



**Men's Involvement in Contraceptive Decision Making:
Perspectives and Experiences of Young Men.**

By

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ABSTRACT

Traditionally family planning was seen as the female's responsibility as it is women that get pregnant. However, increasingly there is recognition that it should be a shared responsibility between women and men. The purpose of this dissertation is to shed insights into male involvement in contraceptive decision-making. The study seeks to understand factors influencing male involvement in contraceptive matters, their awareness and attitudes towards contraception as well as the role they play in decision-making. The study was conducted at Izingolweni area situated in the south coast of KwaZulu Natal under Ray Nkonyeni Municipality. The study adopted a qualitative research approach in understanding the experiences of young men. Non-scheduled structured interviews were conducted with 15 young men between the ages of 18-24 years.

The interviews suggest that young men are aware of both male and female contraceptives methods and are supportive of the use of contraceptive methods in their relationship. Study findings suggest that young men generally have a positive attitude towards contraceptive use. Young men from the study believe they have a role and responsibility in contraceptive decision making, they view themselves as contraceptive supporters rather than contraceptive users themselves. Young men still believe that women must take a leading role in contraceptive matters as they are directly affected by pregnancy and they have more contraceptive methods available compared to men. The limited options available for men, the side effects of female hormonal methods, misconceptions and beliefs about female contraceptives are some factors that influence contraceptive use. The existing programmes aimed at increasing male involvement in contraception need to be revitalized to ensure that they address the challenges that young men encounter in contraceptive use. Programmes should pay more attention to side effects and misconceptions of hormonal contraceptives and also ensure that contraception is not gender specific.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
ICDP	International Conference on Population and Development
IDP	Integrated Development Plan
NCCG	National Contraception Clinical Guidelines
SA	South Africa
SADHS	South African Demographic and Health Survey
SRH	Sexual and Reproductive health
STATSSA	Statistics South Africa
STIs	Sexually Transmitted Infections
UAE	United Arab Emirates
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

Male involvement in sexual reproductive health (SRH) gained momentum and received heightened attention at the International Conference on Population and Development (ICPD) held at Cairo in 1994. It is where equal participation of women and men was promoted and encouraged in all areas of family responsibilities, including family planning and child rearing, United Nations Population Fund (UNFPA) 2004. According to the UNFPA (2004: 45) “reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” UNFPA (2004) further states that this includes the right of men and women to have knowledge, and access to safe family planning methods of their choices, that are effective, affordable and acceptable. This further highlights the importance of shared responsibility between men and women. It is also important to define and differentiate between family planning and contraceptives as these terms are sometimes used concurrently, even though they have a slight difference. Family planning is an effective way of controlling fertility within a human rights framework by giving couples the ability to have their desired family size. It includes programmes and services aimed at giving information on how to plan families and space children with safe and effective methods (Prata 2007). Contraceptives include different methods of preventing pregnancy, such as hormonal, barrier and traditional methods as reported by the National Contraception Clinical Guidelines (NCCG) (2012).

1.2 Rationale for the study

Over the past years there has been a growing interest in men’s roles in fertility and family planning, (Greene and Biddlecom, 2000). This is because men have been previously ignored and women were viewed as primary clients as they are vulnerable at getting pregnant and most contraceptive methods have been designed for them (Raine et al., 2010). The ICPD emphasized the importance of male involvement in their own reproductive health and as well as their partners. The concept of shared responsibility in SRH issues such as contraception, and active involvement of men in parenting, prevention of sexually transmitted infections (STIs) and HIV, prenatal and maternal health was encouraged (Greene and Biddlecom, 2000). Furthermore, feminist thinking has also had a direct influence on how men’s roles are viewed in SRH matters. Several feminists have written about women’s role and how they are

made inferior through marriage where they sometimes do not have a voice, on matters involving their well-being and childrearing roles (Greene and Biddlecom, 2000). Feminist advocate for women and have been encouraging shared responsibility and active involvement of men in reproductive health. Kabagenyi et al. (2014) also mention that traditionally, family planning services had targeted women, but there is a growing recognition of male involvement and a shared responsibility in family planning services. Prata and Singh (2014:209) also report that men are important decision-makers in the household. As a result, their perception, knowledge and attitudes are dominant in the decision-making process. This shows the great influence that men can have in the use of contraceptive methods in their relationships.

Nalwadda et al. (2010) report that most young people are in their reproductive ages and are at risk of unplanned pregnancies, and unintended pregnancies which could result in unsafe abortions and further increase maternal mortality. Therefore, this study finds it necessary to focus on the experiences and perceptions of young men as the youth have a greater risk of unplanned pregnancies. Sanusi (2014) also report that there has been a widespread perceived partner opposition towards female contraceptives. This study therefore finds it important to explore further in order to understand the reasons behind the partner opposition towards the use of contraception among men and women. Akin and Ozaydin (2005) also report that male involvement could be an intervention to improve women's reproductive health status, this includes contraceptive uptake of women. Furthermore, Akin and Ozaydin (2005: 200) mention that "general knowledge and attitudes of men concerning the ideal family size and practice of contraceptive methods influence women's preference and options." Thus this study finds it important to explore further the experiences and perspectives of young men in contraceptive decision-making. Mbizvo and Adamchak (1991) report that little attention has been given to men and their use of contraceptives as most of the focus has been given to women when it comes to contraceptives. They further report that men's exclusion from family planning efforts may have ramifications for their preferred family size and attitudes towards contraceptive use.

According to Mbizvo and Adamchak (1991), men tend to be ignored when it comes to sexual and reproductive health, however the role of men in fertility and family planning in sub Saharan Africa is becoming increasingly important in the context of raising contraceptive prevalence and reductions in levels of the level of fertility. Young people in Sub Saharan Africa are most at risk of HIV infection and the rate of infection is high (Mwale and Muula,

2018). Pettifor et al. (2005) argue that South Africa is one of the countries that has been the hardest hit by the epidemic of HIV/AIDS. Furthermore, Smith et al. (2018) report that the youth of South Africa is at a high risk of HIV/AIDS infections and they are living in an area that have a high HIV burden. Therefore, it is important to understand the role and responsibility of men in contraceptive decision-making, as some contraceptive methods such as the male and female condoms can provide dual protection against pregnancy and HIV/AIDS. Ogunjuyigbe et al. (2009) also report that men have more sexual partners than women, thus they need to be equally involved in contraceptive decision-making. It also important to note that men are capable of impregnating numerous women in just a year, whereas women can only be pregnant once a year. This study finds it important that young men be the focus of the study as they have a crucial role to play in contraception. Therefore, men need to be encouraged to be involved in contraceptive decision making and be made aware of the importance of contraceptive use, because their role is of great importance. Ogunjuyigbe et al. (2009) report that any efforts and intervention health programmes aimed at increasing contraceptive uptake will have a higher probability of success if they also involve men.

Pettifor et al. (2005) report that sexual activity between the ages of 19 to 24 is also high when compared to other age groups therefore it is important to engage with the youth and understand their views on contraception, reasons for using and not using contraceptive methods and benefits of such behaviour. This is a crucial stage of development as it is usually accompanied by the onset of sexual debut, development of sexual identity and a number of risky sexual behaviours (Smith et al., 2018). Male involvement in contraceptive use is therefore of crucial importance, Patel (2014) states that men have an important role to play in improving use of contraceptives amongst women. Patel (2014) further argue that contraception and family planning should be everyone's responsibility as it prevents unplanned pregnancies, improves maternal health, reduces maternal mortality and reduces the risk of HIV and sexual transmitted infections (STIs). Furthermore, Long et al. (2012) report that a large number of young people are engaging in premarital sex, thus the study finds it important to study the role that young men play in contraceptive decision-making. Furthermore, Long et al. (2012) report that using condoms consistently and other female contraceptives methods could prevent unintended pregnancy among the youth.

This study seeks to understand how young men of Izingolweni feel towards the use of contraceptives, and also to explore their attitudes towards contraceptives. Furthermore, the study aims at understanding the challenges that men face in using contraceptives. A survey that was conducted in 2003 by Farrer (2010), determined that 12% of South African teenagers between the ages of (15–19 years) were or had been pregnant in their lives. The number of teenagers who had been pregnant rose rapidly with each year of age from 15 years (2%) to 19 years (27%). Young men are equal partners when it comes to teenage pregnancy, therefore they should take responsibility in the use of contraceptives. Their involvement in contraceptive use and family planning programmes may impact positively on teenage pregnancy. The study further seeks to understand the role and responsibility that young men have on contraceptives use, as contraceptives play an important role in the lives of young people. This includes preventing HIV infection, STIs and unplanned pregnancy. Idonije et al. (2011) also report that the utilization of contraceptives can eliminate unplanned pregnancies, unsafe abortions and help to space births. This helps young women to not drop out of school because of unplanned pregnancies, and also decreases maternal mortality and morbidity (Idonije et al., 2011).

