

Men's Knowledge, Attitudes and Perceptions on Family Planning in Tourourou Village, Gogui Rural Commune, Nioro Circle, Kayes Region of Mali

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Abstract

Introduction: The involvement of men in reproductive health programmes and more specifically in family planning has always been of concern to the various development actors at both national and international levels. **Objective:** To study the births, ideas and opinions of men on Family Planning in the village of Tourourou. **Material and Methods:** This was a prospective cross-sectional, descriptive and analytic study from February 1 to July 31, 2020 in the village of TOUROUROU on the Knowledge, Attitudes and Perceptions of Men on Family Planning. We included in our study, all men residing in TOUROUROU whose age is between 14 and 99 years, who agreed to participate in the study. **Results:** Our study involved 200 men. The 25 - 29 age group was the most represented with 25.5%. The Soninke had represented 41%. In our study, 97.5% of men had heard of family planning, 62% had spontaneously cited at least one modern contraceptive method, and the pill ranked first with 64.5%.

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Radio and friends were the most frequent sources of information with 57.5% and 54.5% respectively. Birth spacing was the most cited family planning goal by men in 43.5% of cases. Men supported the practice of family planning in 50.5% of cases. **Conclusion:** In the village of Tourourou men play a crucial role in decision-making concerning the health of the couple and the family, their effective involvement in Reproductive Health especially in Family Planning will contribute enormously to the improvement of the health of the family.

Keywords

Knowledge, Attitudes, Perceptions, Men, Planning, Family

1. Introduction

Family Planning (FP) is defined as the set of means and methods that make it possible to conform to the will of the parents the number and spacing of births in a family [1]. It appears from the diagnosis of FP in Mali that of all women of childbearing age in 2013, nearly 60% do not express a desire to space or limit their births and therefore do not feel concerned by the use of FP [2]. On the other hand, 40.6% of these women express this desire but not all have access to it for various reasons (lack of interest, opposition, lack of knowledge, fear or rumors about side effects, etc.). [3]. One study found that more than 40.2% of women of childbearing age are open to the use of modern methods of family planning but do not use them. Only 9.9% actually used modern contraceptive methods in 2013 [3]. In order to contribute to the achievement of the 5th Millennium Development Goal (MDG), the one on improving maternal health, strategies are put in place including Family Planning, one of the components of Reproductive Health [4]. The involvement of men in reproductive health (RH) programmes and more specifically in family planning (FP) has always been of concern to the various development actors at both national and international levels [1]. Few demographic and health surveys have been conducted in Latin America and the Caribbean, but their first results (Brazil, Dominican Republic, Haiti and Peru) suggest comparable results. In Brazil, for example, partners are more likely than women to no longer want children. And in Haiti, 92% of men surveyed approve of contraceptive use. This proportion is 86% in Brazil [5]. In Africa, the education given to men leads them to believe that family planning and reproductive health issues are the responsibility of women. It is therefore not a surprise that they are misinformed and collaborate only marginally with their spouse or partner in these areas [5]. In West Africa, the ideal number of children cited by men is much higher than that dreamed by women. The biggest difference is observed in Niger and Senegal, where men seem to want on average four more children than their spouses. In most African countries surveyed, more than 60% of men surveyed want more children [5]. As with women, the majority of men approve of family planning. In 7 of the 15 countries studied, contraception is accepted by at least 90% of male partners [5]. These rates are lower in West

Africa, but appear to be increasing in Ghana. For example, the percentage of men in favour of FP in Ghana increased from 77% in 1988 to 90% in 1993 [5]. In general, however, men remain less likely than women to accept family planning. But there are exceptions to this trend, and in countries like Ghana, Malawi and Pakistan, men are actually more likely to approve of contraception than their spouses. Moreover, it is noted that, in almost all the countries studied, the men who are best informed are also those most open about family planning [5]. In Mali, men are key decision-makers, but studies and interviews reveal that they have little interest in or oppose FP. In some localities, the sociocultural environment influences behaviours that favour pro-natalist attitudes [3]. The constructive engagement of men in Mali is the most recent concept and certainly the most promising for an effective participation of men (all male individuals) in the field of RH through the change of their perception on SR issues, their commitment to RH in the couple, their actual use of SR services and their involvement in the promotion of SR [3]. The influence of husband or family circle has been one of the research themes of FH's Women's Studies Project (WSP) [2].

2. Objective

The aim was to assess men's knowledge, attitudes and perceptions about Family Planning in the village of Tourourou.

