

Contraceptive Knowledge among Men and its Influence on their Participation in their Partner's Modern Contraceptive use in Dallas Sub-location, Embu County, Kenya

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ABSTRACT

Background: Maternal morbidity and mortality is a global health concern. Use of modern contraceptive has the potential of reducing maternal mortality by two thirds. However, the prevalence of modern contraceptives is low especially in sub-Saharan Africa region. Male participation has been promoted as one of the strategies to increase contraceptive prevalence. The objective of the study was to determine the influence of contraceptive knowledge on participation in partner contraceptive use among married or in-union men.

Methods: A cross-sectional survey was carried out in Dallas Sub-location of Embu County involving married or in-union men aged 18 to 64 years. Data was corrected using a semi-structured questionnaire developed and administered by the researcher. SPSS version 28.0 was used to analyze data. Descriptive statistics were used to summarize the data whereas Chi-square was used to test relationship at 95% CI.

Results: Most participants (37.9%, n=89) were aware of three or more modern contraceptive methods with about three quarter (75.2%, n=155) aware of oral contraceptive pills. A significant relationship was established between the participants contraceptive knowledge and number of children (p=0.021) as well as highest academic qualification (p=0.011). Most participants (86.3%, n=202) indicated that they participated in their partner's use of modern contraceptives. The correlation between knowledge and men participation was not significant (p=0.674).

Conclusion: Men had adequate contraceptive knowledge and high level of participation in their partner's modern contraceptive use. The level of knowledge did not significantly influence their participation.

Keywords: Abortion, contraceptive knowledge, modern contraceptives, men participation, Kenya

INTRODUCTION

The global maternal mortality ratio (MMR) which is the number of maternal deaths per 100, 000 live births was 223 as at 2020⁽¹⁾. Approximately sixty percent of these maternal deaths occur in Sub-Saharan Africa ⁽²⁾. In Kenya MMR increased from 480 per 100, 000 live-births in 2015 to 520 in 2020⁽¹⁾. More than two

thirds of the maternal deaths occurring in developing countries are due to preventable causes among them unsafe abortion ⁽³⁾. Globally, 4.7%-13.2% of maternal deaths is attributable to unsafe abortions ⁽⁴⁾. In developing regions, 220 maternal deaths per 100, 000 live births result from unsafe abortion ⁽³⁾. Most of these abortions occur due to unintended or unplanned pregnancies

with about 6 in every 10 unintended pregnancies ending in abortion⁽⁵⁾.

One strategy of reducing maternal mortality especially in developing countries is by reducing the number of abortions. This can be achieved through the use of modern contraceptives. It has been reported that the use of modern contraceptives would reduce the number of unintended pregnancies by 68%, unsafe abortions by 72% and maternal deaths by 62%⁽⁶⁾. In Kenya in 2020, 2284 abortions and 5,700 maternal deaths could have been prevented through the use of modern contraceptives⁽⁷⁾. Unfortunately, the use of modern contraceptives has remained low. By 2019, only 57.1% of married women of reproductive age were using a modern contraceptive method globally⁽⁸⁾. In sub-Saharan Africa, only 31.5% of the women were using a modern contraceptive method^(9, 10). In Kenya the contraceptive prevalence rate is 57% which may be not adequate to achieve the 2030 target of 64%⁽¹¹⁾.

One of the strategies that has been adopted and being championed is the involvement of married men in their partner modern contraceptive use. This is because male involvement has the potential of addressing gender based barriers and limited access to service which have been implicated in contributing to low contraceptive prevalence^(12, 13). This is because among married men, the spouse has a role in determining the number and spacing of the children hence have a bigger say over the method of contraception used by the partner⁽¹⁴⁾. Additionally, lack of male participation in the partner's contraceptive use may lead to covert use or discontinuation of the contraceptive use by the woman⁽¹⁵⁾.

