

**AN ANALYSIS OF THE PERCEPTIONS OF
AFRICAN CHRISTIAN MEN REGARDING
FAMILY PLANNING CHOICES AT
PARAN PENTECOSTAL CHURCH IN
DURBAN**

By

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**Submitted in Partial Fulfilment of the
Academic Requirements for the Degree of**

MASTER OF THEOLOGY

**GENDER, RELIGION AND HEALTH
PROGRAMME**

**SCHOOL OF RELIGION, PHILOSOPHY AND
CLASSICS**

in the

**COLLEGE OF HUMANITIES
UNIVERSITY OF KWAZULU-NATAL
(Pietermaritzburg Campus)**

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December 2015

DECLARATION

As required by University regulations, I hereby state unambiguously that this work has not been presented at any other University or any other institution of higher learning other than the University of KwaZulu-Natal, (Pietermaritzburg Campus) and that unless specifically indicated to the contrary within the text it is my original work.

FRANÇOIS SAHABO

11 December 2015

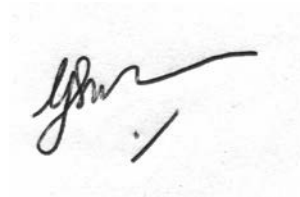
As candidate supervisor I hereby approve this thesis for submission

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11 December 2015

CERTIFICATION

We the undersigned declare that we have abided by the College of Humanities, University of KwaZulu-Natal's policy on language editing. We also declare that earlier forms of the dissertation have been retained should they be required.



GARY STUART DAVID LEONARD

11 December 2015

FRANÇOIS SAHABO

11 December 2015

DEDICATION

I dedicate this dissertation to my lovely wife Olive Mukamuhizi for her appreciation, kindness, love and care that she gave to me throughout my Master's Course at the University of KwaZulu-Natal. Without the confidence she had in me and the constant inspiration she bestowed on me, I would not have been able to work hard towards my goal of further academic achievement.

I am grateful also to God for the wisdom and energy granted me in order to carry out and complete this study.

ACKNOWLEDGEMENTS

I would like to give thanks to my Lord and Saviour Jesus Christ, for strengthening and carrying throughout the hard times during this study. None of this work would have happened without his mighty hand being upon me (Zechariah 4:6-9).

It has occurred to me often through the process of completing this degree that something of this magnitude cannot be done alone. Consequently, a number of important people in my life have graciously put their input into this piece of work and I would like to take this opportunity to thank them all for walking this road with me. The achievement of this dissertation was only made possible because of their support, encouragement and advice.

First, my special heartfelt gratitude goes to my Supervisor, Dr. Janet Muthoni Muthuki for her tireless efforts to make this dissertation happen. Thank you for the opportunities, input, the guidance and encouragement. You challenged me gently and inspired me greatly. Without your extensive knowledge and motivation, I would have been lost.

To Dr. Eraste Nyirimana, Dr. Rose Nyirmanana and family. Thank you so much for all the support, appreciation and encouragement you have given me through your gift of love. You played a very big role in the work that went into writing this dissertation.

To Dr. Alex Harerimana, thank you for all the support, encouragement and appreciation. You have always inspired me in my academic career and have helped make this dissertation a success.

To Dr. Herbert Moyo, thank you for your support, counselling skills, as well as your initial contact which made this journey happen.

To the UKZN PhD students, John Sokfa and Muthale Kaunda who worked day and night at our writing retreats, providing coaching and guiding as mentors. Thank you so much for your support.

To Dr. Josue Mbonigaba, thank for your contribution to my study.

Thank you also to all the members of the Sahabo family for your encouragement and moral support. The love and concern you gave to me provided the strength to keep on striving for success.

To the dean, academic and administrative staff of the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal. In particular, I am deeply grateful to those members of staff responsible of the Religion, Gender and Health Programme, as well as to the Church of Sweden who generously provided the funding for my work.

Finally, a word of gratitude to the Rev Gary S. D. Leonard for his assistance in language editing this research study, as well as providing the layout and desktop publishing.

ABSTRACT AND KEY TERMS

Family planning has been a critical issue worldwide and particularly in Africa, especially in recent years. This research study, which is qualitative in nature, was based on the inclusion of men in family planning services. Most approaches to family planning and sexual reproductive health focus on women alone without involving men who are important decision-makers in all family matters.

The aim of the study was to analyse the knowledge, attitudes and practices of Pentecostal African men regarding their family planning choices at the Paran Pentecostal Church in Durban. Ten Pentecostal African men were interviewed as research participants in the study with the aim of obtaining individual understanding of family planning, impact on their family planning choices, the contribution of the teachings of the church to their family planning choices. And also to know the role of the partners (women) in family planning choices, strategies they use in addressing their family planning needs and finally to know the challenges they encounter as Christian men in accessing family planning services.

The thematic analysis method was used to interpret and analyse the data which was obtained in order to reach to the final conclusions and recommendations of the study. The major themes that emerged from the participants were as follows: (i) Gender relations in family settings, which includes multiple meaning of manhood and men's understanding of the role of women in the family; (ii) Multiple factors influencing family planning choices which includes knowledge about family planning, Individual strategies in meeting family planning needs, the role of the partners in family planning choices, personal beliefs and preferences on the use of family planning choices, influence of religious and cultural beliefs in family planning; (iii) Challenges encountered by African Christian men in accessing family planning services that include cultural prejudices and stigmatization.

Key Terms: *African Men; Birth Control; Christianity; Family Planning; Healthcare Services; Hegemonic Masculinities; Patriarchy; Pentecostalism; Pentecostal African Men; Public Clinics; Public Hospitals; Redemptive Masculinities; Religion; Sexual and Reproductive Health.*

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GLOSSARY OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DHS	Demographic and Health Survey
DOI	Diffusion of Innovation Theory
FP	Family Planning
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
MDGs	Millennium Development Goals
PI	Principal Investigator
PPC	Paran Pentecostal Church
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UKZN	University of KwaZulu-Natal
UNICEF	United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1. Introduction

In this introductory chapter I present a brief background to the present study, the problem statement and the significance of the research. I also introduce the study by locating it in a particular context and clearly explaining the objectives and research questions. I then provide the scope of the study as well as definitions of the key terms and concepts used according to the context.

The purpose of the study is to analyse the perceptions, knowledge, attitudes and practices of African Christian men regarding family planning choices at the Paran Pentecostal Church (PPC) in Durban, KwaZulu-Natal, South Africa. With regard to the research topic, my focus is on family planning for men and women, which is one of the main axes of sexual and reproductive health rights. I will conclude the chapter by providing a structure for the dissertation and conclusion.

1.2. Background, Problem Statement and Significance of the Study

Historically, sexual and reproductive health services, as well as most family planning initiatives have solely focused their attention on women. According to Wegner, *et al*, (1998) there was in the past an objection to male involvement in sexual and reproductive health services. This hesitation was grounded upon the concern that adding male services would spoil the quality of women's services and create additional rivalries for already scant resources. While neglecting to give information and services for men can detract from women's overall health, they must be integrated in such a way that is beneficial to both men and women.

World population growth is on the increase. Current estimates suggest that there will be an 80% probability that the world population by 2030 will number between 8.4 and 8.6 billion, with some 9.4 and 10 billion by 2050 and between 10 and 12.5 billion in 2100 (*The Guardian*, 2015).

The more the population increases, the more problems appear and this affects sexual and reproductive health, including family planning in particular. In South Africa, it is estimated that in 2009 there were 5.7 million people living with HIV and AIDS, which is more than in any other country in the world (Tshoose, 2010). Generally, South Africa has the highest number of new HIV infections in the world (Khuzwayo, 2014). According to the statistics of South Africa's provinces, KwaZulu-Natal has the highest HIV prevalence rate 16.9% while the Western Cape has the lowest with 5% (Maharaj, 2006). These figures reveal the importance of family planning where condoms can be used as means of stemming the rate of sexually transmitted infections (STIs).

Yet, it is not only the problem of STIs. There is also the problem of unwanted pregnancies which is another major challenge in South Africa. According to certain research, many in South Africa face the challenge of unwanted pregnancies. That is why the South African Government has cited the high incidence of unwanted pregnancy among the youth as one of the major challenges facing the country. The overwhelming majority of these pregnancies take place outside of marriage, and most of them are either unwanted or unplanned (Maharaj, 2006).

As we commemorate the historic acceptance of Sustainable Development Goals (SDGs) and look ahead to their implementation, access to family planning represents a vital entry point and indicator for universal access, including in South Africa to reproductive health and rights. Access to modern contraceptive methods reduces the dangers of maternity and new born deaths which is needed for family well-being (Perin and Walker, 2015).

This study was conducted in one of the Pentecostal churches, namely, the Paran Pentecostal Church (PPC), located in Durban, KwaZulu-Natal. It has been researched that the province of KwaZulu-Natal has the second largest population of males and females compared to the other provinces (Statistics South Africa, 2014). In addition, according to the research conducted in the city of Durban concerning the growth of South African cities, it revealed that Durban has one of the fastest-growing urban areas in the world (Write, 2014). Living in such a highly populated province and the fast-growing city, it is very important to understand the conditions in which people are living and their reproductive health issues.

Choosing to conduct the research in the PPC, Durban was very important to me because of the cultural background of the church. The church is multi-ethnic in character with most of its members coming from different nationalities and religious backgrounds. In addition, the

study was motivated by the numerous numbers of children found in this church. Accordingly, sexual and reproductive health in this particular church provides an interesting investigation into the perceptions of African Christian men regarding family planning.

Based on sexual and reproductive health components, family planning has been a critical issue worldwide and particularly in Africa, especially in recent years. This is due to the many problems surrounding population growth, mortality rates, sexual and reproductive health and its choices as well as many other issues that in one way or another can be linked to family planning (Drennan, 1998). Yet, family planning initiatives have encountered several challenges in many African communities, often due to the social structure of African communities, cultural and religious practises and how these factors influence gender structures and relations in Africa (Bleek, 1987). For many Africans, decisions around whether or not to have children, how many children to have, the spacing of such children and other sexual and reproductive decisions are highly gendered and still largely rest on the wishes and desires of the male member in the family rather than a mutual involvement of both partners (Nukunya, 1999).

Most approaches to family planning and sexual and reproductive health tends to focus solely on women without involving men who are important decision-makers on these issues. Indeed, there is a belief that men are opposed to family planning (Nwagani, *et al*, 1998). Accordingly, family planning programmes try to reach women often through Maternal and Child Health Services, ignoring men and using spaces that exclude men. More prominently, the very low usage of male methods of contraception such as condoms, vasectomies, withdrawal (*Coitus Interruptus*) and periodic abstinence from vaginal intercourse has signalled the very low involvement of men in family planning (Mburugu and Adams, 2004). Knowing the important position of men in many African families and their influence on family planning decisions, it has become necessary to engage them about the issues in order to understand their knowledge, attitudes and practices towards family planning choices. This is an area that has been underexplored and is the focus of this present study.

For a long time, family planning methods have generated serious debate within Christianity with division and concerns over the matter. Hollinger (2009:161) argues that “the critical issues are the intentions and the methods. The moral issue is really over the use of artificial means of contraception intended to preclude conception.” This attitude is also found in Pentecostal churches in which different opinions exist concerning family planning methods

and the intentions to use them. Scholars such as Rumun, (2014) have argued that some Christian religious groups disapprove strongly of contraceptive use and abortion, although such opposition is more radical among Pentecostal and Protestant Evangelical Christian traditions. More broadly, it has been recommended that within such church groups, condoms have come to represent a tool for unfaithful wives as well as single women who have premarital sex (Marshall and Taylor, 2006).

Considering the influence of religion and particularly the Pentecostal brand of Christianity on many Africans, this present study focuses on men within the Pentecostal movement which is a growing movement in Africa that has an enormous influence on the personal and public lives of many Africans. In this study I will seek to investigate the perceptions of African Christian men at the PPC in Durban, regarding family planning choices to contribute to both theory and practice in the area of family planning and reproductive health. I will also bring out the position of men as a gender category in relation to religion (Pentecostalism) and health.

As a post-graduate student, studying at the University of KwaZulu-Natal (UKZN) and living in the city of Durban, KwaZulu-Natal, I have visited many different families in the church and have found that family planning is still considered a social problem that needs to be taken seriously. Being curious of what is happening in the city and its surroundings, I realized that many African families, regardless of their religious background, have many children and I thought that it would be helpful to speak to both husbands and wives. However, I had come to know many young women in the PPC who had had many children and I asked them how they had come to desire to have so many children. I found that in their replies, they indicated that it was never their intention to have so many children. They shared their concerns about the number of children they had had and how they were having a hard time coping. Not only this, but they were also experiencing other problems related to matters of sexual and reproductive health, including HIV and AIDS. This led to many questions in my mind. Do these women know about their sexual and reproductive rights? Are their male partners involved in sexual and reproductive health? These questions indicated that much still needs to be done to address the problem of family planning services in a holistic way.

In the discipline of theology, there are many social problems that are taken into consideration in academic research, for example, HIV and AIDS, gender inequality, and so forth; but very few religious scholars have examined the challenges of the inclusion of men in family

planning services in general and in research conducted by students in the School of Religion, Philosophy and Classic at the University of KwaZulu-Natal. In particular, the challenge of including men in family planning services is an aspect of men's experience of inequality in the provision of family planning that remains under-researched in the academy. Studies have shown that sexual and reproductive health services, including family planning, are focused almost entirely on women. The assumptions were that men are always opposed to family planning. In their research, Nwageni, *et al*, (1998) point out that it is believed that men are opposed to family planning and for that reason family planning researchers and service providers have focused their attention almost entirely on women.

Excluding men reveals a patent lack of a holistic approach towards family planning. If men are included in family planning and have more information on sexual reproductive health they will be empowered to protect themselves and their partners when it comes to STIs. For example, scholars have shown that men's information on the protection offered by using condoms, testing, and the treatment of STIs, as well as emphasizing partner notification, can help in reducing HIV transmission. Getting men to share the accountability of high quality reproductive and sexual health can help to avoid such infections (Weber, 2014). This shows that family planning involves protecting each other as sexual partners for the sake of the well-being of the family as a whole.

Other scholars on the methods of family planning see the lack of men in quality family planning programmes as indicating that there are perceptions that men are not ready to accept the use of family planning because it is an ideology of "Western countries" (Becker and Costenbader, 2001). That is why there are many unwanted pregnancies, STIs including HIV and AIDS in many families, all of which result in families and family life being destroyed (Drennan, 1998). The inclusion of men in family planning programmes is needed for the sake of family protection. Men need information concerning family planning methods and services in order to support their sexual partners. For example, men who are educated about reproductive health issues are shown to be more supportive of their spouses in decisions on contraceptive use in family planning. In addition, such men are able to give help during the entire period of pregnancy. In addition, in cases of obstetric difficulties and other medical emergencies related to pregnancy, they will be able to know exactly what to do instead of running to a midwife. I concur with the opinion of Collumbien, *et al*, (2001) when they argue that women in patriarchal societies who have no freedom in family planning when it comes to

decision-making particularly in contraceptive use, such empowered men can contribute to the upgrading of the health of women and this will boost the status of women in general.

Nevertheless, it is not clear why men are not included in family planning programmes across the African Continent. For example, studies conducted in Ghana show that men are far behind in family planning because the focus has always been on women. The Ghana Demographic and Health Surveys of 1993, 1994, and 1998 reported only on women's fertility and contraception use without the inclusion of the men in their surveys. For example, the 1998 Ghana Demographic and Health Survey interviewed 4,483 women aged 15 to 49 years from 6,003 households about their fertility, use and knowledge of family planning, child health, nutrition and mortality, breastfeeding and maternity care, and awareness of AIDS and STIs. No data however exists on men's involvement in family planning services (Ghana Statistical Service, 1999). Not only were men neglected in the past, but even today the inclusion of men in family planning is still a problem.

Accordingly, in many African Countries men's involvement in family planning is still a problem and continues causing problems in families. For example, in Rwanda where the researcher comes from, men in family planning remain a challenge even today where gender equality has been preached all over Africa. The focus has always been on women by excluding men and this has contributed to the high number of children in families which then become a burden to women, the family, and the community as a whole. In many cases, women have suffered from STIs and other issues related to poverty. This has been expressed by Hategekimana (2012) in his chapter entitled, "The Connectedness of Masculinity and Culture in the Context of HIV and AIDS: Special Focus on Rwanda" where he explains that women in Rwanda are challenged by many cultural, customary, economic, legal and social limitations regarding ownership of State resources such as land and property. This has put women in poverty to the point that some are forced to engage in sex work as a way of survival, leading inevitably to STIs such as HIV and AIDS (Hategekimana, 2012). This reality reveals that men need to be involved in family planning as a matter of urgency.

Having been influenced by this context, as the researcher, I have asked myself why men are not involved in family planning services and how this situation can be rectified. My aim therefore in this present study, is to explore the perceptions of African Christian Pentecostal men regarding family planning choices at the PPC in Durban and how this can be used as a

resource to promote men in family planning choices and services for the sake of the well-being of the entire family.

As was indicated above, the density of the present population of the city of Durban and its future estimated growth reveals that men represent a vast number of people in the city of Durban, KwaZulu-Natal who can all play a key role in family planning choices and services. If we are promoting a good life for all, it is clear that by preventing men participating in family planning, we are destroying families out of hand. Hence, Christian families need to be role models in society in decision-making regarding the improvement of the quality of family planning. That is why few scholars have shown the importance of men in family planning. Indeed, evidence suggests that men's active participation in decisions about family planning and reproductive health, promotes better health for families (Boender, *et al*, 2004; Rottach, *et al*, 2004). Nevertheless, this needs more information and counselling to both men and women in the church in order to provide better quality family planning. Becker (1996) argues that in the past, the effort to improve information, counselling and access to family planning and reproductive health has focused mostly on women. That said, few investigators have considered that offering counselling and education to both men and women is more effective and productive (Becker, 1996).

Due to the presence of a strong patriarchal system within African communities, Christian men are often the decision-makers about sexual activity and the desired number of children and yet they know little about the health benefits of family planning and spacing pregnancies for mothers and children. In addition, they often recognize very little about the health benefits and various methods of family planning. As a result, they often resist family planning initiatives and programming because of misinformation that some methods of family planning may harm a woman's health (Green, 2006; Newmann, 2011). It is clear that the exclusion of Christian men from family planning programmes means their exclusion from education regarding sexuality, fertility, contraception, and the prevention of transmission of STIs including HIV and AIDS which is dangerous for the well-being of families in general.

1.3. Research Questions

As a researcher, the key question I will seek to answer is:

What are the knowledge, attitude and practices of African Christian men at the PPC in Durban regarding family planning?

In order for me to adequately address this question, I will also consider the following sub-questions:

- i. What is the understanding of African Christian men of the PPC on family planning?
- ii. How does their understanding of family planning impact on their family planning choices?
- iii. How do the PPC teachings contribute to family planning choices for African Christian male church members?
- iv. What are the gender relations in their family set- up?
- v. What role do their partners play in the choice of family planning?
- vi. What strategies do African Christian men of the PPC use in addressing their family planning needs?
- vii. What are the challenges they encounter in relation to family planning services?