3. Material and Methods

Our study was carried out in the Soninke village of TOUTOUROU, rural commune of Gogui, circle of Nioro du Sahel, Kayes region. This was a prospective cross-sectional study, with descriptive and analytical aims, which analysed the degree of men's involvement in family planning and the factors that influence this involvement. The study took place from February 1 to July 31, 2020. It covered all men between the ages of 14 and 99, married or not, residing in Tourourou. Data were collected using individual survey sheets prepared for this purpose. We conducted simple random sampling. The sample size was calculated based on the population. The expected number of participants was 200. The minimum sample size is 192 calculated using the following formula:

$$n = \frac{t^2 * p(1-p)}{M^2}$$

n = required sample size

t = 95% confidence level typical value of 1.96

p = estimable prevalence of the variable studied

m = margin of error at 5% value of type 0.005

$$\begin{aligned} n &= (1.96)^2 * 0.5 * \frac{0.5}{(0.05)^2} \\ &= \frac{3.8416 * 0.25}{0.0025} = \frac{0.9604}{0.0025} = 192.08 \end{aligned}$$

The sample size is: 192.08 - 200

The survey was conducted among men meeting the inclusion criteria on a voluntary basis by interviewing using a questionnaire. The object of the investigation was always presented first to have the agreement of the respondent. We included in our study, all men residing in Tourourou between the ages of 14 and 99, who agreed to participate in the study. We did not include in this study all men:

- who reside in Tourourou whose age is between 14 and 99 years old who refused to participate in the study;
- not residing in Tourourou;
- under the age of 14 or over 99.

Throughout our study, ethical considerations were observed, namely:

- ✓ Permission from health and community officials for data collection was sought and obtained;
- ✓ Information on the objectives of the study from health officials, community leaders and participants was respected;
- ✓ The consent and informed consent of each person participating in the study was acquired;
- ✓ Confidentiality was ensured by administering the questionnaire to participants in isolation;
- ✓ The anonymity of the information collected was guaranteed by designating the participants by numbering;
- ✓ Respect for neutrality in the collection of information was taken into consideration. Data were entered and analyzed on Epi info software version 3.5.1. Chi square and fisher statistical tests were used to compare percentages (proportions). A value of $p < 0.05$ is considered significant.

4. Results

Our study involved 200 men in the village of Tourourou.

The 25 to 29 age group was the most represented at 25.5%, the average age is 33.2 years \pm 7 years (**Figure 1**).

The Soninke were the most represented ethnic group with 41% (**Table 1**).

In our series 96.5% of the men were Muslims, 3% were Catholic and 0.5% were Protestant. Men were enrolled in 77.5% of cases and 22.5% out of school. They had attended classical school in 39% of cases, madrasa in 21.5% and Koranic school in 17%. In our study men had the 1st cycle level in 37% of cases, the 2nd cycle level in 12% of cases, the secondary level in 20% of cases and the higher level in 8% of cases (**Figure 2**).

Farmers were the most represented with 32%.

Polygamous married men were the most represented with 63%. In our series 62% of men were married polygamously, 14% were married polygamously and 24% of singles (**Table 2** and **Table 3**).

In our series 35.5% of men who had a number of children living between 1 and 3. In 45.5% of men the interreproductive interval was less than 12 months.

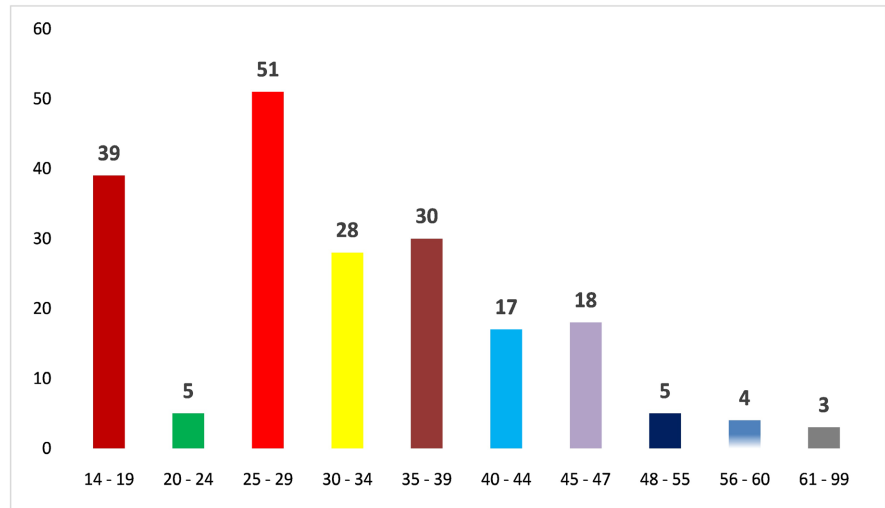


Figure 1. Age distribution of males.

