

**UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING**

**PERCEPTIONS OF MEN TOWARDS
CONTRACEPTIVE USE BY THEIR SPOUSES**

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DECLARATION

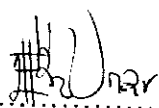
I hereby declare that this study is as a result of my own work and has not been presented for any Degree.

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DEDICATION

This Study is dedicated to my Mother Mrs Fadley Chipeta and my late father Mr. Benson James Chipeta, all my sisters for my up-bringing and care.

This study is also dedicated to my friend Sam, and my children; Aireen, Alinafe and Hlupekile for the moral support and encouragement during my period of study.

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Finally, I would like to thank God the Almighty for being with me throughout the period of writing this research study.

DEFINITION OF TERMS

1 Contraceptive

A device or drug for the purpose of preventing pregnancy (Anderson B.A. Camacho M.E. and Stark J. 1979)

2 Perception

A process by which an individual becomes aware of the environment.
Gibson et al quoted by Namate (1995)

3 Family Planning

This is a means through which couples decide for themselves when to have children using artificial or natural methods of birth control. (Malawi Prescribers Companion 1993)

These terms are defined in relation to the study done by me

ABBREVIATIONS

DHS	Demographic Health Survey
NGO	Non-governmental organization
NFWCM	National Family Welfare Council of Malawi
IUCD	Intra-Uterine Contraceptive Device
USAID	United States Aids for International Development.
UNICEF	United Nations International Children's Education Fund

ABSTRACT

This is a descriptive study carried out in order to explore the perceptions of men on contraceptive use by their spouses. The study specifically sought to explore the role of men in family planning, to determine the extent to which men accept contraceptive use by their spouses, to determine benefits of contraceptive use, the barriers to contraceptive use amongst married men and their spouses, and to determine sources of information on contraceptives.

Results have shown that men accept contraceptive use by their spouses on condition that they themselves should make that decision. However, they support their spouses on contraceptive use. Data has further shown that very few men indulge themselves in practical roles.

The findings further reveal that several variables affect the perceptions of men towards contraceptive use by their spouses. These are as follows :-

Educational level of the couple, age, culture, religion, economic constraints and frequency of pregnancies.

CHAPTER ONE

INTRODUCTION

Methods for preventing pregnancy are as old as mankind. Modern contraceptive are one of the effective methods used for the prevention of unwanted pregnancies.

The Malawi Government in recognition of the risks of the maternal, infant and child mortality and morbidity and when pregnancies are very early, very many, very late or very frequent considers contraceptives should be made available to all those who seek the services regardless of marital status and parity, provided counseling is given and that there are no contraindications. To day several new methods have been developed by scientists. These methods are as follows:- the pill, injectables, intra uterine contraceptive device, vasectomy, spermicides, condoms, norplant, diaphragm, tubal ligation.

Women being the active users of these methods this has made men to regard contraceptive use as female oriented issue. As such men have lagged behind in adopting the significance of contraceptive use by their spouses. Therefore, looking into the perceptions of men towards contraceptive use by their spouses will help to identify factors that would help on how best to approach men to come to realize the significance of modern contraceptive use.

Brit de Morti (1995) states that the new tendency in the wide world is to make men share responsibility in contraceptive use either by themselves or their spouses. Currently the Malawi Government is promoting awareness of utilization of contraceptive use to men. This is complemented by Non Governmental Organizations, the private sectors and the Donor Community. The problem is however, that despite all these efforts men are still not actively involved in modern contraceptive use. The purpose of this study, therefore, is to explore the perceptions of men towards contraceptive use by their spouses.

1.1 **BACKGROUND**

The population of Malawi may double within twenty years given the current population growth rate. In response, the only acceptable way to reduce high fertility rate is by increasing the supply of family planning methods so that birthrate should drop to a considerable rate.

Literature has shown that men have more knowledge on contraceptives than their spouses. According to Roudi and Arshford(1996) and Mwanza (1998) both state that generally men are more likely than women to know about family planning method. This is the same in the sub-Saharan region but they are unlikely to approve contraceptive use by their spouses. This is the case with Malawian men as stated by DHS(1992)and Mwanza(1998)they further indicated that anecdotal observations have also shown that men are not actively participating in modern contraceptive use. Men display a negative attitude that prompts women to use contraceptives without their husbands knowledge.

Literature has also shown that not many men have ever visited family planning clinics. Some men will beat their spouses up or confront them upon finding out that there were using contraceptive without their knowledge and approval. NFWCM(1995)

The DHS(1992) further reports that 95.8% of men know about at least a method of contraceptive whether modern or natural while 90.5 of women knew about at least a method. The knowledge of men about contraceptive in Malawi is considerably higher than that of the women. However, their higher knowledge does not equal their level of participation in modern contraceptive use.

Research done by various national and international organization point out that a good number of most married either do or not make use of modern contraceptives if the use that means they do so against their husbands which show the negative attitude toward

contraceptive use despite their high knowledge.

Bannet (1996) and Mwanza (1998) state that involving men in fertility awareness can make it easier for couples to discuss family planning issues particularly modern contraceptives. This will make contraceptive use amongst couples to be of joint responsibility. In view of the above information, it is therefore, of significance to undertake the study in order the appropriate measures could be devised on how best men be educated through intensified contraceptive education so that the men become active participants in contraceptive use together with their spouses.

