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DAILY NATION

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‘The Part I Can Play’

One Kenyan man’s experience of actively taking part in promoting his family’s reproductive health. By ROSE N. NJOROGE

Dr Charles Ochieng’ with his family - wife Evelyn, and sons Calvin, six, and Tyler, one. Photo/JACOB OWITI

A man’s role in the reproduction process is, by definition, mandatory. But his participation in nurturing optimum reproductive health has been mostly negligible. In fact, in some family planning circles, men have been dubbed “the hidden half.”

Kenyan men have grabbed international headlines lately in connection with family planning.

Recently, the men’s lobby group, Maendeleo ya Wanaume, released data claiming that more than one million Kenyan men are abused. One example given of this alleged abuse was that Kenyan women are denying their husbands the right to make decisions about family size.

“A lot of women in Kenya today want just one child, unlike before when a woman could bear even up to 10 children,” says Nderitu Njoka, the founder of Maendeleo ya Wanaume. “We have received a lot of complaints from men whose wives have duped them into thinking they are impotent, only to find out later that the women were secretly using contraceptives.”

As this debate simmers, one Kenyan man began contemplating family size long before he was married, or even an adult.

Charles Ochieng’ was about 10 years old and the eldest son among 10 children in a polygamous family in rural Nyanza, when the topic first caught his interest. Ochieng’s father, a Standard Two school drop-out, eked out a meagre living as a tailor in Nairobi’s Kibera slums.

‘Nothing to eat’

“Life was very difficult for me as a child. During droughts, there were times when we had nothing to eat,” recalls Ochieng’. “When it was available, my mum would boil omena and add a lot of water so the stew would be enough for all of us.”

These powerful early images of hardship affected Ochieng’ profoundly.

In fact, he says, they helped him become the man he is today – a proud husband and father of two and part of a small group of men who just might revolutionise the way in which family planning is regarded in Kenya.

Not only is he a reproductive health doctor with Marie Stopes Kenya (MSK), he has also embraced his personal responsibility for family planning in a way that Maendeleo ya Wanaume might flatly reject.

Ochieng’ has had a medical procedure most Kenyan men will not contemplate, let alone utter aloud: a vasectomy.

He is an outspoken and determined champion of its use as a family planning method. Ochieng’ believes that if more men chose vasectomy, it could dramatically improve the lives of Kenyan families, as well as the overall economy.

“Vasectomy is often confused with castration and many men are under the impression that it makes you less manly,” he says.

He aims to erase the confusion and myths about the procedure by sharing what happened when he opted for the minor surgery.

“It’s a very simple procedure that is, unfortunately, very little understood. It was done at 10 o’clock in the morning under local anesthesia, and it took just three minutes. Seventy-two hours later I could enjoy being intimat

“Vasectomy does not interfere with testosterone production, the hormone that makes a man ‘a man’. And it gives a sense of relaxation – one can enjoy physical intimacy without the fear of pregnancy, and the woman does not have to suffer the side effects of contraceptives.”

He also notes other important socio-economic benefits. “Having fewer children not only ensures the man’s well-being and that of his family, but he can now also dedicate more time to his career,” he observes.

Ochieng’s journey down the family planning road began when he married Evelyn Wekesa in 2002 after a four-year courtship.

Evelyn was on contraceptives at the time, but it was not easy for her. “I suffered severe side effects so I thought of discontinuing them. I also felt ready to try for a baby,” she says.

But Evelyn was shocked to learn that her husband did not want children at all! “We had never discussed the number of children we wanted to have. I just assumed having children was an obvious progression of any marital union,” she says.

It took a lot of discussion, but Evelyn finally prevailed on her husband to agree to father a child. However, her pregnancy was very difficult.

“The first trimester was chaotic for us,” Ochieng’ recalls. “She lost a lot of weight, was constantly nauseous and she could not keep food down. I was extremely worried about her health.”

Indeed, Ochieng’ was so concerned for his wife’s health that he constantly brought up the option of a termination, reminding her that they did not need a child to be together.