Most studies conducted indicate that men have been ignored in relation to contraception and family planning, although there has been some progress to involve men. Onyango et al. (2010) mention that programmes in Kenya dealing with family planning have been designed to accommodate women, as they view them as their primary clients. However, men still have great decision-making power to use or not use contraceptives in relationships. Understanding young men's experiences and views on contraceptive is of crucial importance as some contraceptives can help prevent HIV infection, STIs and prevent unwanted pregnancy and space childbearing. The literature indicates that there is a lack of male involvement in contraceptive use and family planning, but men tend to have great influence in contraceptive use decision-making, (Hoga et al., 2013). Therefore, this study seeks to understand factors that influence contraceptive decision-making amongst young men, their attitudes and experiences towards contraception.

1.3 Aims of the study

Onyango et al. (2010) argue that men know little about contraception and do not want their partners to use contraceptives. Therefore, it is of crucial importance to explore and understand the experiences and attitudes of men, especially at younger ages, as their behaviour can contribute to poor or positive health outcomes. Brown (2015) report that contraception is very important at young ages, because it is where both males and females are still exploring their sexualities. The knowledge generated from this study will also guide the intervention programmes and strategies aimed at involving men in contraceptive decision-making by providing an understanding of the underlying factors that influence contraceptive decision-making in the lives of young men. Furthermore, Onyango et al. (2010) report that there have been improvements in the utilization of services such as contraceptives where men have been involved. This further highlights the importance of involving men in reproductive health, as their involvement can result in positive health outcomes. This is worth investigating given the high levels of HIV/AIDS in the country. In addition, it will give insights into the responsibility that men have in contraceptive use and what role they can play to promote positive health outcomes.

This study draws on a sample of 15 purposefully selected young men of Izingolweni area that are sexually experienced to explore and understand their perceptions and experiences in contraceptive decision-making. This research study employs a qualitative research methodology to explore young men's involvement in contraceptive decision-making, in order to get an in-depth understanding of their experiences and understand reason for their behaviour in their social context. This methodology will allow the study to give insight and understanding of the underlying factors in contraceptive decision-making, which a quantitative study would not be able to capture and give an explicit understanding. The overall objective of the study is to shed insight into men's involvement in contraceptive decision-making in a rural area of Izingolweni. The specific objectives are to:

- To determine levels of awareness about contraceptive use for males and females.
- To ascertain attitudes towards contraception.
- To investigate the level of influence of men in contraceptive decision-making.
- To explore opportunities and constraints for influencing contraceptive use.

The study aims to address the following questions:

- Are men aware of contraceptive methods?
- How do they feel about contraceptive?
- What are the factors promoting and inhibiting contraceptive use?

1.4 Theoretical framework

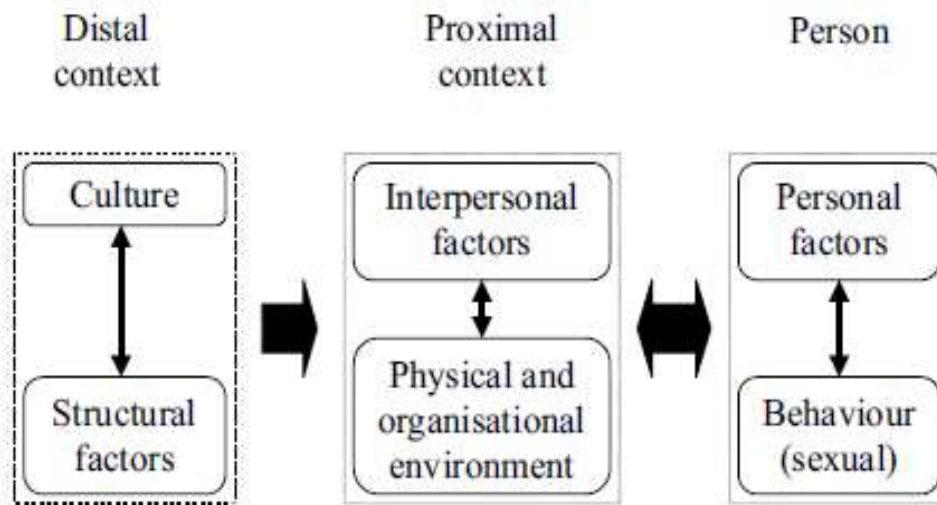
In order to explore contraceptive decision-making, the framework developed by Eaton et al. (2002) was used for organizing the relationship between sexual behaviour, personal factors and proximal and distal context developed by Eaton et al. (2002) is used. This framework has been used to understand factors promoting and perpetuating unsafe sexual behaviour. The framework will therefore shed insights and guidance to one of the research objectives which is to explore opportunities and constraints for influencing contraceptive use. Eaton et al. (2002) identifies personal, proximate and distal factors that influence unsafe sex.

Romer et al. (1994) report that young people face similar factors in relation to sex and relationships, therefore it is important to understand their sexual behaviour at an individual, proximate and distal level. Eaton et al. (2002) report that the framework will be able to understand factors beyond the individual such as social influences and distal societal context, these includes aspects such as traditions, norms of the larger society, shared beliefs and values. Eaton et al. (2002) argue that to understand the sexual risk of young people, there is a need to consider the interactive effects of these factors: within the individual, within his or her proximate and distal context. This will ensure that all factors that influences decision-making in contraceptive use are explored and understood, and how these factors interact together to shape the young men's behaviour. In the model, "personal factors include thoughts and feelings relating to sexual behaviour and HIV/AIDS, as well as thoughts about one's self (such as self-efficacy and self-esteem)" (Eaton et al., 2002:2). Therefore, the study will be able to explore and understand how the personal factors play a role in contraceptive decision-makings. The personal factors will guide the study to understand how the young men's self-esteem, self-efficacy, perceived susceptibility and severity shape their behaviour of decision making in contraceptive use.

Romer et al. (1994) mention that despite the available educational interventions on HIV prevention and changing attitudes on risky sexual behaviours, young people are still practising unsafe sex. In support of this Eaton et al. (2002) also report that in the 1990s young people continued to practice unsafe sexual intercourse, and this was seen by the escalating number of HIV infections. This demonstrate that interventions at an individual level are not sufficient in understanding the sexual behaviour of young men even though they are important, Romer et al. (1994) state that socio-environment factors, such as social norms also shape and influence the sexual behaviour of young people. Therefore, it is crucial that the social processes that influences risky sexual behaviours are understood such as socialization of young men and women and parenting styles that can influence behaviour. Eaton et al. (2002) report that peer pressure, poor interpersonal factors, lack of communication with parents about sexual matters and the physical and organizational environment may contribute to unsafe sexual behaviour.

Eaton et al. (2002) also report on the distal factors that can shape and influence unsafe sexual behaviour, this includes culture, poverty and the urban and rural conditions. Higgins, Hoffman and Dworkin (2000) argue that culture can misinterpret men as unaffected by HIV by constructing hegemonic masculinity, whereby sexual adventures or multiple partners are normalized thus putting men at risk of HIV infection. If a culture endorses risky sexual behavior, this can also put women at risk of HIV infection as they lack power in decision-making. Therefore, all the factors that influence young men's involvement in contraceptive decision-making, their perspectives and experiences will be understood using the individual, proximate and distal factors framework. Figure 1.1 shows the framework.

Figure 1.1 Framework for organizing the relationship between sexual behavior, personal factors and proximal and distal contexts.



Source:

Eaton et al. (2002)

1.5 Structure of dissertation

The dissertation consists of five chapters in total, chapter one includes the background and rationale for the study, objectives, purpose of the study, problem statement and research questions and theoretical framework. Chapter two consist of the literature review on the experiences and perspectives of young men in contraceptive decision-making. It looks at different studies on the factors promoting and inhibiting contraceptive and also the level of influence men have in contraceptive decision-making. Chapter three describes the methodology used in this study. It gives a detailed description of the following: the study setting and design, study limitations, analysing of data, processes of data collection and ethical issues pertaining to the study. Chapter four presents and discuss the findings from the analysis of data collected. Chapter five provides a discussion, recommendations and conclusions from the findings of the study.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

Male involvement in contraception is viewed as a vital strategy in increasing contraceptive prevalence rate (Rosliza and Majdah, 2010). This is of great importance especially to the youth. Idonije et al. (2011) report that it is a known fact that young people and adolescents are engaging in sexual activities, hence they are at a higher risk of unwanted pregnancy, induced abortions and increased HIV/AIDS infections. The study therefore finds it important to explore and understand the experiences and perspective of young men in contraceptive-decision makings. This chapter reviews literature on the involvement of men in contraceptive decision-making. It also discusses factors that promote and inhibit contraceptive use in their relationships and the influence that men have in contraceptive use.