1.2 **PROBLEM STATEMENT**

The majority of men are knowledgeable about family planning and modern contraceptives. However, their participation level in contraceptive use by themselves is very low. The fact that men are sole decision-makers in their respective families their level of participation has an impact on their spouses level of participation

The study was therefore conducted in Lilongwe urban because these men have access to family planning facilities. There are 56 family planning clinics in Lilongwe District as indicated by the Lilongwe District Community Health Office. Kamuzu Barracks clinic is amongst the mentioned clinics.

1.3 **SIGNIFICANCE OF THE STUDY**

The study will help to identify the perceptions of men towards contraceptive use by their spouses. This knowledge will assist in devising the appropriate family services that could effectively enhance active participation amongst married men.

This will aid in assisting the Malawi Government policy makers planners and Managers of Family Planning to draw plans and implement them in such away that they be gender

sensitive policies and programs.

The study will also assist the Non Governmental Organizations in a way that the results will be as a guide on how best to plan the strategies on family planning delivery system so that the participation of men is strengthened.

The results will also provide literature to Government, Non Governmental Organizations And University Researchers for further studies on the subject.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to establish awareness towards contraceptive use by their spouses.

1.5 SPECIFIC OBJECTIVES

The following are the specific objectives:-

- To find out if men accepted contraceptives use by their spouses by their spouses.
- To determine benefits of contraceptive use amongst married men
- To find out barriers on contraceptive use to married men and their spouses
- To determine sources of information on contraceptives.

1.6 ASSUMPTIONS

This study was based on the assumption the men are knowledgeable of contraceptives but their participation is very low.

CHAPTER TWO

2.1 LITERATURE REVIEW

The DHS (1992) underscores the urgency of taking more effective action to combat population problems. The Survey further reveals that knowledge about contraceptive methods and where to get them is high. Approximately 92 % of married women and 95% of married men knew at least one method. Despite this high knowledge their participation in contraceptive use is very low.

Bankole Singh (1998) in a study done in Kenya indicates that men want to have a mean family size of 5.5 to start contraceptive use. The ideal family size for Malawian men on average is 5.4. children while that of the woman is 5.3.

Namate and Kornfield(1997) state that the husband is the head of the family and the attitude towards the wife was said to contribute to the difficulties in discussing sex. For Example, If the husband was harsh this instilled fear into the spouse and this led the spouse to have fear to initiate discussions on sexual matters with him, In this case she will be forced to carry out any decision made by her husband even if it meant to her disadvantage.

Henzie in Populi (Dec, 1992-Jan 1993) states that gender violence is a major obstacle to reproductive choice, one woman complained that her husband and herself have never discussed sex. The husband says she has no right to do so. He could come home drunk and force the spouse to sleep with him when he pretty well knows that his spouses is within her fertile days. If spouse protests, husband threatens on divorce and accuses the spouse of being promiscuous.

In the same article it states that most literature shows that most women would like to use

contraceptives but fear the wrath of their male counterparts. In many cultures they believe that contraceptive use is linked with promiscuity. It further says that in these same cultures many children are a sign of virility what a greater barrier because it makes communication poor in that spouses have no idea on what their partners think about family planning.

Paliani P. Malawi News(2000, Feb.12-18) states that research has shown that traditionally reproductive health has long been viewed as an issue with almost exclusive relevance to women but biologically men play a vital role in reproductive but though this is so very few men in Malawi make use of male methods of contraceptive.

According to the Shah M.A. and Radovanoivic Z. (1998) a study conducted in Kuwait shows that the education of the husband level, age, and exposure are the strongest predictors of contraceptive use than the educational level of the wife and exposure. This suggests that husbands exert greater influence on the spouses reproductive health.

Ityai (1996 :42) stated that most African families the male partner makes major decision. Use of contraceptives is so sanctioned by men. This leaves the female partner in a very subservient position. In another study by Ityai in Kenya, the results indicate that male partners predominantly made decisions on contraceptive use among current users.

In Malawi the NFWCM (1995) also stated that men make major decisions. Most women have to get consent from their husbands for them to use contraceptives. If the husband does not approve contraceptive use that means the spouse does not have to use contraceptives. This is reflected mostly by reference in use of depo provera by most women so that their husbands should not know.

According to the Situational Analysis of poverty in Malawi (1993) traditional value systems still influence health practice and attitudes towards contraceptive use. The Analysis also

shows that dissatisfaction with family planning services often stems from conflicts between traditional and modern health systems. This is evidenced by the difficulties associated with the promotion to contraceptives which are negatively influenced by social taboos.

Into the New World and Nursing Journal Vol. IV (1997) state that in many cases mostly in developing countries many males will want their spouses to bear larger number of children that is, either for labour or prestige. Women on the other hand will shy from modern contraceptives in order to secure their marriages by bearing children.

Mkandawire (1995) stated that large families are perceived by most ethnic groups in Malawi as insurance against children dying, to provide for parents in old age and because children help in house hold activities in early life.

Bankole and Singh (1998) in a separate article stated that men in sub-Saharan region prefer large families. For a long period of time, traditionally or otherwise men have not been directly involved in child spacing. Srivastava (1987) Rumbu (1997) observed that social factors or taboos have prevented women who do not want more children from even talking to their husbands about contraceptive use.