In 1994, an international conference on population and development was held in Cairo. One of the declarations in the conference was that men and women should participate equally in among other areas family planning and child bearing. Countries were required to domesticate this by developing policies in support. In Kenya, a National reproductive health policy was

developed in 2007⁽¹⁶⁾. Despite this the level of male participation is low⁽¹⁷⁾. It is not clear whether, the implementation of the policy did not produce the desired effect or there are factors that are influencing male participation. Therefore, the main aim of this study was to determine the level of contraceptive knowledge among men and its influence on their participation in their partner's modern contraceptive use in Dallas Sub-location, Embu County, Kenya.

MATERIALS & METHODS

Study Design

This study applied a cross-sectional survey design. It was carried out between August and December, 2022 in Dallas sub-location, Embu -west location of Embu County in Kenya.

Study population

The study targeted men aged between 18 and 64 years who were married or in union and were residents of Dallas Sub-location at the time of study. According to 2019 National census, it was estimated that Dallas Sub-location had approximate 564 married men.

Sample size and Sampling procedure

Yamane (1967) formulae, was used to calculate the sample size. A sample size of 257 participants was arrived at. Simple random sampling method was used to select the sample representatives.

Research instruments

A semi-structured questionnaire developed and administered by the researcher was used to collect data. The questionnaire had sections aimed at collecting data on demographic characteristics of the participants, knowledge about contraceptives and the participation on partner's contraceptive use. The questionnaire was pre-tested at Itabua sub-location of Embu west Sub-County, Embu County. Revisions were made on the questionnaire based on the findings of the pre-test.

Data analysis

The questionnaires were cleaned manually at the end of each day. Analysis of data was carried out using Statistical Package for Social Sciences (SPSS) version 28.0. Descriptive statistics were used to summarize data. Relationships were tested using Chi square at 95% confidence interval. Data was then presented in narrative form and by use of tables.

Scope of the Study

The study was carried out in Dallas Sub-location of Embu County. It targeted men aged 18-64 years who were married or in union with female partners. The study concentrated on the knowledge of contraceptives as a factor that may influence the participation of men in their partner modern contraceptive use.

Ethical Approval and Permission

Ethical approval was granted by Chuka University ethics and research committee vide CUIERC/NACOSTI 294 as well as National Commission for Science,

Technology, and Innovation (NACOSTI) vide NACOSTI/P/22/19652. Administrative approval was given by the Embu County Government. Informed consent was also sought from the participants who signed a consent form before participating in the study.

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RESULT

Demographic Characteristics

A total of 257 questionnaires were administered out of which 235 were complete representing a response rate of 91.4%. Most participants in the study (43.4%, n=102) were aged 31-40years with only two participants aged below 20 years. Almost all participants (98.3%, n=229) were married. Majority of the participants were protestants (32.2%, n=75). Most participants (42.9%, n=101) had a secondary level of education and almost half (46.4%, n=108) had two children. The results are displayed in Table 1.

Table 1: Participants Demographic Characteristics

Variable	Category	Frequency	Percentage
Age in Completed Years	<20	1	0.4
	21-30	37	15.7
	31-40	102	43.4
	41-50	82	34.9
	51-60	12	5.2
	≥61	1	0.4
Marital Status	Married	229	98.3
	In -union	6	1.7
Religion	None	20	8.6
	Catholic	62	26.6
	Protestant	76	32.6
	Muslim	75	32.2
Highest Education Level	None	20	8.6
	Primary	75	31.9
	Secondary	101	42.9
	college and above	39	16.6
Number of children	0	11	4.7
	1	97	41.6
	2	108	46.4
	3	11	4.7
	≥4	6	2.6

Participants Knowledge about Modern Contraceptives

The study sought to find out the participants level of knowledge about modern contraceptives and the attendant side effects. It also sought to establish the source of the

contraceptive knowledge. Most participants (37.9%, n=89) were aware of three or more modern contraceptive methods. About three quarter (75.2%, n=155) were aware of oral contraceptive pills and half (50.0%, n=103) were aware of injectable contraceptives. The

most common side effect mentioned by the participants was infertility (76.6%, n=180) was infertility followed by decreased libido (54.0%, n=127). Most participants (56.3%,

n=116) indicated that they got contraceptive knowledge from friends with only 17.0% (n=35) getting it from health workers (Table 2).