1.4. Objectives

As a researcher, I was guided in this study by the following objectives:

- i. To investigate the understanding of African Christian men of the PPC on family planning.

- ii. To analyse the impact and effect of their understanding of family planning on their family planning choices.
- iii. To understand and discuss the PPC teachings and its contribution to the family planning choices for African Christian male church members.
- iv. To investigate the gender relations in their family set- up.
- v. To analyse the role of partners play in choices regarding family planning.
- vi. To identify strategies that African Christian men of the PPC use in addressing their family planning needs.
- vii. To discuss the challenges they encounter in relation to family planning services.

1.5. The Scope of the Study

Although the perceptions of African Christian men regarding family planning choices is a huge problem in Africa, the intention of men's inclusion is to improve the quality of family planning for the well-being of the family.

As a researcher, I have purposefully limited the study to that of African Christian men in the PPC in Durban. My justification for narrowing the scope to a particular group was to provide a thorough investigation of the perceptions of African Christian men in that particular group. Experiences are different because men are not all the same and their perceptions are not the same because each community faces different realities. That said, as the researcher, I will indicate those worldwide barriers to the inclusion of men in family planning.

1.6. Definition of Key Terms and Concepts

The following key terms and concepts are relevant to the present study. In addition, as the researcher, I am aware that there are other ways of defining family planning. However, one of the primary reasons for using this definition is because it represents the standard, legal definition as used by the World Health Organization.

1.6.1. Family Planning

By definition, family planning is understood as the right of couples and individuals to make decisions freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so. Decisions concerning human reproduction should be made free from discrimination, coercion and violence (UNICEF, 2008; Robey & Ross, 1996; Abraham & Shah, 2006).

Family planning entails contraception. Sterling (2013) explains that contraception sometimes referred to as “birth control,” “artificial birth control,” or “family planning,” and denotes the prevention of pregnancy by the use of mechanical devices (such as cervical caps, diaphragms, IUDs, and condoms) or chemicals (such as the pill, the patch, and injectables such as Depo Prevera).

1.6.2. Sexual and Reproductive Health

Sexual and reproductive health is defined as a state of the complete physical, mental, emotional, and social well-being in all matters related to the reproductive system, its functions and processes. This includes sexual health, the enhancement of life and personal relations, counselling and care related to human reproduction and STIs. Reproductive health, therefore implies that people are able to have a satisfying and safe sex life, the capability to reproduce and freedom to decide if, when and how often to do so (UNICEF, 2008). In addition, it is a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitude, values, behaviours, roles and relationships. While sexuality can include all of these dimensions not all of them are always expressed or expressed. Sexuality is influenced by the interaction of biological, physical, social, economic, political, cultural, ethical, legal, historical and religion and spiritual factors (Abraham and Shah, 2006).

1.6.3. Religion

In the context of this study, religion is understood as a significant social institution with enveloping effects on a range of aspects of people’s lives, attitudes and behaviours. The implication of religion in understanding the behaviour of individuals, groups or even communities is demonstrated by Bellah (1973:45) who defines religion as:

A unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden beliefs and practices which unite into one single moral community for all those who adhere to them.

Adequately defining religion is notoriously complex, as it includes the beliefs, attitudes, emotions, and behaviours constituting a human being's relationship with the powers and principles of the universe, especially with a deity or deities, or any other particular system of beliefs or attitudes (Vohs, 2009).

1.7. The Structure of the Dissertation

- i. **Chapter One:** In this chapter, I introduce the reader to the background, problem statement and significance of the study, research questions and objectives. I also provide the scope of the study, definitions of key terms and concepts. Lastly, I present the structure of the dissertation.
- ii. **Chapter Two:** In this chapter I provide a literature review in relation to my chosen area of research and the topic under study. The body of existing literature is based on sexual and reproductive health components, family planning focusing on women, men's involvement in family planning and religion and family planning which includes religious beliefs about family planning, the historical background of the Pentecostal movement and family planning. It also provides the dominant view of the Pentecostal churches on sexual and reproductive rights and family planning in particular. It also highlights the theoretical framework of diffusion of innovation, theory and redemptive masculinities framework I have adopted in the study.
- iii. **Chapter Three:** As the researcher, in this chapter I present the research methods and methodology I have adopted in the study. This includes the research design and research methods which includes in-depth interviews and a sampling process. It also gives the process and methods of data analysis. Ethical considerations are also included in this chapter as well as validity, reliability and rigour, delineation and limitation of the study.
- iv. **Chapter Four:** Here, I present the findings and discussion of gender relations in the family setting, including multiple meanings of manhood as well as men's

understanding of the role of women in the family. Within the chapter I also discuss those factors which influence family planning choices, including knowledge about family planning services, individual strategies in meeting family planning needs, the role of the partners in family planning choices, personal beliefs and preferences on the use of family planning methods. Within the chapter I also discuss the influence of religious and cultural beliefs on family planning which includes religious and cultural teachings. It then gives the challenges encountered by African Christian men in accessing family planning services which includes cultural prejudices and stigmatization.

- v. **Chapter Five:** In this final chapter, I present the conclusions and recommendations of my study, including an overview of the research, summary of the research findings, and the strengths and limitations of the research outcome.

1.8. Chapter Summary

As a researcher, I have focused my attention in this chapter on the direction of my research and to this end have provided a brief roadmap on the territory I will cover. Furthermore, I have outlined the background and motivation of my research, as well as identifying the research problems, the objectives of the research and the research questions of the study. Finally, I have provided a definition of the terms and concepts used in the study and a chapter-by-chapter outline.

In the chapter which follows, I will provide a literature review based on sexual and reproductive health components, family planning focusing on women, men's involvement in family planning, religion and family planning which includes religious beliefs about family planning and the historical background of Pentecostal movement and family planning in particular. I will also provide the dominant view of the Pentecostal churches on sexual and reproductive rights and family planning in particular. I will also discuss the two theoretical frameworks that will be used in this study, with an aim of exposing the lens through which the study is both analysed and synthesized.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

In the previous chapter I dealt with the overall focus and orientation of the study. In this chapter, I will discuss the literature review and the theoretical frameworks that I have used in relation to my chosen area and topic of study.

According to Brink (1996) a literature review includes reading, understanding the context and making conclusions about theories and published works in order to address an exact topic under debate. Furthermore, a literature review is an organized identification, location, check-up and sum up of related published studies so as to gain information about the research topic. It provides the researcher with knowledge based on the topic being researched as well as suggestions on how to approach the topic under study and any gaps and inconsistencies in the current body of knowledge. By so-doing, it lays a foundation for further research in the chosen area of study (Babbie, 2009; Polit and Beck, 2012). Accordingly, in this chapter, I will discuss the body of existing literature on sexual and reproductive health components, as well as family planning which focuses on women and men's involvement, religion and family planning, and finally the understanding of the Pentecostal churches on sexual and reproductive rights in general and family planning in particular.

In the chapter, I will also highlight the theoretical framework of diffusion of innovation theory (DOI) and the redemptive masculinities framework I have adopted in the study.

2.2. Literature Review

2.2.1. Sexual and Reproductive Health Components

In the area of health, there are many sexual and reproductive health components which need to be researched based on people's needs in a particular society. Accordingly, UNICEF (2008) defines the key components of sexual reproductive health services as including quality family planning services, promoting safe motherhood, the prevention and treatment of infertility, the prevention and management of complications of unsafe abortions, safe abortion services (where not against the law), treatment of reproductive tract infections,

information and counselling on human sexual and reproductive health, and the active discouragement of harmful practises, such as female genital mutilation and violence related to sexuality and reproduction. Amongst these many key components of sexual and reproductive health, in this study I will focus exclusively on family planning which seems to be a critical issue in a patriarchal society such as is present in South Africa. According to the body of existing literature, the gap in this study is found because family planning has traditionally been focused on women.

2.2.2. Family Planning Focusing on Women

Studies acknowledge the role of family planning in the lives of people even though it was found not to be an easy task among couples. Some Western scholars such as Casterline, *et al*, (2003) who have discussed the importance of family planning, have indicated that family planning programmes have a role to play in assisting women by getting the information and services they need in family planning so as they can make good knowledgeable choices. Indeed, it is clear that in family planning when women are informed of the kinds of services they need, the choices that they make will be reasonable. Scholars such as Ashford (2003) have demonstrated the problems that women meet daily through the whole year. In fact, it has been seen that every year, in non-developed regions of the world, more than 50 million of the 190 million women who become pregnant undergo dangerous abortions, which directly contributes to high rates of death. Unsolicited deliveries seriously impact children's health difficulties and the vast population expansion in these countries. Other studies exhibit that hundreds of women die each year due to pregnancy-related problems, and 95% of these originate from developing nations. The lifetime risk of a woman dying due to pregnancy-related causes in developing nations is 1:40, equated to 1:3600 in the developed countries (Begum, *et al*, 2003).

The above scholars propose that the use of contraceptives can help bridge the maternal mortality rate. However, almost 17% of married women in non-developed nations would want to space their pregnancies or halt reproduction but are not using any kind of active family planning technique because they have no access to full information or healthcare facilities or backing from their spouses, hence they are many unmet needs for family planning that lead ultimately to unsolicited pregnancies (Begum, *et al*, 2003). It is clear that reducing these unmet needs is not easy task. As Casterline *et al*, (2003) have explained, there are many series of conditions and beliefs which forbid women from acting on their intentions.

It is thus assumed that many of these complicated issues in sexual and reproductive health among women are the result of excluding men in family planning services.

2.2.3. Men's Involvement in Family Planning

Scholars have shown that in Africa, the focus of family planning is still upon women. Family planning programmes in Africa have traditionally focussed on reaching women through providing health services that have largely ignored men (Mburugu and Adams, 2004). In the same way, Sonenstein (2004) has argued that much has been discussed about the necessity of involving men in family planning, particularly, young men, but no real effort has been made to talk about their needs or even to evaluate the result of their participation.

As a researcher, I think that the inclusion of men in family planning is very significant for many reasons. For example, in many African societies, men still play an important role as major decision-makers in different aspects of the societal system. However, this often creates conflict among couples as Dadoo (1998) and Adomako Ampofo (2004) argue. Accordingly, reproductive decisions remain a challenge for many couples, particularly in disagreements concerning unwanted pregnancies. Included in this is decision-making in families, politics, social and economic policies, religion and governance, and also being the defenders of the interests of their families' inheritance and the community as a whole. This shows the kind of dominant masculinities involved in every society which needs to be challenged. Masculinity is linked to the role and status of being a man or a father in a society. Connell (1995) has argued that there is a rising consciousness that the plurality of masculinities which provides a more equitable objectivity to the complex way of expressing what it means to be a man or a father in a certain society. It has been seen that in order to grow fully into manhood, a boy is socialised and taught in his early childhood the factors that will make him a "real man" as opposed to a woman (Connell, 1995). Talking about gender role in the family settings, it has been found that society has long-defined males and females by their physical attributes. Traditionally, in some cultures, a man is a provider or a breadwinner and holds power, while a woman is regarded as submissive (Mckenzi, 2012).

Sonenstein (2004) argues that despite having a list regarding the roles men play in society, there is still an unresolved problem of involving them in family planning for quality service improvement. I concur with Tamale (2011) that if we are to support the new generation for a good life we have to increase our understanding of men's sexuality and the manner in which

the dominant norms contribute to the spread of sexually transmitted diseases. The social norms of masculinity are important because of the manner in which the “real man” is defined—such as having many partners, the power over women and the negative attitudes toward condoms in family planning. In this study, I will look at Pentecostal Christian men and their involvement in family planning, whether they are the ones who make decisions on how many children they should have and how to space having children.

Reproductive health needs and the responsibility of family well-being is needed for both men and women. Ndong, *et al*, (1999) argue that even given the vital roles that men play in both the society and the family, less attention has been paid to their sexual and reproductive health needs and involving them in sharing of responsibilities between them and their spouses as equal partners. This resonates well with my study because men and women have equal responsibilities regarding children born from their co-habitation. According to Sharen and Valente (2002), the decision to use family planning practices to space children and limit the number of children, a woman may have are not totally personal decisions. The discussion that takes place between a husband and a wife has to be a first indicator of the degree of understanding and acceptance of family planning practices that a couple will be willing to accept and use.

By ignoring men, it implies that women are the ones who are responsible for everything in the family, which of course is not true. In addition, the positive role that men can play as equal partners in family planning has often been ignored due to the one-sided emphasis on women and the assumption that men hold negative attitudes toward family planning practises (Ratcliff, *et al*, 2001). This may hold some truth, because as studies have shown, some African men hold negative attitudes towards family planning due to social constructions of being a man in different African societies.

Although African culture has been viewed as a stumbling block of men in family planning, this reality has to be changed. Drennan (1998) states that male involvement in family planning would involve a complex process of social and behavioural change. Arguing in the same vein but focusing more on the responsibilities of men, Helzner (1996) points out that this not only implies contraceptive acceptance by men but also refers to the change of attitude and behaviour that is needed towards the health of women that will make men more supportive to women, using healthcare services and sharing parenting activities. This

indicates that men need to change in order to adopt family planning and share parenting responsibility which is needed for family well-being.

The involvement of men in family planning is very crucial and it must be seen in a broad way. This means that men's participation not only prevents unwanted pregnancies and other related issues but as Drannan (1996) argues, their involvement family not only makes for a vast reduction in the number of unwanted pregnancies and the unmet needs for family planning, but also creates a good relationship between both partners. Helzener (1996) admits that the participation of men in reproductive health issues- mostly in family planning—leads to a better understanding between husband and wife. It is clear that harmony in the family is very important for family well-being.

Culturally, it has been argued that in Africa, the clearest indicator in the absence of the participation of men in family planning is the lower use of male methods of contraception such as condoms, vasectomies, withdrawal (*Coitus Interruptus*) and occasional abstinence from vaginal coitus. Additionally, men have also little knowledge about family planning. This supposition is perhaps most strongly held among African men where patriarchy has a long history and family numbers have increased many fold (Mburugu and Adams, 2004). This is true based on the number of children found in many families and other illness-related causes tied to sexual intercourse in Africa.

Studies in Kenya have shown that men in most communities are socialized to exercise total authority and decision-making in all family matters, including reproductive health. Customarily, they exercise dominant power in almost every sphere of life, ranging from personal decisions regarding the size of the family, to the policy and programme decisions taken at all levels of government. Reproductive health programmes however make little provision for male involvement. One of the reasons for this is the limitation in the number of male methods of fertility regulation and the fact that most reproductive health services have been provided in settings which are predominantly women-oriented, such as maternal and child care health clinics. Thus, men who are interested in making decisions on the number of children to have and the timing of the births are unable to do so constructively in a way that meets their partners' needs, because they have no knowledge and no services that provide for their needs (Kenya Demographic and Health Survey, 2003).

It is clear that men possess power and authority and excluding them in family planning disadvantages the family well-being. According to Apeh (1989) and Tamale (2011) men possess power over their wives and they have control over sexual relationships and authority to choose a number of wives including children they must have in their families. In the African patriarchal culture, it is compulsory that children and women have to respect the authority of the head of the family, which of course is the man.

Historically, it has been noted that the predominant methods of preventing birth in most parts of the world demand the collaboration of men. The oldest of these methods, withdrawal (*Coitus Interruptus*), was known long ago both in religious custom and historical demography, which discloses that it was the principal method responsible for the demographic transition in Europe in previous eras (Ringhein, 1996). However, as Ringhein (1996) goes on to show, even by 1990, this method was still being used by almost 35 million couples all over the world and it is still largely the contraceptive method of choice used in Turkey, a country known to use more modern methods. According to Bauni and Jarabi (2003), the condom is currently the most effective method because it can also be used for STI-prevention in combination with other methods or alone.

Concerning condom use, some scholars such as Ali, *et al*, (2006) have argued that the condom as contraceptive method usually has a higher failure rate than the contraceptive pill. Consequently, it would be more likely to be discontinued for the following reasons: (i) the desire to change to a more effective method; (ii) the husband's objections, and (iii) inconvenience. Condom use within marriage is rare, and those who try this method abandon it after a period of about one year (Ali, *et al*, 2006). However, this may not be true because effective methods of contraception depend on the individuals concerned. For example, a method may fail for some, but it may work for others. In family planning, condom use can be seen to be more preferable due to the prevention of STIs, including HIV in the era of AIDS in Africa.

Due to great improvements in its scientific methods, surgical vasectomies are found to be a simple, safe and cost-effective method of fertility regulation for men. It has been noted that surgical vasectomies have lagged far behind the prevalence rates of female sterilization in the world (Jacobstein and Pile, 2007). Nevertheless, in the past years, Demographic and Health Survey (DHS) studies conducted in twenty-one nations across the Africa Continent have

revealed that one of the family planning methods that is little known, heard, used and frequently ignored is that of surgical vasectomy. For example, in Sub-Saharan Africa, excluding Ghana, Kenya, Malawi and Uganda, a number of men had not heard about surgical vasectomy (Jacobstein and Pile, 2007). However, the question remains on the use of these methods which may be the issue according to the understanding and doctrines of some religions.

2.2.4. Religion and Family Planning

2.2.4.1. Religious Beliefs about Family Planning

Religion is one of the main social institutions that has enveloping effects on aspects of people's lives, attitudes and behaviours. Throughout history, religion as well as social mores has often viewed body as being bad and the ethereal spirit as good. Such ideas may lay behind why many faith communities struggle to speak openly about issues related to sexuality (Khathide, 2003). Accordingly, there has been much controversy in some churches on the issue of contraceptive use in family planning. Some scholars such as Rumun (2014) argue that different denominations have strong oppositions against contraceptive use in family planning, although such opposition is more deep-seated among Pentecostal and Protestant Evangelical churches (Rumun, 2014). The Roman Catholic Church encourages what it considers are natural God-given family planning methods—an umbrella term for various forms of birth control that do not involve any hormone treatment or physical barriers to prevent pregnancy, but instead rely on periods of abstinence from vaginal intercourse during a woman's menstrual cycle such as the so-called rhythm method (Schenker and Rebenou, 1993).

Preceding studies about religion and contraceptive use in Sub-Saharan Africa consider religious influences on contraceptive attitudes and behaviour and the conceptualizing of religious influences have often been denominationally-driven. For example, research in Ghana revealed that men's contraceptive use was entirely accounted for by differences in socio-economic and demographic characteristics (Addai, 1999). Differently, other studies have found a more essential role for religion. For example, in rural Zimbabwe, Gregson, *et al*, (1999) have determined that prohibitions against modern medicine and modern contraceptive use by some church groups were significantly more striking than others, leading to lower contraception use and higher fertility.

