary	13	27.1
	Tertiary	24	50.0
	indicated	3	6.3
Total		48	100.0

Source primary field data 2021

The distribution of the respondents according to socio-economic factors revealed that half 24(50.0%) of them were unemployed while 7(14.6%) were self-employed. Regarding the occupational status of the respondents only respondents was a teacher while 18(37.5%) of them belonged to other occupations. In addition, distribution of respondents according to monthly level of income showed that 12(25.0%) were earning less than 20,000 SSP as compared to the only 3(6.3%) of those whose monthly earnings were more than 200,000 SSP.

Regarding level of education, only 5(10.4%) of the respondents had never attended school while equal proportions had attended primary and tertiary level of education 17(35.4%).

Similarly, the study finding showed that only 2(4.2%) of the respondents partners had never attended school as compared to the 24(50.0%) of the partners had attained tertiary level of education.

Table 5; bivariate analysis of socio-economic factors associated with male involvement

Variables	Category	Male involvement			χ^2	P-value
		Yes	No	Total		
Employment status	Formally	5(21.7%)	7(28.0%)	12(25.0%)	0.594	0.92
	Self employed	3(13.0%)	4(16.0%)	7(14.6%)		
	Unemployed	12(52.2%)	12(48.0%)	24(50.0%)		
	Indicated	3(13.0%)	2(8.0%)	5(10.4%)		
Occupation	Teacher	1(4.3%)	0(0.0%)	1(2.1%)	8.362	0.115
	Business	3(13.0%)	5(20.0%)	8(16.7%)		
	Civil servant	1(4.3%)	2(8.0%)	3(6.3%)		
	Student	3(13.0%)	4(16.0%)	7(14.6%)		
	Others	6(26.1%)	12(48.0%)	18(37.5%)		
	Indicated	9(39.1%)	2(8.0%)	11(22.9%)		
Monthly income	< 20,000	5(21.7%)	7(28.0%)	12(25.0%)	4.544	0.237
	20,000-100000	5(21.7%)	2(8.0%)	7(14.6%)		
	>200,000	0(0.0%)	3(12.0%)	3(6.3%)		
	Indicated	13(56.5%)	13(52.0%)	26(54.2%)		
Level of education	Never schooled	1(4.3%)	4(16.0%)	5(10.4%)	2.452	0.713
	Secondary	3(13.0%)	4(16.0%)	7(14.6%)		
	Primary	10(43.5%)	7(28.0%)	17(35.4%)		
	Tertiary	8(34.8%)	9(36.0%)	17(35.4%)		
	Indicated	1(4.3%)	1(4.0%)	2(4.2%)		
Partners level of education	Ever schooled	0(0.0%)	2(8.0%)	2(4.2%)	4.283	0.424
	Primary	4(17.4%)	2(8.0%)	6(12.5%)		
	Secondary	8(34.8%)	5(20.0%)	13(27.1%)		
	Tertiary	10(43.5%)	14(56.0%)	24(50.0%)		
	Indicated	1(4.3%)	2(8.0%)	3(6.3%)		
Total		23(100%)	25(100%)	48(100%)		

Source primary field data 2021

According to the result presented in table 5 above, all socio-economic factors were insignificantly associated with male involvement in the use of modern family planning methods. However, there are variations in the proportions of male involvement. For example, a higher proportion of male involvement was observed respondents that were unemployed as compared to 13.0% among those self-employed and formally employed 21.7%. Similarly, the study finding revealed that 21.7% of the respondents that were earning less than 20,000 SSP and 20,000 to 100,000 SSP had involved their spouses in the use of family planning while those who earned more than 200,000 SSP never involved.

Furthermore, our study assessed proportion of male involvement in the use of modern family planning methods, the results showed that higher proportion of male involvement was observed among respondents that had attained primary education (43.5%) as compared to those who attained tertiary (34.8%) and secondary school (13.0%). More so, the study also established that respondents whose partners had never gone to school were not involvement in the use of modern family planning unlike 17.4% of those with primary, 34.8% secondary and 43.5% tertiary had involved male in the use of modern family planning.