Table 1. Distribution of men by ethnicity.

Ethnic group	Frequency	Percentage
Bambara	25	12.5%
Malinke	13	6.5%
Fulani	59	29.5%
Soninke	82	41.0%
Sonrhäi	2	1.0%
Senufo	1	0.5%
Bobo	5	2.5%
Moor	13	6.5%
Total	200	100.0%

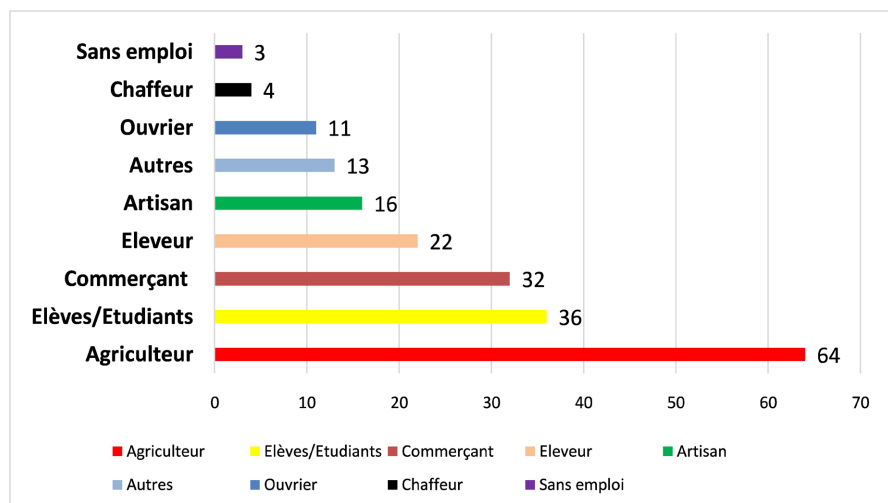


Figure 2. Distribution of men by occupation.

Table 2. Distribution of men by number of children.

Number of children	Frequency	Percentage
0	56	28%
1 - 3	71	35.5%
4 - 6	50	25%
7 - 9	6	03%
More than 9	17	08.5%
Total	200	100.0%

Table 3. Distribution of men by intergender interval between children.

Intergenerational interval	Frequency	Percentage
Less than 12 months	91	45.5%
12 to 24 months	49	24.5%
3 to 4 years	4	02%
No children	56	28%
Total	200	100.0%

In our series, 97.5% of men had knowledge about family planning compared to 2.5% who had no knowledge about family planning. For 51.79% of men the goal of family planning is birth spacing, for 45.12% birth control and for 3% the fight against sexually transmitted infections (**Table 4**).

In our study, men had a favorable opinion to the practice of family planning in 47% of cases, an unfavorable opinion in 50.5% and had no opinion in 2.5% of cases. They had refused family planning in 50.5% of cases for religious reasons, in 29% believing that family planning is “a matter of” women, in 16.5% believing that it is “an influence of the West” and in 4% for its negative impact on the health of the mother. They had cited the reasons for their adherence to the practice of family planning in 58.5 percent of cases for maternal and child health, in 26.5 percent of cases for economic reasons, in 9.5 percent of cases for child health and in 5.5 percent of cases because religion allows it. Men had exchanged with their partners in 17.10 of the cases compared to family planning compared to 82.89% who had had no interaction with their partners. In our study 10.5% of men had accompanied their partner in a health structure against 89.47% who had not accompanied their partner. Men participated in the choice of family planning method in 13.15%, compared with 68.5% who did not participate in the choice. Women had decided on family planning in 50% of cases, men in 10% of cases and the couple in 40% of cases (**Table 5** and **Table 6**). Men who wanted to have between 7 and 9 children accounted for 34%. Pills and injectables were the most well-known methods with 64.5% and 62% respectively.

The most advanced reason for men’s participation in FP decision was household harmony with 60.2% of cases (**Table 7**).

Table 4. Distribution of men according to the desired number of children.

Number of children desired	Frequency	Percentage
1 - 3	29	14.5%
4 - 6	61	30.5%
7 - 9	68	34.0%
10 - 12	23	11.5%
More than 12	19	9.5%
Total	200	100.0%

Table 5. Distribution of men according to their knowledge of family planning means.