2.2.4.2. Historical Background of Pentecostalism and Family Planning

Pentecostalism is a modern movement within Christianity that can be outlined back to the Holiness movement in the Methodist Church. The main emphasis of Pentecostal churches is on Holy Spirit baptism as demonstrated by Speaking with (Other) Tongues (Glossolalia) (Robeck, 2006). Pentecostalism represents the fastest growing sector of Christianity in Africa. However, according to Rhodes (2005), there are three essential division groups within the Pentecostal movement. The original group which came out of the Holiness church tradition (Methodism and Nazarene), perceives three progressive steps in the life of a believer which indicates growth and blessing (Rhodes, 2005). According to Rhodes (2005), the first step is justification by faith, which is defined as the forgiveness of sins that comes from accepting Jesus Christ as one's Lord and Saviour by faith. The second step is sanctification, which can also be understood as the second blessing and was first taught by John Wesley in his, *A Plain Account of Christian Perfection*, originally published in 1738. The essence of this doctrine is an inner cleansing of the heart and infusion of Holy Ghost power, whereby the believer acts in holiness, trying not to practise sin. This is sometimes followed by a third step, which is "Baptism (or In-filling) of the Holy Spirit" as evidenced by Speaking in (Other) Tongues (Glossolalia) or other miraculous signs of the infilling of the Holy Spirit (Rhodes, 2005).

The second division encompasses those who came out of a Baptist background, but were deeply influenced by the Holiness revivals of the late 1800s across Western Europe and North America. The main doctrinal difference of this group is that the Baptism of the Holy Spirit is available to anyone regardless of reaching entire sanctification. The third division is about the Oneness Pentecostal tradition. According to Rhodes (2005), at the meeting which formed the Church of God in Christ (1914), there was much discussion about the doctrine of Holy Trinity. While the majority of Holiness believers held to the traditional belief in the Trinity, there was a growing group which held to modalism beliefs and affirmed that baptism should be done in the name of Jesus alone. Another principle of this group was the requirement to speak in (other) tongues (Glossolalia) as evidence of salvation and the Baptism of the Holy Spirit as a second and subsequent experience to justifying faith. This group went on to form the United Pentecostal Church and the Apostolic Church, among others (Rhodes, 2005). It is clear that within the Pentecostal movement, sexuality was a vital

ethical issue due to the message of abstinence until marriage and the sexual faithfulness of married couples.

Examining family planning in this movement was therefore not easily based on its doctrine and doing mission in a patriarchal society. As van Klinken (2010:15) argues:

Family planning in Sub-Sahara African has given a rise to a critical interest in men and masculinities. This is informed by the understanding of family planning as a gendered issue, meaning that power relations between men and women are unequal and this affects women's involvement in family planning. Dominant version masculinity in African societies are said to encourage behaviour among men that is problematic in...family planning.

Hollinger (2009:161) adds that:

In family planning, the critical issues are the intentions and the methods. The moral issue is really over the use of artificially means of contraception intended to preclude conception.

In addition, Christian churches have made a great distinction between the values of the secular society and the conservative teachings of the church. Society's moral values are conceived as being too accommodating and unhelpful to Christians. For example, the Pentecostal preacher Kumuyi (1988) in his writings, gives a warning that if a disciple of Christ does not seriously emphasize on prayer, Bible reading, studying and meditating on the Word of God, the secular counsellors and the clinics will take advantage of that.

Furthermore, the most controversial issue is invariably condom promotion, which many Pentecostal churches associate with the condoning of sexual promiscuity (Parsitau, 2009). That is why a study conducted in Mozambique reporting on condom social marketing campaign; found that many church leaders resisted giving pro-condom health messages. Based on their beliefs, condom use is often regarded as a sin. Clearly, those who adhere to church teachings would not need condoms. This absolutely stigmatizes anyone wishing to use condom. More broadly, it has been recommended that within certain church groups, condoms have come to represent a tool for unfaithful wives and for single women to partake in pre-marital sex (Marshall and Taylor, 2006). However, the issue of unfaithfulness in the marriage could be addressed on both sides because men can also be sexually unfaithful. In addition, it is the right of the couple to have access to reproductive health services and thereby make informed decisions about family planning. Unfortunately, it has been found that some Faith-

based hospitals, nurses and pharmacies sometimes based fail to give women and men information about reproductive health care, including contraception where applicable.

2.2.5. The Understanding of Pentecostal Churches on Sexual and Reproductive Rights and Family Planning

The Pentecostal church worldwide is characterised by the uniqueness of lifestyle of its members, mostly abstaining from smoking tobacco, drinking alcohol and abstinence of sexual intercourse before marriage for the youth and the sexual faithfulness of married partners. Generally, Pentecostalism emphasizes more on the work of ‘being born again,’ the Baptism and Gifts of the Holy Spirit, and holiness of living as essential aspects of Pentecostal identity. Consequently, the known facts of Pentecostalism are more about breaking the cultural traditions and the bondages on sin. The movement is more advanced and fastest growing in most African Countries, including: Uganda, Kenya, Nigeria, Rwanda, Zambia, Ghana, Zimbabwe etc. (Adogame and Weisskopell, 2005).

Generally, the most common teaching among Pentecostal churches is about sexual abstinence until marriage for the youth and no sex outside of marriage for couples because it is deemed a sin. The most quoted biblical texts used with an attended literal interpretation are the following:

Our bodies were not made for sexual immorality. They were made for the Lord, and the Lord cares about our bodies...Don't you realize that your bodies are actually part of Christ? Should a man take his body, which belongs to Christ, and join it to a prostitute? Never...run away from sexual sin! No other sin so clearly affects the body as this one does. For sexual immorality is a sin against your own body. Or don't you know that your body is the temple of the Holy Spirit, who lives in you and was given to your body? You do not belong to yourself, for God bought you with a high price. So you must honour God with your body (1Cor. 6:13, 16-20).

For you know what commandments we gave you by the authority of the Lord Jesus. For this is the will of God, your sanctification; that is, that you abstain from sexual immorality; that each of you know how to possess his own vessel in sanctification and honour not lustful passion, like this gentiles who do not know God; and that no man transgress and defraud his brother in the matter because the Lord is the avenger in all these things as we also told you before and solemnly warned you. For God has not called us for the purpose of impurity, but sanctification (1Thes. 4:1-8).

It is believed that anyone who refrains from sexual activity before marriage submits her/his body to God. Accordingly, it is important to inquire how this particular church, the PPC in Durban and its teachings have contributed to family planning choices amongst its male members.

Various studies suggest that in Pentecostal churches there is much contradiction on the teaching of sexual personal ethics. By observing the lifestyle, attitudes, beliefs and behaviour of the “born again” students of the Pentecostal church at University of Makerere, Kampala, Sadgrove (2007) explains that women frequently use the “born again identity” as a means of refusing the sexual advances of men, meaning that being “born again” does not automatically prevent one of being involved in sexual activity. In reality, I cannot confirm that the “born again” messages on sexual abstinence among many people and faithfulness among couples are real changing behaviour patterns. Based on the above I agree with the author, that one cannot rely on the teachings of Pentecostal churches by assuming that members are changed and therefore practical examples of family planning are not needed.

Consequently, Ojo (2005) points out that Pentecostal and Protestant Evangelical groups organised some strategies like conducting workshops and seminars based on Bible studies to encourage good relationships among young people and counsel them about the dangers of sex before marriage. In fact, in some Pentecostal churches, two people of the opposite sex cannot pray together in a closed place since this might enable them to sin. They have to be in an open space; if it is a building, they have to leave the door open so that they may refrain from “falling into sin.” Kissing and holding the hands of the opposite sex is not allowed because this is one of the ways that can lead the young people into “sexual sin.” Kumuyi argues that when a young man and young girl are together, their bodies must be clothed in a proper way and it is advisable not to stay alone in rooms with closed doors. According to Ojo (2005), even though the message of abstinence on sexual desire is viewed as normal but in some cases it is seen as more significant because it is regarded as one of the strategies by which to overcome the sexual traps of the devil in this world. In this study, I am looking at Pentecostal Christian men who may have grown up in the same teachings as this and may themselves be teaching the same.

It has further been observed that due to the patriarchal system, African Christian men are more than often the decision-makers about sexual activity and the desired number of children and yet they know little about the health benefits of family planning and spacing pregnancies for mothers and children. In addition, they often recognize very little about the health benefits and various methods of family planning. They resist supporting family planning purportedly because of misinformation that some methods of family planning may harm a woman’s health (Green, 2006; Newmann, 2011).

The literature reveals that there have been studies on different aspects of family planning. However, there are very few that have focused on Pentecostal Christianity's influence on the attitude, knowledge and practise of its members on the subject, even though it has a continuously growing influence across Africa. Even the few studies that have been conducted have focused their attention entirely on women; yet within the African context, men are more likely to be the main decision- makers on family planning. In order to enable the researcher to understand African Pentecostal men's knowledge, attitude and practices regarding family planning with particular reference to the PPC in Durban, I adopted the theory of diffusion of innovation (DOI) and a redemptive masculinities framework.

2.3. Theoretical Framework

2.3.1. Diffusion of Innovation Theory

The theory of diffusion of innovation (DOI) was coined by Rogers Everett (1995) who needed to address a social change in a structural society that prevents the progression of certain unprivileged individuals, mostly women. As Rogers (1995:5) has stated:

Diffusion is the process by which an innovation is communicated through certain channels over time among the members of the social system, leading to social change.

Diffusion of innovation theory has to do with the process through which new ideas and/or practices are welcomed and/or adopted over time. This usually includes four elements: First, the innovation itself that can be an idea, a practice or an object which the adopting unit or individual considers or perceives to be new (Sahin, 2006). Second, the channels through which the innovation is communicated. Third, the time from which the innovation is encountered, decisions made, awareness developed and the different stages and levels of adoption. Fourth, the social system which makes up the boundaries within which the diffusion of the new idea takes place (Rogers, 1983).

We need to involve men as partners in social change mostly by discouraging gender stereotypes that denigrate women. This will allow men to understand the importance of family planning, knowledge which is needed for both the husband and the wife. Nevertheless, it has been noticed that "hegemonic masculinities" have certain disadvantages, not only for women but also other types of "masculinities" which are opposed to oppression (Connell,

1995). Historically, from generation-to-generation oppression has been taking place and this needs to be changed otherwise family planning will not be possible with these types of men. That is why some scholars argue that change may not be easy to accomplish unless men are involved in this kind of social change and take courage to use condoms in protecting their partners from unwanted pregnancies (Dube, *et al*, 2012).

The diffusion of innovation theory (DOI) was used for this study as a lens by which to understand Pentecostal Christian men's knowledge, attitudes and practices toward family planning. Therefore, based on the known facts explained above, DOI theory makes it a suitable theory for my study. Indeed, it provides a very clear framing within which I can understand and explore the practice of family planning which may be considered an innovation by many African Christian men, given the fact that many of the approaches to family planning have excluded men as discussed in the literature review and background to this study.

Utilizing DOI theory also enabled me to see the channels through which this innovation of family planning is communicated to an adopting social system which in this case was the Pentecostal men of the PPC in Durban. DOI theory allowed me to interrogate their levels of awareness about this innovation, levels of acceptance and implementation of the practise, and their beliefs around this innovation which enabled me to understand their attitudes towards family planning. While DOI theory enabled me to understand the level of knowledge about family planning and how the idea of family planning is being received and responded to within a Pentecostal grouping such as the PPC in Durban, it does not adequately enable me to understand the role of the construction of masculinity (in relation to religion) in the process. Therefore, I considered it relevant to also apply the idea of redemptive masculinities as a theoretical framework.

2.3.2. Redemptive Masculinities

Concerning masculinities, western scholars such as Connell and James (2005) present four categories masculinities:

- i. Dominant;
- ii. Complicit;

iii. Submissive;

iv. Protest.

However, as Connell (2000) points out, “hegemonic masculinity” is a main component of patriarchy and is based on an inequality of the distribution of resources and the exercise of power among groups of men and among men and women. The concept of “hegemonic masculinity,” represents for example the authoritative figure, the so-called man of the house, the decision-maker, the protector, the provider and this is seen as a the “ideal man” (Connell and James, 2005). This brings the gender role into the family setting where social-cultural identities are linked to the qualities of constructions of manhood viewing the man as the head of the family and thus the decision-maker on different issues, while women are seen as being passive observers and conservative (Connell, 2000).

However, African scholars such as Morrell (2001:7) argue that:

Masculinities are fluid and should not be considered as belonging in a fixed way to any one group of men. They are socially and historically constructed in a process which involves contestation between rival understandings of what being man should involve.

For example, redemptive masculinities is recently framed and used as a concept among theologians and scholars of religion, key proponents of which include: Chitando (2012); Chirongoma (2012); Dube (2012); van Klinken (2010); West (2012), and Nadar (2012).

Chitando and Chirongoma (2012) provide a detailed engagement with the theory of masculinities from different perspectives. In addition, they recognize that there is no fixed or single understanding of the concept of redemptive masculinities. Scholars have generally used it to present an alternative and life-promoting form of constructing masculinity or “men” as a gender, as opposed to the dominant “hegemonic masculinities” that are oppressive and responsible for many of the ills associated with patriarchy and “being a man” (Chitando and Chirongoma, 2012). Cornwall and Lindisfarne (1994) argue that it is well known that men oppress women but recently it has been found that in every society there is always a form of masculinity which oppresses not only females but also oppresses other masculinities. This

type of masculinity is called “hegemonic masculinity” and is mostly the result of an overriding leading patriarchal culture in a society (1994). In addition, “hegemonic masculinity” gives all power, honour, privilege and freedom to those who possess the leading culture, as a trick in order to control them and then be considered as “real men.” This type of masculinity is related to “subordinate variants” (1994).

Nevertheless, “hegemonic masculinity” is not static; this means that it is dynamic, as it is affected by cultural change in every society (Morrell, 2001). This shows that there is a way of fighting and overthrowing this kind of masculinity which is dangerous in a new generation where STIs including HIV are major concerns when family planning is not well understood by all males in a given society. I therefore concur with Chitando (2007) when he argues that many Pentecostal churches are persuaded that hegemonic masculinities must be substituted with another type of masculinities which accommodates all people, in this context, redemptive masculinities.

Several studies conducted on Pentecostalism and masculinities reveal that the goal of Pentecostal churches is basically to change men, women and children so that they may live a new redemptive life style, by imitating Jesus of Nazareth as role model (Chitando and Chirongoma, 2012). Maxwell (2006) in his study on Pentecostalism explains that the church provides teachings on modernization and gives the example of the founder of the Assemblies of God in Zimbabwe, Apostle Ezekiel Guti who is looking to re-socialize and coach African Christian males on how to live as new creatures in Christ (Maxwell, 2006).

Historically, males have been advantaged in all aspects of life in society resulting in illness in the families. For example De Wall, (2006) argues that patriarchy gives men all the advantages of accepting masculinities that encourage unsafe sexual behaviours which often result in STIs. This shows that men’s family planning in this context is not possible and inevitably brings more destruction upon the family. For example, if a man is not condomising during sexual intercourse, based on his power this may result in infecting his partner with HIV. Consequently, this does not affect only women and children, but men also find themselves risking their lives.

Hunter, *et al*, (2005) argue that the notion of hegemonic masculinity has formed a multiplicity of understandings regarding the vulnerability of men and the response to STI

risk. This includes the dominant constructions of masculinity in South Africa, with norms that encourage the engagement of men in several partnerships and the denigrating of the sexual rights of women have all been shown to contribute to the risky practises of men and poor health-seeking behaviours (Hunter, 2005; Jewkes and Morrell, 2010). Arguing in the same vein, Weinreich and Benn (2004) point out that it has been ideologised by certain men that having several partners with whom to have sexual intercourse without using condom is a proof of manhood and virility.

It is noted that the social construction of a “real man” as being courageous and a sexual forecaster is well-recognized in different societies, which increases vulnerability to STIs as condom use is not often followed. This begins from childhood where boys have been socialized to demonstrate their manhood in sexual prowess. To grow into full manhood, a boy is socialized and taught in his early childhood those factors that will make him a “real man” from women (Lubunga, 2012). These “values” have led many young men to engage in risky sexual behaviours. Accordingly, seeking family planning by negotiating condom use is not possible for the idealized “real man” (Lubunga, 2012; Chitando, 2007).

In order to educate and change boys and men from this kind of misconception, Pentecostal churches have vowed to conduct their divinely-appointed mission given by Jesus:

Therefore, go and make disciples of all nations... teaching them to obey everything I have commended you... (Matt. 28:20).

Chitando (2007) in his study conducted in Zimbabwe found that Pentecostal churches look forward to helping men and boys to learn and remember new ideas concerning other masculinities. In this case, the ministry to children is considered as a channel of transforming or redeeming the boy child from hegemonic perceptions. According to Chitando, in order to transform or redeem men it has to start from childhood. In Rwandan culture, there is a proverb, “*Igiti kigororwa kikiri gito*” (*lit*: “the tree is dressed when is still small”). In the context of this study, it is clear that men need redemption and this has to start as early as their childhood.

It is further noted that in different cultures the thought of a “real man” is understood as someone who utilizes power and brutality in relationships, is rough and unresponsive, does

not recognize the human rights of women, does not show any emotion, does not accept the leadership of women, accepts the use of language that reduces the stature of women, has as many sexual encounters with women as he can, must always be in control, is possessive and dominant, exceedingly competitive and does not fail, addicted to work and so on (Chitando and Njoroge, 2013). Within this generation, an African man who is still in this context in order to follow family planning as discussed in the literature review needs redemption. That is why the concept of redemptive masculinities is more applicable to this study.

In many African cultures, it is expressed that a man does not cry non matter what the hardship he may experience. This means that he is predicated to be risk-taker and bears torture without showing fear or apprehension. Displaying physical power and courage in the face of danger has been demonstrated as key characteristics of what it means to be a “real man” (Lubunga, 2012). However, in this study, the reason for using redemptive masculinities is because it challenges this kind of masculinity that destroys the lives of innocent men, women and children. Redemptive masculinities seek to challenge boys and men to make a contribution towards a more useful and life-giving notion of what a “real man” is about. It is therefore important for boys and men to be saved or liberated from the harmful practises and oppressive ideas of what it means to be a man in different African cultures (Chitando and Njoroge, 2013). Based on this explanation, the concept of redemptive masculinities seeks as well as inspires boys and men to hold on to harmonious relations by avoiding intolerance. In Pentecostalism, the concept has been adopted to encourage boys and men to be “born again” or to be “saved” in the context of their spiritual understanding of who they are and how they relate to women and other men.

These given standards of hegemonic masculinities have led several young men to be involved in dangerous sexual behaviours. Nevertheless, Pentecostalism as the quickest growing Christian movement looks forward to contest these “dangerous masculinities.” In its challenge, the movement tries to ignore this conservative definition of manhood and rather seeks to give a new explanation of gender relations (Chitando and Chirongoma, 2012). In addition, based on different experiences, research has concluded that there is no single way of being a man. According to Walker, *et al*, (2004) the roles that men play in each society provide a reflection on the different experiences of manhood; for instance, they are husbands, fathers, sons, friends and boyfriends. Accordingly, men regularly shift between these roles and different communities have an altering outcome of each man. For example, a church

community may encourage the values of society like family responsibility and spiritual leadership, while young people may recognize the values of violence. Being a man is also defined in relation to other men, women, and children. For example, in a given household a man may be the one expected to make all the important decisions such as disciplining children and controlling the family resources.

From the biblical perspective, in analysing the sermons of Pentecostal preachers, van Klinken (2010) found that manhood or fatherhood is about responsibility, headship, leadership, self-control in relation to sex and alcohol. However, this can be considered as patriarchal in other contexts. Accordingly, redemptive masculinities connotes a life-giving, gender equitable way of being a man, where 'redemptive' seeks to bring in the religious/spiritual dimension to the question of masculinity (Chitando and Chirongoma, 2012). This shows us that positive change is possible in a society where dominant masculinities take place.

