

**FACTORS INFLUENCING THE UTILIZATION OF REPRODUCTIVE HEALTH  
SERVICES AMONG SOMALI MEN IN KISENYI SLUM, KAMPALA  
DISTRICT-UGANDA**

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## DECLARATION

I Mohamed Mohamoud Hassan declare that work presented in this research report is entirely my own work and is being submitted for Bachelor in public health degree at International Health Sciences University. It has not been published or submitted to any institution for any academic award before.

Signature.....

Date .....

## **APPROVAL**

This is to certify that this research report has been submitted for examination with my approval as the university supervisor.

Signed.....

**MR. ALIMAH KOMUHANGI**

**SUPERVISOR**

Date .....

## **DEDICATION**

I dedicated this report to my beautiful parents Mohamoud Hassan Barre , Mother, Abshiro Mohamed Isse, Aunt Aisha Hassan Barre Grandmother Fadumo Musse Dirie.

## ACKNOWLEDGEMENT

Almighty due to Allah who makes it everything possible to complete my undergraduate research report effectively and without difficulty and many thanks due to Allah that all things, specially for giving me the strength, healthy and thinker capability to achieve this duty.

All after of my almighty Allah who talented me to the wholeness of this research would like to state my deepest thanks to my beloved parents father Mohamoud Hassan Barre, Mother Abshiro Mohamed Isse, Grandmother Fadumo Musse Dirie and Aunt Aisha Hassan Barre who have been with me as I knew not anything.

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## OPERATIONAL DEFINITIONS

**Reproductive Health:** This is a state of complete physical, mental and social well-being in all matters relating to the reproductive system including reproductive functions and processes, at all stages of life.

**Reproductive health services:** These are health care services which are aimed at improving reproductive and sexual health as well as advocating for sexual rights of individuals.

**Utilization of reproductive health services:** For purposes of this study, utilization will refer to the use and uptake of reproductive health services among Somali men in Kisenyi slum.

## LIST OF ACRONYMS

ANC	: Antenatal Care
DC	: Delivery Care
FP	: Family Planning
MCH	: Maternal and Child Health
MDG	: Millennium Development Goal
MMR	: Maternal Mortality Ratio
MOH	: Ministry of Health
PNC	: Post Natal Care
RH	: Reproductive Health
SH	: Sexual Health
SMHCS	: Skilled Maternal Health Care Services
TBA	: Traditional Birth Attendant
UBOS	: Uganda Bureau Of Statistics
UDHS	: Uganda Demographic and Health Survey
UNFPA	: United Nations Fund for Population Advancement
WHO	: World Health Organization

## ABSTRACT

**Background:** Reproductive health care services are a system of providing for the reproductive and sexual need and rights of the community. Reproductive health covers issues such as access to sexual health rights including the prevention of STIs/ STDs, adolescent health and access to family planning services (UNAIDS 2014). Reproductive health services and reproductive needs for men involve a number of services including but not limited to safe sexual behavior, prevention of Sexually Transmitted Infections and diseases especially HIV/AIDS, use of contraceptive methods, risk prevention and safe sex practices as well as fertility services

**Objectives:** To determine the factors influencing utilization of reproductive health services among Somali men in Kisenyi slum in Uganda in the period of June to August, 2016.

**Methods and Results:** This study took up a descriptive cross-sectional design involving the use of both quantitative and qualitative methods of data collection. Majority of the Somali men in the study 265 (69%) did not utilize reproductive health. Only 119 (31%) of the respondents reported to be utilizing reproductive health services. The most utilized reproductive health service was contraceptive services by 91 (76.5%) of the respondents followed by reproductive health education 61(51.3%) and treatment of STIs by 52 (43.7%) of the respondents. The least utilized reproductive health services were fertility treatment 11 (9.2%) and prostate cancer screening.

**Conclusion:** The utilization of reproductive health services among Somali men was low at 31% of the study population. Among those who utilized reproductive health services, the reproductive health services utilized included contraceptive services, HIV testing and counseling, treatment of Sexually Transmitted Infections (STIs), reproductive health education, fertility treatment and prostate cancer screening.

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Introduction**

Reproductive health care services are a system of providing for the reproductive and sexual need and rights of the community. Reproductive health covers issues such as access to sexual health rights including the prevention of STIs/ STDs, adolescent health and access to family planning services (UNAIDS 2014). Reproductive health services and reproductive needs for men involve a number of services including but not limited to safe sexual behavior, prevention of Sexually Transmitted Infections and diseases especially HIV/AIDS, use of contraceptive methods, risk prevention and safe sex practices as well as fertility services. Unsafe sex practices among sexually active men is the second most important risk factor for disability and death in the world's poorest communities and the ninth most important in developed countries (WHO, 2014).

For much of their lives, men need a range of reproductive health services and, in particular, medical services, educational and counseling services to protect their own health and well-being, as well as to equip themselves to be good partners and fathers. There are real barriers, however, toward meeting men's needs, including the lack of awareness that their needs exist. This study is set out to establish the factors influencing the utilization of reproductive health services among Somali men in Kisenyi slum.

### **1.1 Background to the study**

Reproductive health care services are a system of providing for the reproductive and sexual need and rights of the community. Access to appropriate reproductive health medicine and the implementation of health education programs. Reproductive health covers issues such as access to sexual health rights including the prevention of STIs/ STDs, adolescent health and access to family planning services (UNAIDS 2014). Reproductive health services and reproductive needs for men involve a number of services including but not limited to safe

sexual behavior, prevention of Sexually Transmitted Infections and diseases especially HIV/AIDS, use of contraceptive methods, risk prevention and safe sex practices as well as fertility services. Unsafe sex practices among sexually active men is the second most important risk factor for disability and death in the world's poorest communities and the ninth most important in developed countries (WHO, 2014)

Globally, more than 120 million men have an unmet need for contraception, 80 million men have unintended pregnancies with their female partners (45 million of which end in abortion), more than half a million women as sexual partners for men die from complications associated with pregnancy, childbirth, and the postpartum period, and 340 million people acquire new gonorrhoea, syphilis, chlamydia, or trichomonas infections. Sexual and reproductive health services are absent or of poor quality and underused in many countries by men because discussion of issues such as sexual intercourse and sexuality make people feel uncomfortable. Many Somali men and program planners lack a clear understanding of what men's reproductive health means. In order to define male reproductive health services and to provide a framework for assessing men's services there is need to devise a model that would serve as a framework for handling the development and delivery of men's reproductive services (WHO, 2010). The international community has repeatedly agreed to take a comprehensive approach to meeting these challenges that reflect men's reproductive right to reproductive health yet Somali men's are too often denied the information and services they need, to make healthful, informed decisions about their sexual and reproductive lives (UNDP, 2001).

More than 34% of Somali men aged over 40 years have one or more reproductive health problems all being more common amongst elderly men (CDC, 2014). In 2007, more than 19,000 men were diagnosed with prostate cancer, and nearly 3,000 men died from prostate

cancer. In Australia, men over the age of 40 have a high chance of developing erectile dysfunction or impotence. Therefore, men have specific reproductive health problems that require specific health care. The Somali men's, specifically the unmarried ones are often rebuffed or treated with little respect by reproductive health providers (Kabwe, 1997). Hence, this study seeks to determine the factors affecting the utilization of reproductive health services among Somali men in Kisenyi slum.

## **1.2 Statement of the problem**

The utilization of male reproductive health services among Somali men remains low with only 48% of men having ever utilized a reproductive health service. Somali men residing in Uganda where the utilization rate is even much lower (38%) are even at a higher risk of not utilizing the reproductive health services (Kalmuss and Tatum, 2010).

Reproductive health generally has been synonymous with women's health and as a result clinical training in reproductive health care typically has been provided through the specialty of obstetrics and gynecology (UNFPA, 2014). However, for men, there is no comparable clinical practice that addresses their unique reproductive health needs. Majority of Somali men in Uganda live Kisenyi slum where the environment itself, from the décor to the posters, literature and brochures, may not reflect men's interests or needs in regards to reproductive health issues.

Although the Ministry of Health in Uganda as well as other development partners have worked on increasing awareness on the need to increase male access to reproductive health services and setting up a few male-only clinics to cater for men's reproductive health needs, the proportion of men utilizing reproductive health services remains low (UNFPA, 2014). Therefore, if men's reproductive health care services are not attended to, there was increased incidences and prevalence of sexually transmitted diseases as well as related mortalities.