Contraceptive methods	Frequency	Percentage
Condom	63	31.5%
IUD	50	25.0%
Implant	69	34.5%
Injectable	124	62.0%
Pill	129	64.5%
Natural method	36	18.0%
Traditional method	46	23.0%
Diaphragm	8	4.0%
Spermicide	28	14.0%
Female sterilization	25	12.5%
Male sterilization	19	9.5%
Don't know	43	21.5%

Table 6. Distribution of men by source of information on family planning.

Source of FP Information	Frequency (n = 195)	Percentage
La Radio	115	57.5%
Friends	109	54.5%
Television	82	41.0%
Health Agents	81	40.5%
The Internet	42	21.0%
Newspapers	33	16.5%
Teacherss	33	16.5%
Neighbours	7	3.5%
Women	11	5.5%

In our series men were not in favor of promoting family planning in 51.8% of cases compared to 48.2% who were favorable. Men had refused the promotion of contraception in 77.65% because it is forbidden by religion, in 22.35% because it

Table 7. Distribution of men according to reasons for their participation in decision-making for PF.

Adherence in the Family Planning Decision	Frequency	Percentage
It's everyone's problem	19	19.4%
The harmony of the home	59	60.2%
The man is leader	14	14.3%
Economic reasons	6	6.1%
Total	98	100.0%

is the problem of the woman. Men had ever used a family planning method with their partner in 24.5% of cases, compared with 73% who had never used a family planning method and 2.5% had not given a response (**Table 8**).

Condoms were the most widely used contraceptive method with 79.5%. Religious reasons and lack of information were the most cited reasons in 92% and 56% respectively (**Figure 3**).

Religious reasons and lack of information were the most cited reasons in 92% and 56% respectively.

Men disapprove of their wives deciding to practice family planning in 65.6%.

Men disapprove of their wives deciding to practice family planning in 65.6% (**Figure 4**).

There is a relationship between men's knowledge of planning and their schooling (**Table 9**).

There is no relationship between man's knowledge of planning and religion (**Table 10**).

There is a relationship between men's knowledge of planning and marital status (**Table 11**).

There is no relationship between men's position in the practice of FP and religion (**Table 12**).

There is a relationship between men's position in FP practice and marital status (**Table 13**).

There is a relationship between men's position in FP practice and educational attainment (**Table 14**).

There is a relationship between the position of men in the practice of FP and the number of children desired (**Table 15**).

5. Discussion

Our study of men's knowledge, attitudes and perceptions of family planning in the village of Tourourou, rural commune of Gogui, involved 200 men. The 25 - 29 age group was the most represented with a frequency of 25.5%. The median age was 33.2 years. This result is comparable to that of Koita H [1] which reported a frequency of 27.3% with mean age of 39.2 years, Maïga *et al.* [4] reported a mean age of 37.6 years. Mali is a secular country with a majority Muslim population. In our study Muslims accounted for 96.5%. This result is

Table 8. Distribution of men by contraceptive method used with their partner.

Contraceptive use	Frequency (n = 49)	Percentage
Condom	39	79.5%
Implant	6	12.2%
Injectable	1	2.0%
Natural method	1	2.0%
Traditional method	1	2.0%
Pill	1	2.0%

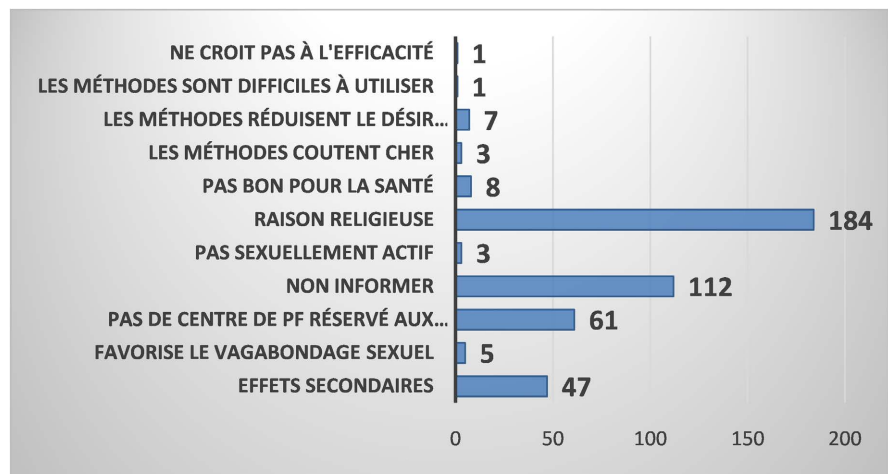


Figure 3. Distribution of men by reasons for their opposition to family planning.