4.3 Individual factors associated with male involvement

Table 6; shows univariate analysis of individual factors

Variables	Category	Frequency	Percentage
Rate knowledge of FP	I have no knowledge about FP	10	20.8
	I know very little about FP	21	43.8
	I know moderately about FP	5	10.4
	I know much about FP	10	20.8
	Indicated	2	4.2
Understand family planning		16	33.3
Desired number of children with proper birth interval	Prevention of pregnancy	10	20.8
	Having few children	7	14.6
	No idea	9	18.8
	indicated	6	12.5
Know different methods of FP	Yes	27	56.3
	No	21	43.8
Which methods			
Condoms	Yes	16	33.3
	No	32	66.7
Implants	Yes	15	31.3
	No	33	68.8
Vasectomy	Yes	4	8.3
	No	44	91.7
IUD	Yes	4	8.3
	No	44	91.7
Oral pills	Yes	19	39.6
	No	29	60.4
Injectables	Yes	11	22.9
	No	37	77.1
Tubal ligation	Yes	4	8.3
	No	44	91.7
Source of information on family planning			
Internet	Yes	3	6.3
	No	45	93.8
Radio and television	Yes	9	18.8
	No	39	81.3
School	Yes	10	20.8
	No	38	79.2
News papers	No	48	100.0
	Medical doctors	Yes	19
Friends and relatives	No	29	60.4
	Yes	8	16.7
	No	40	83.3

Total	48	100.0
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Source primary field data 2021

The study examined the distribution of the respondents according to individual factors and the results showed that 21(43.8%) of the respondents knew very little about family planning while 10(20.8%) had no knowledge about family planning and 5(10.4%) had moderate knowledge.

In addition, the study finding revealed that 16(33.3%) of the respondents defined family planning as a desire to have number of with proper birth interval, 10(20.8%) stated it as way of preventing pregnancy, 7(14.6%) having few children and 9(18.8%) of them never had any idea.

Furthermore, the study level of knowledge of the respondents on the different methods of modern family. The result showed that half 27(56.3%) of the respondents were knowledgeable about different methods of family planning unlike 21(43.8%) that were not aware. However, the different methods established in this study included condoms 16(33.3%), implants 15(31.3%), vasectomy 4(8.3%), intrauterine device 4(8.3%), oral pills 19(39.6%), injectable 11(22.9%) and tubal ligation 4(8.3%). However, the major source of information about family planning included internet 3(6.3%), radio and television 9(18.8%), school 10(20.8%) and medical doctors 19(39.6%) and only 8(16.7%) of the respondents had about family planning from friends and relatives.

Table 7; Bivariate analysis of individual factors associated with male involvement

Variables	Category	Male involvement			χ^2	P-value
		Yes	No	Total		
Rate knowledge of FP						
I have no knowledge about FP		1(4.3%)	9(36.0%)	10(20.8%)	9.781	0.032*
I know very little about FP		10(43.5%)	11(44.0%)	21(43.8%)		
I know moderately about FP		4(17.4%)	1(4.0%)	5(10.4%)		
I know much about FP		7(30.4%)	3(12.0%)	10(20.8%)		
Indicated		1(4.3%)	1(4.0%)	2(4.2%)		
Understand of FP						
Desired number of children		7(30.4%)	9(36.0%)	16(33.3%)	3.525	0.501
Prevention of pregnancy		6(26.1%)	4(16.0%)	10(20.8%)		
Having few children		5(21.7%)	2(8.0%)	7(14.6%)		
I have no idea		3(13.0%)	6(24.0%)	9(18.8%)		
Indicated		2(8.7%)	4(16.0%)	6(12.5%)		
Know different method of modern FP						
	Yes	15(65.2%)	12(48.0%)	27(56.3%)	1.443	0.259
	No	8(34.8%)	13(52.0%)	21(43.8%)		
Which methods						
Condoms	Yes	7(30.4%)	9(36.0%)	16(33.3%)	0.167	0.765
	No	16(69.6%)	16(64.0%)	32(66.7%)		
Implants	Yes	8(34.8%)	7(28.0%)	15(31.3%)	0.257	0.757
	No	15(65.2%)	18(72.0%)	33(68.8%)		
Vasectomy	Yes	1(4.3%)	3(12.0%)	4(8.3%)	0.918	0.61
	No	22(95.7%)	22(88.0%)	44(91.7%)		
IUD	Yes	2(8.7%)	2(8.0%)	4(8.3%)	0.008	1
	No	21(91.3%)	23(92.0%)	44(91.7%)		
Oral pills	Yes	11(47.8%)	8(32.0%)	19(39.6%)	1.255	0.377
	No	12(52.2%)	17(68.0%)	29(60.4%)		
Injectables	Yes	6(26.1%)	5(20.0%)	11(22.9%)	0.251	0.736
	No	17(73.9%)	20(80.0%)	37(77.1%)		
Tubal ligation	Yes	2(8.7%)	2(8.0%)	4(8.3%)	0.008	1
	No	21(91.3%)	23(92.0%)	44(91.7%)		
Injectables	Yes	2(8.7%)	1(4.0%)	3(6.3%)	0.451	0.601
	No	21(91.3%)	24(96.0%)	45(93.8%)		
Source of information						
Radio and television	Yes	4(17.4%)	5(20.0%)	9(18.8%)	0.054	1
	No	19(82.6%)	20(80.0%)	39(81.3%)		
School	Yes	5(21.7%)	5(20.0%)	10(20.8%)	0.022	1
	No	18(78.3%)	20(80.0%)	38(79.2%)		
Medical doctor	Yes	10(43.5%)	9(36.0%)	19(39.6%)	0.28	0.769
	No	13(56.5%)	16(64.0%)	29(60.4%)		
Friends & relatives	Yes	6(26.1%)	2(8.0%)	8(16.7%)	2.822	0.13
	No	17(73.9%)	23(92.0%)	40(83.3%)		
Total		23(100%)	25(100%)	48(100%)		