Morrell (2001) has argued that where masculinities are constantly being protected and defended, they are constantly breaking down and being recreated. For gender activists this conceptualization provides space for optimism because it acknowledges the possibility of intervening in the politics of masculinities to promote masculinities that are more peaceful and harmonious. I consider this as a useful framework for my study because I am studying men and men's knowledge, attitudes and practices regarding family planning. Gender is largely socially constructed and has to do with a web of relationships; hence, people are not born 'man' or 'woman' but grow up to learn and adopt certain ways of thinking, behaving and acting that categorizes them as men or women (Connell and James, 2005).

Accordingly, redemptive masculinities as a theoretical framework will help me to understand how Pentecostal men in the PPC in Durban have been constructed to think and possess certain attitudes in their relationships with women or other men, in ways that are affecting their knowledge, attitudes and practices towards family planning. Being a study of men, such a theoretical framework will give me insight into what it means to be a man within the context of the study, the effect of their religious beliefs and practices on this masculinity and how it relates to their knowledge, attitudes and practices to family planning. Redemptive masculinities not only helps me to deconstruct the masculinities of these men, but also enables me to excavate ideas and practices within the African Pentecostal context that can be utilized for better engagement with men and family planning.

2.4. Chapter Summary

In this chapter, I have discussed the sexual and reproductive health components, as well as family planning that focus on women and men's involvement in family planning, religion and family planning and the understanding of the Pentecostal churches on human sexuality. The chapter highlighted the two theoretical frameworks adopted by the study and how they are used in this study.

CHAPTER THREE

RESEARCH METHODOLOGY AND METHODS

3.1. Introduction

In this chapter I will present and explain the research methodology and tools I have used in conducting the research. The study is positioned within the interpretive research paradigm and it takes in consideration the subjective experiences of people and qualitative interpretation as well (Gray, 2004; Terre Blanche, *et al*, 1999). The interpretation of phenomenon all over the world is based on the experiences of people by being involved in social life activities. In this present research, I will seek to investigate the perceptions, perspectives and understandings of African Christian men regarding family planning at the PPC in Durban.

According to scholars, an interpretive approach assumes that the experiences of people are well-comprehended by engaging with the research participants and taking into consideration what they say (Gray, 2004; Terre Blanche, *et al*, 1999). Meanings are very important in the interpretation of a phenomenon. That is why Gray (2004:21) points out that “meanings are handled in, and are modified by an interactive process used by people in dealing with the phenomena that are encountered.” It is clear that in the context of this study, it was important to interact with the male participants face-to-face in order to create a good platform whereby the male participants could freely express their feelings and meanings attached to family planning as a phenomenon.

Accordingly, in this chapter I will present the following research design: an introduction to phenomenological study, the research method used in-depth interviews, the sampling process, the process and methods of data analysis, ethical considerations, reliability, validity and rigour, delineation and limitations of the research.

3.2. Research Design: A Phenomenological Study

This research study draws upon phenomenological and qualitative approaches. According to Johnson and Christensen (2012:48) it is recognized that “in the phenomenological research,

the researcher attempts to understand how one or more individuals experience a phenomenon.” In this case, I applied a phenomenological research methodology in this research study because it assisted me as the researcher to make a clear description and interpretation of the “life-worlds” of people’s perceptions, perspectives, understanding of a phenomena or experiences where in some cases connotation is derived from people who are involved in social life of realities (Gray, 2004).

In this regard, in-depth interviews were used to examine the perceptions, perspectives and understandings of African Christian men of the PPC in Durban regarding family planning choices. In this study, my personal engagement with the male participants was very helpful in drawing the meaning of the views from each male participant which was useful for the later stage of analysis. In addition, the meaning of the opinions, views or thoughts of every male participant was drawn out through personal explanation and verification on what each of the male participants was saying during the entire interview process.

Generally, meaning is based on the views, opinions or thoughts of the participants in the research. Grey (2004) explains that meaning is not only derived from the interpretation of the researcher’s external theoretical models of a phenomenon, but is also based on a participant’s thoughts in the research process. This means that the meaning from data obtained from the interviews is not relies upon theoretical approaches, but it also generates relations between the theoretical objectives of the research and my personal understanding of each of the male participant’s experiences of family planning choices.

With regard to the different experiences discovered in phenomenological studies, my research only focuses on the perceptions, perspectives and understanding of family planning. It was very important during the interviews to listen to each of the participant’s perceptions, perspectives and their understanding of family planning. Johnson and Christensen (2012:48) argue that the objective of “phenomenological research is to obtain a view into your research participant’s life-world and to understand their personal meaning (for example, what something means to them) constructed from their experiences.” This is to say, phenomenological study is a tool that is used to achieve an understanding of participants, to explore phenomenon from their point of view, and to understand how they ascribe meaning to a particular object. This helped me as the researcher to find sense, meaning and reasoning

behind a participant's perceptions, perspectives and understandings on family planning choices.

I concur with Grey (2004) and Johnson and Christensen (2012) who recognize that the reliability and value of the data collected should not always rely on the presentation and depictions of the one who is doing research; rather, it must be grounded on the notions, thoughts, patterns, ideas and images raised by the participants themselves. Accordingly, the views of each of the male participants helped me as the researcher to come up with certain themes applicable for analysis of this study.

3.3. Research Methods

Research methods are described as “the tools that are used to gather data” (Dawson, 2007:38). As this study falls within the qualitative research paradigm, then, I used the primary method which according to Dawson (2012:40) “involves the study of a subject through first hand observation and investigation.” In this study, in-depth interviews were used as a source of investigating the perceptions, perspectives and understandings of African Christian men in the PPC in Durban regarding family planning choices. This helped me to comprehend the different views and opinions of each of the male participants regarding family planning choices.

3.3.1. In-depth Interviews

Data for the study was collected through in-depth interviews. In-depth interviews “are one of the main methods of data collection used in qualitative research” (Berg, 2000:1) and was useful for this study because they helped me to gather men's perceptions on family planning which was needed to answer the critical questions.

Qualitative research is defined as “an inquiry process of understanding a social or human problem, based on building complex holistic pictures, formed with words, reporting detailed views of informants and conducted in natural settings” (Cresswell, 1994:1). A total number of ten PPC male members, including their pastor were interviewed using open-ended questions in the in-depth interviews.¹ Du Plooy (2009) argues that the main aim of in-depth interviews is to obtain detailed information. The focus here is on the detailed information on the understanding of African male members of the PPC on family planning choices.

¹ See Appendix III and IV.

According to Du Plooy (2009), an interview is a data-collection method that uses personal contact and interaction between an interviewer and an interviewee. Most of the church members are English speaking because their Sunday service is conducted in English. All the male participants in this research were comfortable using English as their chosen language of communication. All interviews were conducted mostly at evenings after working hours when people had no pressure. The interviews were conducted at a church office which was especially reserved for conducting interviews so as to create a safe space for in-depth interviews with each male participant regarding their personal views on family planning. The interviews were digitally voice recorded and transcribed manually for later analysis. The participants were recorded with their prior consent.² Each of the interviews was conducted one-on-one in a face-to-face meeting between the researcher and the male participants. The interviews were conducted over the course of seven days, from the 06-13 November 2015. Each interview lasted between thirty to forty-five minutes.

3.3.2. Sampling Process

Sampling is described as “the Process of drawing a sample from a population” (Johnson and Christensen, 2012:216). The participants were selected using a purposive sampling procedure. The study focuses on African Christian male participants and purposive sampling is when the researcher selects a sample that can be judged based on available information. This judgment is made on the basis of available information or the researcher’s knowledge about the population (Polit and Beck, 2012).

After receiving all the necessary requirements to start, the next step was to attend a Sunday service of the church. I made a request via the pastor for a short meeting with the men after the church service, who then introduced me to each of them as the researcher. All participants were church members of the PPC in Durban. The church has a congregation of about one hundred and fifty members and some are highly educated at the university level and others are not so well educated, having only finished matric. Some members are employed and others are students.

The pastor gave me a platform to explain my research. After my explanations, I took the contact numbers of those who were willing to participate in my research project. On the day

² See Appendix II.

of selection, the participants were selected based on having been members at the PPC for at least two years. The second criterion was to select African Christian males aged between 18 to 49 years to best ensure that they were sexually active. The third criterion was to see those who have access to the teachings of the PPC. Married men were the only ones allowed to participate in my research because of the assumption that they were sexual active and they would be able to participate in the study without fear of judgment. In addition, Swartz (2014) argues that marriage and contraceptive use are two of the greatest influential factors of fertility. In some cultures, fertility is more directly linked to marriage. In Africa, marriage used to be almost universal and marital fertility is high, whereas non-marital fertility is very low (Swartz, 2014).

In making the selection, when the number of volunteers exceeded ten men, a random sampling criterion was further applied. For example, I checked those had been in the church more than five years, but the pool of prospective participants was still too high. I used the alphabetical order of names to further manage the sample and then the sample of ten African Christian men was obtained. Sampling can be regarded as the process of choosing a representative sample for interview from a whole population in order to draw conclusions about the total population (Marshall, 1994). The reason of choosing ten male participants was because of the nature of my study which is qualitative and thus needs to focus on detailed in-depth information rather than shallow information from a large sample. Richie, *et al*, (2003) argue that as the study goes on, more data does not necessarily lead to more information. In addition, because qualitative research is very labour intensive, analysing a large sample can be very time consuming and often simply impractical. Additionally, the research for a Master's degree by coursework has a limited timeframe. Finally, the small sample size of the church also would not allow for a larger sample to be selected.

After choosing the research participants, I kept all their personal details and appointments were made telephonically and interviews were conducted on the availability of each male participant. Intentionally, I planned to interview ten African Christian men and I succeeded to do so even though it was not an easy task.

In this study, I used a purposive sampling method to choose ten African Christian men who agreed to participate in the research. The aim of using purposive sampling was to identify a

small number of African Christian men who met the criteria of participation in these interviews as per the criteria explained above.

3.4. The Process and Method of Data Analysis

The data produced was analysed using the thematic analysis method. The men’s responses were coded and classified into themes in relation to the overall focus of the study. I could use other methods to analyse qualitative research data, such as content analysis, discourse analysis, comparative analysis and thematic analysis (Dawson, 2007). However, in this research, I preferred to use thematic analysis because it provided a flexible method of data analysis and it could be easily applied to the phenomenon under investigation (Braun and Clarke, 2006). In addition, thematic analysis is a method aimed at identifying, grouping, and recording material within the interview transcripts into main themes that are common among all participants. Such data is organized and described in rich detail, before being subjected to interpretation of the several aspects of the topic under study (Dawson, 2007). According to Braun and Clarke (2006:10), “a theme captures something important about data in relation to the research question, and presents some level of patterned response or meaning within the data set.”

Concerning the produced data and analysis, no changes were made with regard to grammar and syntax so as to ensure the original meaning of each statement. Furthermore, thematic analysis in qualitative research is described as an “inductive thematic analysis” (Fereday and Muir-Cochrane, 2006:2). This means that themes formed during the analysis process of this research project were inductive because they were generated from individual African Christian men regarding their perceptions, perspectives, understandings, attitude and practices of family planning choices at the PPC in Durban.

Phase	Theme
1	Familiarizing yourself with data
2	Generating initial codes
3	Searching for themes
4	Reviewing themes
5	Defining themes
6	Producing the report

Table 3.1. Stages of Data Capturing. Source: Braun and Clark (2006)

In order to proceed to further analytical procedures, I used Braun and Clarke (2006) and with Table 3.1. above, I summarized the different stages of data that I used for data analysis for the current study.

It was useful to track the six procedures as discussed above. It made it easy to internalize an information procedure throughout the research process, as well as serving to generate different themes that addressed my research objectives. During the first stage of data analysis, I identified important statements, either through few words, whole phrases, sentences, or many sentences applicable to the phenomenon under investigation (Johnson and Christensen, 2012). This is to say the analysis of data began during the interview process, where I started to identify themes that would be important to the study. In addition, as the researcher, I was accountable for interviewing the participants and transcribing all information gained from a digital audio recorder. This meant that, as the researcher, I began to have a more general idea during the process of interviews and transcribing the voice recordings. The transcription process also helped my understanding of the phenomenon of family planning among African Christian men at the PPC in Durban. In addition, throughout the process in reading the transcripts, my internalization of the data was more improved. This process assisted me to comprehend statements, phrases, words, and the meaning of sentences to the research under investigation. The presentation and analysis of data in the present research will be demonstrated in the next chapter.

3.5. Ethical Considerations

Concerning the research procedures, I received the Gatekeeper's letter from the church and it was submitted to Research Ethics Committee for ethical clearance which was fully granted to me. Beginning my research, I was conscious of the ethical issues surrounding my type of study which required participants to speak about intimate and/or emotional issues. This holds possible harm to research participants in terms of stigma, embarrassment, feeling judged and other emotional responses. Churchill (1999) argues that research ethics are very important because they help the development of moral standards by which research situations can be handled. These standards apply to all circumstances in which there may be potential harm of any kind of individuals involved in the study.

However, my training as a counsellor enabled me to better manage these issues when they arose as well as skilfully engaging participants in ways that protected them from unnecessary

harm. I was able also to enlist the help of the church counsellor that I could refer the participants to in case they encountered issues of stigma or embarrassment. Hence, it was taken into consideration that the Principal Investigator (PI) would get assistance from the church counsellor in case participants encountered issues of emotional distress related to stigma or embarrassment or recent abuse. The church counsellor was available in case participants displayed emotional distress during the interview. The church counsellor was ready to take appropriate measures in case the above mentioned incidents would occur and interview would be postponed until the participant felt better. The PPC in Durban gave permission for their members to be part of the research and facilitated access to the participants.³ The safety of the Principal Investigator (PI) and the participants was ensured by conducting the interviews in a quiet and safe church office, which was offered by the PPC in Durban, and the building was guarded by a private security company.

It was stipulated that the interviews would not take place without permission being received from each of the participants. It was made clear that informed consent of each participation is voluntary for all participants and that they are free to withdraw at any time during the interview if they no longer want to participate in the study. All interviewees signed informed consent forms before the interviews were conducted.⁴ In addition, all participants were informed about the possible impact of the investigation and that the research would be for the academic purpose of obtaining a Master's Degree at the UKZN. This was confirmed in the letter and consent form attached with measuring instruments.⁵ The research protocol was approved by the Humanities and Social Sciences Research Ethics Committee at University of KwaZulu-Natal.⁶

Since family planning is a controversial subject in many churches, all information gathered and personal details concerning all participants remain strictly confidential and will be kept in a safe place and will be destroyed after five years by shredding. The names of the participants as well as any other personal information were considered confidential and anonymous to the point that they were not mentioned in the research report. In the presentation of data, pseudonyms were used in the study to protect the confidentiality of the research participants.

³ See Appendix V.

⁴ See Appendix II.

⁵ See Appendix I and II.

⁶ See Appendix IV.

3.6. Validity, Reliability and Rigour

The method used to collect data plays an essential role in research and its significance for the validity and reliability of the study. According to Golafshani (2003:598), reliability is:

The extent to which results are consistent over time and an accurate representation of the total population under study and if the results of the study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.

In the same way, Selltiz, *et al*, (1976) argue that reliability is concerned with the consistency, stability and repeatability of the informant's accounts, as well as the researcher's ability to collect and record information accurately. Validity is concerned with the accuracy and truthfulness of scientific findings (Le Compte and Goetz, 1982). In order to establish validity this requires (i) determining the extent to which conclusions effectively represents empirical reality, and (ii) assessing whether constructs devised by researchers represent or measure the categories of human experience that occur.

In qualitative research, credibility and authenticity refer to internal validity where the research asks the following two questions, "Are the findings credible to the people I am studying as well to my readers?" "Do I have an authentic portrait of what I am looking for?" (Denzin, 1989). In qualitative research, "the concept of validity is described by a wide range of the terms" (Golafshani, 2003:602). "Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are" (2003:599).

In order to ensure that validity and reliability were well-catered for, all interviews were recorded using a digital audio recorder. I made an electronic digital CD copy and made the transcripts of each interview available to the person interviewed so that they could verify and confirm the information before putting it into use. This enabled each participant to clarify, make additions and corrections, and thereby enhance the reliability and validity of the research. The transcription of the interviews was done immediately after the interviews and was done by myself as the researcher/interviewer to improve accuracy. As the researcher/interviewer, I also utilized the help of an assistant who compared the transcripts to the recordings and notes to ensure accuracy.

3.7. Delineation and Limitation of the Study

This present study purposely prevents generalized views on family planning among African Christian men in Pentecostal churches. Generalization was not the aim of this research project, rather it seeks to “explain or describe what is happening within a small group of People” (Dawson, 2007:49). This means that information gathered in this research might not give an understanding of African Christian men in the wider Pentecostal movement on family planning services and choices.

The study would be richer if I had been able to interview African women and hear their views concerning men’s involvement in family planning. As this would have been time consuming, it was not favourable to me because I had to travel and wait for each of my research participants. Sometimes I had to wait between thirty to forty-five minutes and this was a challenge because interviews were conducted in the evening after working hours. Speaking about intimate matters in relation to family planning was not easy for men to do due their culture. Indeed, it was often difficult for them to give open answers to all the interview questions. In some cases they were not comfortable to talk issues related to human sexuality and for that reason it would take time to get an opinion from each of the participants. In addition, I interviewed only one pastor. However, if I could have interviewed three pastors, I may have received different views or opinions on family planning and the position of the church on family planning and its teachings.

Finally, data collection for this study is limited to the PPC in Durban and therefore the findings cannot be generalized. In addition, I do agree that if a comparable research is done, it might give different research findings. However, the study seeks to contribute more broadly to African married men who are members of a Pentecostal church and their perceptions, perspectives and understandings on family planning choices.

3.8. Chapter Summary

In this chapter I have focused on the methodology and methods used to conduct the research for this study. I applied a qualitative research methodology in order to get the perceptions of PPC male members regarding family planning choices. However, in conducting a research of this kind, I found that more preparation was needed because of some of the challenges in conducting a research concerning intimate matters in the family setting.

CHAPTER FOUR

FINDINGS OF THE STUDY AND DISCUSSIONS

4.1. Introduction

In this chapter I will present some of the background information of the participants and transcribed material from the interviews. By so-doing, I will indicate the way I came to comprehend the main themes that emerged during the interview phase of the research. In addition, I will provide an analysis of the research in relation to the literature consulted for the study as well as information collected during the interviews.

The outcome of the present study highlights a number of themes identified from interviews with each participant and the analysis of the transcriptions. However, the themes are directed by the responses to the interview questions and are categorized into three broad groups appropriate for analysis of the present research findings:

- i. The interview questions were designed to cover the theme of gender relations in the family setting.
- ii. The multiple factors influencing family planning choices and the individual strategies in meeting family planning needs.
- iii. The challenges encountered by African Christian men in accessing family planning services.

Through these areas of investigation, my goal will be to analyse the knowledge, attitudes and practices of African Christian men regarding family planning choices at the PPC in Durban.