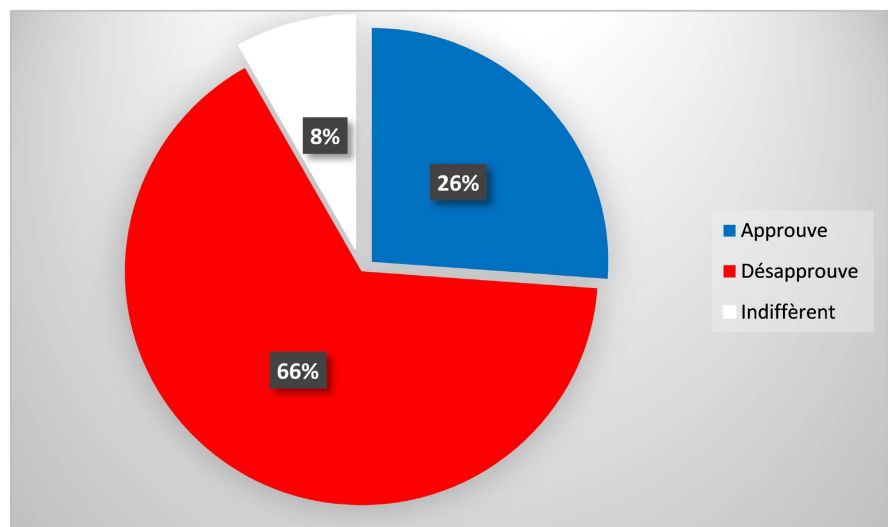


Figure 4. Distribution of men according to their approval if the woman decided to practice family planning.

comparable to that of Koita H [1] which reported 92.7% Muslims. The interreproductive interval was less than 12 months in 45.5%. Our result is different from that of Koita H [1] which reported an interreproductive interval between

Table 9. Relationship between men's knowledge of family planning and their educational attainment.

SCHOOLING KNOWLEDGE OF TOTALFP			
	Yes	No	
No	40	5	45
Yes	155	0	155
TOTAL	195	5	200

Fisher exact = 0.0021414785 p = 0.001070.

Table 10. Relationship between men's knowledge of family planning and their religion.

RELIGION KNOWLEDGE OF TOTAL FP			
	Yes	No	
Muslim	188	5	193
Catholic	6	0	6
Protestant	1	0	1
TOTAL	195	5	200

Fisher test = 0.1276 p = 0.9382.

Table 11. Relationship between men's knowledge of family planning and marital status.

MARITAL STATUS KNOWLEDGE OF TOTAL FP			
	Yes	No	
Bachelor	43	5	48
Married	152	0	152
TOTAL	195	5	200

Fisher exact = 0.0028137164 p = 0.001406.

Table 12. Relationship between men's position in family planning practice and religion.

Religion PRACTICE OF TOTAL FP			
	Yes	No	
Muslim	87	106	193
Catholic	6	0	6
Protestant	1	0	1
TOTAL	94	106	200

Fisher test = 3.3360 p = 0.1886.

Table 13. Relationship between men's position in family planning practice and marital status.

Marital status PRACTICE OF TOTAL FP			
	Yes	No	
Bachelor	45	03	48

Continued

Married	55	97	152
TOTAL	100	100	200

Chi-squared test = 36.5934 p = 3·10⁻⁹.

Table 14. Relationship between men's position in family planning practice and educational attainment.

	Level of schooling Practice of FP TOTAL		
	Yes	No	
1st cycle	16	57	73
Cycle 2	14	11	25
Secondary	39	1	40
Superior	17	0	17
None	0	45	45
TOTAL	86	114	200

Chi-squared test = 74.6307 p = 10⁻⁴.

Table 15. Relationship between men's position in family planning practice and the number of children desired.

	NUMBER OF CHILDREN WISHING TO PRACTICE TOTAL FP		
	Yes	No	
1 - 3	25	5	30
4 - 6	46	15	61
7 - 9	11	54	65
10 - 12	6	19	25
More than 12	6	13	19
TOTAL	94	106	200

CH square = 70.8988 p = 10⁻⁴.