According to UNICEF Report (1986) some religions are against contraceptive use. They emphasize the use of contraceptives promotes promiscuity and premarital sex. The report further states in other religions there are beliefs whereby women have a low status, as such women are disadvantaged because they cannot object to decisions made by men inclusive that of contraceptive use.

Levack and Tariq in Populi (Dec, 1998-Jan 1999) state that the importance of involving men as partners in reproductive health has attracted a lot of attention, traditionally reproductive health has been viewed as an issue with almost exclusive relevance to

women but biologically men play a vital in reproductive health,

Patricia Ulin Network Summer (1999) states that modern contraceptives are feared by most African men because they think that these contraceptives are there to destroy the reproductive system of their spouses as well as that of their own. For this reason they tend to prefer using withdrawal and abstinence methods which tend not to be so effective.

USAID report (1999) states that family planning Programs help millions of people providing reproductive health care that saves lives. These methods help in avoiding unintended pregnancies and offers more chances and lives of mothers and children are saved.

As cited by P. Ulin Network Summer (1999, Vol.19:14) and Pender (1984) that contraceptive use is a reaction. It comes as a response to a pregnancy scare of unplanned pregnancy or too many of these pregnancies.

P. Andrew in Populi (Dec, 1988-Jan 1999) states that because perceived consequences of frequent pregnancies men being breadwinners of these fast growing families tend to see some relief in the use of modern contraceptive methods.

J. Ross in Network Summer (1999) states that systematic physical assessment and proper counseling on the side effects of family planning clients would promote continuity in use of modern contraceptives.

2.2 SUMMARY

A lot has been written and reported on modern contraceptives and participation of men. Many studies have reported that need for involvement of men in contraceptive use programs would be very vital because men are regarded as key players in decision making

even when it comes to child bearing. Despite all that has been reported the researchers feel that not much has been investigated on the perceptions of men towards contraceptive use by their spouses.

CHAPTER THREE

3.1 CONCEPTUAL FRAMEWORK

This study took the Model of Berker (1974). This Model aims at exploring why some people who are not sick take action to avoid illness while others fail to take such protective actions.

Wilson - Barnett (1983) postulates that health behavior is the various socio-psychological processes which involve the perceptions of seriousness of health problems and to what extent that individual is susceptible to these. In other words, behavior is based upon a value expectancy assessment by individual concern. That is if the perceived benefits accruing from an action outweigh perceived barriers to recommend action, and individual is likely to pursue appropriate health behavior.

However, it seems that trigger factor or critical incident may be necessary as a final spur to action that is providing an individual with additional motivation. According to Pender (1994) modifying factors influence individual perception towards perceived susceptibility to disease, seriousness and threat of disease. Sex as a modifying factor is the most predictive of the preventive behavior. Pender (1994) also observed that women exhibit a predisposition to engage in health seeking behavior than men. He also states that level of formal education correlates positively with frequency of preventive action.

Thus model further postulates that a person must have a psychological state of readiness for action in reference to health behavior Redecker (1989). Motivation is determined by the perception of an individual to the environment.

The Health belief Model major components are:- perceived susceptibility, perceived severity, perceived benefits and costs, motivation and en ability or modifying factors.

Polit and Hungler (1994). The Health Belief Model states that all persons have negatives and positives and neutral characteristics in their personality traits and their lives respond to these traits, Leah et al (1982).

According to King (1984) and Mwanza(1998)state that the Health Belief Model suggests that people are more likely to take preventive action or to comply with professional medical advice if they feel concerned about their health and are motivated to protect it.

An individual is prone to consume health care services if he perceives that he has a disease or condition that is harmful and the condition has serious or fatal consequences. In this situation the suggested Health Belief Model was developed to provide a framework for understanding why some people take specific actions to avoid illness while others fail to protect themselves. Therefore it was there to predict which people may or may not use preventive measures Padilla and Bakarage (1991) and Kanjira (1998).

3.2 SIGNIFICANCE OF THE HEALTH BELIEF MODEL TO THE STUDY

In this study, the Health Belief Model has been adopted. There are a lot of factors that can influence men to play an active role in contraceptive use. Modifying factors like age, sex, race, ethnicity, socio-economic, peer and reference group. These can have influence on the perceptions of men towards contraceptive use by their spouses. When men are made to perceive that failure to use contraceptives will bring serious problems in their families for example, financial constraints, increased infant and maternal morbidity and mortality rates, here is a likelihood that couples will recommend preventive health measures to avoid fatal consequences.

Our present situation, the maternal morbidity and mortality rates are high, the population

growth rate is outnumbering food production as well as health services available. This is like this because for a long time men have lagged behind in active participation on contraceptive use despite their role as sole decision makers on when the next child has to be born.

When men perceive these risks of frequent child bearing they will appreciate the significance of contraceptive use then they will not value the benefit costs and other barriers. Leah et al (1982) states that perceived severity of health conditions is often in relation to the knowledge of the individual about the condition and its possible consequences. The fatal consequences include those of emotional and regarding possible limitations regarding jobs and social factors. Leah et al (1982). Namate and Kornfield (1997) state that the Malawian culture like those many societies in sub-Saharan region consider men as heads of families. This influences their in family planning. Their decision thereafter will influence their role in contraceptive use by their spouses. The perception of a disease or condition and decision making process will therefore influence consumption of health care services.