2.2. Contraceptive methods

Contraception is an undeniable important issue, not only for women but also for men and in the health care system as a whole as it reduces maternal and infant mortality through the prevention of unintended pregnancies (Lambert, 2014). Prevention of unintended pregnancies is a global public health priority especially to HIV positive women, where prevention of mother to child transmission of HIV is of high importance (Coetzer, 2011). Since women are at risk of getting pregnant, most attention and research has been focused on them. This has also resulted in women having a wide range of contraceptives methods that they can choose from, (Raine et al., 2010). This puts women at a greater advantage than males, as they can choose from different contraceptive methods. According to Gazibara et al. (2012), traditionally contraception has been only viewed more as women's matters than men, however men are now being encouraged to actively participate in family planning services and take equal responsibility. It has not been easy for men to be involved because contraceptives have been seen as the responsibility of women not until recently where men are also encouraged to be equally responsible. However, men are not yet equally and fully involved. This is because there is a limited technology to control men's fertility (Raine et al., 2010). When comparing the available contraceptive methods for men and women, men have very limited options of contraceptive methods. The National Contraception Clinical Guidelines of South Africa (NCCG 2012) report that there is very limited number of available contraceptive methods for men. This includes male condom, withdrawal and male sterilization. However, according to the NCCG (2012) women have a range of hormonal

contraceptives (injectable and pills), long-acting reversible contraception, emergency contraception, spermicides, female condoms, intrauterine contraception, female sterilization and traditional methods. Pleaner et al. (2017) report that in 2014 South Africa has also introduced one of the long-acting reversible subdermal contraceptive implant that was accompanied with great anticipation and excitement, however there has been a decline in its uptake. This clearly shows that South Africa as a country lacks technological advances with regards to male hormonal contraceptives methods, and males are not catered for.

Out of the three methods mentioned in the NCCG (2012) available for men, the male condom that has an effectiveness of 85-98% provided it is used correctly and consistently, and male sterilization is highly effective. However, it is a permanent form of contraception that is irreversible. Lastly, there is the withdrawal method, Weeks (2012) report that it is a traditional method that has been used for centuries for birth control, and it simply involves the removal of the penis from the vagina just before male ejaculation, thus preventing the sperms from entering the vaginal tract however it is also not highly effective. Ajah et al. (2015) report that the use of traditional methods such as the withdrawal are less effective and does not help women to space and limit their births. With the above limited contraception methods for males, the most highly effective method is the male condom. The male and female condoms are the only methods that can prevent both unwanted pregnancy and prevent STIs and HIV infection (NCCG 2012). Furthermore, this indicates the unmet need for male contraceptives, for those males that are eager to use contraceptives and are not against their use (Kabagenyi et al., 2014).

The sterilization method is preferable for males that do not ever want to have children, whereas withdrawal is not effective and is an unreliable method and the condom is reported to hinder and limit sexual pleasure and being spontaneous (Kabagenyi et al., 2014). According to the NCCG (2012) the consistent and correct use of contraceptive methods is beneficial as it prevents unwanted pregnancy, reduces unsafe abortions, reduces child and maternal mortality through spacing of births. It also gives women an opportunity to attain a higher education and better economic and career development, as they can plan when and how many children they can have, (Kabagenyi et al., 2014). The study finds it crucial that contraceptives methods for both males and females is explored and discussed with young men as contraceptives have great health benefits. Nalwadda et al. (2010) traces a number of reproductive health issues such as unsafe abortions, unplanned pregnancies and high maternal morbidity and mortality among women to low contraceptive use.

2.3. Contraceptive knowledge

According to Esike et al. (2017) sub-Saharan countries have one of the highest fertility rates in the world, therefore there is a great need for contraceptive use among men and women. It is of great importance that the high fertility not be blamed on women as they have the responsibility of carrying the child, but also focus should be on men, as to what role they can play in family planning and birth spacing. Nalwadda et al. (2010) report that young people are aware of contraceptive methods, but despite their high level of awareness they are not using contraceptives. In support of this Esike et al. (2017) report that despite the benefits and gains of contraception, there is still low uptake of contraceptives in some sub Saharan countries. Nalwadda et al. (2010), report that Uganda has one of the lowest contraceptive use in the world, and more especially in the rural areas compared to its urban parts. Thummalachetty et al. (2017) report that there is a limited knowledge of contraceptives among men, they do not have the comprehensive knowledge. It is important that young men participate in contraceptive decision-makings and be able to support their partners in the desired contraceptive methods they choose. This will positively affect the health of women and also of men as it can prevent unwanted pregnancies maternal mortality.

Sanusi (2014) report that there is a low uptake of modern contraceptives, and this needs to be explored, and investigate the role that men play or the role that they can play to increase the uptake of female contraceptive uptake. However, Sanusi (2014) found that men were not involved in contraceptive use due to lack of knowledge and awareness about contraceptive methods and low literacy levels. Sanusi (2014) further revealed that 90% of 1451 men reported that they knew at least one method of family planning, overall men had high knowledge about contraceptive methods of both women and men but had a significant opposition towards their use. Thummalachetty et al. (2017) report that male contraceptive knowledge is related to high contraceptive uptake. Thus if a man lacks contraceptive knowledge this will more likely result to low or non-use of contraceptives. Knowledge about contraceptive methods is widespread, however contraceptive prevalence in Nigeria between 2002-2013 has remained 10% for any method (Sanusi, 2014). It is of great importance to understand the personal, proximal and societal factors that came to play in influencing the behaviour of males in contraceptive decision-making. This is because it is clear that there are several factors that come into play to shape male's behaviour and their attitudes.

A study by Hoga et al. (2013) report that men's lack of knowledge about contraceptives continue to be an inhibiting factor for male involvement in contraception. The lack of knowledge about the different contraceptive methods available for women means that men are not exposed to a variety of contraceptives methods that their partners can use. This would make men to take decisions based on one method. For example, a male can decide that their partner discontinue the use of a hormonal injection because of its side effect such as loss of sex drive to the woman, without inquiring about other available methods that they can use as a couple. In support of this Raselekoane et al. (2016) report that men are physically strong and in traditional African settings, their opinions are dominant, this can make them to dictate for their partners not to use contraceptives.

A study conducted in China by Long et al. (2012) revealed that male college students that were using condoms were knowledgeable about correct use and its effectiveness than other male students that reported no condom use. It is therefore important that young men be well informed about contraceptive methods of both men and of women, as this will increase the chances of contraceptive use and acceptance. Gazibara et al. (2012) found in their study at the University of Belgrade amongst 237 male medical students, revealed that almost all the students knew that their partners had been using oral contraceptives. The students were also aware and more knowledgeable about female contraceptive methods as they are medical students. A similar study by Wulifan et al. (2015) also found participants in their study were able to at least mention one contraceptive method. The mostly commonly known were the condoms and injection.

A study on knowledge, attitude and practice of contraception among secondary school student in Nigeria by Idonije et al. (2011) also revealed that secondary school students had a high rate of sexual activities, with males having a sexual debut at the tender age of 9 years, but the students had low awareness and use of contraceptives. Some students had no knowledge whatsoever about their bodies and knew nothing about pregnancy and contraception. This is alarming considering the risks that are associated with unsafe sex and unplanned pregnancies. This indicates that young men need to be made aware of contraception and be encouraged to play an equally responsible role as early as possible. A study conducted in Villarreal et al. (2016) among Hispanic male college students found that some students had little knowledge about contraceptive methods, and those with little knowledge were less likely to use contraceptive methods effectively than students that were

more knowledgeable. This highlights the importance of having awareness and knowledge about different types of contraceptives that are available for both male and females.

Idonije et al. (2011) notes that most young people's source of knowledge and information is rarely health facilities, but is usually through friends. This could lead to a lot of misleading information about male and female contraceptives as the knowledge that friends have could be misinformed, distorted, false and mostly self-centred (Idonije et al., 2011). It is therefore important that young men are accessing correct, accurate and reliable information about female and male contraceptive methods from reliable sources such as the health care facilities. Esike et al. (2012) report that information from family and friends could exaggerate some of the side effects of contraceptives methods out of proportion, and young people tend to believe and trust the information from their close friends and family. A study conducted in Villarreal et al. (2016) also revealed that male college students received the information and knowledge about contraceptive methods from their friends, family and social media, and there were few students that got their information from medical professionals. This puts males at a risk of receiving inaccurate, misinformation and myths about contraceptive methods (Villarreal et al., 2016). It is therefore important that young males source of information and knowledge about contraceptives comes from professional health care facilities and practitioners.