13 and 24 months in 61.5%. And short intergenerational intervals reflect low use of long-term family planning facilities because men want to have more children. In our study, 77.5% of men were in school, this result is comparable to that of Tounkara M [6] and Koita H [1] which had reported respectively 70.9 and 70.1%. Men who had attended formal schools accounted for 39%. This result is lower than those of Tounkara M [6] and Koita H [1] which had found respectively 66.5 and 81.4%. The primary level of basic education was the most represented with 37%. These results reflect the low enrolment rate that still persists in our African societies. In our series the vast majority of men were married polygamous or monogamous with the respective frequencies of 14% and 62%. Our result is comparable to that of Koita H [1], which reported 51.1% married monogamists and 23.1% married polygamists. This result can be explained by

the fact that polygamy in the Soninke community is of great importance. In our study 85.5% of men wanted to have more than 4 children. We found a highly significant relationship between the number of children a man wanted to have and the practice of family planning with a chi-square = 70.89 test and a $p = 0.00000$ value. Men in rural areas have a preference for large families. Children are highly valued because not only do they perpetuate the family lineage, but they also represent economic goods synonymous with labor and prosperity. Of the 200 men surveyed, 97.5% said they had heard of family planning. This result is comparable to that of Tounkara M [6] which had reported 87.9%. On the other hand, Koita H [1] had reported in its study that 100% of the men surveyed had claimed to have heard of family planning. Living in urban areas leads to a greater likelihood of adopting modern contraceptive methods. Education and marital status had a highly significant relationship with the level of knowledge of family planning with p -values equal to 0.001070 and 0.001406, respectively. Koita H [1] who reported that education and marital status did not influence knowledge of family planning. In our series, 51.79% of men mentioned birth spacing as a planning goal. This result is lower than that of Maiga *et al.* [4] and Koita H [1], which reported 82.8% and 70.3%, respectively. In our study, the most mentioned contraceptive methods were pills and injectable contraceptives with 64.2% and 62% respectively. We found that 21.5% of men did not know any contraceptive methods. Our results are different from those of the DHS IV Mali [3] and Koita H [1] which reported respectively that 93.6% and 100% of men know at least one method of contraception. This is due to the lack of interest that some rural men give to family planning. Urban areas are most often associated with lower fertility than rural areas. The methods most known by men in Koita H's study [1] were pills (66.7%), condoms (60.5%) and injectables (30.8%). According to the DHS IV Mali [3], pills, condoms and injectable methods were the best known methods of contraception with respectively 77.1%; 91.5%; 75.2%. The better knowledge of these three methods compared to the others could be explained by the extensive media campaigns in recent years. In our study, about 51% of men were not in favor of promoting family planning, and 87% of men who were not in favor of family planning cited religious reasons. Our results are different from that of Koita H [1] who reported that 83.3% of men were in favor of the practice of family planning. This difference can be explained by the fact that our study was carried out in a rural area, where religious heaviness dominates. However, 48.5% of men in favour cited maternal and child health as reasons for adhering to the promotion of family planning. Of the 200 men surveyed, 82.89% had never discussed planning with their spouse and 89.49% had never accompanied their partners to the health center for family planning. Our result is different from that of Koita H [1] in which 65% of married men had discussed with their partners the practice of family planning and 31.4% had accompanied their partners to the health center for family planning. This means that in Tourourou, the man is not used to discussing with his wife the practice of contraception. The discussion of family planning within couples is strongly

linked to contraceptive choice. The more couples discuss family planning, the more they use contraceptive methods, especially modern ones. In our study 13.15% of men were of the opinion that men should be involved in the choice of method and 40% of these thought that both partners should decide on the choice of method. Our results are lower than that of Koita H [1] who reported that 28.5% of men participated in the choice of method. Among the reasons for men's involvement in family planning, we found home harmony in 60.2% and reduce family expenses in 6.1%. Our results are different from that of Tounkara M [6] which reported as a reason for men's involvement in family planning, family well-being in 35.1%, and reduced family expenditure in 8.5%. According to Koita H [1], family planning decision-making by single women was frowned upon by men in 66.4% of cases. Our results can also be explained by the diverse conceptions and perceptions of populations. Some beliefs still present among the populations stipulate that one should not oppose "the exit of children who are in the womb of the woman", for lack of knowing the punishment reserved for this purpose. In 80.9 per cent of cases, men said they were not aware that the woman could plan herself without their consent, because for them it was the man who was primarily responsible for the family. In 65.6% of cases, men had all disapproved of regulations which allowed the wife to plan herself without her husband's consent. This is contrary to the letter addressed to political, administrative and health officials, stipulating that access to a contraceptive method remains free for any woman of childbearing age who wishes or requires it. In our series 24.5% of the men had already used a contraceptive method. This result is comparable to that of Tounkara M [6] which reported a contraceptive use rate of 30.6%. Our results are lower than that of Koita H [1] which reported a rate of 73.2%. Urbanization is generally accompanied by major changes in reproductive behaviour, while urbanization in rural areas changes much more slowly. Condoms were the most used method by men (79.5%). This result is higher than those of Tounkara M [6] and Koita H [1] which had reported respectively 27.1% and 32.4%. This can be explained by the extensive media campaigns in the fight against STIs/AIDS in recent years.