CHAPTER FOUR

METHODOLOGY

4.1. **Research Design**

A quantitative descriptive study design was used to investigate perceptions of men towards contraceptive use by their spouses.

4.2. **Data Collection**

Data was collected using a questionnaire. The interview was conducted on one to one basis. The interview was done in a language that the person was able to understand. The Researcher has to give a short briefing on the study before the actual interview was conducted. The questionnaire was completed and information was recorded by the researcher. The questionnaire contained both closed and open-ended questions

4.3. **Sample**

A convenient sample of 30 soldiers was used. The subjects were married men currently working at Kamuzu Barracks. These men were in the age range of 18 to 60 years.

4.4. **Setting**

The study was conducted at the Kamuzu Barracks in Lilongwe, Malawi. Kamuzu Barracks has a clinic that provides family planning services and it was assumed that the soldiers have knowledge on contraceptives. Kamuzu Barracks is also a National Army Headquarters with soldiers from different parts of Malawi who have different cultural backgrounds.

4.5. **Data Analysis**

The data was analyzed using a descriptive statistics where frequencies and percentages were used. Data was presented in different tables and graphs. This was done with the help and assistance of the Statistician and the Research Advisors. Validity of information has been ensured by use of statistical testing and Chi-Square.

4.5. **Pre-testing**

This was done to ensure reliability of the tool. The supervisor checked the questions and pre-testing was done at Bunda College of Agriculture where male employees of the age range of 18 to 60 years were interviewed.

4.6. **Protection of Human Subjects**

Government clearance to carry out the study was sought from the Ministry of Health and Population through Kamuzu College of Nursing Research Committee. Permission to conduct study at Kamuzu Barracks was sought by writing a letter to Army authorities. Subjects were clearly informed on the purpose of the study. Anonymity and confidentiality was assumed that no names were to be indicated on the questionnaire and the completed questionnaires were accessible to the Researcher only. Assurance was given that after data analysis all questionnaires will be destroyed. The subjects were free to refuse to participate in the study.

4.7 **LIMITATIONS OF THE STUDY**

The focus of this study was limited to men at Kamuzu Barracks only due to limited funds and time. The sample size was therefore very small hence the results cannot be generalized

CHAPTER FIVE

PRESENTATION OF FINDINGS

INTRODUCTION

This Chapter presents findings of the study which was carried out in order to explore the perceptions of men towards contraceptive use by their spouses.

The Chapter presents how far men accept modern contraceptive use by their spouses, barriers of contraceptive use amongst married men and their spouses, benefits of contraceptive use of their spouses and sources of information on contraceptives.

The results on the data collected from 30 subjects who are married men based at Kamuzu Barracks in Lilongwe.

5.1 CHARACTERISTICS OF PARTICIPANTS

The participants to this study were all working in the Barracks as soldiers. Their ages ranged between 18 to 60 years. 36.7% of the participants were in the ages range 18 to 28 years another 36.7% of the participants were in the age range of 29 to 39 years, 23.3% were in the age range of 40 to 50 years and the last group of participants were in the age range of 50 to 60 years of age.

The results showed that participants were from different tribes prevalent from all three regions of the country namely, northern, central and southern regions. These findings have shown that 43.3% of the participants were Tumbukas, 23.3 % of these participants were chewas, 20.0% of the participants were Ngonis and 16.7% of these participants were Yaos.

All the subjects were literate but different educational backgrounds and levels. The minimum educational level of these participants was Primary level of standard six. The maximum educational level was that of Bachelor of Arts Degree.

Table 1.1.1 **CHARACTERISTICS OF PARTICIPANTS BY RELIGION**

Age: Ranged between 18 to 60 years		
Parameter	No.	Percentage
Marital status: All married	n-30	100%
Religion:		
CCAP	9	80
Moslem	3	10
Roman Catholic	13	43.3
Seventh Day Adventist	2	6.7
Other	3	10
Total	30	100

Table 1.1.2 **CHARACTERISTICS OF PARTICIPANTS BY EDUCATIONAL LEVEL**

Parameter	No.	Percentage
Marital status: All married	n-30	100%
Malawi Certificate of Education	19	63.3
Junior Certificate of Education	6	20.0
Primary School Leaving Certificate	4	13.3
Lower Primary level	1	3.3
Total	30	100