Source primary field data 2021

The result presented in table 7 showed that being knowledgeable about family planning had significant association with male involvement in the use of modern family planning methods ($p=0.032$). However, 30.4% of the respondents that understood family planning as a desired number of children had involved male as compared to the 26.1% among those who take it as prevention of pregnancy and 21.7% as having few children. Male involvement in the use of family planning was observed among respondent that knew condoms (30.4%), implants (34.8%), vasectomy (4.3%), IUD (8.7%), oral pills (47.8%), injectable (26.1%), and tubal ligations (8.7%). Similarly, our study finding revealed that 17.4% of the respondents whose source of information about family planning was radio and television had involved male in the use of family planning, 21.7% involvement was seen among those that heard from school, 43.5% heard from medical doctors and 26.1% from friends and relatives.

4.4 Attitudes and perceptions on involvement of family planning

Table 8 univariate analysis of attitude and perceptions on male involvement in family planning

Variables	Category	Frequency	Percentage
Ever used any family planning method	Yes	11	22.9
	No	37	77.1
Family planning methods	Condoms	3	6.3
	Implants	6	12.5
	Oral pills	2	4.2
	Injectable	1	2.1
	Indicated	36	75.0
Currently using FP method	Yes	7	14.6
	No	41	85.4
Reasons for not using FP			
Desire to have more children	Yes	7	14.6
	No	41	85.4
Partner opposed family planning	Yes	4	8.3
	No	44	91.7
Religion does not allow FP use	Yes	2	4.2
	No	46	95.8
FP methods are expensive	Yes	1	2.1
	No	47	97.9
I fear the side effects of FP	Yes	8	16.7
	No	40	83.3
Family planning is women affairs	No	48	100.0
Men are disrespected in society	No	48	100.0
Partner currently using any FP method	Yes	7	14.6
	No	41	85.4
Which method	Oral pills	4	8.3
	Condom	3	6.3
	Not applicable	41	85.4
Who should participate in FP	Wife	12	25.0
	Husband	13	27.1
	Both	15	31.3
	Not indicated	8	16.7
Total		48	100.0

Source primary field data 2021

The distribution of the respondents according to attitudes and perceptions revealed that 11(22.9%) of the respondents had ever used any family planning methods as compared to the 37(77.1%) of them were not using. Meanwhile, 3(6.3%) of the respondents had used condoms, 6(12.5%) implants, 2(4.2%) oral pills and only one used injectables.

Furthermore, the study finding showed that only 7(14.6%) of the respondents were found using family planning while the majority 41(85.4%) of them were not using any family planning methods. However, the major reasons cited for not using family planning included

desire to have more children 7(14.6%), partners opposed use of family planning 4(8.3%), religion does not allow use of any family planning 2(4.2%), family planning methods were expensive 1(2.1%) and fear of the side effects of family planning 8(16.7%).

More so, the study finding revealed that only 7(14.6%) of the respondents agreed that their partners were using family planning during the time of the study while the majority 41(85.4%) of them were not. The most common method used by the respondent's partners included oral pills 4(8.3%), and 3(6.3%) condoms. However, 12(25.0%) of the respondents stated that participation in family planning use should be for wife, 13(27.1%) of them indicated husband and 15(31.3%) of them showed both.