### **1.3 Research objectives**

#### **1.3.1 General objective**

To determine the factors influencing utilization of reproductive health services among Somali men in Kisenyi slum in Uganda in the period of June to August, 2016.

#### **1.3.2 Specific objectives of the study.**

- i. To determine the proportion of Somali men utilizing reproductive health services in Kisenyi slum in Uganda in the period of June to August, 2016.
- ii. To determine the socio-demographic factors influencing utilization of reproductive health services among Somali men in Kisenyi slum in Uganda in the period of June to August, 2016.
- iii. To establish the cultural factors affecting utilization of reproductive health services among Somali men in Kisenyi slum in Uganda in the period of June to August, 2016.
- iv. To examine the health related factors influencing utilization of reproductive health services among Somali men in Kisenyi slum in Uganda in the period of June to August, 2016.

### **1.4 Research questions**

- i. What is the proportion of Somali men utilizing reproductive health services in Kisenyi slum in Uganda?
- ii. What are the socio-economic factors are influencing utilization of reproductive health services among Somali men in Kisenyi slum?
- iii. What are the cultural factors affecting utilization of reproductive health services among Somali men in Kisenyi slum in Uganda?
- iv. What are the health related factors influencing utilization of reproductive health services among Somali men in Kisenyi slum in Uganda?

### **1.5 Significance of the study**

Somali men who was involved in the study were had an opportunity of increasing their knowledge and level of awareness as regards their sexual reproductive needs and the available reproductive services in their community.

Health workers' leaders and management will use study findings to incorporate monitoring programs that was aim at increasing effectiveness and efficiency of health service delivery especially for reproductive health care services for men.

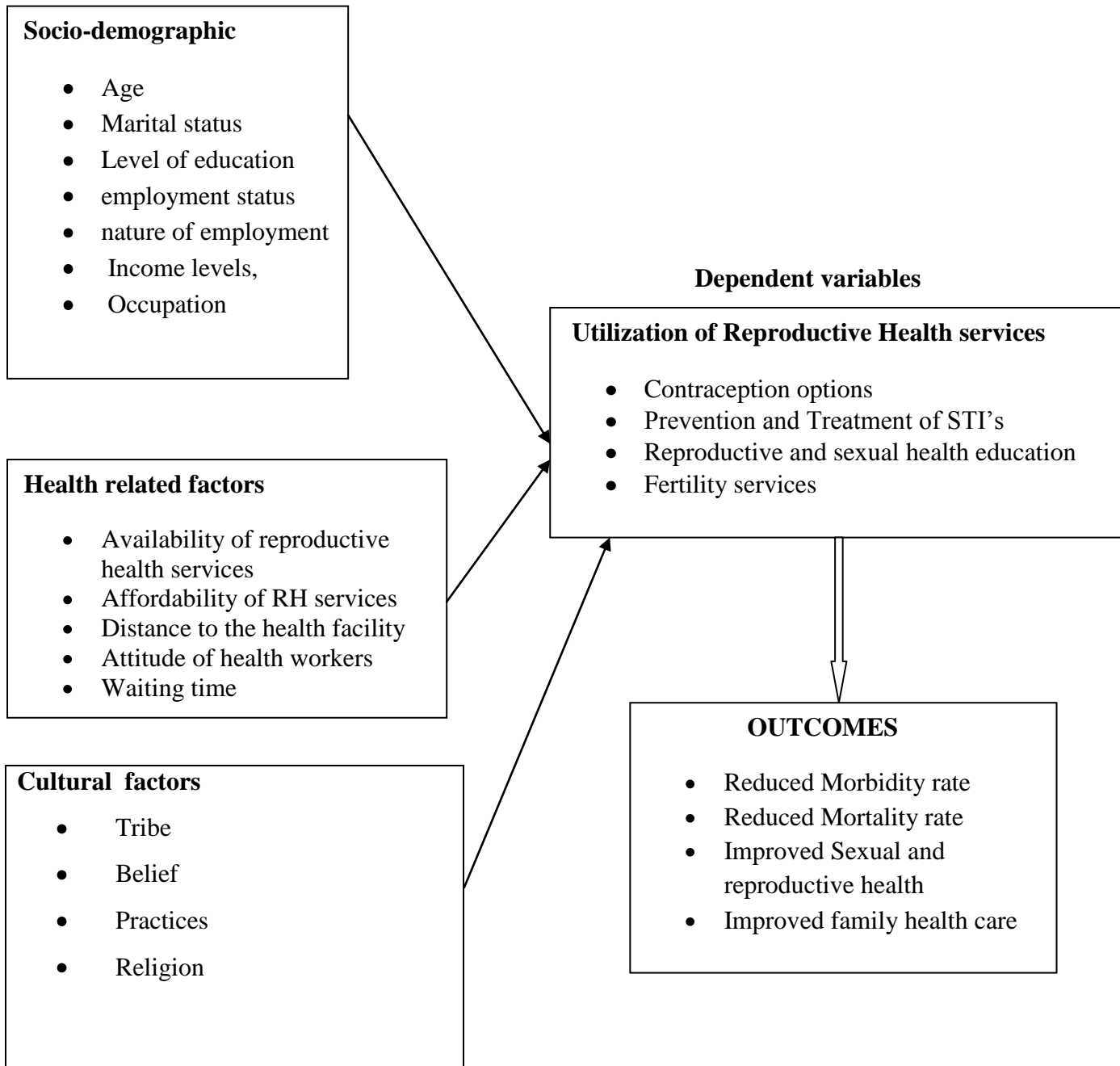
Health resource managers at health facilities will use the information collected from the study to identify specific challenges affecting the uptake of reproductive health care services.

This study was a basis for policy formulation and implementation for the delivery of reproductive health care services for Somali men and men in Uganda.

Future researchers will use the study findings as a source of literature and knowledge for their academic researches related to the factors influencing the uptake of reproductive health services among Somali men.

## 1.6 Conceptual framework of the study

### Independent variables



*Figure 1: Conceptual frame work of the study*

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Introduction**

This chapter presents the review of literature written by several authors on the utilization of reproductive health care services well as prior studies done on similar topics. The literature review is presented in accordance with the specific objectives of the study.

### **2.1 Proportion of male utilizing of reproductive health care services**

Globally, 4-20% men have been in a marital affair outside their marriage which exposes men to infections (CDC, 2008). Male contribute 50% of infertility in the whole world yet 5800 infertile couple (8-22%) are contributed by men (WHO, 2009). Reproductive health services are important for men because men make decisions that affect women and family health such as family planning but male reproductive needs are inadequately met. The health of men is important to the household because men control most of the resources in most communities /societies. Also the fact that there is an increased risk of women acquiring STIs from infected men.

According to a study by Lazarus et al (2006) in Denmark, only 30% of Somali men were utilizing reproductive health services. Majority (70%) of the Somali men had limited knowledge on reproductive health services such as condom use and also had a negative attitude towards the use of reproductive health services.

There are a number of areas in which men can be involved in the reproductive health care services including the elimination of mother to child transmission of HIV/AIDS. These include; prevention of new HIV infections among women of reproductive age, prevent unwanted pregnancies among women living with HIV/AIDS, prevent HIV transmission from women living with HIV/AIDS to their infants using ARV prophylaxis and provide

appropriate treatment, support and care to mothers living with HIV/AIDS and their children (UNICEF, 2010).

Male partners also influence women's treatment decisions, including whether she receives medication (Msuya et al. 2008) and whether she adheres to infant feeding advice (Theuring et al. 2009). In response to this reality, and as part of its woman-centered approach, the Global plan declares that "efforts must be taken to secure the involvement and support of men in all aspects of these programs and to address HIV and gender-related discrimination that impedes service access and uptake as well as client retention" (UNAIDS 2010).

Because Sexual Reproductive Health (SRH) programmes and services have been focused primarily on women, men have often lacked information to make informed decisions about healthy behaviors and the roles they might play in promoting overall family health, including accessing HIV prevention, care and treatment services. Studies demonstrate that when given the opportunity to participate in SRH programs, such as family planning and the EMTCT programs, men wish to be positively involved in promoting the health of their families and communities (Katz, et al. 2009).