In this chapter I will also outline the main themes from the interviews, particularly in relation to each of the men's knowledge, attitudes and practices in family planning services and choices. The themes which emerged from the interviews include gender relations in the family setting, multiple factors influencing family planning choices, individual strategies in meeting family planning needs and the challenges encountered by African Christian men in accessing family planning services.

4.2. Gender Relations in the Family Setting

4.2.1. Multiple Meanings of Manhood

With regard to gender roles in the family setting, it has been found that society has long defined males and females by their physical attributes. Traditionally, in many cultures, a man is a provider or a breadwinner and holds power while a woman is regarded as submissive (McKenzie, 2012).

According to Connell, being a man confers power. Connell (1995) shows how gender is a notion of power, where a man enjoys the patriarchal advantage due to the general subordination of women. It is also important to look at how African Christian men at the PPC in Durban exercise power over their wives when it comes to family planning choices. Even though being a man confers to power, not all men share this power in an equitable way and not all are personally abusive. For example, Connell (1995) has shown how men oppress women, but some men also dominate and subordinate other men who through hegemonic masculinity have adopted cultural images of what it means to be a “real man.” This helped me to look at what it means to be a man in the context of my study and how this would affect family planning choices for African Christian men in the PPC in Durban.

Connell (1995) also mentions other types of masculinities which are not hegemonic, for example subordinate, complicit and marginalized masculinities. These are defined in terms of race, class, ethnicity or sexual orientation. All typically understand what being a man means contrary to that of hegemonic masculinity (1995). Understanding other alternative masculinities opposed to hegemonic masculinities also helped me to see other types of men in the PPC in Durban who would be willing to challenge the patriarchal views when it came to family planning choices.

Excitingly, what is important to note is that masculinity is changing. According to Morrell:

Masculinities are fluid and should not be considered as belonging in a fixed way to any one group of men. They are socially and historically constructed in a process which involves contestation between rival understandings of what being a man should involve (2001:7).

Arguing in the same vein, Grant (2004) states that masculinity is socially constructed and fluid, resulting in varied forms across diverse times and contexts and mediated by socio-

economic position, race, ethnicity, religion, age, geographic location and other local factors, thereby making it more fitting to signify masculinities (Connell, 1998; Morell, 1998; Adomako Ampofo and Prah, 2009). Elsewhere, Morrell (2001) contents that masculinities are constantly being protected and defended, are steadily breaking down and being reconstructed. However, for the gender militants this conceptualization provides room for confidence as it recognizes the option of intervening in the politics of masculinity to promote masculinities that are more peaceful and harmonious.

In the developing world, it is hard to break down gender roles because of the lower standards and less access to education. This means that women, who are often unable to obtain an education, need to find husbands in order to be looked after. The issue of being looked after is seen as a weakness by women and a manifestation of a man's inherent need to dominate. Consequently, this creates a mind-set which paints the suppression of women as being acceptable. However, when women step out of their arranged gender roles, it means that they are challenging men's role of power and dominion. The man then feels an inborn need to push the woman back into her gender role through any way deemed acceptable (McKenzie, 2012).

In accordance with the literature, the present study also reveals different understandings of manhood. Among the ten participants, six understand a man as being head of the family. Accordingly, Participant #7 reported that:

To be a man is to be the head of the family. To be the head means that being a leader in the family (Interview dated 10 November 2015).

This was confirmed by the Participant #3 when he also reported:

The husband in the family is the head and he is the one who seeks guidance of the family as a leader (Interview dated 07 November 2015).

The term 'headship' is more applied in the family and in the church as well. That is why van Klinken (2011) states that headship applies to the position of men and their roles in marriage and the family. The concept is also more applied by the church when teaching new couples about their biblically sanctioned roles in Christian marriage. The most quoted Bible text in this regard is:

Wives, submit to your husband as to the Lord. For the husband is the head of the family as Christ is the head of the church (Eph. 5:22-23 NIV).

According to the church teachings and understanding of African Christian men in the PPC in Durban, this verse reveals that role of headship was given to men by God. This was confirmed by the Participant #3 where he reported:

To be a man is to stand in the position God, our creator has chosen us to remain (Interview dated 07 November 2015).

To me as a researcher, this is a clear indication of gender traditional conservatism of the participants which denies the leadership of a woman. This was clearly expressed by Participant #3 when he remarked:

Unless if a wife does not have a husband. According to my perceptions there is no way a wife can be a head of the family (Interview dated 07 November 2015).

The concept of manhood meant a lot in the context of my study. The findings show that manhood is about responsibility. In this regard, Piper (1991:36) defines the biblical concept of manhood as “the heart of mature masculinity which is a sense of benevolent responsibility to lead, to provide, to protect women in ways appropriate to man’s differing relationship.” This was confirmed by many participants, including Participant #5 who reported that:

For me to be a man is somebody who is responsible, who acts responsibly, he is a person who does things that bring honour to God. Somebody who takes care his family and extends his care to the extended family and to the society as whole (Interview dated 09 November 2015).

Participant #8 added that:

For me to be a man is about leadership is about responsibility, in other words to be a man is to be a leader or to be responsible (Interview dated 11 November 2015).

The concerns of leadership, in providing and protection in marriage and in family settings, conforms to the concept of patriarchal male headship which is more a dominant-hegemonic masculinities model that denies the leadership of women. This needs to be changed for the sake of family well-being when it comes to family planning choices. The possibility of change has been confirmed by Morrell (2001) when he states that “hegemonic masculinity” is not static. In other words, this means that it is dynamic as it is affected by cultural change in every society. Emphasizing such change and looking at other alternatives of masculinities, Morrell (2001) goes on to argue masculinities are constantly being protected and defended, are constantly breaking down and being recreated. For gender militants this conceptualization provides room for confidence because it acknowledges the possibility for intervening in the politics of masculinities to promote masculinities that are more peaceful and harmonious. I also concur with Chitando (2007) that many Pentecostal churches are persuaded that hegemonic masculinities must be substituted with another type of masculinities which accommodates all people, in this context, redemptive masculinities.

As many participants understood manhood or fatherhood in different ways, other suggestions were about decision-making. Being a man means being a decision-maker. For example, in many African countries, men still play the important role of being major decision-makers in the family, politics, social and economic policies, and religion, as well as being the custodians of the interests of family lineage and community.

In the research findings, this was confirmed by Participant 4# when he reported that:

To be a man means to be responsible is like to be someone who can be a decision-maker (Interview dated 09 November 2015).

This comment shows the kind of constructed manhood or fatherhood that exists in this community where a “real man” is viewed by the decisions he makes in the family. That is

why in many African cultures when a man is humble or shares responsibility with his wife in terms of decision-making then it is said not to be a “real man.”

Participant #2 reported that:

Another quality of man is the one who makes decision in the family, who is not influenced by his wife (Interview dated 06 November 2015).

This is pure hegemonic masculinity which needs to be changed. It is clear that redemptive masculinities is needed; that is why Chitando and Chirongoma (2012) explain that several studies done on Pentecostalism and masculinities reveal that the goal of Pentecostal churches is to change men and others so that they may live new lifestyles, by imitating Christ as their role model.

It was noted in the interviews that being a man or a father means having children. Children are more valuable in African society. Accordingly, why five participants responded that manhood or fatherhood means having children.

Participant #1 stated that:

To be a father first you have to be a man and you must have children as well and be able to give education to your children, take care of them (Interview dated 06 November 2015).

Likewise, Participant #6 reported that:

If you are a man and you are not able to take care of your children, you don't have the qualities of father. There is no fatherhood in you (Interview dated 10 November 2015).

Participant #6 also indicated that:

You become a man you have children to care for and you have a wife to care for. As a father you have to make sure that everyone in the family is secured
(Interview dated 10 November 2015).

Analysing the above quotation, the participant sees manhood in headship which translates in leadership, being a provider, a decision-maker, after which it conforms to traditional hegemonic masculinities. Based on the responses of how they understand men, it is also important to know their understanding of the roles of women in the family.

4.2.2. Men's Understanding of the Role of Women in the Family

Traditionally, it was transmitted from generation to another that a man is a provider and holds power and a woman always submits to him. What however is important in the developed (e.g., the Global North) world is that traditional gender roles are being challenged. Nevertheless, there is still resistance in developing countries (e.g., the Global South) due in part to lower standards and less access to education of women that makes women more vulnerable where in every action she has to be submissive (Staden and Badenhorts, 2009). In the present study, most of men who participated in the research regarded women as helpers. As such, some of the research participants indicated that women are created to be submissive. For example, Participant #3 pointed out that:

The wives in the family stand as helpers of the husbands because husbands cannot manager alone, so they need helpers who will complete the husbands in all dimensions (Interview dated 07 November 2015).

However, the way a woman has been regarded from the beginning is a traditional view of a patriarchal society that both posits and supports the man as being a provider who holds power and to whom women are subordinate. Others view the role of women in the family as being followers.

Participant #2 stated that:

A wife also is the one who has to take care what is in the house (Interview dated 06 November 2015).

If a woman is seen as the one who takes care of the house, she is seen as a housekeeper.

Participant #8 could remark that:

My partner plays a big role in terms of raising children, and also to keep the family functioning properly, for example there some small things like dishing, cooking, washing cloths these may be viewed as small but they are important and it is not easier to see a man doing these kinds of work. Most of the time when a woman is absent in the family is where you realize as a man that she plays big role (Interview dated 11 November 2015).

Being a housekeeper may mean that a woman cannot work; a woman is there to produce children and raise them. However, on the other hand, this may mean that if a woman is not educated she may be at home and take care of her children because they are the gifts from God. Second, if the participant recognizes the importance of woman in her absence, while a man is at home alone this may be a very good recognition of the role of women in the family. But when it comes to washing dishes, cooking, washing clothes and so on, this seems to be a traditional view as it was indicated earlier that gives power to man and views women as being submissive to men. This has to be challenged and changed because a woman is not there to be a slave. That is why van Klinken (2011) argues that patriarchal masculinities are to be deconstructed and replaced with alternative ideals of redemptive masculinities.

Only a few research participants saw the role of women as provider in cases where the woman is employed. This was true of Participant #1 who reported:

She may also participate in terms of provision like materially in case she is working in this case she can help the family (Interview dated 06 November 2015).

In the same way, other participants were not more traditionalist or conservative as they valued the role of a woman in the family. Two participants responded that women can educate children. As Participant #2 could state:

A woman is someone who has to educate the children (Interview dated 06 November 2015).

Even though some participants view a woman traditionally, others see a woman as somebody who can be educated and give education to her children. In the same way, other participants see the various roles and responsibilities in the family need to be shared. This is a clear indication that there is a progressive change with men in the present study. It also shows that when it comes to family planning, these types of men are more eager to share the responsibility with their partners. Accordingly, the research findings clearly show that there is a progressive change among the participants. That is why Morrell (2001) points out that “hegemonic masculinity” is not immobile, but is dynamic and affected by cultural change in every society. This means that if a wife and husband can work together to educate their children, they can also share the responsibility in relation to family planning.

In the regard of educating children, Participant #9 was able to confirm:

I will say both us as parents play a big role of helping each other in upbringing their children together in a godly way if I can say. They work together to find basic solutions I mean in terms of assuring education of children, spiritually and academically (Interview dated 12 November 2015).

Participant #7 could also state that:

Working together is about partnership, you work together with your partner. To share opinions and ideas, to share life, everything to help each other that is partnership (Interview dated 10 November 2015).

This is how men should think or treat women in every society. Accordingly, this will facilitate family planning services and choices for the benefit of family well-being. However, it is also clear that the participants have different approaches to the gender roles for women

because some women are regarded as partners or companions. This means that some women have the role whereby a man can share ideas with her; another male participant shares decision-making with his female partner, while yet another shares common ownership with his female partner in the family. All this shows the presence of other alternative masculinities that seek to promote a better life for women, namely, redemptive masculinities.

Through the research findings, men did not share the same understanding of the roles of women in the family. Based on the responses, some male participants still hold on to the traditional view that sees a woman as a helper or a house-keeper. These are the patriarchal men who actually need to be challenged in their perceptions of family planning choices. According to the research findings, what was of particular interest was that the understanding of the role of women among the participants was not all the same. In other words, these Pentecostal men did not share the same perceptions towards women. In fact, the study results demonstrated the construction of manhood in the PPC and how this could affect their family planning services and choices. It is clear that the traditional view needs to be challenged by the redemptive masculinities. That is why scholars have generally used it to present alternative, life-promoting forms of constructing masculinity or “men” as a gender, as opposed to the dominant “hegemonic masculinities” that are oppressive and responsible for many of the ills associated with patriarchy and ‘being a man’ (Chitando and Chirongoma, 2012).

Due to the different approaches of gender roles, the research findings reveal that the construction of manhood or fatherhood has affected their knowledge, attitudes and practices towards family planning in the way of attending services and the choices they have made in family planning choices, mostly for those who still hold on to the tradition view. This will be made clearer in the next section where I consider the multiple factors that influence family planning choices.

4.3. Multiple Factors Influencing Family Planning Choices

4.3.1. Knowledge about Family Planning Services

The research findings reveal that the use of family planning methods depend on an individual understanding about the different family planning methods. In order to know the overall understanding of family planning, the study sought to explore the male participants’ general

knowledge, perceptions and practices about family planning methods and their sources of information.

All participants knew about family planning but in different ways. They were able to explain their understanding about the concept of family planning and its major purposes. Some believed in doing family planning and others were totally against the use of family planning methods due to their approaches and perceptions about family planning. For some of the participants, the reason given for family planning was that of spacing and limiting the number of children. Among the ten participants, five defined family planning as a way of limiting children. Accordingly, some of the research participants such as Participant #6 could state that:

Family planning is about planning for the family, how should be the size of the family, according to the source of income. This is generally how the mother and father think together how many children you want to raise considering the resources that you have (Interview dated 10 November 2015).

Likewise, Participant #1 could remark that:

Family planning is about the limitations of the births of children or birth control (Interview dated 06 November 2015).

However, the most common sources of information that the research found were church, the media, schools and friends. The church and media were attributed as the main sources of knowledge about understanding family planning services and the methods to use. In the study, six participants identified television and the church as their sources of knowledge. In South Africa, radio, television and church services become very effective tools for communication in most cities and towns throughout the country. This is why some methods were not used by the participants due to how they are portrayed by television.

Participant #3 who used church and media as sources reported that:

I got information from media, church and others (Interview dated 07 November 2015).

In addition, about four participants mentioned schools and friends, neighbours, and spouses as their sources of family planning services. Accordingly, Participant #10 stated that:

I got this information from the media, neighbours, my wife and friends as well
(Interview dated 13 November 2015).

It is obvious that the decision to use family planning services and the choice of method to use could also be introduced by others such as spouses, friends and neighbours. Hence, social networks play a vital role in family planning decision-making.

The findings from the research participants reveal that the DOI theory enabled the researcher to see the channels and ways through which the innovation of family planning is communicated to its adopting system which in this case are the male members of the PPC in Durban. The theory allowed the researcher to interrogate the research participants' level of awareness about family planning, as well as their level of acceptance and implementation of practices, their beliefs around this innovation of family planning and their attitude toward family planning choices. With the findings received, the DOI theoretical framework enabled the researcher to understand the level of knowledge about family planning, how the idea of family planning is being received and responded to within these Pentecostal men of the PPC, Durban.

In addition, about nine participants mentioned the condom as the most common and popular modern family planning method they know; yet this form of contraception was not used by everyone because of the way it was portrayed by the media and the church. About seven participants were familiar with contraceptive pills while eight participants knew about injections. The natural methods—mostly abstinence from vaginal intercourse—was known by six participants while the Calendar or Rhythm method was known by only one research participant.⁷ Withdrawal (*Coitus Interruptus*) was another kind of natural family planning method which participants were not familiar with. Only two participants knew about withdrawal (*Coitus Interruptus*). Other modern methods which were not common to the

⁷ Also known as the Standard Days Method of birth control, it is based on a record of the length of a woman's previous menstrual cycles and is a method of tracking the days of a woman's menstrual cycle without observing her physical fertility signs.

participants were surgical vasectomy known by three participants, Norplant, known by one participant and tubal ligation for women also known by one research participant. Using the diffusion of innovation theory in this study, I was able to explore how some family planning methods have been adopted at different levels and implemented by African Christian men in the PPC, Durban. What seemed to be boundaries from becoming fully involved in family planning within the church had to do with the construction of manhood and womanhood in the families and society (Rogers, 1995). Family planning would be better understood if it is viewed as a shared responsibility.

4.3.2. Individual Strategies in Meeting Family Planning Needs

The research findings revealed that every man has his own strategies based on the methods he opts to use with his female partner. However, as a Christian group, prayer was found to be a common strategy among the participants. Reading books, searching for information on-line and speaking to elderly people and lecturers were also other strategies found among the participants. Meanwhile, sticking to the natural family planning method was the primary strategy for the participants.

Participant #8, who was eager to use family planning, expressed it in the following manner:

It is to stick to the one I was familiar with and continue informing myself through many channels, mostly increasing education in family planning so that I may not be easily cheated by anyone. Prayer as well is important because it brings wisdom in family matters (Interview dated 11 November 2015).

The reason of using different mechanisms in strategic family planning needs was mostly to know the advantages and disadvantages of the most popular methods. Participants were willing to learn more because some of them felt that they are very behind in family planning. Writing about the importance of men's involvement in family planning when they are informed about their input, Varkey, *et al*, (2004) argue that research studies have already shown a positive input in involving men in maternity care and increasing communication between partners about the size of the family and family planning strategies (Lundgren, *et al*, 2005). In this regard, a qualitative research study was conducted in Tanzania which found

that gender equity is related to lower fertility due to family planning methods being adopted by couples (Larsen and Hollos, 2003).

These were the most expressed reasons about strategies used in family planning needs.

Participant #9 reported that:

The strategies are about reading more books about family planning either approaching elderly, those who have done it and see their challenges; I mean the advantages and disadvantages of each method that exactly I can know. As I am a student I may even ask lecturers, or with the internets, it is easier now I can punch in Google and find any information, and I can find some solution for a given time. Learning as well from other evangelical churches how they have approached the topic of family planning will help me as well not to stick to old information based on my belief thinking that they are the best (Interview dated 12 November 2015).

The research findings also revealed that counselling was used as strategy in family planning. As Participant #3 could state:

This depends with individuals, as I said when people want to do family planning we do individuals counselling and at the end of the day it is a couple that has to choose the methods which are applicable to them as long as it does not violate the word of God (Interview dated 07 November 2015).

It seems that the strategies used by the participants were few in number. The reason behind this is that all the research participants demonstrated that either they practice family planning or they do not. This research result reveals that gender roles and norms concerning masculinities and heterosexual relationships can hinder birth control and the spacing of pregnancies in family planning. For example, men might be eager to admit the contraceptive use of women, but are indisposed to tolerate the cost or perceived risks of family planning as it has been researched in Bangladesh (Schuler, *et al*, 1996). This means that those who accept family planning stick to the methods already adopted and do not try alternatives, while there are those who do not believe in family planning and remain like that. However, this may

create a conflict in the marriage, because if an individual sticks to one family planning method and only later finds that it is not working, choosing another method may be difficult. George and Jaswal (1995) argue that when women wanted to introduce condom use as a family planning method, of-times it resulted in domestic violence.