Table 9; bivariate analysis of attitudes and perceptions towards male involvement

Variables	Category	Male involvement			χ^2	P-value
		Yes	No	Total		
Ever used any family planning method	Yes	9(39.1%)	2(8.0%)	11(22.9%)	6.572	0.016*
	No	14(60.9%)	23(92.0%)	37(77.1%)		
Family planning method used	Condoms	1(4.3%)	2(8.0%)	3(6.3%)	4.925	0.288
	Implants	4(17.4%)	2(8.0%)	6(12.55)		
	Oral pills	2(8.7%)	0(0.0%)	2(4.2%)		
	Injectable	1(4.3%)	0(0.0%)	1(2.1%)		
	Indicated	15(65.2%)	21	36		
Are currently using FP	Yes	7(30.4%)	0(0.0%)	7(14.6%)	8.908	0.003*
	No	16(69.6%)	25(100%)	41(85.4%)		
Reasons for not using family planning						
Desire to have more children	Yes	2(8.7%)	5(20.0%)	7(14.6%)	1.229	0.419
	No	21(91.3%)	20(80.0%)	41(85.4%)		
My partner is opposed to family planning	Yes	2(8.7%)	2(8.0%)	4(8.3%)	0.008	1
	No	21(91.3%)	23(92.0%)	44(91.7%)		
My religion does not allow family planning use					0.001	1
	Yes	1(4.3%)	1(4.0%)	2(4.2%)		
	No	22(95.7%)	24(96.0%)	46(95.8%)		
Family planning methods are expensive	Yes	0(0.0%)	1(4.0%)	1(2.1%)	0.94	1
	No	23(100.0%)	24(96.0%)	47(97.9%)		
I fear the side effects of family planning	Yes	3(13.0%)	5(20.0%)	8(16.7%)	0.417	0.4
	No	20(87.0%)	20(80.0%)	40(83.3%)		
Partner currently using any family planning	Yes	5(21.7%)	2(8.0%)	7(14.6%)	1.815	0.237
	No	18(78.3%)	23(92.0%)	41(85.4%)		
If yes, which method	Oral pills	20(87.0%)	24(96.0%)	44(91.7%)	1.616	0.406
	Condom	2(8.7%)	1(4.0%)	3(6.3%)		
	Implant	1(4.3%)	0(0.0%)	1(2.1%)		
Who should participate in family planning	Wife	9(39.1%)	3(12.0%)	12(25.0%)	5.603	0.145
	Husband	6(26.1%)	7(28.0%)	13(27.1%)		
	Both	6(26.1%)	9(36.0%)	15(31.3%)		
	Not applicable	2(8.7%)	6(24.0%)	8(16.7%)		
Total		23(100%)	25(100%)	48(100%)		

Source primary field data 2021

The result presented in table 9 showed male involvements in the use of family planning was found associated with having ever used family planning ($p=0.016$), and whether the respondent is currently using family planning ($p=0.003$). Meanwhile, only 17.4% of the

respondents that used implants, 8.7% oral pills, 4.3% injectable and 4.3% had involved their spouse in the use of family planning.

Similarly, our study finding revealed that only 8.7% of the respondents that had desire to have more than children and whose partners had opposed to family planning had involved their partners in the use of family planning. In addition, only 4.3% of the respondents whose religion does not allow use of family planning had involved their spouses in the use while only 13.0% of the respondents that had fear about the side effects of family planning had involved their spouses in the use. More so, the study established that only 21.7% of the respondents whose partners were using family planning had involved their spouses. However, 87.0% of the respondents whose partners were using oral pills had involved their spouses as compared to 8.7% involvement among those who use condom and 4.3% implants. Meanwhile, 26.1% of the respondents indicated that both husband and wife should participate in the use of family planning while 39.1% suggested wife and 26.1% had suggested husbands.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0 Introduction

This chapter presents discussion of study findings according to the specific objectives of the study. However, in this section, we compare our study results with findings from other studies as well as justify why there is similarity and controversy.

5.1 Prevalence of male involvement into the use of modern family planning

In our study, forty-eight out of fifty respondents were enrolled with 96% response rate. The respondents were normally distributed regarding to age distribution. The study result indicated that only 47.92% of the respondents had ever involved their male partners in the use of modern family planning methods. Similarly, it was established in a study conducted in South Sudan that the prevalence of uptake of modern family planning was only 2.7% with unmet need at 30.8%. This was attributed to misconception about family planning, inadequate data collection and communication to the inhabitants (Moses et al., 2021). The low involvement of male partners in the use of modern family planning in our study attributed to failure to discuss about family planning with partners, failure to discuss on the desired number of children as well as religious beliefs and fear of side effects. Thus, male involvement in to the use of modern family planning remains very low. This suggests that there is the need to remove barriers such as religion and individual hindering factors to improve male involvement in the use of family planning.

5.2 Socio-demographic factors associated with into the use of modern family planning

The study finding showed that prevalence of male involvement in the use of modern family planning was found higher among respondents aged 15 to 25 years as compared to those aged 26 to 35 years and 36 to 45 years. Relatedly, a mixed method conducted in Kenya revealed eighty-six percent use of modern contraceptives due to lower age and being married as well as higher level of education. In addition, unmet need for contraceptives was found among women who had no desire for many children (Rose, 2017). The had established that being old mostly aged 26 years and above was found barriers to use of modern family planning in this study. This is because, respondents indicated that men who use modern family planning are not respected in the society. To worsen, very few respondents had approved use of modern family planning methods either to their husbands and wife. To improve male involvement into use of modern family, there is need to conduct outreaches programs for couple

counselling about the benefits of using it to the family and children both economically and healthy wise.