Elimination of mother-to-child transmission (EMTCT) of HIV is the main way of reducing the rate of pediatric HIV infection (Byamugisha et al, 2010). Despite the documented importance and increased benefits of EMTCT services, the World Health Organization (WHO) in 2007 estimated that uptake in sub-Saharan Africa was as low as 11%; it ranged from 8 to 54%, showing the difference in levels of uptake of the service in the region (WHO, 2010). One of the reasons for the low uptake of EMTCT services (the low numbers of pregnant women undertaking an HIV test and also the low uptake of interventions such as antiretroviral therapy [ART] for EMTCT) is the lack of or the low levels of male involvement (MI) in the services (Jobson, 2010). Lack of male involvement contributes to women dropping out of an EMTCT program (Maman et al, 2011).

In the present scenario, men, in general, do not feel comfortable seeking services from family planning clinics and young people, in particular, often feel embarrassed (Green, 2009). Men's reproductive health needs include a wide range of services such as family planning, treatment and prevention of STI/HIV, infertility, sexual problems and others. Men need clinics and staff that provide confidential and non-judgmental care (CDC, 2014). Also, to increase the male participation in reproductive and sexual health, the primary focus should be on strategies to "encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and familial roles." The time is now ripe to determine and address men's sexual health needs if they are expected to participate fully as responsible partners in improving and protecting their own and their partner's sexual and reproductive health (CDC, 2014).

## **2.2 Socio-economic factors influencing utilization of reproductive health services by men**

According to a study by Alinane et al (2014), majority of the men (74%) had a low male involvement index and only 5% of men accompanied their spouses to the antenatal clinic. Men who had attained secondary education were more likely to have a high male involvement index than those who had primary or no formal education. The respondents, whose occupation was driver or those who had fear of disclosure of their HIV sero-status results to their spouses, were less likely to have a high male involvement index. Barriers to male involvement in the reproductive health programmes were related to socio-economic factors and to cultural beliefs (Alinane et al, 2014).

A man's lack of knowledge on the relevance and his role in reproductive health services limits his participation (Skoydal, 2011). Additionally, lack of knowledge on pregnancy and its associated factors contributed to lack of MI in the reproductive health programme. The

lack of information also included men being unaware of the; existence of reproductive health services, the benefits and the role of a man in reproductive health services, not knowing the wife's HIV status and rationale for testing when they had no signs of sickness (Mbuyi et al, 2004).

According to a study by Mbuyi et al (2004), indicated that involvement of male partners in HIV testing is necessary in increasing uptake of interventions for reducing perinatal HIV transmission. The success of EMTCT of HIV thus depends on cooperation between partners because a woman's partner has a strong influence on the woman's uptake of voluntary counseling and testing (VCT).

Socioeconomic demands, poverty and job responsibilities are barriers to Male Involvement in reproductive health (Byamugisha et al, 2010). According to Mbuyi et al (2004) indicated that men prioritized social obligations and other personal issues than supporting their partners' attendance to antenatal care. Time constraints also prevent men from listening to radio or reading brochure messages on Male Involvement in EMTCT (Alinane et al, 2014).

Low formal education in men further limits a man's understanding of issues on HIV and AIDS (Akarro et al, 2011). According to Tweheyo et al, 2010, due to inadequate information on HIV and AIDS, men have use their wives HIV test results as a proxy for their own HIV status. The fear of learning one's HIV status following attendance of reproductive health services prevents men from attending the service as has been reported by other studies (Alinane et al, 2014). In Lilongwe Malawi, lack of Male involvement in reproductive health was reported to arise from men's fear of HIV testing (Alinane et al, 2014) while in Zimbabwe men perceived HIV as a threat to their manhood and they discouraged their partners in accessing ART services to avoid learning their HIV status indirectly (Akarro et al, 2011). Equally, women have also expressed the fear of learning their HIV status as a barrier to their participation in reproductive health programme (Mbuyi et al, 2004).

A man's lack of knowledge on reproductive health issues (Jobson et al, 2010), his fear of learning his HIV status fear, and traditional gender roles and cultural norms partially explain the unwashingness of men or lack of interest by men with the reproductive health programme, thereby, hindering their involvement.

### **2.3 Cultural factors influencing utilization of reproductive health services by men**

Timidity with male involvement in a domain that is traditionally regarded as a woman's responsibility is highlighted as a barrier (Mbuyi et al, 2004). Similarly reviews of studies have reported that fear of societal stigma and ridicule as barriers (Akarro et al, 2011). Timidity may stem from intrinsic factors or be perpetuated by traditional mindset as well as community beliefs and is further compounded with the term "EMTCT" which excludes men in the program (Alinane, et al, 2014). Timidity may also be aggravated by the manner in which services are rendered for instance in this study the songs sung in the antenatal clinic deter men from involvement. Men shunned reproductive health services because they were embarrassed to sing along at the antenatal clinics with their partners (Alinane et al, 2014).

The belief that a man is the head of the family who may not be influenced by his partner deters them from involvement in reproductive health services especially when invites come through his partner (Byamugisha et al, 2010). Women cannot ask their partners for HIV tests because they have no authority over them and this is also a limiting factor for male involvement in other reproductive health services (Chinkonde et al, 2009). Superiority norms held by men could lead to men shunning of any HIV related clinics for fear of being regarded as weak or less masculine (Bwirire et al, 2008). Furthermore a man who follows what his wife tells him, might be seen as to have unknowingly taken a local herb called "Khuzumule" which renders him a "puppet" (Alinane et al, 2014). A similar nomenclature regarding men who are involved in pregnancy and its associated aspects has been previously reported as follows: in Lilongwe, Malawi such men were regarded as fools (Bwirire et al, 2008).



Furthermore, according to Msuya et al (2008) in Tanzania men stated that it was against their culture to be involved in female affairs.

Time constraints, such as balancing the need to provide for the family versus attendance to antenatal clinic and negotiating time off from work, is a barrier to Male Involvement (Alinane, et al, 2014).

Religion and beliefs combine to put men and boys at risk of HIV/AIDS, STIs and unwanted pregnancy for girls, and may prevent people from adopting protective behaviors. Therefore, a significant behavior change would translate to positive SRH practices, but due to some cultural practices which in most cases are brought about by tribal beliefs such as unsafe sex practiced in some tribes after circumcision of adolescent boys exposes such people to HIV/AIDS. As a result, there is a great need to intensify behavior change communication and curtail the social and cultural factors that predispose men, women, boys and girls to HIV/AIDS, STIs and unwanted pregnancy.

Furthermore, cultural beliefs especially in many of the African societies that are basically targeted towards the position of men in the society facilitate discrimination and stigmatization of men who seek reproductive health services (UNAIDS 2010). Men who seek reproductive health services are perceived to be weak in their respective societies where they live while other consider such men to have been bewitched especially in Nigeria where men who are seen going with their wives to the health facility to access reproductive health care services are considered to be bewitched by the wife. This kind of stigmatization hinders the utilization of reproductive health services among men for fear of discrimination and stigmatization within their communities. Therefore, cultural factors are a great influence on the utilization of reproductive health services among men.

## **2.4 Health provider related factors influencing utilization of reproductive health services by men**

According to Chinkonde and colleagues (2009), health provider barriers such as the clinic set up, using women to convey messages to men, service costs, distance to the clinic, and health workers' attitudes are main barriers to male involvement in reproductive health services (Chinkonde et al., 2009).

Reproductive health services such as services offered in an area traditionally viewed as a woman's domain and health centers being non-conducive for Male Involvement and cultural conformity to the traditionally gender defined roles interferes with men's willingness to get involved in reproductive health services (Maman et al, 2011).

There is emerging evidence that in resource-limited settings with a high human immunodeficiency virus (HIV) burden, male partner involvement in prevention of mother-to-child HIV transmission (PMTCT) is associated with improved uptake of effective interventions and infant HIV-free survival (Nyasulu et al, 2007). There is also increasing evidence that male partner involvement positively impacts non-HIV related outcomes, such as skilled attendance at delivery, exclusive breastfeeding, uptake of effective contraceptives, and infant immunizations. Despite these associations, male partner involvement remains low, especially when offered in the standard antenatal clinic setting (Bwirire et al, 2008).

Creating male-friendly environments, considering gender relations in the programme, offering adequate and private clinic space for male partners and accessibility of services are some of the factors that need to be considered in health facilities to attract men in reproductive health services (Alinane, et al, 2014). Aligning clinic opening hours to men's work schedule by opening over the weekends or clinics that open for longer hours and clinics that are geographically located closer to the targeted population promotes Male Involvement (Katz et al, 2009). Streamlining of services for men or for pregnant couples only through

provision of services such as couple counseling and sexual reproductive health services to boys and men promotes Male Involvement (Mohlala et al, 2011).