Table 2: Participant's Contraceptive Knowledge

Variable	Category	Frequency	Percentage
Number of female modern contraceptive methods known	None	29	12.3
	1	45	19.1
	2	72	30.6
	≥3	89	37.9
Modern contraceptive methods	Oral contraceptive pills	155	75.2
	Injectable contraceptives	103	50.0
	Intra-uterine device	86	41.7
	Implants	50	24.2
	Others	4	2.0
Modern contraceptives side effects	Infertility	180	76.6
	Decreased libido	127	54.0
	Heart disease	79	33.6
	Weight changes	67	28.5
	Others	13	5.5
Source of Contraceptive Knowledge	Radio	51	24.8
	Newspapers and Magazines	3	1.5
	Health care provider	35	17.0
	Friends	116	56.3
	Others	1	0.4

Relationship between demographic characteristics and contraceptive knowledge

A chi square test was used to relate the socio-demographic characteristics and contraceptive knowledge. A significant relationship was established between the participants contraceptive knowledge and number of children (p=0.021) as well as highest academic qualification (p=0.011). (Table 3)

Table 3: Relationship between Participants' Socio demographic Characteristics and Knowledge

Variable	X ²	Df	p-Value
Age	10.13	5	0.072
marital status	0.553	2	0.758
Religion	28.24	3	0.000
highest academic qualification	11.223	3	0.011
number of children	12.439	5	0.029

Participation in Partner's Modern Contraceptive Use

The study sought to establish the participation of men in their partner's modern contraceptive use as well as the ways through which they participated. Most participants (86.3%, n=202) indicated that they participated in their partner's use of modern contraceptives. Majority (89.6%, n=181) indicated that they participated by giving their partner's money to go for the contraceptive methods with only 22.3% (n=45) stating that they accompanied their partners to the health facility for the contraceptive methods. The main reason indicated by the non-participants in their partner contraceptive use was that it was a woman's affair (62.5%, n=20). (Table 4)

Table 4: Men Participation in Partner Modern Contraceptive Use

Variable	Category	Frequency	Percent
Do you participate in Partner's contraceptive use?	Yes	203	86.4
	No	32	13.4
How do you participate in your partner contraceptive use?	Deciding on what method to use and when to start	21	10.4
	Giving her money to go for the method	181	89.6
	Accompanying her to get the method	45	22.3
	Reminding her to take the method	4	2.0
Reasons for not participating	It is a woman's affair	20	62.5
	My partner would not let me	7	21.9
	It is against my culture	4	12.5
	other	1	3.1

Relationship between Demographic Characteristics, Contraceptive Knowledge and Participation in Partner's Modern Contraceptive Use

A chi square was used to test relationship between demographic characteristics as well as participant's contraceptive knowledge and their participation in partner's modern contraceptive use. None of the demographic characteristic was significantly associated with the male participation. Similarly, the relationship between contraceptive knowledge and male participation was not significant. (Table 5)

Table 5: Relationship between Demographic Characteristics, Contraceptive Knowledge and Male participation in Partner modern Contraceptive Use

Category	X ²	df	p-value
Age	16.527	10	0.86
Marital status	0.691	4	0.95
Religion	3.254	6	0.78
Academic qualification	9.90	6	0.13
contraceptive Knowledge	0.790	2	0.674