Relatedly, study found out that the prevalence of male involvement into modern family planning use was found higher among respondents that were kukus and Bari unlike those who belong to other tribes such as Pojulu Nuer and Dinka. As much as our study finding contradicts with result got from a study conducted in Uganda, tribe of the respondents negatively influenced them to involve male partners into the use of modern family planning. For example, family planning use was found lower among Bakiga, Itesot and Luo when compared to other tribes and, likelihood of contraception use increased with increased education level, being married, and increase in age (Ojanduru, 2012). The tribes in relation to cultural beliefs of the respondents in this study are hindrance to use of modern family planning because of little knowledge about it.

In addition, most of the respondents in this study belong to polygamous family in which practicing use of modern family planning is always challenging. Thus, there is need for health care workers to partner with reproductive health South Sudan to conduct family planning campaigns to remove barriers that affects some tribes from using modern family planning. Furthermore, the study finding also revealed that almost all of the Christians had involved male into the use of modern family planning as compared to only 4.3% involvement observed among Muslims. Mores, our study established that higher proportion of male involvement was observed among respondents that belonged to monogamous as compared to 30.4% involvement found among polygamous family. Relatedly, 82.6% of the respondents that had wedded involved their partners in the use modern family planning unlike those who were cohabiting 17.4%.

On the other hand, our study established that only 4.3% of the respondents whose religion does not allow use of family planning had involved their spouses in the use while only thirteen of the respondents that had feared about the side effects of family planning had involved their spouses in the use. Similarly, a cross sectional study in Baghmalek city, revealed significant relationships between fear of contraceptive side effects, having strong religious faith, patriarchal gender attitudes and men participation in family planning (Maleki et al., 2016).

Meanwhile, in a community-based cross-sectional study conducted among reproductive-age women in Ethiopia (Bekele et al., 2020), with the aim of assessing the level of knowledge and attitudes towards FP, and associated factors; more than half of the women had poor knowledge on FP (56.5%) with a positive predictor of good knowledge being older in age, having a high level of education, being an urban resident, being Christian and accessing a radio/television, and only 52.3% had favorable attitudes towards FP.

As much as the study indicated Christians had higher proportion of male in the use of family planning, some respondents stated it's against their religion and cultural doctrine; Implying they are practicing it illegally. Therefore, the ministry of health South Sudan should integrate cultural and religious practices into family planning campaigns to remove barriers such as misconception and negative beliefs about family planning.

Meanwhile, the study also established that respondents that had children had higher proportion of male involvement in the use of modern family planning as compared to those who never had. In addition, the study finding revealed that the majority of the respondents that had one to three children had involved their partners in the use of modern family planning as compared to those with four to six children involved their spouses. More so, the study revealed that forty-seven percent of the respondents that had less than two girls have involved their spouses on the use of modern family planning as compared to two in ten of those with two girls and above had involved their partners in the use of modern family planning. In addition, respondents that had more than two boys had involved their partners in the use of modern family as compared to lower proportion observed among those with less than two boys. The above finding corresponds with result got from a cross sectional study in Ghana which revealed that the number of living children and level of education were found to influence contraceptive use. In addition, having the desire to space children, prevention of pregnancy, and contracting STIs were factors that significantly motivated women to use contraception (Apanga and Adam, 2015). The opposition on the use of modern family planning, and misconception were found barriers to male involvement to Family Planning utilization. In this study most respondents had desire to have many children has hindered male involvement.

5.3 Individual factors associated with into the use of modern family planning

The study result showed that unemployed respondents had higher proportion of male involvement as compared to the least among those self-employed and formally employed. On

other hand, a population based study conducted in Burundi and Rwanda indicated that utilization of modern family planning methods was found associated with wealth status of the women coupled with the number of living children (Campbell et al., 2018). In a study on determinants of family planning use among Turkish married men living in south west Turkey, it was noted that the socio-economic status of a man directly influences his involvement and utilization of FP services, that is, men with a low economic status may find it hard to purchase contraceptives and support the wife in matters related to FP since they see it as a waste to spend the little income they have on FP activities (Zeyneloğlu et al., 2013). The above study finding revealed that employed respondents both formally and self-employed had low uptake of modern family planning. Thus, there is need for scheduling program that favors working class respondents both men and women so that they can use modern family planning.