The term “elimination of Mother to Child Transmission” implies that responsibility of HIV transmission is solely on the mother. Therefore, activists and researchers have proposed a change on the term to “elimination of parents to child transmission” (EPTCT) to promote Male Involvement into the programme. This proposition may benefit both the community and male partners in the seeking of health care especially in reproductive health services (Alinane et al, 2014).

According to Msayu and colleagues (2008), human resource related factors that would promote Male Involvement include providing ongoing education to the midwives, adequate staffing, improving the welfare of the health workers, empowering health care providers through precise policies and job descriptions on Male Involvement in reproductive health. At community level, promotions that can be done include “mass campaigns” on couple HIV testing, use of key and influential people to promote Male Involvement, mass media campaigns such as television programmes on Male Involvement, community mobilization and involvement, male peers reaching to other men and community based programme and support are some of the factors that have been associated with attracting men to get involved in reproductive health services Msayu et al (2008).

According to Chunkonde and colleagues (2009) human resource related barriers such as health care workers negative attitude and shortage of health care workers are a barrier to Male Involvement in reproductive health services. Men fail to participate in reproductive health services because of the health care workers’ rudeness. The rudeness to both the mothers and their male partners discourages the uptake of reproductive health services and other health care services such antenatal and post natal care Chunkonde et al (2009).

The literature presented from prior studies and different authors indicates a low level of male involvement in reproductive health services and different socio-demographic, cultural and health provider related factors have been associated with this trend. However, such studies have been done in different areas other than the study area of this specific study. Therefore, this study seeks to determine the factors influencing the male involvement in reproductive health services in Kisenyi.

## **CHAPTER THREE: METHODOLOGY**

### **3.0 Introduction**

This chapter describes the methodology that was used to carry out the study which includes the research design, study population and the area of study, sampling procedures, sample size calculation, study variables, data collection tools and technique, source of data, data management and analysis procedure, quality control issue, ethical considerations and plan for dissemination of the study findings.

### **3.1: Study Area**

The study was conducted in Kisenyi slum situated in KCCA. Kisenyi is a large informal settlement in Kampala. The settlement is located in the south-western part of Kampala's Central Division. It is situated amongst the key productive areas of downtown Kampala: East of Mengo, south of Old Kampala, and adjoining the Central Business District. Kisenyi is comprised of 3 parishes, namely: Kisenyi I, Kisenyi II and Kisenyi III.

### **3.2 Scope of the Study**

The study looked at the proportion of Somali men utilizing reproductive health services as well as the socio-demographic, cultural and health facility factors influencing the utilization of reproductive health services among men.

### **3.3 Study Design**

This study took up a descriptive cross-sectional design involving the use of both quantitative and qualitative methods of data collection. This study design is suitable for this study mainly because data was collected at a one point in a time to identify specific factors influencing utilization of reproductive health care services among Somali men.

### **3.4: Study Population**

The population under this study included all Somali male residing in Kisenyi slum.

#### **3.4.1 Inclusion criteria**

All participants who met the following criteria was included in the study. The participant must be a Somali male resident living within Ksienyi slum, must be at least 18 years old and only those who was consent voluntarily to participate in the study was considered.

#### **3.4.2: Exclusion criteria**

All participants too ill and those with mental illnesses were excluded from the study.

### **3.5 Sources of Data**

#### **3.5.1: Primary data**

Data was primarily collected from Somali men using structured questionnaires and Key Informant Interview.

#### **3.5.2: Secondary data**

Secondary data from relevant literature from different scholars was used in the discussion of the findings from this study.

### **3.6 The sample size determination**

Sample size determination was determined using the Kish formula this formula was used because it is best suited for infinite populations.

$$n= Z^2pq/ e^2$$

Where:

n= the desired sample size

z = constant of standard deviation calculated at 1.96

p = an estimated utilization of reproductive health services at 48% (0.48%) from a study (Kalmuss and Tatum, 2010).

q is the proportion of men who do not utilize reproductive services (1-0.48=0.52)

e = the standard error at 95% confidence interval calculated at 0.05

$$n = 1.96^2 \times 0.48 \times 0.52 / 0.05^2$$

**n = 384 Somali men residing in Kisenyi**

### **3.7 Sampling Procedure**

Multiple stage sampling method was used. The slum was divided into four. That is; East, West, South and North, corresponding to the administrative areas within the slum. To obtain a non-biased number of subjects from each selected zone, a probability proportional to size (PPS) method was applied to estimate the number of respondents to interview from each zone based on the estimated population of each area. The households from each zone was selected using systematic random sampling. Then one male adult from each household who is wishing to participate and qualifies per inclusion criteria in the study was interviewed.

To obtain the number of Somali men in each administrative area a work out of the desired samples is shown in Table 1 below.

### **3.8 Study Variables**

#### **3.8.1: Dependent Variable**

Utilization of men reproductive health service

#### **3.8.2: Independent Variables**

The independent variables was socio-economic, cultural and health system factors.

The socio-economic factors was include age, marital status, level of education, employment status, nature of employment, income levels and occupation.

The cultural factors included tribe, beliefs, practices and religion.

The health facility factors included availability of reproductive health services, affordability of RH services, distance to the health facility, attitude of health workers and waiting time at the health facility.

### **3.9 Data Collection Tool**

The data was collected using a questionnaire with both open and close ended questions which was pre-coded for easy data entry and analysis. A key informant interview guide was also be utilized to obtain data from the health care providers.

### **3.10 Data Collection Technique**

Structured questionnaires with 21 questions and key Informant Interviews were employed to collect the data. The questionnaire had both close and open ended questions on the variables under the study. The Key informant interview was conducted among leaders and senior health care providers within the study area on the factors influencing the utilization of reproductive health services among men.

### **3.11 Analysis of data**

SPSS version 16.0 was used in data analysis and the findings was presented using charts, graphs and tables. Pearson's chi-square tests was used at bivariate analysis to determine the association between the socio-demographic, cultural and health care related factors and upake of male reproductive health care services. Logistic regression was done at the multivariate level to determine the strength of the association and variables was significant at p-values less than 0.05.

### **3.12 Quality control issues**

A pre-test of the questionnaires was done in Namuwongo. Namuwongo was selected because it has similar characteristics like Kisenyi slum.

Research assistants who was used in the collection of data was properly trained prior to the collection of data such that they are well conversant with the questionnaire and can properly use it for effective collection of the required data.

The questionnaires that was collected was kept under lock and key immediately after the research assistants have handed them to the researcher upon returning from the field



The researcher was later on clean the data by checking for errors and any other inconsistencies in the collected data and thereafter enter it into the computer. The questionnaire was also be translated into the most appropriate language (mention the language) to ease communication.

### **3.13 Ethical consideration**

The researcher was follow the guidelines provided by International Health Sciences University by seeking legal acceptance from the university in form of a letter of authorization from both the university and leaders of Kisenyi slum.

All participants was respected by ensuring that they give informed consent prior to their participation in the study.

The data collected was confidential, numbers was used rather than names of the participants.

No participant shall be harmed in the course of the study.

### **3.14 Plan for dissemination of results**

The result of the study was disseminated to International Health Sciences University and the local authorities at Kisenyi slum.

## CHAPTER FOUR: RESULTS PRESENTATION

### 4.1 Introduction

This chapter presents the results from the findings of the study. The results are presented using tables, graphs and charts in accordance with the specific objectives of the study. Pearson's chi square test was used to determine the level of association between the variables in this study.