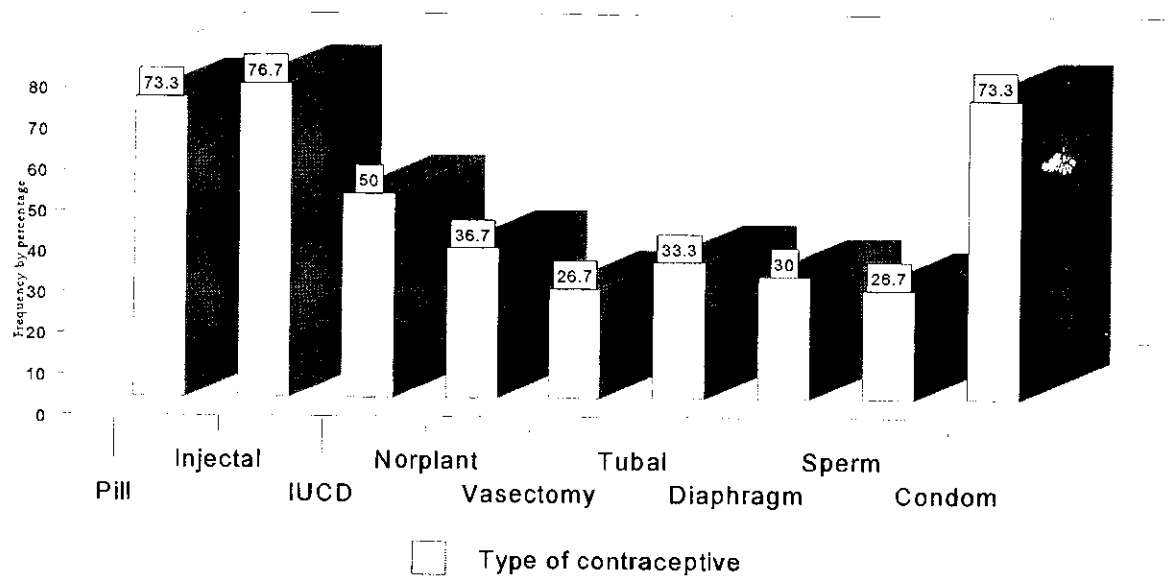
Table 1.1.3 **CHARACTERISTICS OF PARTICIPANTS BY TRIBE**

Parameter	N – 30	Percentage
	n - 30	100%
Yao	4	13.3
Tumbuka	13	43.3
Chewa	7	23.3
Ngoni	6	20.0
Total	30	100

5.2 CONTRACEPTIVE KNOWLEDGE AMONG PARTICIPANTS

Data reveals that men know at least one method of contraceptive. The injectables are the most known. 76.7% of the respondents indicated knowledge. The least known was spermicide and vasectomy. 26.7% of the respondents indicated knowledge.

Fig 1.1 **SHOWING CONTRACEPTIVE KNOWLEDGE**



5.3 **SOURCE OF INFORMATION**

Data reveals that 93.3% of the respondents got the information about contraceptives from the radio. And only 10.0% of these respondents got the information from family planning clinics.

Table 2.1.1

Parameter	Frequency
Source	Percent
Radio	93.3
family planning Clinic	10.0
News papers	80.0
Friends/Wife	33.3

5.4 **USE OF CONTRACEPTIVES**

Data reveals that the most used contraceptive is injectable with 30.0% and the least used is tubal ligation the non used are vasectomy, diaphragm and spermicides.

Table No. 3.1.1

Type of Contraceptive	Percentage
Pill	23.3
Injectables	30.0
Intra uterine contraceptive device	6.7
Norplant	6.7
Vasectomy	Nil
Tubal Ligation	3.3
Diaphragm	Nil
Spermicide	Nil
Condoms	26.7

5.5 **CONTRACEPTIVE USE BY TRIBE AFFILIATION**

Data reveals that there is high use of contraceptives among the tribes. However, Tumbukas were found to be the most users with 13.3% on condom use; 13.3% on the pill; 3.3% on the injectables; another 3.3% on Tubal ligation and the Yao with 3.3% on injectables.

Table 4.1.1

Type of Contraceptive	YAO	TUMBUKA	CHEWA	NGONI
Condom	-	13.3	3.3	6.7
Pill	-	13.3	6.7	3.3
Injectables	3.3	3.3	10.0	-
Diaphragm	-	-	-	-
Vasectomy	-	-	-	-
Spermicides	-	-	-	-
Tubal ligation	-	3.3	-	-
IUCD	-	3.3	3.3	-
NORPLANT	-	6.7	3.3	6.7

5.6 **CONTRACEPTIVE USE BY EDUCATIONAL CATEGORY**

Data revealed that participants from all educational levels make use of contraceptives. However, secondary level participants were found to be the most users with 53.3% of the respondents found to use condoms; 26.7% on the pill; 36.7% on the injectables; 3.3 on IUCD and 6.7% on Norplant.

Table 5.1.1

Type of Contraceptive	Primary level	Secondary level	College level
Condom	6.7	53.3	3.3
Pill	3.3	26.7	-
Injectables	10.0	36.7	6.7
IUCD	3.3	3.3	-
Diaphragm	-	-	-
Norplant	3.3	6.7	3.3
Spermicide	-	-	-
Tubal ligation	-	-	-
Vasectomy	-	-	-

5.7 **BARRIERS IN CONTRACEPTIVE USE**

Data revealed that there are barriers to contraceptive use. The most known barriers are side effects on which 33.3% of the respondents displayed knowledge and the least was wanting child on which 16.7% displayed knowledge.

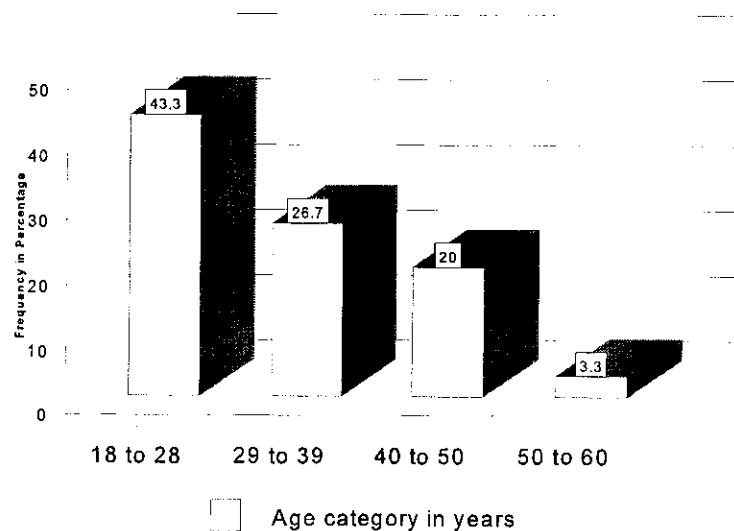
Table 6.1.1

Parameter	Percentage
Religion	23.3
Culture	26.7
Peer pressure	-
Service availability	-
Providers attitude	-
Side effects	33.3
Wanting child	16.7
More methods	-
Promiscuity	20.0