Similarly, the study finding revealed that only two in every ten of the respondents that were earning less than 20,000 SSP and 20,000 to 100,000 SSP had involved their spouses in the use of family planning while those who earned more than 200,000 SSP never involved. Similarly, a qualitative cross-sectional study carried out in 2012 in Kigali, Rwanda revealed that respondents pointed out income status concerns as a major enhancing factor for males to utilize FP, because men tend to weigh the burden raising of having more children to few: also the side effects, religious practices and limited FP methods were noted as a hindrance to male involvement in FP (Lädemann et al., 2012).

On the other hand, some respondents stated that waste to spend the little income they have on FP activities (Zeyneloğlu et al., 2013). Thus, health intervention campaigns about importance of family planning should be directed towards respondents with higher monthly income. For example, the government and other nongovernmental organizations should ensure family planning outreaches are brought to the place of work to improve its uptake among the working-class citizens.

Furthermore, our study results showed higher proportion of male involvement was observed among respondents that had attained primary education as compared to those who attained tertiary and secondary school. On the contrary, a population based study conducted in Burundi and Rwanda revealed that women with higher education level of education utilized modern family planning (Campbell et al., 2018). On the other hand, a population-based cross-sectional study carried out in Uganda, among 3298 women of reproductive age showed that

28% of the respondents used modern FP during the postpartum period due to having attained either primary or higher education and richest wealth status as socio-economic factors (Rutaremwana et al., 2015). This is similar to a cross-sectional meta-analysis study carried out in Ethiopia which showed that mothers that had attained secondary and above level of education were more likely to use FP during postpartum period compared to their counterparts (Mehare et al., 2020). The variation in our study finding is attributed to religious beliefs that does not allow use of modern family planning, having male partner that opposes use of modern family planning as well as fear of side effects of the various methods of family planning.

More so, the study also established that respondents whose partners had never gone to school were not involvement in the use of modern family planning unlike those who had attained primary, secondary and tertiary had involved male in the use of modern family planning. A quantitative cross-sectional study in Ethiopia, carried out revealed that the education status of men, and the number of children they had alive influenced their involvement in FP activities (Walle and Alamrew, 2014). Similar result was got from a cross-sectional study done in Pakistan which revealed that 73% of the male were literate of which 42.4% of them were involved in family planning use (Javed et al., 2005). The commonly used modern family planning was condom, intrauterine device, injectable, bilateral tubal ligations among females and emergency pills (Javed et al., 2014). Thus, having no formal education was found barriers to male involvement in the use of modern family planning. This is because the respondents had lack knowledge about modern family planning, others indicated that modern family planning services are very expensive for them. Thus, the ministry of health South Sudan and development partners in health should ensure all services are offered for free. For example, intrauterine device, vasectomy, tubal ligation, and injectable and oral pills.

5.4 Socioeconomic factors associated with into the use of modern family planning

The study finding also revealed that being knowledgeable about family planning had significant association with male involvement in the use of modern family planning methods ($p=0.032$). However, on further analysis, it was established that respondents that understood family planning as a desired number of children, prevention of pregnancy, and way of having few children had involved their spouses in the use. Furthermore, male involvement in the use of family planning was observed among respondent that knew the following modern methods

such as condoms, implants, vasectomy, IUD, oral pills, injectable, and tubal ligations. Similarly, comparably mixed methods study carried out at the Thailand-Myanmar border (Shamseer et al., 2015). 90% of women were knowledgeable about contraceptives for birth spacing, and 60% used FP in the past, however major gaps noted were, low uptake of long acting contraception (LAC), lack of awareness of emergency contraception (>90%) and misconceptions surrounding female sterilization (Salisbury et al., 2016). Thus, knowledge on modern family planning was found associated with its use in this study. This is because most respondents heard about family planning use from various sources including medical doctors, schools, radio and television and community outreaches. This implies that there is need for strengthening more health education sessions about family planning that should be conducted using various platforms such as health facility, community outreaches, radio talk show and television as well as internet for youths.

Similarly, our study finding revealed that only one in every ten of the respondents whose source of information about family planning was radio and television had involved male in the use of family planning, as compared to two in every respondent that heard from school, heard from medical doctors and friends and relatives. Similarly, a study conducted by (Podolskyi et al., 2018) in Ukrain revealed obtaining information on contraceptive methods from a medical doctor influenced them to use it while there was a low level of knowledge with regard to long acting contraceptive (LAC) like IUD (17%) and implants (47%), even when most women expressed a wish to postpone or refrain from future pregnancies and, barrier methods like condoms (75%) and oral contraceptives (46%) were the commonly used methods. This is because most respondents stay in the rural areas where network connectivity is challenging which affected access to much of the information about family planning. Therefore, for the respondents that stay in rural areas, the health care workers need to organize monthly community outreaches for family planning which starts with health education sessions and later offer the services for those indeed.

