

Reproductive Health Research

Opportunities and Choices



Effective Delivery of Reproductive Health Services to Men: A Review of Experience from Kenya

Introduction

Fertility and family planning surveys amongst men in 15 countries in Africa and Asia provide strong evidence to contradict popularly held views that men have low levels of knowledge about family planning, do not approve of contraceptive use and prefer larger families than women. In 7 of the 15 countries at least 90 percent of men approved of using contraception. Given high levels of knowledge and approval for family planning men's contraceptive use is lower than might be expected. If family planning programmes could find better ways to reach men and couples contraceptive use might rise considerably.

Family planning has traditionally been perceived as the domain of women. However, the inclusion of men in reproductive health provision has both a direct benefit of improving the reproductive and sexual health of men themselves, and also the indirect benefit of improving that of women. Key actions from ICPD were to promote the use of male methods of contraception, encourage men to support their partner's use of contraception through joint decision making and adopting responsible sexual behaviour to prevent the spread of STIs.

Research Aims

The overall aim of this review study was to document current services and initiatives in the delivery of reproductive health services to men in Kenya.

Research Methods

A literature search was undertaken to identify any published work, 'grey' literature and on-going projects on reproductive health programmes focussed on men. An 'inventory' of current services and initiatives was constructed.



Findings

Service provision for men in Kenya

The public sector provides 68% of all family planning services in Kenya and the Family Planning Association of Kenya (FPAK) is the largest non-government provider. FPAK's 'Male Involvement Project' (MIP) combines service delivery through male-only clinics with a multi-media IEC community mobilisation strategy.

Information Education and Communication

IEC activities are undertaken by FPAK and a range of NGOs (FPPS, PSI, AVSC and PATH). Examples include:

- Media: Radio (eg: PSI's Trusted Partner campaign and FHI's Ask Me slogan), television, films (eg: Pathfinder's Yellow Card film), video (Kabiro Health Trust's video Consequences), cassettes and docu-drama.
- Reference material: Calendars, wall-charts, and booklets which are used by community based distributors and peer educators.
- Drama: Puppetry, folk media, music and dance, poetry, story telling.
- Music festivals have also been organised which

- promote condom use and HIV prevention.
- Promotion: Newspaper postings, wall posters, billboards, banners, car stickers, T-shirts, caps, key rings, coasters and campaign slogans such as PSI's "Let's Talk" and "Talk to Me" for the promotion of Trust condoms.

Outreach Services and Information

- Workplace schemes typically operate through workplace motivators who are trained in peer motivation and reproductive health by an outside organisation, such as the FPAK or FPPS.
- Male Community Based Distribution Agents (CBDA): most male CBDA work in their own communities in urban areas, some work in rural areas, while others work in specific areas such as the estates of Nairobi to target young men in slum areas.
- Male Peer Educators: these men educators are trained to promote HIV/AIDS awareness and provide reproductive health information in their own communities.
- Community Advocacy amongst men involves utilising existing community organisations and locations where men gather as for providing information on reproductive health and advocate for family planning use. Such advocacy involves visiting men's organisations, sporting clubs, barazas, church groups and community leaders or focusing on community sub-groups such as beach workers.
- Training of health professionals to provide reproductive health information and services for male clients is conducted by AVSC and the FPPS.

Reproductive Health Services

Service models relevant to men identified in Kenya include:

- Static clinic services for family planning and reproductive health geared to both men and women
- Male only clinics
- Youth Clinics for Sexual and Reproductive Health

- Workplace Clinics
- Provision and Distribution of Condoms
- HIV Counselling and Testing

Evaluation of service models: MIP

Illustrating the potential impact of male focussed interventions, the MIP programme evaluation is described. Three districts, Nakuru, Kisumu and Kakamega were involved and the goal was to increase male involvement and participation in family planning and other aspects of reproductive health. Key outcomes were:

- An increase in the prevalence of condom users from 17.6% in 1995 to 26.4% in the three study districts. An increase in the number of vasectomy clients from 4 in 1995 to 41 in 1998, an increase of 32%
- A decrease in TFR from 5.4 in 1995 to 3.7 in 1999
- An increase in the proportion of respondents using a modern method of contraception from 39% in 1995 to 43.1% in 1999.
- Increased awareness of male family planning clinics.
- The radio was shown to be a significant source of information on family planning for 91% of respondents.
- Knowledge about the modes of transmission of HIV declined slightly from 54% in 1995 to 48% in 1999, but the proportion of men stating they are at risk of HIV infection has increased slightly from 42.5% to 44.7%.

These evaluation findings illustrate the potential impact of programmes focussed on male participation to enhance reproductive health knowledge and behaviour in most domains, although in this example HIV related outcomes were disappointing.

Policy Implications

Programmes with a focus on men's reproductive health are running in Kenya, using a range of information provision and service models. Available evaluation data support their effectiveness.

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