It is clear from the research interviews that these strategies may not be favourable to women in the PPC when a man refuses to apply any family planning method. Pulerwitz, *et al*, (2006) argue that in many different parts of the world, the domination of women pushes many to have unprotected sexual intercourse; this being taken as tolerable way of submitting to male power and manhood and masculinities as well as supposed male rights over women's bodies. De Wall, (2006) maintains that patriarchy gives men all the advantages of accepting masculinities that encourage unsafe sexual behaviours which often results in STIs. In this regard, it should be noted that the social construction of a "real man" as courageous and a sexual forecaster is well recognized in different societies, which increases vulnerability to STIs as condom use is not possible in family planning or STI protection as was the case in the PPC in Durban where some of the male research participants expressed their dislike of condom use. This reality needs to be changed. Chitando (2007) in a study conducted in Zimbabwe found that Pentecostal churches look forward to helping men learn and remember new ideas concerning other masculinities in boys and men. In this case, different ministries such as child and men ministries are considered as channels of transforming or redeeming the boys and men from hegemonic gender perceptions.

It was clear from the research interviews that some family planning methods were not well known and for that reason could not be used. However, in the next section I will focus on the role of a female partner in family planning choices.

4.3.3. The Role of the Female Partner in Family Planning Choices

According to Sharen and Valente (2002), the decision to use family planning for spacing children and thereby limit the number of children a woman will have is not totally a personal decision. Discussion between a husband and a wife has to be a first indicator of the degree of understanding and acceptance of family planning practices that couples will be willing to accept and use. The participants in the study were involved in discussions about the methods to use and spacing the births of children and the number of children to have in family

planning. Among the male participants in the study, four reported that they had discussed family planning with their spouse. Hence, Participant #4 reported:

There was a discussion, she said one and two pregnancies they follow one another and to avoid of having children who cannot carry one another, we can take a period of one or two years, and there will be spacing of the children and a child will be old enough to be followed by another one and you have another one and so on. We started the discussion like that (Interview dated 09 November 2015).

In African culture, it is generally known that men are the ones who want more children and are the ones who make decision about children. This has been confirmed by Isiugo-Abanihe (1994) when he argues that in many African family settings, fathering children is a sign of virility and status. A study done in Democratic Republic of Congo, Fortier (2013:2) confirms that:

Traditionally, having many children symbolizes high social status. And dowry suggests that women must bear many children as way to repay it.

This is a clear indication that many African men want children, even though it conforms to patriarchal norms with respect to the role of women in the family. Although the reproductive decision-making can be discussed and decided by both the husband and wife; it is the man's decision about the size of the family which creates conflicts among couples. Accordingly, as Dodoo (1998) and Adomako Ampofo (2004) have shown, reproductive decision-making remains a challenge for many couples resulting in disagreements concerning unwanted pregnancies (Dodoo, 1998; Adomako Ampofo, 2004). Interestingly, in the present study, the research findings reveal that in some cases women were the ones who wanted more children in the family and hence they were the ones who influenced their partners to have more children.

Participant #8 could affirm:

My wife plays a big role in family planning choice. In the beginning of our marriage we agreed that we are going to have one child. Later on, she started telling me that we have to plan for the second one and I refused because I had no money to support the second child. Even the parents came in advising me

to have the second one, saying that one child is not enough and because of missing other one the first one will be useless (laughing). So, finally I was convinced by my wife to have the second child. She played a big role (Interview dated 11 November 2015).

In some cultures, the discussion of numbers of children that the partners should have is considered as a taboo but in this study, this was not an issue. The DOI is more understandable through the channels of communication (Rogers, 1995). It appears that communication between partners with regard to the number of children and the use of contraceptives increased due to the level of men's education. It is understandable that communication between partners or discussion is a key factor in acceptance and continued use of family planning methods as such discussions permit partners to exchange new ideas and explain information which might change some wrong beliefs about family planning methods. Open discussions between partners about family planning also gives each of the partners an opportunity to discuss family size preferences and the means to financially supporting them. This was indicated by Participant #8:

It is a way a husband and wife sit together, plan and discuss how many children they want to have based on the income they have (Interview dated 11 November 2015).

This is an indication that women play a great role in family planning choices. However, among the factors that influence family planning choices, personal beliefs and preferences also were identified in the present study.

4.3.4. Personal Beliefs and Preferences on the use of Family Planning Methods

Many couples around the world use rituals, herbal approaches and similar practises to control fertility for cultural, economic or personal reasons. Although, many of these beliefs and practices are totally unsuccessful as methods of contraception—and some are even dangerous—certain aspects of these indigenous beliefs can be used to promote family planning (Keller, 1996).

The research findings from research participants and also from the literature consulted demonstrated different beliefs and preferences in family planning choices. The participants

chose to use certain family planning methods based on their understanding of the Bible and the side-effects of the methods they wished to use. Of the ten participants however, four preferred to use natural methods, including abstinence from vaginal intercourse and the calendar or rhythm method. Accordingly, Participant #2 stated that:

According to my understanding and also as a Christian I prefer to use calendar method because it doesn't have any side effect like other methods. Condom is not good for Christians according to my faith because when I use it there is no contact of man and women. Other methods are not also good because when I use them there is violation of the laws of God (Interview dated 06 November 2015).

Analysing the above quotation, it is not clear why the participant refused to use condoms based on his interpretation of the Bible. This is not really helpful in family planning and it affects woman in many ways. In one of the Pentecostal churches in Durban, I received the testimony of a woman who had been experiencing side-effects from a modern contraceptive method she had been using. There was no agreement between her and the husband on the use of condoms. The husband refused to use condoms based on his Christian faith and understanding. She was obliged to use a modern contraceptive method but later became seriously ill, resulting them in calling a pastor to pray for her. According to her testimony the pastor warned the husband that if his wife continued to use the same contraceptive methods she would die. Shaking with fear, the husband agreed to use condoms in order to save the life of his wife. From that time onwards, his wife was fine.

Even though the research findings revealed that in the PPC there were some men who have negative attitudes towards the use of condoms, it may be the role of their wives to communicate the importance of condoms. Based on the clear testimony from the above-mentioned woman and the application of DOI theory, women in the study could be channels through which innovation in family planning would be introduced. What is important is that the theory allowed me to interrogate their levels of awareness about this innovation, as well as levels of acceptance and implementation of the practices, and their beliefs around this innovation, all of which enabled me to better understand their attitudes towards family planning.

Although many participants preferred to use natural birth control methods, two participants preferred to use condoms, one participant preferring to use it in case his partner was HIV+. For example, if the one partner is HIV positive and other one is HIV-. Participant #3 thus reported:

Let me start with condom. I don't support it unless it is used by a couple and one of them is HIV positive (Interview dated 07 November 2015).

It is clear from the interviews that the choices of family planning made by the participants were not all the same. A major issue among almost all participants was that they did not recognize the double role that condoms play, namely, prevention of STIs and family planning. In the literature consulted, this dual role of condoms was confirmed by Bauni and Jarabi (2003) where they argue that condoms are currently the most effective method because of its double purpose of the protection from falling pregnant and preventing the sexual transmission of STIs. However, one participant preferred to use condoms so as to avoid any side effects that may cause harm to him or to his wife by the use of alternative methods of birth control. Accordingly,

Participant #9 remarked that:

I think both methods male and female they complement each other. To me at a certain period I can choose to use condom or during other time she can use injection. To me there is no best method because it is like shared responsibility, so both of us we have to comply. However, if it comes specifically to man, I will choose abstinence for a certain period and other short period using condom if it comes to male. But if it comes to both of us because it is shared responsibility she will...let me get injection, in three months, she stops and we adopt other method. This will depend with the prescription from the doctors (Interview dated 12 November 2015).

Analysing carefully the response of the above participant reveals the progressive change that is taking place with respect to men's understanding of family planning. In fact, family planning is becoming a shared responsibility and men are beginning to understand it. Ignoring the need of family planning is not a good idea for the well-being of a family. Ndong, *et al*, (1999) argue that even given these vital roles which are played by men, less attention is

being paid to their sexual and reproductive health needs which involves them sharing the responsibilities of such between their spouses as equal partners.

In the present study, the research findings also reveal another modern method which was not popularly used, that being surgical vasectomy. The refusal of surgical vasectomy was based upon the misconception of African men and their love of children. For example, Participant #3 stated that:

Vasectomy! For me I will not advise it because you may need to give a seed in the womb for your partner. It is an irreversible method once you have done it. For example in case your children passed away and you want another child, how are you going to give a seed when you are castrated? Vasectomy is dangerous for African Christian men where we value children too much. Not only in the society even in the church this method is more shameful, I don't think that to use it is wisdom (Interview dated 07 November 2015).

Similarly, Participant #8 reported that:

Beside religious people even other ones say vasectomy is not for humanity. I don't know even if you can find support from the Bible even though the condom may not be supported by the Bible but I have never done the research on this method maybe next generation will know about that but as so far I don't accept this method (Interview dated 11 November 2015).

With this response of the participants towards surgical vasectomy, it is clear that children play an important role in the family and that is why the use of vasectomy is often regarded as taboo. Due to great improvements in its scientific method, surgical vasectomy is today a simple, safe and cost-effective method of fertility regulation for men. It has been noted that surgical vasectomy has lagged far behind the prevalence rates of female sterilization in the world (Jacobstein and Pile, 2007). Nevertheless, in the past years, Demographic and Health Survey (DHS) studies conducted in twenty-one nation-States across Africa revealed that surgical vasectomy is little known, heard, used and even frequently ignored. For example, in Sub-Saharan Africa, excluding Ghana, Kenya, Malawi and Uganda, a number of men had never heard about vasectomy (Jacobstein and Pile, 2007).

4.3.5. The Issue of Side Effects

A human body functions differently based on the immune system which may be low or high. In such cases, the body may experience many challenges, including sickness and the side effects of family planning, etc. In the present study, the research findings revealed that some of the male participants reported experiencing side effects in using certain forms of family planning methods. In some cases, when the couple uses these methods of family planning, even some of the women experienced sexual problems. For example, a lack of sexual interest due to side-effects of certain preventative methods that couples chose to use and this created a challenge in initiating sexual intercourse. Accordingly, Participant #4 remarked that:

The challenge is based on this method that my wife is using and sometimes there is no sexual motivation in the family due to side effect. Means that if I want to have a sex with my wife, I don't do that because my wife sometime is not in good mood of having sexual intercourse due to the site effect of the family planning method she is using (Interview dated 09 November 2015).

From the above transcript, it is clear that it is important to involve men in family planning. This is a shared responsibility, where if a method is not working, the couple should look at using alternative methods rather than sticking to one method used by a woman and yet she is experiencing side-effects while a man is complaining about her lack of sexual desire. In particular, the family planning method that was cited as not working for this man's wife was the contraceptive injection.

4.3.6. The Influence of Religious and Cultural beliefs on Family planning

4.3.6.1. Religious Teachings

Generally, the teachings of Pentecostalism all over the world are similar. Mostly, the emphasis is on personal ethics, which in the main is concerned with human sexuality and the sinful nature. Ojo (2005) points out that Pentecostalism considers any sexual activity before and out of marriage as a sin. On other hand, it is held that women and men who refrain from sexual activity before marriage or who are sexually faithful in the marriage submit their body to God (Ojo 2005). That is why Srikanthan, *et al*, (2008) state that the literal interpretation of the Bible has resulted in condemning the use of contraception methods mostly by Pentecostals and Protestant Evangelicals, maintaining that they violate the commandment of

God in Genesis 1:28 to “be fruitful and multiply.” In order to fulfil their God-given mission, Pentecostal churches organize teachings or seminars in different departments of the church. For example, Ojo explains that Pentecostal groups are motivated to conduct seminars and prepare Bible studies to encourage healthy relationships among its members and counsel them about the risks of pre-marital sex. Young people can be friends but no sexual sharing is allowed (Ojo, 2005).

Although sexual desire is normal, Christians are expected to refrain, because there is spiritual value in total sexual abstinence and it is one of the ways through which to overcome the temptations of the body, the devil and the world (Ojo, 2005). In general, Pentecostal churches through their friendly activities and teachings do prepare their young people to better understanding their sexuality. That is why Kumuyi (1998) has excluded any idea of safe sex involving the use of condoms or any other contraceptive methods. He maintains that young women have to recognize how not to attract men and young men also have to discern the ways in which they have to abstain from all sexual activity until marriage. Hence, the only way to understand safe sex is abstinence from vaginal intercourse.

Concerning doctrinal beliefs among Pentecostal churches on the concept of marriage, they try to construct a marriage pattern that is totally different from the modern societal norm. According to Ojo (2005) marriage was a God-ordained institution from the beginning and that all human beings must marry. In marriage, it is only monogamous heterosexual relationships that are permissible and polygamy is totally condemned. Wives should be obedient and submit completely to their husbands, while the husbands have to love their wives as the Bible commands. Roles in the family are taken as a mutually shared responsibility and sexual relationships should be kept within marriage to the prohibition of others. However, there is no agreement on the use of modern family planning methods (Ojo, 2005). That is why when it comes to sexual and reproductive health decisions such as the size of the family, some scholars explain that the suitable conditions for contraception and choice of contraceptive methods are reserved for the personal decision of the couple (LaHaye, 1998).

Religion is one of the most significant social institutions that possess an enveloping effect on a range of aspects of people’s lives, attitudes and behaviours. The implication of religion in understanding the behaviour of individuals, groups or even communities is demonstrated by Bellah (1973:45) who defines religion as:

A unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden beliefs and practises which unite into one single moral community for all those who adhere to them.

Based on the consulted literature, the findings reveal that the teachings of the church are based on the doctrinal belief that its members should maintain the use of natural periodic abstinence from vaginal intercourse in order to avoid violating the Word of God. Because many people are bound to uphold the doctrines of the church, most of the research participants followed natural methods of birth control. Based on the research findings it was discovered that among all the participants, the teachings of the church contributed a lot to the six participants. However, because of the different cultural and multi-ethnic backgrounds of its members, family planning in the PPC in Durban was very interesting because people do not have the same cultural background. While the dominant language in the church is English, there is much diversity as its members come from different countries.

Only four of the research participants responded that they were not in line with the teaching of the church. This is an indication that their religious position and teaching regarding family planning played an important role in influencing family planning choices. Among those who drew from the teachings of the church, Participant #1 reported that:

I think as a member of Pentecostal, the teaching of abstinence is my best method and this led me to apply it, stick to it as a person who is worried to see my family being healthy. I have to pay attention to the method that I have to use especially this abstinence so that I can have children that I will be able to support; I mean support in terms of education and provision of the shelter as well (Interview dated 06 November 2015).

Similarly, Participant #2 also confirmed that:

It contributed to me a lot as a male believe for example learning how to use the calendar method, how to protect myself and family. It helped me as well how to plan of having a child in wished time. So, to do this we have to count and it takes time and effort. We have to see when my wife will have ovulation

when we use the thermometer so that in the time of ovulation we may not practise sexual intercourse (Interview dated 06 November 2015).

In light of the above responses, the preferred forms of birth control were natural family planning methods⁸ due to the teachings of the church. According to a review of the literature and in the background of the Pentecostal movement worldwide, the most common teaching among this movement is that of sexual abstinence until marriage for the youth and no sex outside of marriage for couple because it is deemed a sin. The most quoted scriptures in this regard, which are used with A literal biblical interpretation attached, are: 1 Corinthians 6:13, 16-20; 1 Thessalonians 4:1-8 (Adogame and Weisskopell, 2005).

The research finding reveal that modern methods⁹ such as condom use were condemned by many of the research participants. Even the consulted literature revealed that condom use is not favourable in the teaching of many Pentecostal churches. For example, in reporting on the Jeito Campaign in Mozambique, a condom social marketing campaign had found that church leaders regarded pro-condom health messages as being sinful, based on the conviction that those who strictly adhered to church teachings would not need condoms. This absolutely stigmatized anyone wishing to use a condom. More broadly, it has been recommended that within church groups that condoms have come to represent a tool for unfaithful wives or for those who wish to engage in premarital sex (Marshall and Taylor, 2006). However, the issue of unfaithfulness in the family could be addressed on both sides because men can also be unfaithful. We need to involve men as partners in social change mostly in discouraging gender stereotypes that place women behind and take courage to use condoms in family planning and the protection of partners from STIs (Betron, *et al*, 2014). Various studies suggest that in many Pentecostal churches there is much contradiction on the teachings on sexual behaviour. By observing the lifestyle, attitudes, beliefs and behaviours of Pentecostal

⁸ Natural Family Planning (NFP) is the general title for the scientific, natural moral methods of family planning that can help married couples either achieve or postpone pregnancies. NFP are based on the observation of the naturally occurring signs and symptoms of the fertile and infertile phases of a woman's menstrual cycle. No drugs, devices, or surgical procedures are used to avoid pregnancy. These include periodic abstinence, withdrawal (*Coitus Interruptus*) and the Calendar or Rhythm method (Smoley, 2012).

⁹ Modern family planning methods refers to those technical methods used by both men and women which are more effective than the natural methods. In addition to providing significant protection from unwanted pregnancies, modern methods such as sterilization, hormonal methods and condoms share certain characteristics, including that they are based on a sound understanding of reproductive biology, follow a precise protocol for correct use, and have been tested in an appropriately designed study to assess efficacy under various conditions (Lundgren and Karra, 2012).

“born again” students at the University of Makerere, Kampala, Sadgrove (2007) can explain that women use a “born again identity” as a way of refusing unwanted sex from men, meaning that being “born again” does not automatically prevent one from being involved in sexual activity. In reality, we cannot confirm that the “born again messages” on abstinence among many people and sexual faithfulness and fidelity among Christian couples are really changing messages of their behaviour (2007).

However, some scholars see the message of sexual abstinence as important in churches. Ojo (2005) comments that even though the message of abstinence on sexual desire is viewed as abnormal, in some cases it is seen as more significant because it is regarded as one of the strategies by which to overcome the sexual entrapment of the devil in this world. Furthermore, the research findings revealed that some of the male participants did not believe in family planning, however, what they believed in was drawn from their Christian belief. Accordingly,

Participant #5 could state that:

My view is that men should not use this kind of family planning methods. For me as a Christian I don't real believe in this thing of family planning because it is the way going against the plan of God. Yes...we need to be responsible for the number of children we have but once someone got the age of having a family for me I don't go by a method of family planning. God has deposited enough resources to cater for everybody, except that men become selfish and then some are very rich and others are very poor. If there is a good way of redistributing these resources, everybody should have enough to eat, drink and study. So, that is why I believe in re-distribution of resources for people of God to live rather than family planning (Interview dated 09 November 2015).

Participant #8 went on to say that:

Generally, the teaching of the church is about the children are the gifts from God. In general among the Pentecostal churches 90% of teaching is encouraging births of children in abundance. And 10% or even less is about be careful because more you have children more the problems arise. To be honest with you this teaching didn't enter into my heart. I was born in family

as the 10th child and I am the only one who managed to go to school and yet my family was considered as a rich family but my siblings were not able to reach school. Yes of course the teaching which contributed much to my own choice was the one that says sit with you wife and plan together the number of children you are going to have (Interview dated 11 November 2015).