### 4.2 Socio-demographic characteristics of the study population

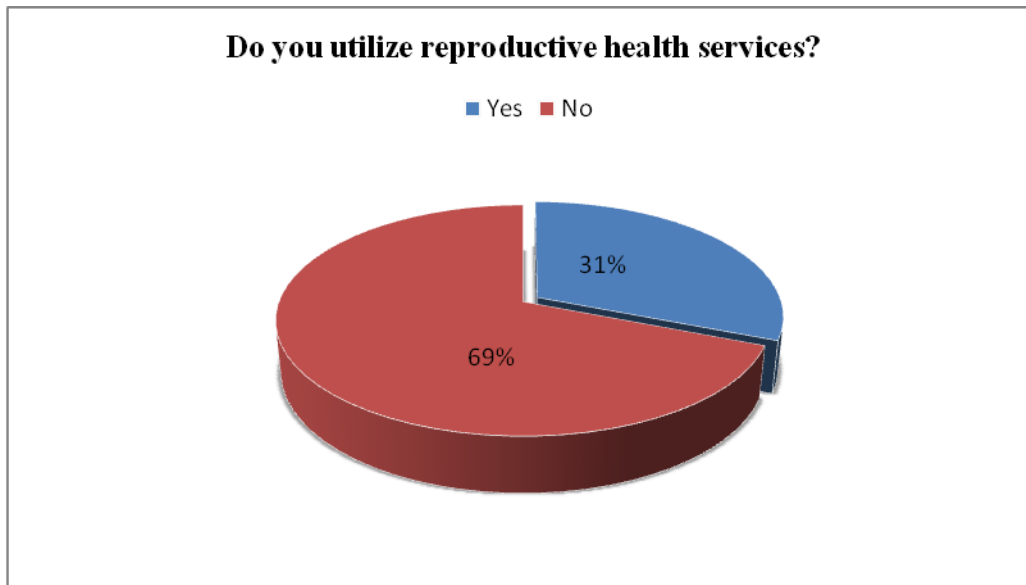
*Table 1: Socio-demographic characteristics of the sample population (N=384)*

Variable		Frequency (n)	Percentage (%)
<b>Age (Years)</b>	18-25	80	20.3
	26-35	157	40.9
	36-45	65	16.9
	46-55	51	13.3
	>55	31	8.6
<b>Level of education</b>	Primary	199	51.8
	Secondary	138	35.9
	Tertiary	18	4.7
	None	29	7.6
<b>Marital status</b>	Single	176	45.8
	Married	145	37.8
	Divorced	11	2.9
	Separated	52	13.5
<b>Occupational status</b>	Student	62	16.1
	Employed	85	22.1
	Unemployed	157	40.9
	Self employed	31	8.1
	Business man	49	12.8
<b>Average monthly income (UgX)</b>	<100,000	34	8.9
	100,000-250,000	99	25.8
	251,000-500,000	215	56.0
	>500,000	36	9.3

The highest proportion of the respondents, 157 (40.9%) were within the age group of 26-35 years followed by 80 (20.3%) who were 18-25 years. Only 31 (8.6%) were above 55 years.

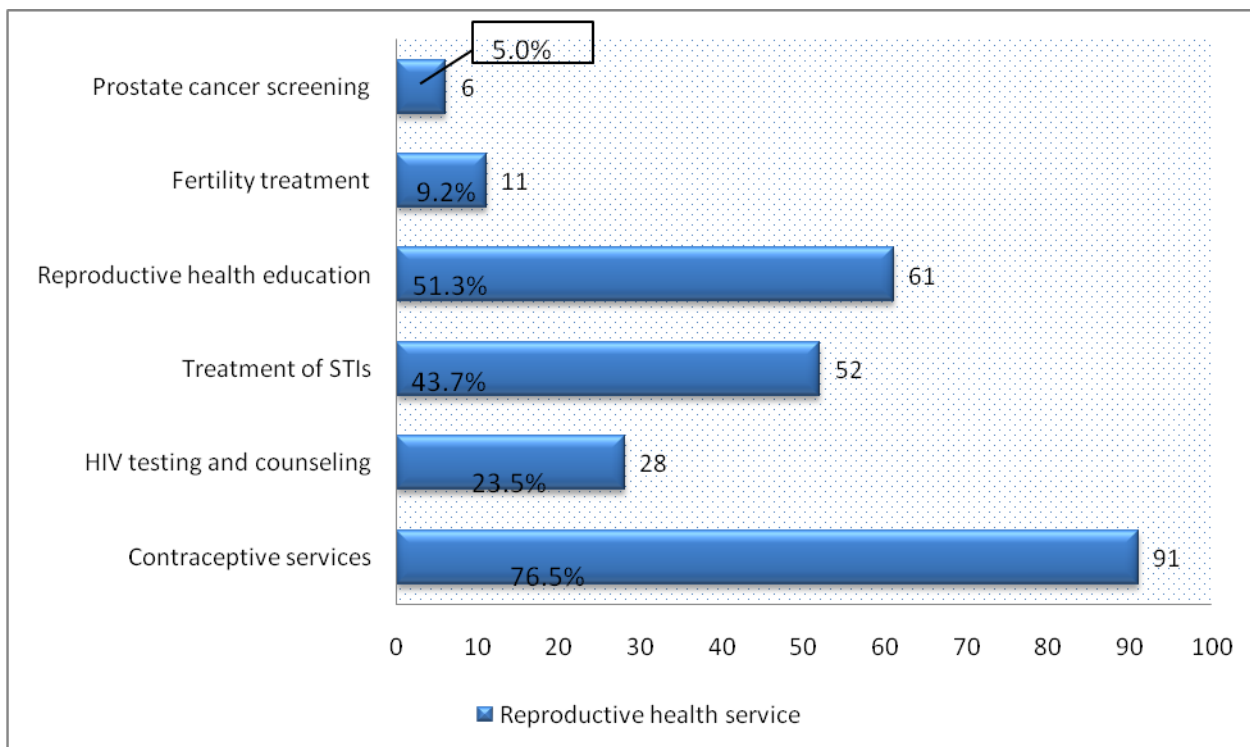
Majority of the respondents, 199 (51.8%) had primary level education followed by 138 (35.9%) who had secondary level education. Only 18 (4.7%) had tertiary education. The highest proportion of the respondents, 176 (45.8%) were single while 145 (37.8%) were married. Only 11 (2.9%) were divorced.

As regards occupational status, the highest proportion of respondents, 157 (40.9%) were unemployed while 85 (22.1%) were employed. There were 62 (16.1%) respondents who were students. Majority of the respondents, 215 (56.0%) had an average monthly income of 251,000-500,000 Uganda shillings followed by 99 (25.8%) who had 100,000-250,000. Only 34 (8.9%) had less than 100,000 shillings.



**Figure 2: Proportion of Somali men utilizing reproductive health services in Kisenyi slum**

Majority of the Somali men in the study 265 (69%) did not utilize reproductive health. Only 119 (31%) of the respondents reported to be utilizing reproductive health services.



**Figure 3: Reproductive health services utilized by Somali men**

Among those who utilized reproductive health services, the reproductive health services reported to be utilized included contraceptive services, HIV testing and counseling, treatment of Sexually Transmitted Infections (STIs), reproductive health education, fertility treatment and prostate cancer screening.

The most utilized reproductive health service was contraceptive services by 91 (76.5%) of the respondents followed by reproductive health education 61(51.3%) and treatment of STIs by 52 (43.7%) of the respondents.

The least utilized reproductive health services were fertility treatment 11 (9.2%) and prostate cancer screening.

#### 4.4 Socio-demographic factors influencing utilization of reproductive health services among Somali men in Kisenyi slum

*Table 2: A cross tabulation between socio demographic factors and the utilization of reproductive health services*

		Do you utilize reproductive health services?			
Variable		Yes	No	X <sup>2</sup>	p-value
<b>Age (Years)</b>	18-25	29	51	12.946	0.001*
	26-35	63	94		
	36-45	14	51		
	46-55	8	43		
	>55	5	26		
<b>Level of education</b>	Primary	38	161	9.231	0.014*
	Secondary	56	82		
	Tertiary	10	8		
	None	15	14		
<b>Marital status</b>	Single	41	135	0.344	0.812
	Married	64	81		
	Divorced	8	3		
	Separated	6	46		
<b>Occupational status</b>	Student	9	28	0.582	0.964
	Employed	34	51		
	Unemployed	27	130		
	Self employed	25	6		
	Business man	24	25		
<b>Average monthly income (UgX)</b>	<100,000	8	26	11.627	0.002*
	100,000-250,000	29	70		
	251,000-500,000	56	159		
	>500,000	26	10		

(\*statistically significant variable; p<0.05)

Socio-demographic factors such as age ( $p= 0.001$ ), level of education ( $p=0.014$ ) and average monthly income ( $p=0.002$ ) were found to have a statistically significant association ( $p<0.05$ ) with the utilization of reproductive health services among Somali men in Kisenyi.