5.8 **PERCEIVED BENEFITS OF CONTRACEPTIVES**

Data reveals that benefits were indicated by all the respondents of all age groups. The benefits were highly indicated by the respondents within the age range of 18 to 28 with 43.3% and the least perceived benefits were indicated by the respondents within the age range of 50 to 60 years with a score of 3.3%.

Fig 1.2



5.9 **DISCUSSIONS OF CONTRACEPTIVES**

Data revealed that there is a lot of discussion On contraceptives amongst couples. 90% of the respondents said they discuss and 56.7% of these respondents indicated that the discussion are initiated by they themselves while the remaining 33.3% said the discussion was initiated by their spouses.

Table 7.1.1

Parameter	Percentage
Initiator - husband	56.7
Initiator - wife	33.3

5.10 **PARTICIPATORY ROLES ON CONTRACEPTIVES**

50% of the respondents said their role was to initiate discussion, 36.7% said their role was to remind wife to take the pill, 23.3% said their role was to give support and encouragement to their spouses; 16.7% said their role was to practice and abstain lastly 13.3% said their role was to escort their spouses to family planning clinics.

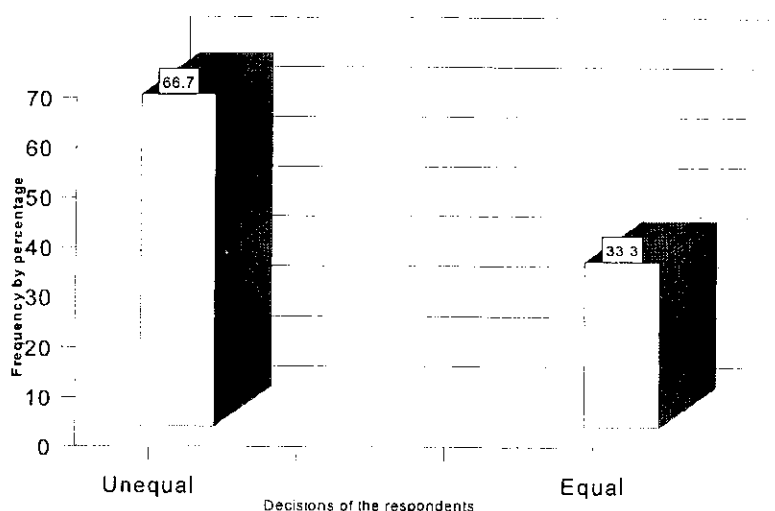
Table 8.1.1

MALE ROLES IN CONTRACEPTIVES
* To escort wife to Family Planning Clinic
* To remind wife to take pill
* To initiate discussion about Family Planning
* To give support and encouragement
* To give advice and education
* To practice and abstain

5.11 **DECISION MAKING ON CONTRACEPTIVE USE**

33.3% of the respondents said have equal decision making power with their spouses; while 66.7% said they have unequal decision making power with their spouses.

Fig. 1.3



5.12 **SUGGESTIONS FROM PARTICIPANTS ON HOW FAMILY PLANNING MESSAGES COULD BEST BE DISSEMINATED**

83.3% of the respondents said that family planning messages could best be conducted through home visits, 56.7% said family planning messages could best be conducted through a variety of male methods; 23.3% said the family planning messages could best be conducted through family planning clinics and 6.7% said through man to man /woman to woman approach.

Table 9.1.1

WAYS OF DISSEMINATION
* Family Planning Services should be within reach * Wide variety of male methods * Home visit

CHAPTER SIX

DISCUSSION OF FINDINGS

INTRODUCTION

This Chapter presents a discussion on the results of the study on the perception of men towards contraceptive use by their spouses. Focus of the discussion dwells on whether men approve modern contraceptive use by their spouses or not. The barriers that hinder them from practicing modern contraceptive methods, benefits of modern contraceptive use. Sources of information on contraceptives and the implications of the study.

6.1 KNOWLEDGE ON MODERN CONTRACEPTIVES

The results of the study show that all participants are highly knowledgeable on modern contraceptives (Fig 1.1). This is a positive fact because this already existing knowledge on contraceptives can be used as baseline data for family planning providers on how best to formulate and intensify family planning programs so that appropriate interventions are planned to enhance the participation of men in modern contraceptive use. Similarly, in DHS (1992) and UNFPA (1996) report found out that 95% of married men know at least one method of contraceptives but their participation has shown to very low.