According to Participant #5, family planning is not good, as it is a direct act against the will of God. Instead, he believes in the re-distribution of resources so that children born from any family may have all the necessities. When he uses the term re-distribution, he expresses the belief that there should be no poor family on the earth. This means that all resources in any community should be shared equally for the sake of every family's well-being. However, we should also consider a woman who has to give birth to all these children and the amount of attention they will need when born. Having children even if one has all the basic needs, parents still need appropriate time for their children.

4.3.6.2. Cultural Teachings

In many African cultures, children are regarded as resources and in some communities it is not allowed for a couple to discuss the number of children they want to have because children are considered as gifts from God. For this reason, this has often been seen as a barrier in adopting family planning methods. Some cultural teachings oppose some of the modern methods of birth control, such as surgical vasectomy, it is being assumed that once it is used, a man is no longer a man because his manhood has been taken away. In different cultures, manhood is constructed through sexual performance and once a man has undergone surgical vasectomy, he is thought not to be able to perform sexually because he is unable to impregnate a woman. Accordingly, Odinga (2011) has shown how the *Luo* people have constructed manhood and masculinity based on sexual performance. This was expressed in a court of law when a woman wanted a divorce due to the humiliation of being accused that she was not fertile:

We have lived together as husband and wife for seven years but have no child. I am asking divorce because Gudu Asiyo cannot impregnate a woman. I had a sexual intercourse with someone other than Gudu on the first day of my marriage. Gudu did not consummate our marriage and for the last seven years we have not have sexual intercourse. Gudu was previously married to three other women. One of these women for whom I was replacement bride because she couldn't give birth. All these women

were unable to conceive. They left him and now they have children (Odinga, 2011:466).

Based on the above, it is clear that, in the *Luo* culture, when Oluma declared that her husband was not a man like other men, she was basing this on the social construction of manhood and masculinities of the *Luo* peoples where the ability of the man to perform sexual intercourse and impregnate a woman is paramount (Odinga, 2011). In the present study, surgical vasectomy was misunderstood as a way of castrating men and once a man is castrated his manhood is gone and he can no longer be a man. It is for this reason he cannot perform sexual intercourse and not sire children. That is why some participants stated that they cannot undergo surgical vasectomy. Accordingly, Participant #3 stated that:

For example vasectomy, is regarded as taboo because people don't want to hear about that and as African men, this is about manhood. When you are castrated, means that you manhood has gone, you cannot have a child anymore. I think even if you hid and do that if people find out that you have done it as a man you will be stigmatized in the society. You cannot sit together with other men (Interview dated 07 November 2015).

Based on the research findings, surgical vasectomy was misunderstood as a form of castration. Accordingly, it was thought that once a man is castrated he cannot perform sexual intercourse and he cannot have biological children. This is an indication that some cultures influence African men in family planning choices. Men are taught that once they have a vasectomy their manhood will no longer be there. In addition, even if people discover that a man is using surgical vasectomy as a method of family planning, that man will be stigmatized by the community. This is why the method of surgical vasectomy was not found successful among African Christian men in the PPC Durban in relation to family planning.

4.4. Challenges Encountered by African Christian Men in Accessing Family Planning Services

4.4.1. Cultural Prejudice

African Christian men often encounter challenges in accessing family planning services. The reason for this may be cultural prejudice around family planning and religious misconceptions towards family planning. The research findings of this study reveal that the

male participants from the PPC in Durban have also experienced many challenges. It was found that many African Christian men are not open to talk to women or young men about family planning matters. Among the ten participants interviewed, six reported that they found it difficult to talk about family planning services even to nursing staff. Accordingly, Participant #8 reported that:

I feel ashamed to tell a nurse that I am coming for family planning. Remember the first question that you asked me about being a man. Imagine, me as an old man going to these young girls nurses asking solutions to my problems! Maybe if it is old man like me I can tell him without a problem. Consultation with them may be if I am sick it is possible but if it is this family issue it is a challenge. If go there and I find that there are even young boys nurses not at my age I will go back. This is not serious issue; I can plan to come back (Interview dated 11 November 2015).

This discourse reveals a cultural prejudice in the society where men feel superior to women and other men. Analysing carefully what the above participant said, it seems that men only feel comfortable or secure when they solve problems by themselves. Hence, when it comes to family planning services they face the challenge in talking to nursing staff about family and sexual matters. This shows serious issues in many African communities where many find it difficult to talk about family matters to someone else. This signifies a cultural prejudice where old man cannot talk to young men or women at all. This reveals the type of a hegemonic masculinity in the findings that needs to be changed. This is why some theologians argue that the patriarchal masculinities need to be deconstructed and alternative “redemptive” forms substituted (van Klinken, 2010).

Concerning cultural prejudices, Participant #6 could report that:

One I can say is cultural prejudices, family planning has always been surrounded by the kind of misunderstanding, and even if it is not religious misunderstanding then is also cultural misunderstanding. I remember when the family planning methods were introduced; the rumours went around saying since you receive injections, you will not give birth forever. People were so scared...because to me it was not the matter of family planning but the

matter of sterility. False rumours were the challenges and culture especially when it comes to men, we still have a culture that say a man should keep his masculinity and his virility; he needs to be always able to reproduce. This is cultural prejudice which is also surrounded by ignorance (Interview dated 10 November 2015).

Cultural prejudices and misconceptions around family planning were found to be some of the greatest challenges of African Christian men. However, another challenge that the research findings revealed concerned individual beliefs. As has been noted, nursing staff, as service providers, nurses can be seen as being problematic in the sense of imposing birth control methods on men seeking family planning services at clinics or hospitals. Accordingly, Participant #4 pointed out that:

[The] challenge is about getting counselling from the nurses. When we go to the clinic, sometimes what they say is totally different from our faith (Interview dated 09 November 2015).

Likewise, Participant #8 reported that:

[The] second challenge is about the counselling with these nurses because we don't have the same beliefs, imagine telling me to apply vasectomy!! Not me....Imagine if they cut my tube or whatever they do, actually they are taking my manhood (Interview dated 11 November 2015).

If we want men to be involved in family planning, then service providers should not appear to impose certain methods, beliefs or understandings upon them. Nevertheless, if this information is true, it must be taken as a very serious issue. However, on the other hand, because service providers such as nursing staff at clinics and hospitals are conscious of patient's rights, it is not easy to confirm that they knowingly and forcibly impose certain birth control methods on their male clients. Still, if this is true, the service providers could take the opportunity to teach men rather than imposing their beliefs and understandings upon them. What is needed is to work for change so that men can be fully involved in family planning for the sake of the well-being of their families.

The research findings from the male participants demonstrated the challenge that exists because the family planning service providers are women. In African culture, it is customary that men speak with other men easily, but not women. Because men are not included in providing family planning services, this creates a serious challenge for those men who want to access these services. Within the literature, addressing cultural barriers is taken as a way of making family planning services and facilities easier to access. Accordingly, it is important to apprise professionally trained nurses and staff nurses of the latest family planning protocols and guidelines (Elphick, 2013).

Participant #10 indicated the challenge concerning the lack of male service providers in family planning services when he reported:

Other challenges we don't have male nurses whom we can discuss these issues because sometimes as man it is not easier to talk to a woman about your own family matters. The way we have been grown up a man is always a solution to the difficult situation, now imagine going to a young lady like your own daughter asking such kind of issues of methods, family planning....It is a challenge to us as men (Interview dated 13 November 2015).

4.4.2. Stigmatization

Stigma is when people have negative beliefs, views or attitudes about individuals that belong to a certain group. Often the result of stigma is discrimination such as excluding people with health issues who are seeking family planning services (Thornicroft, *et al*, 2007).

The research findings identified stigma as a challenge for men in seeking family planning services. Within the literature consulted, stigma is seen as a challenging barrier to effective and equitable healthcare. In the context of this study, stigma was found to keep individuals from seeking out services that can improve their quality of health, or in some cases, even save their lives (Thornicroft, *et al*, 2007).

Concerning the issue of stigma, the research participants showed their concern with State clinics and hospitals. Accordingly, Participant #9 could report that:

To the clinic if I go there and I meet with somebody who knows me, will be the challenge for me but if I go to private clinic may be if there is none knows me it will be fine. I need condom I go far...far away...not near my church where I can get condom. I go to the clinic and I want to do family planning and there is somebody who knows me I can change the topic, saying I was having headache. I would not mention that I am coming for family planning because I know the time I go back to church the entire congregation, entire church will know that I was to the clinic and I will be stigmatized. I rather go for a private clinic where I know there is none from my church who works there (Interview dated 12 November 2015).

In the same way, Participant #7 also confirmed that:

Using these methods it is not always easy. For example if I go to the pharmacy to buy a condom someone who knows me and see me with that will start questioning about my faith. Most people will think is about fornication and start questioning about my faith. And if s/he gossips about that I will be stigmatized in some cases loosing trust in the community or in my church (Interview dated 10 November 2015).

This confirms the literature, where scholars such as Rumun (2014) argue that some Christian denominations have a strong opposition against contraceptive use in family planning, although such opposition is more deep-seated among Pentecostal and Protestant Evangelical churches (Rumun, 2014). This is an indication that men seeking family planning needs in clinics and hospitals are stigmatized in cases where they are caught accessing such services by church members because of the beliefs around family planning. The research findings also revealed that men do not feel comfortable in seeking family planning services. This can be an indication that men are not educated about family planning services and for this reason do not feel comfortable accessing such services. In this regard, Mburugu and Adams (2004) point out that family planning programmes in Africa have traditionally focussed on reaching women through State-funded health facilities, and have largely ignored men. However, men have to be involved in family planning for the sake of the well-being of their families.

4.5. Chapter Summary

Research data collected from the interviews demonstrated that many of the research participants held different meanings of manhood due to the different background information they possessed. When it came to gender roles, some of the participants were traditionalists and others were more progressive. This is why the roles of women in the family setting were viewed differently. Most of the research participants understood family planning in terms of limiting the number of child births, spacing children, and the role of women in family planning choices. All research participants indicated that they received their information from different channels such as church, the media, spouses and friends.

The methods utilized were influenced by their knowledge of the side effects and individual beliefs and teachings of the church and/or cultural beliefs. The teachings of the church contributed a lot in their family planning choices. However, participants experienced many other challenges such as stigma and cultural prejudice in accessing family planning services at State-funded clinics and hospitals.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Overview of the research

From time to time, sexual and reproductive health services, including family planning services have focused on women and this has created many problems in families across the world and particularly in Africa. Accordingly, this study is of the perceptions of family planning services of Pentecostal African men at the PPC church in Durban, KwaZulu-Natal.

Many concerns are linked to family planning, including population growth rates, mortality rates, sexual and reproductive health services, as many other issues that in one way or another can be linked to family planning (Drennan, 1998).

The population growth rate is ever increasing, it is being estimated that by 2050 it will reach 10 to 12.5 billion people worldwide:

There is an 80% probability that the population of the world will be between 8.4 and 8.6 billion in 2030, between 9.4 and 10 billion in 2050 and between 10 and 12.5 billion in 2100 (*The Guardian*, 2015).

As population growth rates explode, more problems appear and this affects sexual and reproductive health and the impact it can have on family well-being.

In South Africa, it is estimated that 5.7 million people were living with HIV and AIDS in 2009, which is more than in any other country in the world (Tshoose, 2010). Based on the statistics of South African provinces, KwaZulu-Natal has the highest HIV prevalence rate 16.9% while the Western Cape has the lowest with 5% (Maharaj, 2006). These statistics point to the importance and need of family planning services. Reproductive health and human sexuality is not only concerned with STIs such as the prevalence rate of HIV and AIDS in South Africa, but also the issue of unwanted pregnancies which is another major challenge in South Africa. According to scholars many South African women and men face the challenge of unwanted pregnancies. This is why the South African Government has cited the high incidence of unwanted pregnancy among the youth as one of the major challenges facing the

country. The overwhelming majority of these pregnancies take place outside marriage, and most are either unwanted or unplanned (Maharaj, 2006).

It is assumed that all these issues are appearing due to the exclusion of men in family planning. According to Wegner, *et al*, (1998) in the past, there was an objection to male involvement in sexual and reproductive health services. This hesitation was grounded on the concern that adding male services would spoil the quality of women's services and thereby create additional rivalry for already scant resources. Neglecting to give information and services for men can detract from women's overall health; however, they must be integrated in such a way that is beneficial to both women and men (1998). This means that it is very important to understand the meaning of family planning. According to UNICEF (2008), family planning is well understood from its definition, that all couples and individuals have the right to make decisions freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so. In addition, decisions concerning reproduction should be made free from discrimination, coercion and violence.

The inclusion of men in family planning is thus very important. For example, in many African societies, men still play the major role of being decision-makers in different aspects of societal and cultural life. These include decision-making in families, politics, social and economic policies, religion and governance, and also being the defenders of the interests of the inheritance of their families, and their place within the community. Nevertheless, this shows the kind of dominant masculinities involved in every society which needs to be changed.

Connell (1995) argues that there is a rising consciousness about the plurality of masculinities which does more fairness to the complex way of expressing what it means to be a man or a father in certain society. Masculinity is linked to the role and status of being a man or a father in a society, whereby in order to grow fully into manhood, a boy is socialised and taught in early childhood what will make him become a "real man" as opposed to that of a woman. The construction of manhood and masculinities has however disadvantaged the understanding of family planning and as a result women have become vulnerable. This is why redemptive masculinities was used as a framework in order to deconstruct these types of masculinities and present alternative masculinities which are redemptive masculinities. Scholars have generally used it to present an alternate and life-promoting way of constructing masculinity

or “men” as a gender, as opposed to the dominant “hegemonic masculinities” that are oppressive and responsible for many of the ills associated with patriarchy and “being a man” (Chitando and Chirongoma, 2012).

Because the involvement of men in family planning can be seen as something new for African men, this is why the theory of DOI was used to mark the change. According to Rogers:

Diffusion is the process by which an innovation is communicated through certain channels over time among the members of the social system, leading to social change (1995:5).

Why then are men not really involved in family planning? Some scholars suggest that it is due to the use of family planning methods. Some modern family planning methods are not used by African men because they were perceived to have been introduced by Western countries into Africa as an ideology of colonization (Becker and Costenbader, 2001). That is why the preferences of family planning methods for African men are mostly concerned with natural methods. However, the issue remains on the position of religion and Pentecostalism in general regarding family planning.

The literature reveals that there has been much controversy in some churches on the issue of contraceptive use in family planning. Scholars such as Rumun (2014) argue that different denominations express strong opposition against contraceptive use in family planning, although this is more deep-seated among Pentecostal and Protestant Evangelical churches (2014). The Roman Catholic Church encourages what it considers as natural family planning methods—an umbrella term for various forms of birth control that do not involve any hormones or physical barriers to prevent pregnancy, but instead rely on periods of abstinence during a woman’s menstrual cycle (Schenker and Rebenou, 1993) or what has been called the calendar or rhythm method. Accordingly, van Klinken (2010:15) can argue that:

Family planning in Sub-Saharan African has given a rise to a critical interest in men and masculinities. This is informed by the understanding of family planning as a gendered issue, meaning that power relations between men and women are social constructions of masculinities, manhood and this affects woman in family planning. Dominant version masculinity in African societies are said to encourage behaviour among men that is problematic in...family planning.

Various studies suggest that in Pentecostal churches there is much contradiction on the teachings of sexual behaviour. By observing the lifestyle, attitudes, beliefs and behaviour of “born again” students from the Pentecostal church at the University of Makerere, Kampala, Sadgrove (2007) explains that women could use a “born again identity” as a way of refusing unwanted sexual advances from men, meaning that being “born again” does not automatically prevent one from being involved in sexual activities. In reality, we cannot confirm that the “born again” message on sexual abstinence among singles and sexual faithfulness and fidelity among married couples is changing the messages on behaviour (2007).

What appears to be missing in existing research studies is the inclusion of men in family planning services. The significance of this study therefore is to contribute to the body of existing literature regarding men in family planning services. Accordingly, this study sought to investigate the perceptions of Pentecostal African men regarding family planning at the PPC in Durban. The key question in this study has been:

“What are the knowledge, attitude and practices of African Christian men at the PPC in Durban regarding family planning?”

Drawing on the responses of ten Pentecostal African men in the PPC in Durban, this study made use of the qualitative research methodology which was suitable for empowering myself as the researcher to gain a deeper understanding of the male participants’ perceptions, perspectives and understandings of family planning. Additionally, the purposive sampling method was used during the research investigation. Purposive sampling is the process of selecting a representative sample from an entire population in order to interview them and then draw conclusions concerning all populations of the study (Marshall, 1994). In-depth interviews were important since the interview questions aimed to get information of the experiences of the male participants in family planning. The interviews enabled me as the researcher to gain a deeper understanding of how Pentecostal African men in the PPC understand and use family planning methods. They also allowed me to know the gender relations in family settings.

5.2. Summary of the Findings of the Study

The dissertation focused mainly on an investigation of the knowledge, attitude and practices of African Christian men regarding family planning choices at the PPC in Durban. It was

therefore dominated by the themes of gender relations in the family setting which included multiple meaning of manhood and men's understanding of the role of women in the family. Multiple factors influencing family planning choices included knowledge about family planning, individual strategies in meeting family planning needs, the role of the partner in family planning choices, personal beliefs and preferences on the use of family planning choices, the influence of religious and cultural beliefs in family planning, and the challenges encountered by Pentecostal African men in accessing family planning services that includes cultural prejudice and stigmatization. The study generated critical insights based on the background information of the social construction of manhood or fatherhood and knowledge of family planning methods and the contribution the teachings of the church made in their family planning choices.

Traditionally, in some cultures, a man is seen as the provider or breadwinner and thereby holds power, while a woman is regarded as being submissive (McKenzie, 2012). According to Connell (1995), being a man confers power and men who possess this power are known as hegemonic masculinities which makes cultural images of what it means to be a "real man" (1995). However, not all men have the same privilege of this power, for there are some who are also being oppressed like women. This group of men is known as subordinate, complicit and marginalized masculinities and they are defined in terms of race, class, ethnicity or sexual orientation. All typically understand what being a man means contrary to that of hegemonic masculinity (1995).

The research findings revealed that in the PPC in Durban, Pentecostal African men have different understandings of what it means to be a man or a father. The majority of the research participants understood manhood or fatherhood in terms of being the head of the family or the one who assumes responsibility in the family. According to van Klinken (2012) the term "headship" applies to the position of men and their roles in marriage and the family. In the literature review, I indicated that this type of masculinities is hegemonic and denies the leadership of women in the family, the church, and society at large. The concerns of leadership, providing and protection in the marriage and the family setting, confirms the concept of patriarchal male headship which is more dominant. Hegemonic masculinities deny the leadership of women and this need to be changed for the sake of the well-being of South African family life. When it comes to family planning choices, some of these men still act

according to hegemonic masculinities. Yet, this depends on how each man understands the role of women in the family.