Marital status ( $p=0.812$ ) and occupational status ( $0.964$ ) did not indicate a statistically significant association ( $p>0.05$ ) with the utilization of reproductive health services.

#### 4.5 Cultural factors affecting utilization of reproductive health services among Somali men in Kisenyi slum

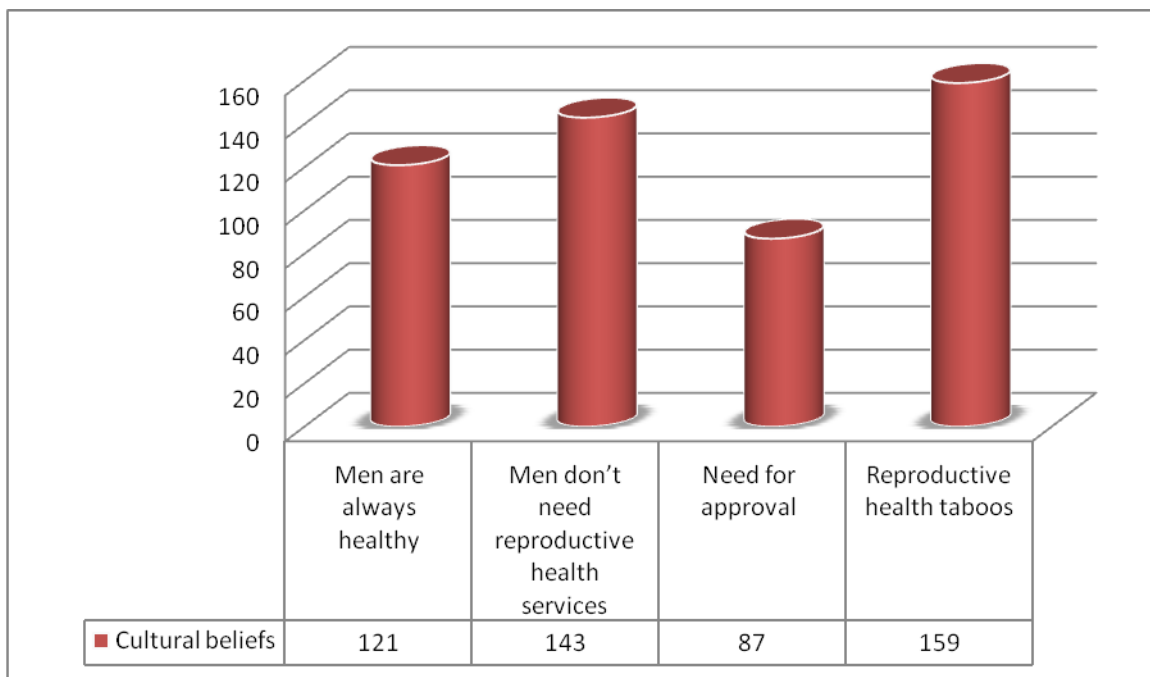
*Table 3: A cross tabulation between cultural factors and utilization of reproductive health services*

Variable		Do you utilize reproductive health services?		X <sup>2</sup>	p-value
		Yes	No		
<b>Tribe</b>	Darod	65	91	0.866	0.651
	Dir	28	64		
	Hawiye	11	75		
	Rahanweyn	5	20		
	Sheekhaal	10	15		
<b>Religion</b>	Islam- Suuni	94	182	0.884	0.423
	Islam-Shia	25	76		
<b>Existence of cultural beliefs that hinder reproductive health services</b>	Yes	38	192	0.568	0.649
	No	81	73		
<b>Existence of cultural norms that promote reproductive health services</b>	Yes	99	186	5.219	0.041*
	No	20	79		

(\*statistically significant variable;  $p<0.05$ )

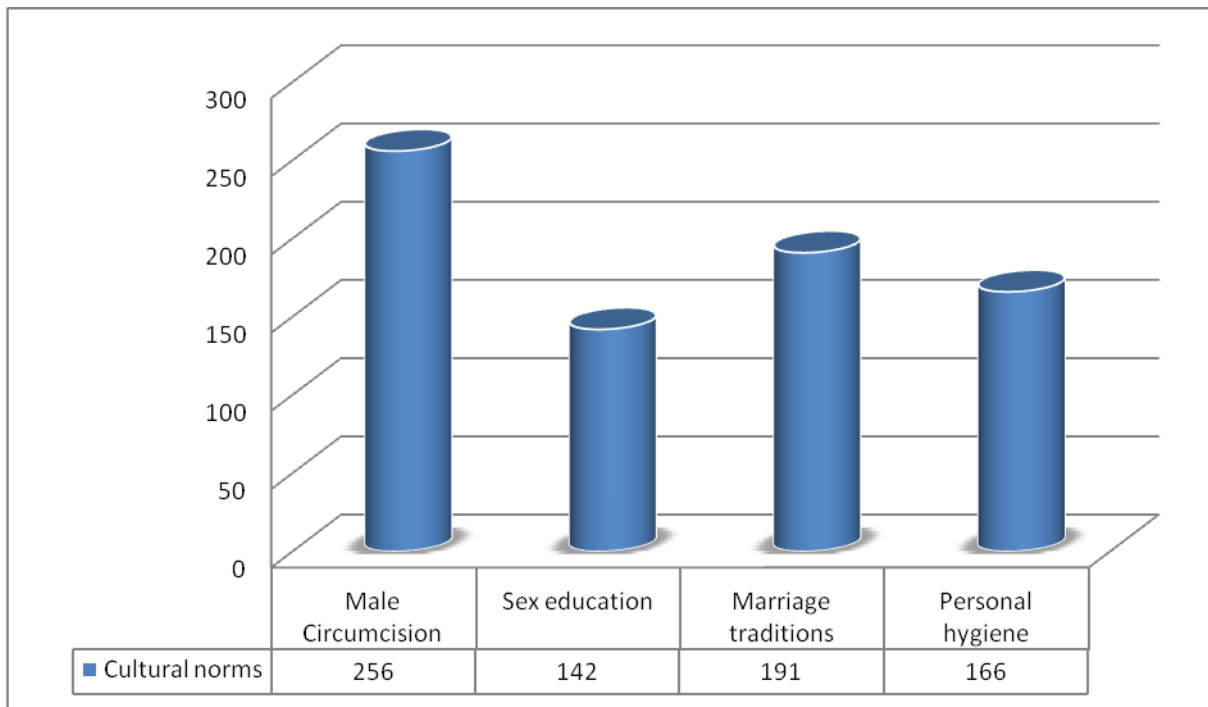
The existence of cultural norms that promote reproductive health services ( $p=0.041$ ) was found to have a statistically significant association ( $p<0.05$ ) with the utilization of reproductive health services among Somali men.

Other cultural factors such as tribe, religion and cultural beliefs that hinder reproductive health services did not indicate a statistically significant association ( $p>0.05$ ) with the utilization of reproductive health services.



**Figure 4: Cultural beliefs that hinder the utilization of reproductive health services among Somali men**

Some of the cultural beliefs that were reported to hinder Somali men from utilizing reproductive health services included the belief that men are always healthy and never sick, men do not need reproductive health services, the need for approval as men are believed to be cowards if they go for reproductive health services and taboos regarding discussion of reproductive health issues.



***Figure 5: Cultural norms that promote the utilization of reproductive health services among Somali men***

The cultural norms that were reported to promote the utilization of reproductive health services included male circumcision where all men were circumcised, sex education in schools and mosques, marriage traditions where couples were encouraged to utilize reproductive health services and proper personal hygiene such as bathing and cleaning reproductive and sexual organs.