5.5 Attitudes and perceptions towards male involvement in the use of family planning

The study result showed that male involvement in the use of modern family planning was found associated with having ever used family planning ($p=0.016$) and whether the respondent is currently using family planning ($p=0.003$). For example, lower proportion of male involvement was observed among respondents that were using implants, oral pills, and injectable. Similarly, a cross sectional study conducted in Uganda by (Ojanduru, 2012)

revealed that having knowledge on modern family planning influenced its use among sexually active adolescents. This is because most of the respondents knew condoms as the only method of modern family planning as compared to other methods such as tubal ligation, vasectomy and implants. Thus, more effort is required to educate and inform the entire population about other methods of family planning apart from condoms to increase their uptake.

Similarly, our study finding revealed that only eight percent of the respondents that had a desire to have more than children and those whose partners had opposed to family planning had involved their partners in the use of family planning. Similarly, a study conducted in Renk South Sudan by (Ahmed et al., 2015) showed that the preference for large families negatively affected contraceptive utilization. The other factors that hindered use of modern family planning included social stigma, religious prohibition and cultural norms which consider FP utilization a taboo and, the very few users had financial burden for large families as the main push factor (Ahmed et al., 2015). In addition, a study conducted in Mexico, revealed that the side effects of modern contraception methods like oral pills, and the misconception of infertility as a barrier to FP utilization were found barriers to modern contraceptive uptake. However, cultural practices of having large still hinders utilization of modern family planning among citizens in South Sudan.

More so, the study established that only two in every ten respondents whose partners were using family planning had involved their spouses. However, the prevalence of male involvement was seen higher among respondents whose partners were using oral pills as compared to those who were using condom and implants. Similarly, a descriptive cross-sectional study carried out in western Asia by (Zeyneloğlu et al., 2013) showed that 60.4% of the men were not using any family planning method due to age, level of education, number of children, and religious beliefs influenced participation in Family Planning, with religious beliefs mainly prohibiting men from utilizing Family Planning. Thus, this finding is attributed to societal beliefs that men that use modern family planning were not respected in the community, fear of negative side effects of the modern family planning and religious beliefs of the respondents.

Furthermore, the study also showed that two in every ten respondents indicated that both husband and wife should participate in the use of family planning had involved their spouses in the use of modern family planning while as compared to who stated wife and husbands. In

Gambia, (Suleiman and Crosman, 2014) carried out a cross sectional study among 411 couples from both rural and urban areas, found that men had adequate knowledge and positive attitudes towards FP, however, their involvement in terms of contraceptive use and support for their partners was low because Gambian men wanting more male children directly impacts their partners use of FP (Jammeh et al., 2014). Therefore, there is the need for male partners to allow their wife's decide for health care services of their choice mostly right for uptake for reproductive health services including modern family planning.

CHAPTER SIX CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

Chapter six presents summary of the entire study finding under conclusion and recommendations.

6.1 Conclusions

The study established that male involvement in to the use of modern family was found very low as compared to studies conducted elsewhere in the world. Religious beliefs, fear of side effects of the modern family planning hindered male involvement into the use of modern family planning. In addition, lower level of education and earn less than 20,000 SSP per month was found barriers to utilization of modern family planning by male partners. Meanwhile, the study finding revealed that respondents aged 15 to 25 years had involved male partners in use of modern family planning. However, there was limited uptake of tubal ligation, intrauterine device among male and female respondents. In addition, respondents that had one to three children had not involved their partners to use modern family planning. Respondents that had formal employment and those who were self-employed had lower proportion of male involvement.

6.2 Recommendations

To the ministry of health South Sudan

- ❖ There is need for integration of cultural and religious practices into implementation of family planning activities to remove misconception and myths about family planning from cultural and religious perspective.
- ❖ The ministry of health South Sudan need strengthen more health education sessions about family planning using various platforms such as health facility, community outreaches, radio talk show and television as well as internet for youths.
- ❖ The ministry of health South Sudan and development partners in health should ensure all services are offered for free. For example, intrauterine device, vasectomy, tubal ligation, and injectable and oral pills.
- ❖ The government and other nongovernmental organizations should ensure family planning outreaches are brought to the place of work to improve its uptake among the working-class citizens.

To the health care workers

- ❖ For the respondents that stay in rural areas, the health care workers need to organize monthly community outreaches for family planning which starts with health education sessions and later offer the services for those indeed.
- ❖ To improve male involvement into use of modern family, there is need to conduct outreaches programs for couple counselling about the benefits of using it to the family and children both economically and healthy wise.