Some of the participants viewed the role of a woman in family as a helper or a house-keeper. This is a gendered practise if a woman is regarded as someone commissioned to stay at home and produce children. This is a traditional view that gives all the power to men and sees a woman as being subordinate. Furthermore, the findings revealed that among the Pentecostal men of the PPC in Durban, there were some who were traditionalists and others who were progressives. This is why redemptive masculinity was more applicable in the context of this present study. Chitando and Chirongoma (2012) argue that we need masculinities that accommodate all people, masculinities which are harmonious and peaceful. However, it was argued that hegemonic masculinities are not static. They are ever-changing, being affected by cultural change in every society (Morrell, 2001).

The analysis of collected data revealed that all men did not see the role of a woman in the same way. A few of the participants reported that a woman can be a provider when she is working, while others viewed women as those who educate children. This means that if a woman educates her children she is educated because you cannot provide education if she is not educated. This research result was an indication that Pentecostal African men in the PPC in Durban are not all traditionalists, but some are progressives.

Concerning the understanding of manhood or fatherhood, the participants demonstrated that this means the man's role as a decision-maker. What is important in the context of this present study was that the men were involved in family planning and discussed the use of contraceptives. That is why Sharen and Valente (2002), argue that the decision of the use of family planning practices is related mainly to the spacing of children and limiting the number of children a woman should have. The discussion between a husband and a wife has to be a first indicator of the degree of understanding and acceptance of family planning practices that couples will be willing to accept and use (2002). Accordingly, the research participants in the study were involved in discussions about the birth control methods they use and spacing the births of children and the number of children they ultimately plan to have.

The research participants had various ideas when it came to their understanding of family planning. A common understanding of family planning was that of spacing the births of

children and limiting the number of children they would have. Among the ten participants, five of them defined family planning as a way of limiting children. The analysis of these different meanings given to family planning by the participants revealed that men understand the issue of family planning. They can thus participate and make a contribution as key people in families when it comes to decision-making in terms of family planning.

The research discovered that the church and media were attributed as the main sources of knowledge for the participants' understanding of family planning services and the methods to use. In particular, six participants identified television and the church as their sources of knowledge. In South Africa, radio, television and churches have become very effective tools for communication in most cities and towns throughout the country. While there are many channels of communicating family planning, it was found that the decision to use family planning services and the choice of methods could also be introduced by others such as spouses, friends and neighbours. As a consequence, social and family networks played a vital role in family planning decision-making.

The theory of DOI allowed me as a researcher to interrogate the levels of awareness that each of the participants had about family planning, the levels of acceptance and implementation of the practices, their beliefs around innovation of family planning methods, and their attitudes toward family planning choices. The DOI theoretical framework enabled me as a researcher to understand the level of knowledge about family planning, how the idea of family planning was being received and responded to within these Pentecostal African men of the PPC in Durban.

The research participants expressed various choices when it came to the methods of family planning. While it was found that condoms were the more common method, they were not used by many of the men because of different beliefs and understandings. However, most of the research participants did not recognize the double role of the condom in family planning. According to Bauni and Jarabi (2003), the condom is currently the most effective method of birth control because it can also be used for preventing STIs in combination with other methods or alone. Accordingly, only one participant mentioned the use of condoms as a preventative method when one partner is HIV+.

Surgical vasectomy was another modern method known by only a few of the research participants. However, those who knew about surgical vasectomy were against it simply because of the love of children among African Christian men. Some of their concerns were to know in case their children pass on what they would do once they were “castrated.” This brought the issue of the construction of manhood based on sexual performance and having many children which is deeply accepted by most African men.

Many of the research participants used natural family planning methods because of the influence of the teachings of the church and culture as well. Generally, the most common teaching among Pentecostal churches is about sexual abstinence until marriage for the youth and no sex outside of marriage for couples because it is deemed a carnal sin.

Participants had various ideas about family planning. The research findings detail a participant who believes in the communitarian re-distribution of resources so that children born from any family may have all the necessities. When he used the term re-distribution, he wanted to express that no poor family should appear on the earth. This means that all resources in any community should be shared equally for the sake for family well-being. However, we should also consider the women who have to give birth to all these children and the amount of attention the parents would need to give to the babies born.

Concerning strategies in meeting family planning needs, the findings revealed that prayer was the most preferable strategy these men used in assessing their family planning needs. This was built on the teachings of the church as most Pentecostal church members believe in the power of prayer. However, due to the level of education of the participants, where some were university students, another suggestion in strategic family planning concerned the reading books, searching information on-line, student lectures, and asking information from elderly people. This shows how these men were eager to be involved in family planning and curious to know more about family planning.

The findings further revealed that Pentecostal African men encounter many challenges in accessing family planning services. This was due to cultural prejudice around family planning methods and religious misconceptions towards family planning as a whole. It was found that many Pentecostal African men were not open to seek family planning services at State-funded public clinics and hospitals because most (if not all) of the family service

providers were female nurses. In South Africa, the nursing profession has traditionally been dominated by women although there are a growing number of male nurses in contemporary society. The denial of men to seek this service from women is a cultural prejudice that men are self-sufficient based on the gender norms that man is the provider and decision-maker.

The research findings also found stigma as another challenge for men in seeking family planning services. Together with the literature consulted, the present study revealed that stigma is a challenging barrier to effective and equitable healthcare. In the context of this present study, it keeps individuals from seeking out services that can improve their health, or in some cases, even save their lives.

The research findings also identified that the issue of side-effects in using certain family planning methods was also crucial. When women used some contraceptive methods they become sexual inactive and this created problems in some of the marriages. Sexually-active men complained about this challenge. However, this is an indication that men have to be involved in family planning so that they can exchange the methods they use as means of helping and advising each other.

Finally, the study closed by discussing the issue of service providers. In accessing family planning services at State-funded public clinics and hospitals, female nurses were found problematic in the sense of imposing some family planning methods on men and this had created barriers for men when seeking family planning services.

5.3. Recommendations

It is obvious that the support of men in family planning choices and services is needed for there to be success in any reproductive health initiative among Pentecostal churches in South Africa. Henceforward, men need to be involved in speaking about their family planning needs with as part of what it means to be responsible husbands and fathers. Being husbands and fathers, Pentecostal African men should to be more educated so each can become more aware of their partner's family planning needs and concerns. This will help them become more understanding of the physical, emotional and psychological needs of their partners and children for the sake of the well-being of their families. Being better educated, they could impact public attitudes towards family planning programmes and thereby become peer-educators and mentors of other men. In addition, as leaders in the community they could help

determine public policy that communicates family planning needs for both men and women in society and in the churches as a whole.

Media channels such as radio, television, churches, and the internet should be targeted to also educate men on family planning methods. This could be achieved by including family planning information during advertising breaks during for example sporting events, such as soccer games, etc. Such programming should inspire the participation of men and their willingness to open up to and communicate with their peers and healthcare service providers about their family planning choices, needs and services.

Culturally, it is difficult for Pentecostal African men to seek family planning services from women or young men. Consequently, male service providers should be trained and employed to offer family planning services to their other Pentecostal African men and other men in general regardless of their religious background when they go to public clinics or hospitals. This research recommends that the South African Government develop educational material in the form of brochures or booklets to inform the general public, with particular attention being paid to educating all men about family planning choices and services. The funding of this project should contain some capacity-building elements for training volunteers that can educate about the gendered impact of family planning choices and the possibilities of health risk. The volunteers should be given a salary or other motivations. They should work hand-in-hand with public and private clinics and hospitals to address all issues related to family planning.

In addition, there is need for social welfare service providers to advocate for change in the social norms that rule Pentecostal African male behaviour in sexual relationships and parenthood, as well as male involvement in family planning programmes. This could be done through parental participation in delivery and childrearing programmes, enlarging the access to condoms and surgical vasectomy services in the private sector, including workplace initiatives aimed at the married man, encouraging his more active family communication with his wife and children for the sake of the future well-being of his family.

This study also recommends establishing research based on gender theory, investigating gender-related, cultural and religious factors that affect family planning initiatives.

There is also need to build the self-esteem of women to such extent that they no longer view themselves as house-keepers or followers in the family. This minimizes female sexuality and the pressure placed on women to simply accept family planning methods even if they are not suitable to them. Women need to have workshops where they can learn what makes woman to be a woman and not a house-keeper and the empowerment strategies for them to achieve this change. There is also a need to create advocacy groups that will develop conferences and workshops for family planning choices in all eleven official languages (plus signing) in Pentecostal churches especially for men and young men. In addition, this research recommends that healthcare systems and religious denominations such as Pentecostal churches need to work together in order to promote sexual and reproductive health rights for both women and men. By so-doing, this will assist the development of healthy moral attitudes which view family planning as health as an imperative for the well-being of South African families, and not a spiritual issue. Furthermore, it will be to understand modern family planning methods not as sinful act against the will of God. Finally, initiatives by government must be developed that can assist men over the challenge to access family planning services in public clinics and hospitals.

Important information from the research findings also identified that much needs to be done to ensure the inclusion of men accessing family planning services. Discussion in the academic disciplines needs to be encouraged so as to break the silence around family planning as one of the challenges facing South Africa today. Religious and cultural components also need to be part of the teaching syllabus in teaching hospitals, colleges and universities, and other nursing teaching establishments in order to re-educate nurses on the health benefits of including men in family planning services and enlisting their support of family planning needs.

This study also recommends that a collaborative and participatory approach to research which explores how South African political policies can lead to men and women using family planning services both in clinics and hospitals.

Male access to family planning services in an extensive and relatively unexplored topic. This present research study does not claim to comprehensively cover the entire territory of the subject. Instead, by initiating a research project among Pentecostal African men in the PPC in Durban, it merely only opens the door for both qualitative and quantitative research in the

same field to be done by other researchers in the field. In particular, there is much need to investigate the in-depth the perceptions of African Christian men regarding family planning choices in general in the context of South African Pentecostal churches as well as well as other Christian denominations and religious groupings. The researcher also recommends future research into the association between the choices of family planning methods and the risk of acquiring HIV in more methodical studies.

5.4. Final Conclusion

In conclusion, this study calls for further research on African Christian male-friendly programmes that would debunk the myths surrounding the use of contraceptive methods, their benefits and effects on physiology of the end-users.

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APPENDICES

APPENDIX I

INFORMATION SHEET

School of Religion, Philosophy and Classics
College of Humanities
University of KwaZulu-Natal
Pietermaritzburg
KwaZulu-Natal

Date...../.../...

Dear Participant

INFORMATION SHEET

RESEARCH PROJECT ALIGNED WITH MASTER'S PROGRAMME IN GENDER, RELIGION AND HEALTH

This letter respectfully seeks your participation in a research project being undertaken in conjunction with the Master's Programme in Gender, Religion and Health. You have been identified as a participant in the Research Project by virtue of your membership in Paran Pentecostal Church in Durban that is organized by the College of Humanities, Office of the Dean for Research, for the Master's Programme in Gender, Religion and Health. As a participant in this research Project you will be requested to participate in interviews that will be conducted at your suitability. This interview will be the process of data production. Once you have had a chance to examine the nature, objectives and benefits of the Research Project as detailed below, we kindly request your consideration in signing the **Consent to Participation** at the end of this letter. I wish to draw your attention to the Clause below relating to your right not to participate in this Research Programme and will respectfully accept your decision in this regard, if it is such. The following information Sheet offers a brief background to the Research Project.

Research Project Title: An Analysis of the Perceptions of African Christian Men Regarding Family Planning Choices at Para Pentecostal Church in Durban.

Central Research Question: What are the knowledge, attitude and practices of African Christian Men at Paran Pentecostal Church in Durban Regarding family planning?

Research Aims and Benefits:

- i. To investigate the understanding of African Christian men of Paran Pentecostal Church on Family Planning.
- ii. To analyse the impact and effect of their understanding of family planning on their family planning choices.
- iii. To understand and discuss Paran Pentecostal Church teachings and its contributions to the family planning choices for African Christian male Church members.
- iv. To investigate the gender relations in their family set- up.
- v. To analyse the roles of their partners in their family planning choices.
- vi. To identify strategies of African Christian men of Paran Pentecostal Church use in addressing their family planning needs.
- vii. To discuss the challenges encountered by African Christian men in Paran Pentecostal Church in relation to family planning Choices.

Project Location: the Project is located in Durban, South Africa where Paran Pentecostal Church is based.

Participation: Participation in this Research Project, through interviews, is entirely voluntary, with the right being reserved to the participants to withdraw participation without experiencing any disadvantage.

Confidentiality and Anonymity: Participants are offered the opportunity to elect that their involvement in this Research Project remains confidential and anonymous. The participant will not put names on questionnaire but they will be represented by letters. P1, P2, P3... will be the letters replacing their original names.

Research Instruments: Single interview lasting 20 minutes to 45 minutes will be conducted either to the Church office where the participants are members or to the family home; this will depend on the comfort area of the participants. A copy of interview schedule is attached. A digital audio recording device will be used to record the interviews.

Disposal of Data: The primary data will be stored in the School of Religion, Philosophy and Classics in which the project is based. Data on which any research is based will be retained in the School for at least five years.

Contact Details: If further information is required, kindly contact, the research project leader, research supervisor, the Chair of the Humanities and Social Science Research Ethics Committee

Research Project Leader:

Mr. Francois Sahabo

School of Religion, Philosophy and Classics

Cell: 072-237-5312

E-mail: sahfra03@yahpo.com

Research Supervisor:

Dr. Janet Muthoni Muthuki

School of Social Sciences

Tel: 033-260-6462

Cell: 079-743-0404

Email: muthuki@ukzn.ac.za

Chair of the Humanities and Social Science Research Ethics Committee:

Dr Shenuka Singh

University of KwaZulu-Natal

Westville Campus

Govan MbeKI Building

Postal Address: Private Bag X54001, Durban, 4000

Tel: 031-260-4609

Email: ximpap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za

We look forward to receiving your favourable response to this request.

Thank you.

Mr François Sahabo

APPENDIX II

CONSENT TO PARTICIPATION IN RESEARCH PROJECT

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that the interview will last from 20 to 45 minutes, and that I am at liberty to withdraw from the Project at any time, should I so desire.

I consent that this interview will be audio recorded

I don't consent that this interview should not be audio recorded

NAME OF PARTICIPANT:

SIGNATURE OF PARTICIPANT:

DATE:/...../.....

APPENDIX III

RESEARCH INTERVIEW QUESTIONS: CHURCH MEMBERS

Name:

Gender:

Date:

Time:

Age Range: 18-49

Research Interview questions for a Masters Research project on an **Analysis of The Perceptions of African Christian Men Regarding Family Planning Choices at Paran Pentecostal Church in Durban.**

QUESTIONS ON MASCULINITY AND SOCIAL CONTRUCTIONS OF MANHOOD AND FATHERHOOD

1. What does it mean to you to be a man?
2. What are the qualities of man?
3. What does the fatherhood mean to you?
4. What are the roles of the husband in the family?
5. What role does your partner play in the family?

QUESTIONS ON FAMILY PLANNING

1. In your understanding what is family planning?
2. What are the methods of family planning that you know and from where did you get this information?
3. What are the male family planning methods that you know as a Christian man?
4. What is your own view/ opinion on the use of male family planning methods?

5. What is the position of the church on family planning?
6. What is the teaching of the Church on family planning?
7. How has this teaching contributed to your own choices of family planning?
8. What role your partner plays in family planning choices?
9. Which strategies may you use to address your family planning needs?
10. Based on your understanding of male family planning methods which ones do you prefer to use?
11. Why do you think that it is important to use such kind of family planning methods?
12. What challenges do you encounter as Christian man in relation to family planning?
13. What challenges do you experience as Christian man when you go to the clinic/hospital for family planning services?

APPENDIX IV

RESEARCH INTERVIEW QUESTIONS: CHURCH PASTOR/LEADER

Name:

Gender:

Date:

Time:

Age Range: 18-49

Research Interview questions for a Masters Research project on an **Analysis of The Perceptions of African Christian Men Regarding Family Planning Choices at Paran Pentecostal Church in Durban.**

QUESTIONS ON MASCULINITY AND SOCIAL CONTRUCTIONS OF MANHOOD AND FATHERHOOD

1. What does it mean to you to be a man?
2. What are the qualities of man?
3. What does the fatherhood mean to you?
4. What are the roles of the husband in the family?
5. What is role of wives in the family?

QUESTIONS ON FAMILY PLANNING

1. What is your understanding of family planning?
2. What is the position of your church on family planning?
3. What is the teaching of the church on family planning?
4. How this teaching helped your male members regarding their own choices in family planning?

5. What are the methods of family planning that you know and from where did you get this information?
6. Among the methods of family planning which ones are preferable for Christian men?
7. What is your own view on the use of male family planning methods? E.g. contraceptives, condoms and vasectomy.
8. What role do wives play in the family planning choices of their husbands?
9. Based on your understanding of male family planning methods which ones would be preferable for Christian men?
10. Why do you think that it is important to use such kind of family planning methods?
11. Which strategies do you think male members in your church use in addressing their family planning needs?
12. Concerning these strategies what are your experiences as a man as well as a pastor/ leader in addressing your family planning needs?
13. What challenges do your male members experience when they go to the clinic/hospital for family planning?

APPENDIX V

GATE KEEPER'S LETTER



PARAN PENTECOSTAL CHURCH

T/A PARAN CHRISTIAN MINISTRIES N.P.O: 025 762 * P.B.O:930034245

"Passion for the Lost"

Ref: PPC-D-001-6-15

5th June 2011

Mr. Francois Sahabo
PO Box 149213 East End
Durban 4018
Email: sahfra03@yahoo.com

RE: PERMISSION TO CONDUCT RESEARCH

Dear Francois,

Gatekeeper's permission is hereby granted for you to conduct research at Paran Pentecostal Church in Durban provided Ethical clearance has been obtained.

We note the title of your Project is: "AN ANALYSIS OF THE PERCEPTIONS OF AFRICAN CHRISTIAN MEN REGARDING FAMILY PLANNING CHOICES AT PARAN PENTECOSTAL CHURCH IN DURBAN".

It is noted that you will interview 10 men including Church leaders in order to get more information regarding family planning. Participation in this research project, through interviews, is entirely voluntary; with the right being reserved to the participants to withdraw participation without experiencing any disadvantage.

Please note that the data collected from the willing members of the church must be treated with due confidentiality and anonymity.

Yours Sincerely,

Ps Eugene Muganga
Senior Pastor



Office Address : Dr Langalibalele Dube 18 Kayred House 2nd Floor .Po Box 149377 EAST END Durban 4018; Tel : 031 8293080
E-mail: pcrheadoffice@yahoo.com (Office Hours: 09H: 00-15H00)

APPENDIX VI

RESEARCH PROTOCOL APPROVAL



03 November 2015

Mr Francois Sahabo 206508732
School of Religion, Philosophy & Classics
Pietermaritzburg Campus

Dear Mr Sahabo

Protocol reference number: HSS/1254/015M
Project title: An Analysis of The Perceptions of African Christian Men Regarding Family Planning Choices at Paran Pentecostal Church in Durban.

Full Approval – Committee Reviewed Protocol

This letter serves to notify you that your application in connection with the above has now been granted full approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project; Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Shenika Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr Muthoni Muthuki Janet
cc. Academic Leader: Prof P Denis
cc. School Administrator: Ms Cathy Murugan

Humanities & Social Sciences Research Ethics Committee

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Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville