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Beyond Tradition: Involvement of Men in the Decision-Making Process of Family Planning

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ABSTRACT

This qualitative-phenomenological study explored and understood the lived experiences of men regarding their involvement in the decision-making process of family planning in La Trinidad, Benguet. Rooted in Descriptive Phenomenology, the study utilized purposive sampling to select ten married men aged 25 to 45 with at least two living children. Data were collected via semi-structured face-to-face interviews framed around the Theory of Planned Behavior and analyzed using Colaizzi's Seven-Step Method. The study revealed a prominent generational tension; younger fathers respect traditional pro-natalist advice from elders but critically evaluate it against modern economic realities, child welfare, and spousal dialogue. Socio-cultural barriers are defined by the normalization of condoms alongside the persistent rejection of vasectomy due to cultural myths and masculinity stigma. Systemic clinical conditions show mixed realities—while institutional environments are becoming increasingly inclusive, feelings of social scrutiny and anxiety still linger. Crucially, peer influence and clinical participation consistently reinforce male identity, reframing masculinity as active partnership, empowerment, and responsible fatherhood. The selected research approach and localized sampling may limit the immediate generalizability of the outcomes across wider regional contexts. Thus, it encourages scholars to further test the propositions offered across diverse sociocultural communities. This study highlights the effectiveness of collaborative partner counseling and targeted, dialect-specific education in transforming family planning into a shared reproductive commitment, ultimately fostering healthier families and stronger marital bonds in La Trinidad.

Keywords: Family planning, male involvement, descriptive phenomenology, Colaizzi's method, La Trinidad.

INTRODUCTION

Historically, family planning (FP) has been viewed as a female-centric responsibility. While research suggests that male involvement significantly improves contraceptive adherence and maternal health, a gap persists in Benguet. In the Cordillera Administrative Region, male-engaged methods like vasectomy or condom use remain below 2%, reflecting a disconnect between national policy and local practice.

Statement of the Problem

This study explored the lived experiences of men regarding their involvement in the FP decision-making process in La Trinidad, Benguet. It specifically addressed: (1) internal

and external descriptions of involvement; (2) socio-cultural and systemic factors influencing participation; and (3) the perceived impact of involvement on male identity.

Scope and Delimitations

The study focused on ten married men (aged 25–45) in La Trinidad with at least two children. It prioritized the male perspective, intentionally excluding partners and healthcare providers to provide an undiluted view of male-specific experiences.

Review of Related Literature

Aventin et al. (2023) and Stevenson et al. (2023) establish that reproductive outcomes optimize when FP shifts from a female burden to a collaborative partnership. However, systemic provider bias (Wagner et al., 2025) and clinic environments architecturally designed for women (Okwako et al., 2023) often marginalize men. Locally, while the RPRH Law (2012) offers modern options, traditional masculinities in the Cordilleras often resist shifts in patriarchal privilege (Stevenson et al., 2023).

Theoretical and Conceptual Framework

The study is underpinned by the Ethics of Care, prioritizing relational well-being over abstract rights. It uses the Theory of Planned Behavior (TPB) (Ajzen, 1991) as an analytical lens, examining how *Attitude* (beliefs about benefits/fears), *Subjective Norms* (cultural/peer pressure), and *Perceived Behavioral Control* (access/confidence) shape men's intentions to participate.

METHODOLOGY

Research Design

A qualitative approach using Descriptive Phenomenology (Husserlian tradition) was employed to capture the "universal essence" of male involvement without prior theoretical bias.

Research Steps

The researcher practiced *epoché* (bracketing) to set aside personal biases. Data followed Colaizzi's Seven-Step Method: (1) Familiarization, (2) Extraction of significant statements, (3) Formulating meanings, (4) Clustering themes, (5) Exhaustive description, (6) Fundamental structure identification, and (7) Member checking.

Data Collection and Sample Selection

Purposive sampling identified ten information-rich participants. Semi-structured, face-to-face interviews were conducted in private settings. Recruitment was facilitated through the La Trinidad Municipal Health Office.

Data Analysis Methods

Verbatim transcripts were coded for recurring patterns. The Input-Process-Output (IPO) framework mapped the flow from raw narratives to thematic findings.

Research Hypotheses and Validation

As a qualitative study, no formal hypotheses were tested. Validation was ensured through Expert Validation of the interview guide (Nursing, Public Health, and Qualitative experts) and Member Checking, where participants verified the accuracy of the researcher's thematic clusters.

Study Limitations and Ethical Considerations

Limitations include the small, localized sample size. Ethical rigor was maintained via REC clearance, informed consent (available in local dialects), and de-identification using pseudonyms. No incentives were provided to ensure voluntariness.

RESULTS AND DISCUSSION

Theme 1: Generational Tension and Economic Realities. Findings revealed a shift in "Subjective Norms." While older men traditionally advocated for large families ("The more children, the happier"), participants critically evaluated this in light of modern economic constraints. Lived experiences showed that "Responsible Fatherhood" is now defined by the ability to provide quality education and support rather than total offspring count.

Theme 2: Socio-Cultural Barriers and Stigma. A significant barrier identified was the marginalization of vasectomy. Participants reported that vasectomy is often equated with a loss of masculinity or "castration." Conversely, condoms were normalized but remained subject to "community gossip" and moral judgment. Natural methods remained culturally favored due to their alignment with religious and traditional values.

Theme 3: Redefining Masculinity through Clinical Presence. Systemic conditions in clinics showed mixed results. While some men felt "observed" or "anxious" in female-dominated waiting rooms, those who were invited into counseling sessions reported a redefined sense of masculinity. Involvement fostered pride, equality, and a sense of being a "pillar" of the family, strengthening marital communication and trust.

Theme 4: Impact on Relationship Quality. Participants consistently noted that shared FP decisions reduced spousal anxiety and prevented "covert contraceptive use." Shared responsibility was linked to higher marital satisfaction and perceived competence in household management.

SUMMARY

Summary The study identified that men in La Trinidad are transitioning from passive observers to supportive partners. While economic awareness drives the desire for family planning, cultural myths regarding vasectomy and the architectural exclusion of men in clinics remain primary deterrents.

CONCLUSIONS

1. Male involvement strengthens marital bonds and affirms paternal responsibility.
2. A generational shift is occurring where "virility" is being replaced by "provision and stability."
3. Institutional and cultural stigmas still hinder full participation, specifically regarding permanent male methods.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

1. Educational: Launch "Men's Health Power Hours" to dispel myths regarding vasectomy vs. castration.
2. Institutional: Implement "Plus One" invitations for clinical visits and redesign waiting areas to be gender-neutral.
3. Cultural: Use local "gatekeepers" (elders/influencers) to reframe FP as a protector of family legacy.
4. Policy: Strengthen workplace outreach and advocate for paternity leave specifically for FP transitions.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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