DISCUSSION

This study set out to establish the influence of contraceptive knowledge among men and its influence of their participation in partner's modern contraceptive use. Data collected showed that most of the participants (43.3%) were aged 31-34 years. This is because most of the married male population in Kenya falls within this age group⁽¹¹⁾. This finding tally with that by Mulatu *et al.*⁽¹⁸⁾. This study further showed that most of the men who participated were Protestants. There were more Muslims than Catholics. This is because a high number of inhabitants of Dallas slums are of Swahili descendent who are pre-dominantly Muslim. These findings mirror findings by Shabanikiya *et al.* in whose study the participants were mainly Protestants⁽¹⁹⁾. Most participants (43.3%) in the study had a secondary level of education. This may be due to the accessibility of secondary education in Kenya due to opening up of day secondary schools and the campaign by the Kenyan government to have secondary as the basic level of education. This finding is in tandem with KNBS&IFC and Mulatu *et al* findings^(11, 18). Most participants in this

study (43.3%) had 2 children. This is slightly less than the national fertility rate of three children as established by the Kenya Demographic and health survey of 2022⁽¹¹⁾. In this study, it was revealed that most men (88.0%) had adequate contraceptive knowledge. Most men named at least three modern contraceptive methods. However, there was a general misconception about side effects with majority indicating that contraceptives can make the woman infertile. The methods known by most of the participants were male condom (100.0%), oral contraceptive pills (75.0%) and injectable contraceptives (50.0%). This result surpasses that established in studies by Adelekan *et al.*⁽²⁰⁾ and Wondim *et al.*⁽²¹⁾ but is congruent with that of Dougherty *et al*⁽²²⁾. This high level of contraceptive knowledge can be explained by the high level of secondary education since contraception is part of the curriculum content of biology in secondary school. Most participants in this study got contraceptive information from friends. This could be explained by the fact that there are very few programs in the mass media on modern contraceptives. Additionally, men rarely go to the health facility to seek information about contraceptives. This finding is similar to that by Thummalachetty *et al.*⁽²³⁾ that men got contraceptive information from friends as opposed to radio and health workers as established by Bueno *et al*⁽²⁴⁾ and Dougherty *et al*⁽²²⁾. This study determined that most participants (86.3%) were participating in their partner modern contraceptive use. This finding refutes those by Kiprotich⁽¹²⁾, Adelekan *et al*⁽²⁰⁾, and Kassa *et al*⁽²⁵⁾ which had indicated low male participation. However, this finding is in tandem with that of Shabanikiya *et al*⁽¹⁹⁾ which indicated a high level of men participation. This high level of participation could be due to increased contraceptive knowledge since men having adequate contraceptive knowledge are more likely to be involved⁽²²⁾. Most men (89.6%) indicated that they participated mainly by giving their partners money to go to the

family planning clinic. This may be due to the fact that most women in the rural areas and the urban poor where Dallas falls mainly depend on their partners for financial support since they do not engage in gainful employment. This finding concurs with that of Bolagun et al that most men participated by mainly giving their partners money for the contraceptives and transportation ⁽²⁶⁾. Majority of the men indicating non participation expressed that contraceptive issue was a woman's affair. This may be due to socialization process of men where culturally; men were dissuaded from participating in reproductive issues concerning women. This finding mirrors that of Manorty & Missah ⁽²⁷⁾ and Botthcher et al. ⁽²⁸⁾. However, this finding differs with that of Bueno et al, who did not establish this as a hindrance to male participation ⁽²⁴⁾.

CONCLUSION

The level of contraceptive knowledge is high among married or in –union men. However, there are serious misconceptions about the contraceptive side effects. The level of participation of men on their partner's contraceptive use is high. However, the participation is indirect through financing the accessibility to the contraceptive methods. It is recommended that the stakeholder develop programs to educate men especially on the side effects to clear the myths concerning the side effects. Incentives should be provided to encourage men to participate more directly in their partner contraceptive use like having couple family planning clinics and out-reaches. Further studies are recommended on the socio-cultural and health facility factors that may be hindering the direct participation of men in their partner modern contraceptive use.

Declaration by Authors

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