It is important for men to be well informed about available contraceptive methods, in order for them to be equally involved when choosing contraceptive methods that will be suitable for both females and males. This is because it difficult for them to be involved in contraceptive decision-making in their relationships if they are not educated and knowledgeable about the available contraceptive methods. This is especially important because as argued by Idonije et al. (2011) that young men have a higher level of sexual activities compared to their female counterparts, and it can be beneficial for them to engage in contraceptive discussions as this might decrease their chances of unplanned and teenage pregnancy. It is important to note that knowledge alone about contraceptives methods cannot imply that there would be an increase of male involvement in contraception, although it can be advantageous. In support of this Tuloro et al. (2006) report that a study conducted in Ethiopia about the role of married men in contraceptive use, revealed that men had high prevalence of knowledge about contraceptive methods, however there was low contraceptive use amongst them. This further shows that being knowledgeable about contraceptives

methods alone is not enough and that there are other factors that influence men's contraceptive use.

Raselekoane et al. (2016) report that South Africa's rate of HIV/AIDS, STIs, pregnancies and abortion related deaths continue to rise despite the available contraceptive information, as more young people are engaging in unprotected sex. Esike et al. (2017) also report that men have a high level of awareness of family planning activities but this does not translate to contraceptive use. A study conducted by Ghazal-Aswad et al. (2002) in the UAE found that of a total of 348 men, only 294 had knowledge about contraceptives but only 24% that used contraceptives in their relationships. This raises a great concern, as to why young people are engaging in unsafe sex despite the available information and knowledge about the importance of safe sex and benefits of contraception.

2.4. Factors influencing male involvement in contraceptive-decision making

2.4.1. Misconceptions and beliefs

One of the factors that influence men in contraceptive decision making is that men assume and believe that it will encourage their partners to be unfaithful, (Hoga et al., 2013). Men assume that if their partners use any type of birth control, it will encourage infidelity. A study by Hoga et al. (2013) found that men expressed fears that women can sleep with other men and will thereafter use contraceptives to avoid getting pregnant. Therefore, they preferred their partners not to use contraceptive methods, so they will not be unfaithful because their chances of getting pregnant are high. This displays the level of trust in the relationship, and further displays the strong beliefs that men have towards contraceptive methods. This is because a woman's infidelity cannot be credited to their use of contraceptives. Therefore, men are less likely to be involved in contraceptive methods decision-making if they hold preconceived ideas such as these, as their involvement might imply that they are encouraging their partners to be unfaithful. To concur with this, a study conducted by Prata and Singh (2014) in India revealed that 16% of men believed that women who were using contraceptive methods may become promiscuous.

Kabagenyi et al. (2014) report that in Uganda women who use contraceptives are regarded as prostitutes and it is not acceptable for married and committed couples to use contraceptives. If it happens that married women used contraceptives, they are shunned by other women and community members, as they were viewed as if they are abandoning their marital

relationship, (Kabagenyi et al., 2014). The distribution of myths, misconceptions and inaccurate information about contraception are factors that push young people from using contraception (Raselekoane et al., 2016). Most young people have incorrect information and beliefs about contraceptives and this could result in young men being resistant to contraceptives (Raselekoane et al., 2016). In support of this Nalwadda et al. (2010) report that young people have misconceptions and fears regarding female contraceptive methods, and they reported that these interfered with fertility. They reported that they were afraid that using contraceptives could harm women's ability to have children in the future. A study conducted by Mantell et al. (2011) revealed that some young men generally preferred sex without condoms as it interfered with their sexual pleasure. They reported that male and female condoms cause discomfort and this was attributed to the loss of pleasure. This may also apply to hormonal contraceptives used by women. Young men would prefer their partners not to be on oral contraceptives as they were worried that it interferes with their sexual pleasure.

2.4.2 Cultural beliefs and gender norms

Akin and Ozaydin (2005) report that in some studies men do not favour the use of contraceptives by women due to cultural fears. It is also important to highlight that other cultures can play a crucial role in influencing male involvement in contraceptive use decision-making. A study conducted by Bhana and Nkani (2014) found that culture influenced young African teenage fathers to use contraceptives and to become more responsible in ensuring that they prevent a second pregnancy. Bhana and Nkani (2014) continue to report that when teenagers become fathers they face a lot of pressure as they are expected to pay material and monetary cultural damages to the family of the pregnant woman. If this is not done the biological father is not recognised as the legitimate father and is usually prevented or restricted in accessing his child. Teenage fathers do not have power to meet the cultural expectations, that exalts men as providers and that exalts materiality, this places a lot of burden to teenage fathers that are still in school and coming from poor families and cannot afford to pay the necessary damages and provide for the upbringing of children. This materialistic culture influences teenage fathers to use contraceptives so as to prevent another pregnancy and be more responsible to their sexual and reproductive health (Bhana and Nkani, 2014). This is because they are aware of the consequences of unprotected sex, so they try to avoid another unintended pregnancy. However, cultural beliefs can also inhibit and discourage young men's involvement in contraceptive decision making.

Gupta (2000) report that men usually have more decision making power than women in relationships. This can influence men to decide not to be involved in contraception and family planning discussions as they are culturally viewed as the 'decision makers'. Men can decide not to be involved and further prevent their partners from using contraceptive methods. Culture gendered roles have great impact on how an individual respond to contraceptives and family planning services (Bhana and Nkani, 2014). Villarreal et al. (2016) report that traditional gender roles interfere with contraceptive decision-making. A study that was conducted amongst Hispanic students in Villarreal et al. (2016) revealed that Hispanic male students did not have confidence in using contraceptive because they are culturally expected not to be involved in contraception issues as it is seen as a woman's responsibility. It is these negative connotations that impede male involvement in contraceptive decision making that need to be challenged and redefined in order to encourage equal responsibility in contraception matters. Sanusi (2014) report that in Nigeria cultural myths and norms regarding modern female contraceptives methods create negative attitudes towards female contraceptive use. The study revealed that there is a strongly held belief in Nigeria that using female contraceptive methods can lead to infertility later in life. These misleading beliefs hinder contraceptive uptake as they are embedded in culture. Sanusi (2014) further report that this happens especially in rural areas where cultural beliefs are the strongest.

Kabangenyi et al. (2014) report that men in African contexts have a contradictory role that they play in contraceptive uptake, as they dominate the contraceptive decision-making process but are detached from family planning services and therefore lack adequate knowledge. This shows that men are imposing decisions to use or not use contraceptive methods while they lack information about them, and this may be detrimental to their own health and that of their partners. According to Dansereau et al. (2017: 2) 'family planning is frequently framed as a women's issue but men strongly influence family planning choices'. Hoga et al. (2013) report that a study conducted in Turkey found that 3.2% of women used withdrawal as their birth control, because it was preferred by their husbands. This further indicates the influence of men's decision making power, and influence they have on contraceptive use. Women in the study used the method because it was preferred and got approval by their husbands. Ogunjuyigbe et al. (2009) also report that in a study conducted in Yoruba Nigeria men expressed that they were expected to take control of their households and make final decisions and women are expected to be submissive. Brown (2015) report that in traditional societies men are regarded as responsible for decision making and because of

the existing double standards, men are viewed as heroes when they are sexually active but women are viewed negatively. The women are thereafter left without decision making power and this is where males get involved, where they assume the responsibility to decide if contraception is used. Their involvement in this scenario is not a shared responsibility, but it is just imposing their power on women and them exercising the notion of being decision makers.

In a study conducted in Uganda, some male participants reported that they do not like the concept of contraceptives because it reduces their family size (Kabagenyi et al., 2014). They reported that they needed more children, especially female children. This was because they could gain wealth, through the receiving of their bride price (Kabagenyi et al., 2014). If the men in Uganda are encouraged to be involved in contraceptive decision-making, this will mean that there would be a reduction in the number of the children and subsequently a reduction in their wealth. This indicates that the men in Uganda saw the benefits of not using contraceptives as it provided them with wealth. Furthermore, there was a high value attached to children as this indicated wealth and source of security. The traditions in Uganda encouraged and highly valued larger family sizes (Kabagenyi et al., 2014). However, ignoring the negative health outcomes of not using contraceptives, as well as the advantages and disadvantages of using contraceptives.

Onyango et al. (2014) report that in Kenya, cultural gender norms determined the extent of male involvement in contraceptives. The study further discovered that cultural beliefs influenced male involvement in reproductive issues such as the use contraceptives. In cultures where men are pressured to have many children and where there is a preference for children of a certain sex, contraception is discouraged (Onyango et al., 2014). This discourages male involvement in family planning, as culture expects them to have children and there are no cultural incentive to practice family planning. This highlights the importance of understanding the cultural background of men, when involving them in contraception as some cultures exerts pressure on them to have many children (Onyango et al., 2010). It is therefore not easy for men to discuss contraception, let alone support the use of contraception as their desire is to have more children. Smith and Mason (2000) report that men have high fertility preferences compared to women and their fertility preferences usually dominate in societies where gender stratification is prominent. Therefore, it is of great importance that information and education about contraceptives is provided to males, taking into consideration their personal and cultural backgrounds.

Cultural beliefs about gender norms also influences male involvement in contraception, Hoga et al. (2013) in their study observe that men's attitudes towards contraceptive methods were mostly influenced by what their cultures considered masculine. If a culture viewed that it is not 'manly for a man to use contraceptives and allow their partners to use them, then men from that culture are less likely to use condoms, allow their women to be on any type of contraceptive methods, let alone being involved in contraceptives decision making. Men will therefore want to prove their masculinity by doing what is culturally considered 'manly' as masculinity must be proven to others (Hoga et al., 2013). It is these cultural gender norms that have excluded men to be involved in contraception, because their culture already has expected behaviours for both males and females.

Dansereau et al. (2017) report that the use of family planning is limited greatly by gender role objections to contraception, and that traditional gender roles still poses as a threat to contraceptive use in some communities. Gupta (2000) report that gender is a social and cultural expectation of what constitutes male and female and their expected behaviour, and has a great impact on how men and women interact with each other. Hardee et al. (2017) report that gender norms can limit or promote men's participation in contraceptive use. They argue that "gender inequitable norms can diminish the likelihood of discussions of contraception and joint decision-making on reproductive health, and where gender inequality is strong, men are less likely to use a condom" (Hardee et al., 2017:5). It is important that that these inequitable gender norms be addressed in order to ensure that they do not limit men's participation in contraceptive use. It is also important to note that equitable gender norms can encourage male participation in contraception Hardee et al. (2017) report that when men have been involved and exposed to gender equality programmes, they are more likely to report an increased use of contraceptives.

Higgins et al. (2000) report that culture can portray men as being unaffected by HIV by constructing hegemonic masculinities, whereby sexual adventures or multiple partners are normalized thus putting men at risk of HIV infection. This can also put women at risk of unplanned pregnancies and HIV infection as they lack power in decision-making. The risk of pregnancy and HIV risk is heightened when there are no contraceptives used. Higgins et al. (2000) note that women are at risk of HIV infection because of rape and coerced sex which can negatively impact on the women's reproductive health as they cannot negotiate any type of protection. Onyango et al. (2010) further report that in western Kenya, culturally men would rather discuss contraceptives with other people rather than their wives, thus there is a

lack of involvement in decision making regarding contraceptives in their relationships, as men opt not to discuss such issues with their partners. The existing gender norms and cultural practices have allowed and created an environment where men are not expected to play an active role in contraception and family planning, but are instead discouraged to be actively involved. Onyango et al. (2010). Sanusi (2014) report that cultural perception overrides whether males are knowledgeable and aware of contraceptive methods, thus culture plays a significant role in contraceptive decision-making.

2.4.3 Socialization of young men

Socialization of male children also has also a great influence on male involvement in contraceptive use, Onyango et al. (2010) report that when a girl gets pregnant it is unacceptable and their parents gets criticised for it, however the boy who impregnates her is praised and it is viewed as normal and the parents are happy with the pregnancy. Villarreal et al. (2016) found that in most traditional Hispanic families, sexual health is not discussed. This later negatively affects how young men behave later in life towards their sexual health. It is therefore important that young males be exposed to sexual health and contraception education and discussions even at home. From a young age, males are brought up in a manner where contraception is not viewed as their responsibility, and are being praised and viewed as ‘manly’ when they have impregnated a female. It is important that male children are socialized with the importance of using contraceptives and for them to know the shared responsibility that they have. This process will not be easy as Raselekoane et al. (2016) report that in traditional Sub Saharan countries, family planning and contraception are still viewed as sensitive issues that parents cannot discuss with their children.

2.4.4. Communication

Prata et al. (2017) report that communication about contraception play a vital role in contraceptive use. Raine et al. (2010) report that lack of communication in a relationship is associated with low or no contraceptive use. Therefore, lack of communication in a relationship contributes to lack of male involvement in contraceptive decision-making as a couple will not be able to openly discuss their perspectives on contraceptive use. This highlights the importance of communication in relationships, because this will allow couples to engage in shared decision-making about the different methods suitable for them as a couple. Raine et al. (2010) further state that contraceptive use is positively associated with increased communication and intimacy. Smith and Mason (2000:306) also report that ‘the

more frequently the couple discuss fertility related issues, the more likely they are going to use contraception'. It is important that couples communicate and share their contraceptive beliefs in order for them to make decisions together. Brown (2015) report that men have poor communication skills and lack confidence to discuss contraception, furthermore Prata et al. (2017) report that spousal communication about contraception in sub-Saharan African countries is low. Hardee et al. (2017) report that the recent evidence from Kenya, Ethiopia and Bangladesh shows that contraceptive use tends to go up when couples have had discussions about family planning.

A study by Sanusi (2014) also revealed that communication among partners increases contraceptive uptake, especially in communities where contraceptives are viewed as not acceptable. This demonstrate that the factors that hinder contraceptive use in men can be overcome by spousal communications. Therefore, it is important that men and women are encouraged to discuss contraceptives rather than having one partner assuming who should take responsibility for contraception. This will help couples to decide together on which contraceptive method that is suitable for them. Contrary to this, a study in Villarreal et al. (2016) found that the Hispanic male college students displayed a lack of communication regarding contraception matters, however they continued to seek advice on sexual health issues such as contraception. Hardee et al. (2017) also report that many men express a desire to communicate about contraceptive matters, however they lack the skills to do so.

Male involvement can increase contraceptive use, because when male partners partake in conversations about the different available contraceptive methods that they can use they can in turn take decision together (Kabangenyi et al., 2014). This will also improve spousal communication, unlike when a woman is using contraceptives methods in secret where there is no communication with the male partner. Kabangenyi et al. (2014) report that growing research shows that when men are involved in family planning, women's contraceptive intake increases. This shows the importance of involving men, because this benefits the health of men, women and children. However, it is important to note that partner communication about contraception does not always translate to the use and approval of contraceptives (Prata et al., 2017).

2.4.5. Men as barriers

Ajah et al. (2015) report that men also act as barriers to contraceptive use, as they have the power to oppose the use of contraceptive. This may be a disadvantage to women, as they can come and overpower their partners and they can be against the use of contraceptives. This may be true, nonetheless the advantages of male involvement in contraception outweighs some of the disadvantages involved. A study in Kabangenyi et al. (2014) reveal that men are not involved in contraception and they further themselves act as barriers for women to take contraceptives use. Raselekoane et al. (2016) also report that in South Africa there has been numerous cases where some boyfriends are reported to be using violence to their girlfriends to stop them from using contraceptives. This therefore makes it difficult for them to be involved in contraception as they make decisions for their partners not to use them. Men's opposition to the use of contraceptives can influence contraceptive uptake negatively (Bologun et al., 2017). Furthermore, Thummalachetty et al. (2017) report that partner opposition is one of the primary reason for non-use of contraceptives. Few women continue with contraceptive use when their partners have disapproved their use (Ajah et al., 2015). This further demonstrate the magnitude of male influence in contraception.

According to Ghazal-Aswad et al. (2002) male participants revealed that they were fearful that they will lose power in the relationships if they support and accept contraception. A study conducted in the Western Cape by Peer et al. (2013) on factors associated with contraceptives use in a particular rural area, found that male domination and pressure are amongst the factors that inhibit contraceptive use among women. Smith and Mason (2000) report that men's high fertility preferences also contribute to women's unmet need for contraception, where fecund women are not using contraceptives but do not desire to have children. Therefore, men play a very critical role in determining the use of contraceptives in relationships. It is important that men are accommodated in family planning services. However, Hardee et al. (2017) report that this must be done with caution as some women may not want men to be involved in contraceptive matters, and ensure that the involvement of men does not disempower women.