#### 4.6 Health service factors influencing utilization of reproductive health services among Somali men in Kisenyi slum

*Table 4: A cross tabulation between health facility factors and the utilization of reproductive health services*

Variable		Do you utilize reproductive health services?			
		Yes	No	X <sup>2</sup>	p-value
<b>Are reproductive health services available</b>	Yes	69	121	9.461	0.002*
	No	50	144		
<b>Access to reproductive health services</b>	Yes	48	82	0.564	0.331
	No	71	183		
<b>Can you afford reproductive health services</b>	Yes	99	159	10.728	0.001*
	No	20	106		
<b>Distance to the nearest health unit with reproductive health services</b>	<5 km	91	174	8.526	0.011*
	>5km	28	91		
<b>Waiting time at the health facility</b>	<5 minutes	25	81	0.474	0.256
	5-10 minutes	65	166		
	11-30 minutes	19	12		
	>30 minutes	10	6		
<b>Attitude of health workers towards men utilizing reproductive health services</b>	Welcoming	104	198	11.245	0.001*
	Not welcoming	15	67		

(\*statistically significant variable;  $p < 0.05$ )

Health service factors such as availability of reproductive health services ( $p=0.002$ ), affordability of reproductive health services ( $p=0.001$ ), distance to the nearest health unit with reproductive health services ( $p=0.011$ ) and attitude of health workers towards utilization of reproductive health services by Somali men ( $p=0.001$ ) were found to have a statistically significant association ( $p < 0.05$ ) with the utilization of reproductive health services among Somali men. Other health service factors such as access to reproductive health services and waiting time at the health facility did not indicate a statistically significant association ( $p > 0.05$ ).

**Table 5: Logistic regression of the variables under the study**

<b>Variable</b>	<b>Adjusted OR</b>	<b>95% C.1</b>	<b>P-Value</b>
<b>Age: 18-35 Vs &gt;36yrs</b>	0.64	0.14 – 0.84	0.010*
<b>Education: Primary VS Secondary</b>	6.7	5.2-8.9	0.020*
<b>Income: &lt;100,000 Vs &gt;500,000</b>	0.42	0.02-0.8	0.001*
<b>Cultural Norms: Yes Vs No that support RHS</b>	6.5	4.0-8.2	0.000*
<b>Availability: Yes Vs No of RHS</b>	1.6	1.2 – 2.6	0.020*
<b>Affordability of: Yes Vs No RHS</b>	1.2	1.14 – 2.89	0.000*
<b>Distance to: &lt;5 km Vs &gt;5km RHS</b>	0.06	0.001 – 0.63	0.011*
<b>Attitude of Health workers: Positive Vs Negative</b>	0.62	0.30 - 0.94	0.000*

**(Statistically significant variable; p<0.05)**

The logistic regression model above showed that socio-economic factors of age, education level and income levels had a statistically significant association with the utilization of reproductive health services (RHS). The existence of cultural norms that support the utilization of RHS influenced the uptake of such services. Health facility factors such as affordability of RHS, distance to the nearest health facility with RHS and attitude of health workers towards men who utilize RHS influenced the uptake of such services.

## **CHAPTER FIVE: DISCUSSION OF RESULTS**

### **5.1 Introduction**

This chapter presents the discussion of the results of the findings from the study in comparison with prior related studies and literature.

### **5.2 Proportion of Somali men utilizing reproductive health services in Kisenyi slum**

The proportion of Somali men utilizing reproductive health services in Kisenyi slum was found to be low at 31% of the men involved in the study. The findings of this study were in line with those of Kalmuss and Tatum (2010) in the study they did in Somali that indicated a similarly low proportion of Somali men utilizing reproductive health services at 48%. Although the prior study showed a slightly higher proportion than this study, both studies indicated a low level of utilization of reproductive health services among Somali men. The difference in the proportions can be attributed to differences in the sample sizes involved in the studies whereby this study involved a small sample size of Somali men from a single location of Kisenyi slum while the prior study involved a larger sample size and men from different places in Somalia.

The low utilization of reproductive health services among Somali men has got public health complications such as increased incidences and prevalence of Sexually Transmitted Disease including HIV/AIDS, uncontrolled births due to limited use of contraceptives, increased morbidity and mortality rates resulting from reproductive health complications. Therefore, utilization of reproductive health services among Somali men remains a health concern which requires urgent mitigation. Among those who utilized reproductive health services, the reproductive health services reported to be utilized included contraceptive services, HIV testing and counseling, treatment of Sexually Transmitted Infections (STIs), reproductive

health education, fertility treatment and prostate cancer screening. The most utilized reproductive health service was contraceptive services followed by reproductive health education and treatment of STIs. Contraceptive services are generally most used by men due to increased awareness and health education provide by health workers through the use of mass media (Bwirire et al, 2008). Also utilization of STI treatment services was attributed to the prevalence of STIs among men which required them to go for such treatment services. However, other reproductive health services such as fertility treatment and prostate cancer screening were least utilized because of the low prevalence of fertility concerns and limited awareness on the importance of prostate cancer screening among Somali men.

### **5.3 Socio-demographic factors influencing utilization of reproductive health services**

The age of the men was found to be significantly associated with the utilization of reproductive health services. Younger men were more likely to utilize reproductive health services than older men. Younger men are more likely to use reproductive health services because they have more reproductive health concerns than older men (CDC, 2014). Young men have needs to protect themselves from STIs because they are more sexually active than older men and generally require utilizing contraceptive methods for birth control unlike older men who have already produced children and might not have the need for birth control techniques. However, both age groups have specific reproductive health needs in that older men might require reproductive health services such as fertility treatment in case they still need to have children and prostate cancer screening since the prevalence of such conditions increases with age. Therefore, different reproductive health services might target different age groups with one service being utilized more by a certain age group than the other.

The level of education was found to have a significant association with the utilization of reproductive health services. Somali men with higher education such as secondary and tertiary education were more likely to utilize reproductive health services than those with

primary or no education at all. These findings were in line with Akarro et al (2011) who indicated in their study that the men's level of education was a vital determinant in influencing their utilization of reproductive health services. With higher education through secondary and tertiary education men are provided with information that increases their level of knowledge as regards the importance of utilizing reproductive health services. However, men with low education levels as well as those who have never gone to school might not have access to such information and hence their level of knowledge on the importance of utilizing reproductive health services is very low.

The average income levels of Somali men was found to be significantly associated with the utilization of reproductive health services. Men low incomes were less likely to utilize reproductive health services than those with higher incomes. This is in line with Alinane et al (2014) who showed that men with lower incomes face problems with affording the cost of reproductive health services since most of their money is spent on providing for their families and have little or no funds left for reproductive health care. On the other hand, men with higher incomes can afford the cost of reproductive health services and thus are more likely to utilize such services than those men with low incomes. Therefore, income levels affect the ability to afford and utilize reproductive health services among men.

#### **5.4 Cultural factors affecting utilization of reproductive health services**

The existence of cultural norms that promote reproductive health services was found to have a significant association with the utilization of reproductive health services. Cultural norms such as male circumcision, traditional marriages, sex education and norms that promoted personal hygiene contributed to the utilization of reproductive health services. Such cultural norms promote the utilization of reproductive health services in a way that during such norms such as male circumcision and traditional marriages, reproductive health information is passed onto the men in the community and the importance of having a good reproductive

health (Byamugisha et al, 2010). Therefore, cultural norms that promote reproductive health influence men to utilize reproductive health services especially when information on the importance of reproductive health is provided during such norms.

Although cultural beliefs such as reproductive health services are only meant for women, men are always healthy, men who go for such services being cowards and discussing reproductive health being a taboo in some cultural did not indicate a significant association with the utilization of reproductive health among Somali men. Another prior study by Alinane et al (2014) showed that such cultural beliefs were a major hindrance to the utilization of reproductive health services. The difference in the findings can be attributed to statistical differences linked to difference in sample size and study population whereby by this study concerned only Somali men while the prior study considered a larger population of men from different cultural backgrounds. Therefore, cultural beliefs that are existent among different communities can influence men to either utilize reproductive health services or not

### **5.5 Health service factors influencing utilization of reproductive health services**

Availability of reproductive health services was significantly associated with the utilization of reproductive health services. When reproductive health services are available within the community men are more likely to utilize them than when they have to move out of the community to find the reproductive health services they need (Maman et al, 2011). When reproductive health services are brought closer to men within the communities where they live, this makes them readily available in that the men can easily utilize such services whenever they want. However, limited availability of reproductive health services in some communities hinders utilization because the services are not readily available.

The ability of the Somali men to pay for the reproductive health services was associated to the utilization of reproductive health services. Somali men who were more able to afford the

cost of reproductive health services were more likely to utilize them than those who were not able to pay. This is consistent with Chinkonde et al, (2009) who indicated that the cost of reproductive health services was a barrier to the utilization of such services hence those who are able to pay for the services are more likely to utilize them than others who cannot. Although the cost of some reproductive health services is low such as contraceptives, some men cannot afford the cost especially if the cost is recurrent such as the use of condoms where you have to buy them oftenly. Therefore, the cost of the reproductive health services coupled with the ability of the men to pay for such services affects the utilization of reproductive health services.