6. Conclusion

In the village of Tourourou men play a crucial role in decision-making concerning the health of the couple and the family, their effective involvement in Reproductive Health especially in Family Planning will contribute enormously to the improvement of the health of the family. Despite men's good level of knowledge and favourable attitudes towards family planning, their involvement remained low with gaps in their knowledge of modern contraceptive methods.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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Survey Questionnaire

The Influence of Male Views on Family Planning in Gogui Commune in Nioro Du Sahel

Date: _____ N of identification

Village/Hamlet/Neighbourhood: _____ Language of communication:

I) Socio-cultural-religious-economic profile of the respondent:

1) Age: /_____/

- a) 14 to 20 years; b) between 20 and 24 years
- c) 25 to 29 years; d) 30 to 34 years
- e) 35 to 39 years; f) 40 to 44 years
- g) 45 to 47 years; h) 48 to 55 years
- i) 56 to 60 years; j) 61 to 99 years

2) Ethnicity: /_____/

- a) Bambara; b) Malinke; c) Peuhl; d) Soninke; e) Sonrhai; f) Dogong/Tamashek;
- g) Senoufo/Miniaka; h) Bobo; i) any colour; j) Moors; k) Foreign;
- l) Other ethnic groups (specify)

3) Religion? /_____/

- a) Muslim; b) Catholic; c) Protestant; d) Animist; e) Other _____

4) Have you been to school?

- a) Yes/_____/; b) No/_____/

5) If so, what type of school did you attend?

- a) Classical/_____/; b) Medersa/_____/; c) Quranic/_____/; d) Other/_____/

6) If so, what is your level of education?

- a) 1st cycle; b) 2nd cycle; c) Secondary; d) Superior
- f) Autres _____ / _____ /

7) Have you been literate in a local language? /_____/

- a) Yes; b) No

8) What is your profession? /_____/

- a) Breeder; b) Farmer; c) Health agent
- d) Craftsman; e) Trader; f) Driver; g) Student
- h) Student; i) Employed; j) Manual worker
- k) Other (specify) _____

9) Are you married /_____/

- a) YES; b) NO

If so, what is your matrimonial regime? /_____/

- a) Monogamy; b) polygamy;

11) How many live children do you have?

Total:/_____/ Boys:/_____/ Girls:/_____/ unclear:/_____/

12) What is the average time interval between your births? /_____/ (Interproductive interval)

- a) less than 12 months; b) 12 to 24 months
- c) 3 to 4 years; d) 5 to 6 years; e) more than 6 years

13) What is your ideal number of children?

Total:/_____/ Boys:/_____/ Girls:/_____/

II) Level of knowledge of GOGUI men on family planning**1) Have you heard of planning? /___/**

a) Yes; b) No

2) What is or are your source of information on P F?

- a) Radio: Yes /_____/ No /_____/
- b) Television: Yes /_____/ No /_____/
- c) Health agent: Yes /_____/ No /_____/
- d) Internet: Yes /_____/ No /_____/
- e) Newspapers Yes /_____/ No /_____/
- f) School by teachers Yes /_____/ No /_____/
- g) Place of worship Yes /_____/ No /_____/
- h) Friends Yes /_____/ No /_____/
- i) Neighbours Yes /_____/ No /_____/
- j) Women Yes /_____/ No /_____/
- k) Other.....

3) If so, what is the purpose?

- a) Birth spacing /___/ b) Birth control /___/
- c) Control of STIs /___/ d) Cessation of procreation /___/
- e) Other: (specify) ___

4) If so, what are the methods you know?