2.4.6 Perceived side effects

Kabagenyi et al. (2014) report that men could not support their partners to use contraceptives due to the perceived side effects. These side effects include, vaginal dryness, irregular and prolonged bleeding, general fatigue, reducing sexual pleasure, increasing risks of fertility and a decrease in sexual drive. A similar study by Prata et al. (2017) found that men tend to disapprove contraceptive use because of concerns about side effects. These side effects decreased the chances of men to have an enjoyable sex life. Men reported that women were always tired and had no drive for sex, and this affected their relationships as they would not have regular sexual intercourse (Kabagenyi et al., 2014). The side effects of female contraceptives indirectly affected the males, and this influenced them to disregard contraceptive use altogether. Hoga et al. (2013) also observed that men reported their dissatisfaction with the condom, arguing that it makes sex boring and finish the pleasure. This would make it difficult for men to support their partners to continue the use of contraceptives, as side effects affect their sex life. Side effects of modern female contraceptive methods are one of the factors that influence men not to support contraceptive use (Thummalachetty et al., 2017).

Nalwadda et al. (2010) also state that young people generally prefer sex without a condom. Often they are motivated by pleasure rather than fear and the consequences of not using any contraceptive methods. Esike et al. (2017) report that side effects of female oral contraceptive methods are not significant compared to the benefits of contraceptive use, and the side effects happen to a minority of women and not to all women. According to Dansereau et al. (2017) a study conducted in Mexico about the barriers to family planning services revealed that men and women expressed great concerns about the side effects of hormonal contraceptives. Most men are misinformed about the side effects of women's contraceptive knowledge. It is important that side effects of different contraceptive methods are discussed with both men and women before use and how they can be managed.

2.4.7 Men's invulnerability

Another factor that inhibit men to be involved in contraceptive decision-making is that they feel invulnerable to the consequences of unplanned pregnancies, Hoga et al. (2013). This is because as much as they can impregnate women, the women bear the consequences of carrying a child for 9 months and have to endure all that comes with pregnancy. In some instances, Brown (2015) report that men do not take responsibility for contraceptives because

the consequences of not using them are not as harsh for them, women ending up taking full responsibility as the consequences affect them the most. It therefore becomes uneasy for men to discuss and support contraceptives because they know they do not have to physically carry children. This invulnerability not only contributes to the unplanned pregnancy, but it could also result to STIs and other diseases.

Raselekoane et al. (2016) found that male students disregarded the importance of contraception and family planning and showed no interest in it and they failed to realise the importance of safe sex. These negative attitudes further contribute to male's feelings of invulnerability and for not taking a shared responsibility in contraception, and this puts their lives in danger and that of their partners. Brown (2015) also report that young men tend to assume that women are already on the pill, and it is their responsibility to prevent pregnancy. This unspoken assumption that women are on the pill needs to be challenged, by encouraging men to communicate about contraceptives and be involved in contraceptive decision-making and discussions. In support of this Villarreal et al. (2016) found that Hispanic males relied on their female partners to take responsibility and initiative with regards to contraceptive methods. This reliance can be detrimental to both couple's health as there are consequences of unprotected sex. It is important that men familiarise themselves with health care facilities for family planning services.

2.4.8 Health care system

Traditionally the health care system and services have also not been built in a way that caters and accommodates men in family planning Hoga et al. (2013). This also demotivates men, as they may feel like their role is not important and they are not welcome in family planning services. The service providers may also not be adequately trained to welcome and encourage male participation. Bearinger et al. (2007) report that health care providers may not have the necessary training or skills to meet men's reproductive health needs and young people can fear accessing health care services for fear of stigmatisation or punishment for their sexual activity. Furthermore, Nalwadda et al. (2010) report that health care providers have negative attitudes to unmarried young people when they seek family planning services. This does not only discourage young men's involvement in contraceptive use but also young women as they also feel stigmatised and unwelcomed in accessing contraceptive methods.

Smith et al. (2018) report that young people expressed negative interpersonal relationships with providers at government clinics. They reported that the staff was rude, judgemental and unpleasant and did not give them respect nor practised confidentiality. This experience repels young males to seek any help or information about their sexual and reproductive health issues including their contraceptives and that of their partners. Smith et al. (2018) further report that young people are keen on knowing more about their sexual and reproductive health matters, but they are put off by the attitudes they get from health care providers, they feel judged, uncomfortable and they are not helped. Furthermore, Dansereau et al. (2017) report that most young people are embarrassed to seek family planning services at the health care facilities, and the negative attitude of health care workers discourages young people from accessing contraception. This is especially the case of young men as most family planning services has previously been female dominated. Whereby you find that it is only women who are made welcomed to family planning services.

2.4.9 Limited methods for men

Bremner (2012) further report that men have limited contraceptive methods, including male condom, vasectomy and withdrawal method. Men do not have hormonal contraceptives, such as pills and injection; therefore, women are mostly held responsible for contraception as they have a variety of contraceptive methods. In support of this Nalwadda et al. (2010) also report that the limited contraceptive methods for males also act as a barrier for them to be equally involved as women in contraceptive decision-making. “There is an ongoing research on the development of male oral contraceptive pill that could contribute to the spectrum of existing contraceptive methods” (Gazibara et al., 2012). This could encourage men to be more participative in contraceptive decision making as there would be a variety of oral contraceptive methods they can choose from. Although this could have its own challenges as it is a new approach as men will have to adopt to and familiarise themselves with it, but it is worth the effort in increasing male involvement in contraceptive decision-making.

Hardee et al. (2017) report that men need additional contraceptive methods as they have limited options available, and in a survey that was conducted among 9000 men between the ages of 18-59 men expressed the willingness to use male hormonal contraceptive if it were made available. Hotum Sahin et al. (2008) also report that a study in the eastern province of Turkey revealed that men are undermined in family planning services and there is a need for a re-structuring of the family planning services in the health care system. Hardee et al.

(2017) report that family planning services lack health infrastructure targeting at men and are not welcoming to men. It is important that family planning services are designed to accommodate men as clients of contraception methods, such as including them in family planning posters and encouraging women to bring their partners for family planning services.

2.4.10 Type of relationship

Raine et al. (2010) report that male involvement in contraceptive-decision making is determined by the type of sexual relationship. These types of relationship include casual, 'friends with benefits' and committed relationships. A casual or 'one night stands' is characterised by a focus on sexual gratification and low intimacy. Raine et al. (2010) reported that in casual relationships young men took the responsibility of using condoms because they hardly knew the person and wanted to protect themselves from STIs and also preventing pregnancy. Young men reported that there was little or no conversation about contraceptives, they took it upon themselves to use condoms as the women is not expected to get pregnant in this type of relationship. The 'friends with benefits' relationship is characterised by high trust however contraceptives have to be used as everything that is happening is for the time being, condoms were used to prevent unintended pregnancy (Raine et al., 2010). In committed relationships the study revealed that, young men had an element of trust, condom use was no longer a concern, pregnancy was not viewed as a negative outcome and there were discussions about contraceptive use (Raine et al., 2010).

A study conducted in South Africa amongst male students at higher learning institutions revealed that male student believed that condoms should be used at the onset of a new relationship, but once trust has been established in the relationship then condom use is discontinued (Mantell et al., 2011). Mantell et al. (2011) report that male students voiced that reintroduction of a male or female condom in a stable relationship raises suspicions as it may show that the female partner has been unfaithful and is trying to protect the male partner. In contrast to this, Long et al. (2012) report that a study conducted in China revealed that students in long term relationships were more likely to use contraceptives than those in casual relationships and one-night stand scenarios. This may be true as there are no discussions about contraceptive methods in casual relationships as they are not taken as serious relationships. However, in long term relationships, couples can engage in discussions about contraception. Having no form of contraceptive methods in casual relationships is very risky

and it puts both partner's health in jeopardy. This shows the dynamic nature of the relationship and the influence it has in contraceptive use and decision-making.

Brown (2015) also report that responsibility of contraception varies according to the type of relationship. Young people reported that the responsibility usually lies with women if it is a casual encounter. However, Brown (2015) raise a concern that women who carry condoms themselves are perceived by young men as being 'sluts' and easy because they were already planning to have sex. These double standards act as barriers in ensuring that contraception is a shared responsibility. According to society, women are mostly perceived as responsible for contraception, and when they take that responsibility it is not fully accepted and they can be at risk of being labelled as promiscuous.

2.4.11 Religious factors

Ghazal-Aswad et al. (2002) cited in Hoga et al. (2013) report that religion is another factor that influences men not to support contraceptive use in their relationships. In some religions such as Muslims, couples are pressured and are expected to have children, and in some religions contraception is viewed as a sin and using them implies that you are going against the will of 'God' (Hoga et al., 2013). The religious background is an important element to explore and to take into consideration when involving men in contraception as it contributes greatly to their behaviour. Furthermore, Ghazal-Aswad et al. (2002) report that in a study conducted in the United Arab Emirates (UAE), 116 out of 348 male participants supported and accepted the use of male and female contraceptives. More than half (57%) reported that their reasons were religious, 20.3% were cultural, 12.5% were personal, 7.8 % were medical and economic reasons were 2.2%. This shows that there are a variety of factors that influence men to support and accept contraceptive use in their relationships; religion and culture have been shown to be the leading factors. Most religions were not supportive of contraceptive use.