The distance to the nearest health facility were men can utilizes reproductive health services affects the utilization of such services. Men within a short distance of less than 5 km to the health facility were more likely to utilize the services than those who were more than 5 km away from the health facility. This is line with Nyasulu et al (2007) who showed that distance to the health facility was a major hindrance to the utilization of reproductive health services. This was attributed to the time spent on travelling to the health facility as well as the cost of transport fair yet such time and money can be invested in productive work and support to their families. Therefore, longer distances to the health facilities hinder the utilization of reproductive health services among Somali men.

The attitude of the health workers towards Somali men as they come to the health facility to utilize reproductive health services was significantly associated with the utilization of these services. Health workers who have a positive attitude and always welcome men to come and utilize reproductive health services are more likely to attract men to take up these services than those with a negative attitude (Chinkonde et al, 2009). Health workers are a main source of information and guidance to men to utilize reproductive health care and such information influence the men to come to the health facility and utilize such services. However, some

health workers might not be very welcoming by being rude or offensive to the men which hinder men from coming to take up such services. Therefore, the attitude of the health workers influences the utilization of reproductive health services among the Somali men.



## **CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Introduction**

This chapter presents the conclusions that have been drawn from the study and gives feasible recommendations for all stakeholders concerned with reproductive health services for Somali men.

### **6.2 Conclusions**

The utilization of reproductive health services among Somali men was low at 31% of the study population.

Among those who utilized reproductive health services, the reproductive health services utilized included contraceptive services, HIV testing and counseling, treatment of Sexually Transmitted Infections (STIs), reproductive health education, fertility treatment and prostate cancer screening.

The most utilized reproductive health service was contraceptive services followed by reproductive health education and treatment of sexually transmitted infections while the least utilized reproductive health services were fertility treatment and prostate cancer screening.

Socio-demographic factors such as age, level of education and average monthly income were found to have a significant association with the utilization of reproductive health services among Somali men in Kisenyi.

The only cultural factor that was found to have a significant association with the utilization of reproductive health services among Somali men was the existence of cultural norms that promote reproductive health service.

Health service factors such as availability of reproductive health services, affordability of reproductive health services, distance to the nearest health unit with reproductive health

services and attitude of health workers towards utilization of reproductive health services by Somali men were found to have a significant association with the utilization of reproductive health services among Somali men.

### **6.3 Recommendations**

The government, development partners and health workers should conduct continuous health education on male reproductive health and the importance of men utilizing reproductive health services. This will increase awareness and knowledge on male reproductive health services and influence utilization of such services.

Youth friendly services should be put in place at health facilities so as to attract youths to utilize reproductive health services.

Somali men should engage in income generating activities so as to increase their income level so that they can afford to utilize reproductive health services.

Cultural practices that promote the utilization of reproductive health services should be promoted however cultural leaders and health workers should provide evidence-based information to change cultural beliefs that hinder the utilization of reproductive health services among Somali men.

The government and health facility administrators should ensure that reproductive health services for men are available at all health facilities and affordable to all men.

Health workers should promote the utilization of male reproductive health services by having a positive and welcoming attitude towards men who come to health facilities to utilize such reproductive health services.

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**APPENDIX I: CONSENT FORM**

**FACTORS INFLUENCING UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AMONG SOMALI MEN IN KISENYI SLUM, KAMPALA DISTRICT**

My name is **MOHAMED MOHAMOUD HASSAN**, a student from International Health Sciences University, pursuing Bachelor’s degree in Public Health. I would like to request you to kindly take part in the above-mentioned study by responding to the questions that have been asked in the questionnaire. This research study is a basic requirement for my Bachelors of Public Health but it may also be helpful in educating the public, formulation of policies and expressing your views.

Participation in this study is free and voluntary; the information you will provide will be treated with utmost confidentiality, and will only serve the purpose of this study. Please **DO NOT** write your name on any part of this questionnaire.

This questionnaire has a total of 24 questions and answering them may take between 5–10 minutes. I urge you to fill answer the questions honestly, completely and as accurately as possible.

I fully understand the information provided and accept to participate in study.

THUMBPRINT/ SIGNATURE .....

## APPENDIX II: QUESTIONNAIRE

Please tick appropriately and give your honest opinion where needed.

### Section A: Socio-demographic characteristics

1. How old are you (Yrs)? 1. 18-25 [ ] 2. 26-35 [ ] 3. 36-45 [ ] 4. 46-55 [ ] 5. >55
2. What is your Level of education? 1. Certificate [ ] 2. Diploma [ ] 3. Degree [ ] 4. Post-graduate [ ]
3. What is your Religion? 1. Catholic [ ] 2. Protestant [ ] 3. Pentecostal [ ] 4. Seventh Day Advent [ ] 5. Muslim [ ] 6. Others specify .....
4. What is your Marital status? 1. Single [ ] 2. Married [ ] 3. Widowed [ ] 4. Separated [ ]
5. What is your Employment status? 1. Employed [ ] 2. Unemployed [ ] 3. Self-employed [ ] 4. Businessman [ ]
6. What is your estimated average monthly income (UgX)? 1. < 100,000 [ ] 2. 100,000-250,000 [ ] 3. 251,000-500,000 [ ] 4. >500,000 [ ]

### Section B: Utilization of reproductive health services

8. Do you utilize reproductive health services?  
1. Yes [ ] 2. No [ ]
9. If yes to question 8 above; please mention the reproductive health services you utilize.  
.....

### Section C: Health facility factors influencing utilization of reproductive health services

10. Are the following reproductive services available at the nearest health facility
  1. Prevention and treatment of STIs [ ]
  2. Family planning [ ]
  3. Reproductive health education [ ]
  4. HIV Counseling and testing [ ]
11. Do you pay to access reproductive health services? 1. Yes [ ] 2. No [ ]
12. Are reproductive health services affordable for the men in this area?  
Yes [ ] No [ ]
13. How far is your resident to the nearest health facility?
  1. Below 5km [ ]
  2. Above 5km [ ]
14. How would you rate your relationship with health care workers?
  1. Fair [ ]
  2. Good [ ]

3. Excellent [ ]

4. Poor [ ]

15. At the health facility how long does it take you to get health workers to attend to your reproductive health need?

.....

**Section D: Cultural factors influencing utilization of reproductive health services**

16. What is your tribe?

1. Darod [ ]

2. Dir [ ]

3. Hawiye [ ]

4. Rahanweyn [ ]

5. Sheekhaal [ ]

.....

17. What is your religion ? 1. Sunne [ ] 2. Shia [ ]

18. Are there any cultural beliefs regarding utilization of reproductive health services by man?

1. Yes [ ] 2. No [ ]

19. If yes mention any of those beliefs

.....

20. Are there cultural practices that hinder men from utilization of reproductive health services?

1. Yes [ ] 2. No [ ]

21. If yes mention those practices

.....

***Thank you so much for your time and participation in this study***



**APPENDIX III: INTRODUCTORY AND ACCEPTANCE LETTER**



*making a difference to health care*

**Dean's Office-Institute of Public Health and Management**

Kampala, 13th September 2016

KIGANDA ZONE,  
KISENYI IMENGO  
KAMPALA CENTRAL DIVISION

Dear Sir/Madam,

**RE: ASSISTANCE FOR RESEARCH**

Greetings from International Health Sciences University.

This is to introduce to you **Mohamed Mohamoud Hassan** Reg.No. 2013-BSCPH-FT-004 who is a student of our University. As part of the requirements for the award of a Degree of Public Health, the student is required to carry out field research for the submission of a Research Dissertation.

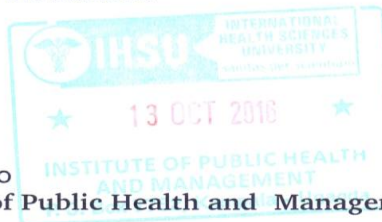
**Hassan** would like to carry out research on issues related to: **Factors Influencing the Utilization of Reproductive Health Services Among Somali Men in Kisenyi.**

I therefore request you to render the student such assistance as may be necessary for research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student.

Sincerely Yours,

Alege John Bosco  
Dean, Institute of Public Health and Management.



LCI  
Recommended  
No objection  
We shall give him  
all the necessary assistance  
needed  
Sanyu Erre

The International Health Sciences University  
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