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APPENDIX I: RESPONDENT CONSENT FORM

I am **Nyawech Chuol Nyuon**, a student of Clarke International University who is undertaking Bachelors in Public Health. I am requesting you to take part in a research study on **“factors associated with postpartum mothers and male partner’s involvement in modern family planning in Munuki primary health care Centre, Juba, South Sudan”**

The purpose of this study is to:

- To assess the socio-demographic factors associated with postpartum mothers’ and male partners involvement in modern family planning in Munuki primary healthcare centre, Juba, South Sudan.
- To identify the individual factors associated with postpartum mothers’ and male partners involvement in modern family planning in Munuki primary health care centre, Juba, South Sudan.
- To analyze the socioeconomic factors associated with postpartum mothers’ and male partner’s involvement in modern family planning in Munuki PHCC, Juba, South Sudan.

Study procedure;

You have been chosen to take part in this study because you are access Munuki PHCC for healthcare services, and are either a postpartum mother or a married man; and by taking part you will be asked to take off time in answering the semi-structured questionnaire with the help of a research assistant, and it can last for about 10 minutes.

Note;

- There is no direct benefit for your participation in the study, however, final report will help in promoting adequate healthcare access.
- This research will not pose any risks, therefore safe.
- Any information availed and share through this data collection will be considered confidential, and your identity will not be disclosed in the report.
- Your participation is purely voluntary; you are free to take part or withdraw from participation.

I accept to take part in this study.....

I decline from taking part in this study.....

Signature of the participant

Signature of researcher/assistant.....

APENDIX II: STRUCTURED QUESTIONNAIRE

A) SOCIO-DEMOGRAPHIC CHARACTERISTICS.

1. How old are you?

.....

2. What is your gender?

Female Male

3. Which tribe do you belong to?

.....

4. What is your religion?

Christian Moslem Other specify.....

5. What type of family do you have?

Monogamous Polygamous

6. What is the type of marriage?

Wedded Cohabiting

7. Do you have children?

Yes No

8. If yes, how many children do you have?

1-3 4-6 7-10 11-15

8b). And how many?

Boys Girls

B) SOCIO-ECONOMIC CHARACTERISTICS.

1. What is your employment status?

Employed (formally) Self-employed Unemployed

2. What is your occupation?

Peasant Teacher Business person
Civil servant Student
Other.....

3. What is the range of your monthly income?

Below 20,000ssp 20,000-100,000ssp
100,001-200,000ssp Above 200,000ssp

4. What is the level of your education?

Never been to school Secondary school
Primary school Tertiary institution

5. What is the level of your partner's education?

Never been to school Secondary school
Primary school Tertiary institution

C) INDIVIDUAL FACTORS

KNOWLEDGE

1. How can you rate your knowledge of family planning?

I have no knowledge about family planning
I know very little about family planning
I know moderately about family planning
I know much about family planning

2. What do you understand as the definition of family planning?

- Desired number of children with proper birth interval
- Prevention of pregnancy
- Having few children
- I have no idea

3. Do you know of the different methods of modern family planning?

- Yes No

4. Which methods do you know?

Condoms Implants Vasectomy IUD

Oral pills Injectable Tubal ligation

Other.....

5. How did you get to know about family planning?

- Internet Radio/Television School
Newspaper Medical doctor
Friends/Relatives

ATTITUDES AND PERCEPTIONS

1. Have you ever used any family planning method?

- Yes No

2. If yes, which family planning method have you ever used?

Condoms
Implants Vasectomy IUDs

Oral pills

Injectable

Tubal ligation Other.....

3. Are you currently using any family planning method?

Yes

No

4. If no, give the reason(s) for not using family planning (Choose all which apply)

Desire to have more children

My partner is opposed to family planning use

My religion does not allow family planning use

Family planning methods are expensive

I fear the side effects of family planning

Family planning is women's affairs

Men who use family planning are disrespected in society

5. If yes, which family planning method are you using?

.....

6. Is your partner currently using any family planning method?

Yes

No

If yes, which family planning method are they using?.....

7. According to you, who should participate in family planning?

Wife

Husband

Both

D) SPOUSAL COMMUNICATION, APPROVAL AND SUPPORT.

1. Have you ever discussed family planning with your partner?

Yes

No

2. Have you and your partner ever discussed the number of children you should have?

Yes

No

3. Do you approve of your wife/husband to use family planning methods?

Yes

No

4. Have you ever accompanied your wife/husband to the family planning clinic?

Yes

No

5. Have you ever encouraged your partner to use family planning?

Yes

No

APPENDIX III: INTRODUCTORY AND CORESPONDENCE LETTER