The UAE is predominantly an Islamic society and its culture and religion value the importance of having children, thus the use of contraceptives is limited Ghazal-Aswad et al. (2002). This makes it easier for men to discourage contraceptive use because they would be abiding by their religious beliefs. Edewor (2005) report that most religions favours high fertility within marriages and some have restricted contraceptives use. The Roman Catholic faith only accepts abstinence, withdrawal and rhythm method as the only forms of contraceptives to be used by married couples and other methods are prohibited. This puts

pressure amongst its believers, especially the unmarried as they are expected to not engage in pre-marital sex as it is condemned and regarded as a sin (Edewor, 2005). This also applies to the married, as procreation is viewed as the end result of sexual intercourse. Religious factors influence not only men but also women, and it greatly affect contraception. However, some Christian denominations support the use of artificial contraceptives even though they still encourage children inside marriages (Edewor, 2005). This shows the pressure that religious beliefs can exerts on married couples by encouraging child bearing and discouraging contraceptive use. The pressure is exacerbated to young unmarried people who have religious beliefs as some denominations disapprove of contraceptive use and pre-marital sex.

The community at large can also discourage young people to seek contraception and family planning services, Raselekoane et al. (2016) report that overall the community has negative attitudes towards unmarried young people who are sexually active. These negative attitudes are exacerbated when young people have to seek contraceptives, because the community already expects that they are not having sexual intercourse. A study conducted in Nigeria by Sanusi (2014) revealed that religious beliefs acted as a factor that discouraged both men and women to use contraceptive methods. One of the beliefs include that people will be going against the will of God if they use any contraceptive methods as they will not have children that God preassigned for them.

2.4.12 Women dominated domain

Prata et al. (2017) report that most men still view contraception as women's domain. Traditionally, women have long been at the forefront of contraception than men. However, men are now encouraged to actively participate in family planning services (Gazibara et., al 2012). This traditionally held belief that contraception is for women has contributed to lack of male involvement in contraception. However, their involvement is of great importance, this is because there is a need for men to actively play their role in ensuring that contraceptives are a shared responsibility and because men can have great influence on the uptake of contraceptives methods in relationships. Hardee et al. (2017) report that family planning services have always primarily focused on women, and services are not well built for young boys and men. In support of this Ogunjuyigbe et al. (2009) report that males tend to make decisions on the number of children they would like to have and make decisions in

some reproductive matters although they lack knowledge and still hold negative attitudes towards female contraceptive methods.

Onyango et al. (2010) mention that family planning programmes have limited services for men and have been designed to cater for women as their primary clients. For example, Onyango et al. (2010) reported that they would not be allowed inside the clinic's consultation rooms by the health care providers when they are accompanying their partners. This further discourages men to be involved in contraceptive use decision-making as their efforts are not welcomed and encouraged. Hardee et al. (2017) also report that in some countries, health care providers are unwilling to provide contraceptive services information to young men. This may be due to the negative attitudes that health care providers have. Men have also not been viewed as main clients in contraception and family planning services, Hardee et al. (2017) report that the ICDP in Cairo emphasized and encouraged equal participation of males in reproductive matters, however the framing of the conference still viewed men as partners and supporters of women not as change agents themselves. Patra and Singh (2014: 214) report that "men can participate in family planning by two ways: one, they can support the choice and use of contraception made by their wives or partners; two, they can adopt any modern contraception method which will also protect the couple from the spread of STDs". It is important that men also feel as change agents, not only as supporters in order for them to feel equally responsible in contraceptive matters. This also needs to be demonstrated in health care facilities, where men are made welcomed and are provided with the necessary services.

Although women have been in the forefront, Higgins et al. (2000) state that women can also be utilised to encourage male involvement in contraceptive decision makings by engaging them in relationship empowerment workshops. This will assist women to decrease their risk of HIV infection and unplanned pregnancies. Although there has been great progress and research aimed at involving men in sexual and reproductive health issues, it will not be a smooth transition. Regardless that women have been viewed as primary clients Kabagenyi et al. (2014) report that women do not make the final decisions about contraceptives, especially in some sub Saharan Africa countries where men are viewed as head of the household and are decision makers. According to Peer et al. (2013) contraceptive prevalence rates have increased both in rural and urban areas, however use is much lower in rural areas. This also highlight another factor that have a role in contraceptive use, that is out of an individual control, but can influence men not be involved in contraception as they may be living in a rural area where there is a lack of family planning services and contraception, unlike in urban

areas. It is therefore important that rural areas be a focus of studies in order to understand the dynamics that exist in these areas. Despite men's place of residences that can inhibit and promote contraception, it is important to consider the role that parents of young men play in shaping and influencing their behaviours.

2.4.13 Parenting style

The study conducted by Nalwadda et al. (2010) in Uganda revealed that parents were also an obstacle for young people to not use contraceptives. They further states that young people do not want to leave evidence that they are having sex as their parents may not approve that they are sexually active. This shows that young people put more value on what their parents would feel and think of them when they are using contraceptive methods. It is also therefore important for parents of young men to be educated and sensitized on matters of contraception and its benefits. In order for them to be able to encourage their children to use contraceptives rather than judging them because they are sexually active. This also highlights that contraception is for everyone, including the young and the old generation, and both male and females. Villarreal et al. (2016) report that it is important that sexual discussions be normalized in the home environment and that parents be able to give support and encourage positive sexual health. It is important not to focus on women only but explore the role and perspective of men in contraception and also to understand what they can do to improve these issues This study conducted in Nigeria by Sanusi (2014) among 389 men revealed that lack of approval of contraceptives use by male partners has been identified as one of the major factors hindering contraceptive use in women.

2.4.14 Social class

Hoga et al. (2013) report that social class also influences male participation in contraceptive-decision making, men from a high social class were more likely to be involved and in support of contraceptives use than men from low social class. The social environment of men from high social class may be that they are more educated about contraceptives and are economically conscious of the financial responsibility that a child may bring. In support of this Ghazal-Aswad et al. (2002) report that men from a higher social class are characterized by higher levels of education, and greater contraceptive use. Therefore, men who are educated are more likely to support and use contraceptives, in comparison to those less educated or no education at all. In support of this, a study conducted at the University Belgraide amongst male medical students in Gazibara et al. (2012), revealed that students

with an advanced study year had a higher knowledge scores on oral contraceptives and were more interested in their partners' well-being when using the pill. Mantell et al. (2011) also report that there is a strong association between high level of education and the consistent use of condoms among young men. The more educated the young men, the more chances of them being able to use contraceptives such as the male condom. This highlights the importance of education in young men, as it can heighten their chances of using and being involved in contraceptive decision-making.

However, this does not mean all men from low social class are intolerant of contraceptive use and those in high social class are all supportive of contraceptives. Peer et al. (2013) reported that women's self-esteem and the level of education can also influence their male partner's involvement in contraception. Women with no or low education levels were less likely to use contraceptives, and also women with low self-esteem were less likely to use contraceptives (Peer et al., 2013). Ghazal-Aswad et al. (2002) report that education as a socioeconomic factor greatly influenced contraceptive use, and the more educated the individual, the better health outcomes. Ghazal-Aswad et al. (2002:199) further report that women who are educated have been found to be able to take control of their sexuality and family planning and have lower fertility rates. Although men play a crucial role in inhibiting and promoting contraceptive use women can also play a role, as highly educated women can stand up and challenge their partners to be involved.

2.5. Attitudes towards contraceptive methods

Long et al. (2012) report that positive attitude towards the use of contraceptives are associated with an increased use of contraceptives. Therefore, it is important for young men to have a positive attitude towards women's contraceptive methods and that of their own, this will make it easy for young men to use and be involved in contraceptive decision-making if they approach contraceptives with a positive attitude. Furthermore, a study conducted by Gazibara et al. (2012) revealed that the male students that were more knowledgeable about oral contraceptives had a positive attitude towards oral contraceptives. This shows the correlation that exists between the knowledge and attitudes about contraceptive methods. It is therefore important to note that positive attitudes are highly related with adequate knowledge about contraceptive methods. Therefore, it is important to ensure that there is availability of knowledge about contraceptives methods for both male and females, and that males have

positive attitudes towards contraception and ultimately that will increase contraceptive uptake. It is also important to note that this study was conducted amongst educated males at a university level who had great knowledge about contraception as they were medical students (Gazibara et al., 2012).