- a) Pill /___/ f) IUD (sterilet,) /___/
- b) Injectables /___/ g) Implant /___/
- c) Diaphragm /___/ h) Spermicides /___/
- d) Condoms (condoms) /___/ i) Female sterilization /___/
- e) Male sterilization /___/ j) Traditional methods /_____/
- k) Don't know /_____/ l) natural methods /_____/

5) Do you know a man who participates in the decision to practice family planning in his relationship? /___/

a) Yes; b) No; c) Don't know

If so, is this normal in your opinion?.....**6) Did you know where I can get supplies? /___/**

a) Yes; b) No

If so, the place.....**7) Do you know that there is a regulation allowing the woman to plan without the consent of her spouse?**

a) Yes; b) No

8) Do you approve this regulation?

a) or i/_____/; b) No /_____/

III) The perception of GOGUI men on family planning**1) Do you think that planning is imitating white people?**

a) YES; b) NO

2) Do you think planning means prostituting yourself?

a) YES; b) NO

3) Do you think the family and society will pressure you if your wife plans herself?

a) YES; b) NO

4) Do you think when planning you can not have the desired number of children?

a) YES; b) NO

5) Do you think that a woman who plans herself should be divorced by her husband?

a) YES; b) NO

6) In your opinion, is the low use of FP due to religion?

a) YES; b) NO

If not, why.....

7) In your opinion, is the low use of FP due to illiteracy?

a) YES; b) NO

8) Do you think that the low use of FP is related to the desire to have children of both sexes?

a) YES; b) NO

9) Do you think that the low use of FP is related to the child/continuity of marriage?

a) YES; b) NO

IV) Men's attitudes towards family planning

1) Are you in favour of the practice of family planning? / ___/

a) Yes; b) No

If yes why

If not why

2) Have you ever discussed this topic with your wife? / ___/

a) Yes; b) No

3) Have you ever accompanied your wife to the health center for P. F?

a) Yes /___/; b) No /___/

If not why

4) Did you participate in the choice of method? / ___/

a) Yes; b) No

5) Who do you think normally should make the decision on family planning in the couple? / ___/

a) Man; b) Women; c) Both

6) Do you think it is desirable for a man to participate in the decision to practice family planning in the couple? / ___/

a) Yes; b) No; c) Don't know

If yes why

If not why

7) Are you in favour of promoting men's involvement in the P.F? / ___/

a) Yes; b) No; c) indifferent

If yes why

If not why

8) What do you propose to promote the involvement of men in the P.F?

V) Contraceptive use by men

1) Have you ever used or are currently using a means of Contraception with Your partner? /___/

a) Yes; b) No

2) If yes, why? (Several answers possible)

a) Maternal health /___/; b) Children's health /___/

c) Economic reasons /___/; d) STI protection /___/

e) Has enough children /___/; f) Autre _____ (specify)

3) If yes, which way(s) did you use?

a) Condom (condom) /___/; b) Male sterilization /___/

c) Female sterilization /___/; d) Pill /___/

e) IUD /___/; f) Implant /___/

g) Spermicide /___/; h) injectables /___/

i) Diaphragm /___/; j) Natural method /___/

k) Traditional method /___/; l) Other

4) If so, where do you get these contraceptive methods?

a) C.S.Com /___/; b) Pharmacy /___/

c) Hospital /___/; d) C.S.Ref /___/

e) Relay /___/; f) Matron /___/

g) Shop /___/; h) Pharmacy on the floor /___/

i) Autres _____

5) If it is at the health center were you satisfied with the reception? /___/

a) Yes; b) No

6) Have you ever had supply problems? /___/

a) Yes; b) No

7) If not, why?

8) Why do you think men oppose the P.F

a) Religious reasons /___/

b) Desire for a child /___/

c) Not sexually active /___/

d) Don't know where to find /___/

e) Not informed /___/

f) Side effects /___/

g) Does not believe in effectiveness /___/

h) Contraception promotes sexual vagrancy /___/

i) My spouse is against birth spacing /___/

j) It's not good for health /___/

k) Methods are difficult to use /___/

l) Methods reduce sexual desire /___/

m) Methods are expensive /___/

n) There is no P.F center reserved for men /____/

o) The influence of the West /____/

p) Other (specify) __

q) Don't know /____/

9) If you or your wife have ever used contraception, who made the decision?

/____/

a) I; b) My wife; c) Joint decision; d = Autres _____

10) Who paid the costs of P.F /____/

a) Me; b) My wife; c) Both; d) Autres _____

11) Who decides (or will decide) to stop taking contraceptives? /____/

a) I; b) My wife; c) Both; d) Autres _____

12) If your wife decided to practice family planning, what would your reaction be? /____/

a) Approves; b) Disapproves; c) Indifferent