6.2 SOURCES OF INFORMATION ON MODERN CONTRACEPTIVES

The results show that most men have at least one reliable source of information on modern contraceptives. (Table 2.1). This is a positive fact because if men take the initiative to listen to these programs it means they see the necessity of modern contraceptive use. In the results most men indicated the radio as their source of information. In this case, the researcher feels that this source is good, however it lacks clarification in the sense that listeners cannot ask questions and get cleared on them. This could be one of the

contributing factor to their low participation. Similarly, P. Ulin in Network Summer (1999) states that most men have abundant knowledge of modern contraceptives. Their low participation is due to misconceptions that contraceptives are there to make them and their spouses to stop bearing children.

6.3 **USE OF CONTRACEPTIVES**

The results of this study show that men despite their low participation have indicated acceptance of modern contraceptive use by their spouses. They allow their spouses to use different types of modern contraceptive. (See Table 3.1.1.). This is a positive fact, it is an encouragement that if given the exposure to intensified family planning education men could become active participants. According to J. Ross, Network Summer(1999) states that men still view contraceptive use as female oriented but given exposure to proper intensified education and counseling on the modern methods and their expected side effects this he says would enhance understanding and enhancement of their participation.

Most of these participants had also indicated that they had once used other contraceptive methods such as abstinence, withdrawal and natural until they had their first child that is when they turned to modern contraceptive. Due to the fact that couples ought to control the coming of another child more reliable methods are sought than the initial ones. This reason coupled with the perceived threats will prompt couples seek reproductive health methods. Similarly, P. Ulin of Network Summer (1999) and Pender (1994) found out that contraceptive use amongst couples come as a reaction to a scare of frequent pregnancy which poses as threat to the life of a woman or to the economy of the family.

A comparison of contraceptive-use based on tribe affiliation was made and the Chi square test was applied. The test showed that there was no association between tribe and

contraceptive use. However in Table 4.1.1. the results show that contraceptive use is high among the Tumbukas and lowest amongst the Yaos. The Researcher saw this happen because of the fact that large percentage of the total sample were interviewed were Tumbukas and the Yaos covered a very small percentage.

The study further looked to what extent education influenced contraceptive use amongst participants. The results showed that modern contraceptives were highly used amongst all the educational categories but with greater use amongst secondary level category. (See Table 5.1.1) These results could indicate that most of the secondary category participants are still in their active age as compared to most of the participants in the other two educational categories.

6.4 **BARRIERS TO CONTRACEPTIVE USE**

The results of the study show that barriers exist that make contraceptive use difficult. These barriers prevent couples from practicing modern contraceptives. The most perceived barrier were side effects. (See Table 6.1.1). This is however, a negative fact, and it can be eradicated by intensifying counseling and thorough physical assessment of the clients before the contraceptive choice is commenced. Similarly, J. Ross in Network Summer (1999) states that counseling on side effects and on the results of the physical assessment of the client would improve the continuation of contraceptive use.

6.5 **PERCEIVED BENEFITS OF MODERN CONTRACEPTIVE USE**

The results of the study show that the participants perceive contraceptives as beneficial.

(See Table 1.8) The results however show that there is high perception of benefits amongst the age range of 18 to 28 years. It possibly happened to be like this because a large percentage of participants were within this category otherwise there was no association between age range and perceived benefits as evidenced by chi square test.

6.6 **DISCUSSION ON CONTRACEPTIVE USE BY SPOUSES**

The results of the study show that a lot of discussions take place between men and their spouses on the subject of contraceptives.(See Table 1.11). This is a positive fact. It indicates that family planning education programs have a positive impact amongst married men and their spouses. The other reason could be that men have been made to realize the negative consequences of unplanned pregnancies, Similarly, Wilson and Barnett (1983) state that health behavior is as a result of various socio-psychological processes which involve the perceptions of the seriousness of the pending health threats.

6.7 **PARTICIPATORY ROLES ON CONTRACEPTIVES AMONGST MARRIED MEN**

In this study it was indicated that married men have roles in modern contraceptive use. However the prominent role is to initiate discussion on contraceptive use in their families. This is a positive fact, this gives an impression that men have come to realize the significance of modern contraceptives after perceiving the negative consequences of either unwanted or frequent pregnancies. As cited by Pender (1994) that action will occur when an individual perceives that benefits outweigh costs of the health services in order for that individual to prevent or eradicate a threat to health.

6.8 **DECISION MAKING ON CONTRACEPTIVE USE**

In this study it was found out that respondents displayed different perceptions on decision-making. The majority of these participants said they have unequal decision power. They said as heads of their families they have overall decision on the suggestions made by their spouses. A small percentage of the participants said they have equal decision-making power with their spouses. These participants said that they practice equal decision-making power on family planning matters because child bearing is a joint responsibility. This is a positive fact because it shows that men are coming up with positive minds towards contraceptive use, however the setback is that a larger percentage is still depriving their spouses of the power to decide as to when to practice contraceptives. This could be the reason that most women practice the injectable contraceptive without their husbands knowledge. Similarly, Burunde H. Populi (3 Dec, 1999) states that between 6 to 10 in a 1000 women in the sub-Saharan region use contraceptives without the knowledge of the husbands. In this regard men need to be intensively educated on the important role their spouses play in childbearing.

6.9 **SUGGESTIONS ON HOW BEST FAMILY PLANNING SERVICES COULD BEST BE DISSEMINATED**

In the study several options were given by participants on how family planning messages could best be conducted amongst couples and home visiting was found as the best methods and most participants cited that medical personnel specialized in family planning should be paying them these home visits. On this point the participants further states that this would enhance the existing positive perception because the male spouses will be able to ask question and get answers at the same time unlike what happens when they listen to the radio.