Luckily, Evelyn responded to a drug that was prescribed for her and eventually gave birth to a baby boy, Calvin, now six years old.

After Calvin’s birth, Evelyn decided on a Norplant insertion as a means of contraception.

For years, she endured numerous side effects, including severe headaches, irregular and heavy bleeding and a low libido.

With time she became eager for a second baby. Ochieng’ was less eager, although his stance had softened considerably after experiencing the joys of fatherhood.

Evelyn had the Norplant removed and conceived. The couple then made a critical decision.

Last child

“While my wife was still pregnant with our second child we had a discussion and decided that this would be our last child regardless of the sex,” says Ochieng’.

They knew that meant adopting a permanent method of family planning and after weighing their options, they settled on a vasectomy.

“She is the one who went through the contraceptive side effects and the tears of child birth,” Ochieng’ explains. “I did not want her to have to experience more pain just for birth control. It was my turn to do something for the family.”

Ochieng’s non-scalpel vasectomy (NSV) procedure was carried out at the Kisumu MSK clinic by one of his colleagues.

A Chinese physician developed the method in 1974 and it was introduced in Kenya in 1988 by the Association for Voluntary Surgical Contraception (AVSC), now known as Engender Health.

Small opening

Before NSV, a conventional vasectomy required cutting into the scrotum.

With NSV, the doctor makes a small opening with forceps, pulls out the tubes that transport the sperms and blocks them off to ensure that sperms can no longer move from the testes where they are produced.

The procedure causes relatively little bleeding and there is usually no need for sutures.

As a contraceptive method, vasectomy has several advantages.

It is a once-only, safe and effective procedure, making it also cost-effective.

Experts also say it has more advantages than female sterilisation, a more invasive form of surgery that’s more likely to result in complications, including uterine perforation and infection.

But these advantages have had little sway on the minds of Kenyan men.

The 1989 Kenya Demographic Health Survey (KDHS) found that only 35 per cent of men and 20 per cent of women had heard of vasectomy, while awareness of female sterilisation was higher: 83 per cent among men and 73 per cent among women.

Official efforts

The 2003 KDHS found that only 1 per cent of Kenyan men had had vasectomies, while 5 per cent of women used female sterilisation for contraception.

There have been a few official efforts to promote vasectomy in Kenya. In 1989, AVSC organised a campaign to coincide with their vasectomy surgeon-training project.

But negative connotations around the procedure were so strong that few media organisations would agree to air the promotional information, fearing a public backlash. AVSC finally used a private-owned television station; even then, the broadcasts were limited to the Nairobi area.

In 1993, MSK opened the first of their six family planning centres for men.

These sought to provide vasectomy, counselling and other male reproductive health services in a confidential manner.

However, due to a low turn out, these clinics are no longer operational. In 1994, advertisements were aired motivating men to consider vasectomy.

Six months into this campaign, the number of men seeking information on vasectomies doubled, but the number who actually went for the procedure was not significant.

Other countries have had more success promoting vasectomy. New Zealand has the highest rate of vasectomies worldwide at 23 per cent.

The men there describe vasectomy as “the part I can play”.

They also choose to be present in the delivery rooms when their partners are giving birth, a practice researchers say increases their willingness to opt for a vasectomy as their contribution to family life.

In Kenya, where the average woman has five children, observers say any effort to control the population growth should at least be explored.

But Maendeleo ya Wanaume’s position reveals the pervasive hold culture has on family planning. Says Njoka, “Kenyan families are on fire.

The men are threatened and intimidated by the women who have hijacked family planning services to sabotage the family.

Our men’s dignity is eroded when they are denied their right to have more children, something that would greatly affirm the male ego.

“The optimum number of children per family should be four or five, also because of our naming culture. That way we can have a balance in the number of children named after each of the spouse’s family,” he continues.

But Ochieng’, who has only two children, says, “I have always believed it is inhuman for anyone to have more children than they could take care of.”

He seems to adhere to an old African proverb: “*Kuzaa si kazi, kazi ni kumlea mwana*”, which means: “The chore lies not in giving birth but in raising the child!”

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