Some of the participants suggested more male methods should be devised so that males have a wide range of choice like those of women so that when a female spouse is not sure of what method to follow the male spouse could be able to use these reversible methods until the female spouse is ready to do so.

6.10 **ACCEPTANCE OF MODERN CONTRACEPTIVE USE**

The results of the study show that 93.3% of the participants had used at least once Some type of contraceptive in their respective families. This include among other reasons financial constraints or frequent pregnancies. In view of the above information, it under mistakably shows that men accept contraceptives provided it is them who have made that decision to use these modern contraceptives.

6.11 **CONCLUSION**

In conclusion the study has found out that men can play several roles in family planning including support their spouses in contraceptive use, practicing roles and cultural roles. The majority of men support their spouse by allowing them to use different types of contraceptives. This shows that men accept contraceptives however, very few of these men were found to practice male methods and the majority indicated that they are the sole decision makers on family planning matters in their respective families. The study has also reveals that men perceive benefits and that they are kin to use male methods. The study has further revealed that despite the existing barriers men are ready to use these modern contraceptives upon proper counselling to them and their spouses.

RECOMMENDATIONS

- 6.13.1. The family planning program in Malawi should intensify family planning education through home visits with an aim educate couples through home visits with an aim to educate couples together to avoid secondhand information mainly to the male spouse which bring along misconceptions.
- 6.12.2. Policy makers and program planners need to improve and intensify programs that promote perception of men participation in family planning such as information education and information. This would help or promote couples understanding on their joint responsibility in contraceptive use and family size.
- 6.12.3. The family planning program in Malawi should liaise with the Ministry of Education and culture to incorporate family planning education starting at grass-root level. It could best be implemented by incorporating it in the senior primary school syllabus so that by the time these individuals come to a stage of getting married, they are well aware on the significance of modern contraceptives.

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Most of the references in this paper
are from the past 10 years
and are from the following sources

QUESTIONNAIRE

Q1.(a) How old are you?

18 - 28 ☐

29 - 39 ☐

40 - 50 ☐

50 - and above ☐

(b) What is your denomination?

Presbyterian ☐

Moslem ☐

Roman Catholic ☐

Seventh Day Adventist ☐

Others specify ☐

(c) To what tribe do you belong?

Yao ☐

Tumbaka ☐

Chewa ☐

Ngoni ☐

Others specify. ☐

(d) What level of education did you attain?

Non formal education ☐

Primary education ☐

Q6. - If no to question 4, how do you prevent pregnancies?

Abstinence

Withdrawal

Natural method

Traditional method

Q7. - Has there been a time that your wife used contraceptives and stopped?

Yes

No

Q8.If yes to Q7, was is due to the following?

Infrequent sex. ☐

Side effects. ☐

Wanted to have child. ☐

Others(specify). ☐

Q9.When you think of contraceptive use by your spouse ,do you see any benefits?

Yes. ☐

No ☐

Q10.If yes to Q9 ,what are they?

Mothers have more time to rest. ☐

Mothers have more time to breastfeed, care for the child and the rest of the

Q15. Suppose you found you wife using modern contraceptive (without your knowledge), what could you do?

- Encourage her. ☐
- Confront her. ☐
- Beat her. ☐
- Nothing ☐
- Others specify. ☐

Q16. Who do you think should be using contraceptives between you and you spouse?

- My wife. ☐
- Me. ☐

Q17. What role should men play on cotrceptive use?

- Escorting wife to family planning clinic ☐
- Reminding the spouse date of next appointment or to take pills. ☐
- Initiating the discussion on contraceptive. ☐
- Others specify. ☐

Q18. Are men participating in contraceptive use?

- Yes ☐
- No ☐
- Explain.

Inaccessibility of services. ☐

Provider's attitude. ☐

Others specify. ☐

.Q25. What do you think is the best way of providing family planning services to couples?

Men to have own clinic. ☐

Man to man / woman to woman approach. ☐

Family planning services to be within reach. ☐

Wider variety of male methods. ☐

Q26 Do you and your spouse have equal decision making power regarding contraceptive use?

Yes. ☐

No. ☐

Q27. If no, why?

Because culturally, man is a sole decision maker ☐

Wife not educated. ☐

I am the head of the family ☐ Others specify.

Dependence

Dear Sir,

We 4th year Bachelor of science in nursing students at the above mentioned college would like to ask for permission to conduct a research study on "Perception of men towards contraceptive use by their spouse" at your institution.

Your favourable consideration will be greatly appreciated.

G. Munthali.(for group 4)

WORK SCHEDULE

MONTH

[illegible]

Appendix 3

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.
13th December, 1999.

The Secretary,
Ministry of Health and Population,
P.O. Box 30377,
Lilongwe 3.

Dear Sir,

RE: APPLICATION FOR A NATIONAL CLEARANCE TO CONDUCT A
RESEARCH STUDY.

We are 4th Year Bachelor of Science in Nursing students at the above college, and as part of partial fulfillment of the program, a research is required. Therefore, we write to apply for a national clearance to conduct a research whose title is " Perceptions of men towards modern contraceptive use by their spouses at Kamuzu Barracks, Lilongwe.

Looking forward to your favorable reply.

Yours faithfully,

G. Munthali.
(Group Representative)