Ogunjuyigbe et al. (2009) report that men play a significant role in contraceptive uptake, a significant role that could yield positive or negative attitudes towards contraception. Although women have been the main target of family planning. Ogunjuyigbe et al. (2009) continues to report that males tend to make decisions on the number of children they would like to have and tend to take dominance in some reproductive matters although they lack adequate information. A study conducted by Akin and Ozaydin (2005) found that 83.3% of men had negative attitudes towards women and those men were not using contraceptives, and there was an increase of condom usage and acceptance of female contraceptive methods among men that had favourable attitudes towards women. The positive attitude that men have can act as a catalyst in ensuring that men are taking equal responsibility towards contraception. Akin and Ozaydin (2005) report that the attitudes that men had influenced the use and non-use of contraceptives in their relationships.

Contraceptive decision-making in young people is strongly gendered, and men have a negative attitude towards contraception and they view it as women's responsibility (Brown 2015). Akin and Ozaydin (2005) concur with this by stating that contraceptives are viewed as women's domain, and men do not favour the use of contraceptives by women. Furthermore, Hotum Sahim et al. (2008) report that the use of contraceptives methods is impeded by the negative attitudes and views that men hold about contraceptives. However, Villarreal et al. (2016) report that there is a change of attitude among young men about contraceptive methods, as more men are being involved in contraceptive matters. Brown (2015) also state that some young men thought that contraception should be a shared responsibility, and in other instances men have taken responsibility of a male condom to be their responsibility but at the expense of women. Brown (2015) further report that when women take the full responsibility and initiative in using contraceptive methods, they are easily labelled as sluts by other women and also men. If young men are able to take responsibility for a male condom, this shows that they can be able to take responsibility if there were various contraceptive methods available for men.

In a study conducted at the University of Venda on male student's attitudes towards contraception, Raselekoane et al. (2016) report that the fight against unintended pregnancies, abortions related morbidity and maternal deaths, HIV infections, can be prevented and combatted by changing the attitudes of young men towards contraception. Raselekoane et al. (2016) found that male students had a high level of awareness about contraception but the majority of the students had negative attitudes towards contraception for various reasons. Despite the level of awareness about contraceptives, the male students showed a negative attitude towards contraceptive use. Male student reported that they were not using contraceptives because they are unreliable (55%), increased promiscuity (25%), decreased sexual pleasure (21%), caused cancer (16.6%) and 18.3% reported that they had no significant effect, Raselekoane et al. (2016). These various reasons have also been previously discussed as they are contributing factors that influences contraception use. It not just one factor that can influence contraceptive use, but rather a range of factors. Furthermore, Esike et al. (2017) report that in some countries in Africa there is still low uptake of contraceptives despite the knowledge about the benefits and gains of contraception. Therefore, it is of paramount importance to discover the numerous reasons that contribute to low or no contraceptive use.

Akin and Ozaydin (2005) found that men in Turkey held unfavourable attitudes of women, such as the belief that men are wiser than women. This can lead to lack of communication and not wanting to listen to women's view. While men still look down on women and continue to have patriarchal beliefs, it will not be possible for them to assume shared responsibility in contraception. Akin and Ozaydin (2005) further report that patriarchal beliefs that men are authority figures of the family do not encourage communication between men and women.

2.6. Summary

This chapter has considered the available female and male contraceptive methods and found that women have more contraceptive methods than men. Males have limited contraceptive methods and do not have any hormonal contraceptive methods. There are a number of factors that inhibit and allow males to be equally involved in contraceptive decision-making. These factors include perceived side effects, knowledge, type of relationship and communication are factors that influence contraceptive use The literature review suggest that men have knowledge about male and female contraceptive methods, although it is not adequate,

however most studies reveal that males have negative attitudes towards contraception. The literature review also shows that there are numerous factors that inhibit and allows male involvement in contraceptive decision-making.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The aim of the study is to shed insights into men's involvement in contraceptive decision-making in the rural area of Izingolweni. This chapter outlines the research methodology used in the study. The chapter starts by providing an overview of the study context and then outlines reasons for the use of the qualitative research design. Lastly, the chapter examines the data collection process, data analysis, ethical considerations, validity and reliability and the limitations of the study.

3.2 Study context

The study was conducted in Izingolweni at Nkulu area, which falls under the Ray Nkonyeni Municipality and is part of Ugu District. This area is located in the province of KwaZulu-Natal. Ray Nkonyeni is newly established municipality that came about in August 2016 when the former Ezingolweni and Hibiscus municipalities were combined (Ray Nkonyeni Integrated Development Plan (IDP) (2017). The Izingolweni area was previously under Ezingolweni Local Municipality before the amalgamation process. The municipality area covers approximately 1594km² and is characterised by both urban and traditional settlements, and Izingolweni area is found on the rural part of the municipal area. The coastal belt of the municipality is characterised by urban formal development and is more developed, whereas the interior is less developed and sparsely populated (IDP, 2017/2018). Most land is under the leadership of tribal authorities, and the area of the study falls under the traditional authoritative ward of 33.

The Ray Nkonyeni Municipality has a population of approximately 348 553, and the municipality is the most populated region in the Ugu district, due to the amalgamation of the two municipalities. Half of the Ugu district youth come from the Ray Nkonyeni Municipality, and it is ranked the fifth most populous municipality in the province of KwaZulu-Natal. Some of the challenges faced by the municipality include youth unemployment, poverty, inequality, and burgeoning informal settlements. There is overcrowding of the urban part of the municipality as there is an influx of people who come to seek employment opportunities. Furthermore, the IDP (2017-2018) report that Ray Nkonyeni Municipality is a youthful municipality and is the economic hub of the entire district as it is the most developed

researchers collect data in a natural setting and there is a face-to-face interaction with participants, in their natural setting.

Henning et al. (2004) report that qualitative research helps us to think beyond what we see, and to understand better. It is therefore the best approach for this study as it seeks to understand the experiences and perspectives of young men in contraceptive decision-making. It allows for the understanding of the challenges that young men face in contraceptive decision-making. The purpose of this research is better explored from a qualitative view, this is because the qualitative approach seeks to understand the studied phenomena as reported by Henning et al. (2004). This study used the qualitative research design methodology because it aims to understand men's involvement in contraceptive decision-making. This method allows the young men to voice their experiences, attitudes and knowledge of contraceptive use. This study is best explored by qualitative research design because Marshall (1996) report that qualitative research is holistic and studies people in their natural settings and explores complex human issues. Young men are able to express and share their views in their natural setting. The study makes use of non-scheduled structured interviews and purposive sampling to collect in depth information, and these are part of the overall qualitative research design.

Henning et al. (2004) report that qualitative approach gives a clear and detailed account of actions to gain a better understanding. The aim of the study is to give a detailed account of young men's experiences in contraception. This cannot be achieved by using a quantitative approach as it is more focused on quantities and how variables of the study relate, furthermore it has a more controlled focus than the qualitative approach, and participants are not free to express data.

Quantitative approach is not a suitable approach for the study as it has predetermined instruments to collect data that usually limits participants to freely express themselves (Henning et al., 2004). This is because the aim of the study is to investigate the level of influence of men in contraceptive decision-making and to explore opportunities and constraints for influencing contraceptive use. This is better explored and understood through qualitative approach. Furthermore, Babbie and Mouton (2001) report that quantitative researchers employ the use of statistical tables, graphs and mathematical models, and this will not be beneficial for this study as it seeks rich descriptions and experiences of young men. One of the great things about qualitative approach is that it emphasizes the processes and

meanings that cannot be experimentally measured (Babbie and Mouton, 2001). It will therefore help the study to be able to produce the meanings it intends to produce.

Creswell (2007) report that one of the characteristics of the qualitative approach is that the researcher becomes the key instrument for collecting data and gathering information. Henning et al. (2004) report that with this, the researcher runs a risk of biasing the interpretation and meaning of data as the researcher is the main instrument of research. Henning et al. (2004 :7) further states that “this biasness could be addressed by a strong theoretical base and a coherent convincing argument based on both empirical evidence and the researchers understanding and logic”. Furthermore, qualitative research focuses on participant’s perspectives, their meanings and their subjective view (Creswell, 2007). The focus of the approach is beneficial to the study as the study also seeks to understand the experiences, perspectives and the subjective views of young men in contraceptive decision-making.

Henning et al. (2004) report that one of the disadvantage of qualitative research is that participants of the study are not an actual representation of the wider population as the approach usually has small samples. Therefore, the findings cannot be generalized to a wider population. Furthermore, Polit and Beck (2010) also report that generalization is a quantitative approach and most qualitative studies aim to provide rich data and understanding of a particular phenomenon rather than aiming for generalization.

3.4 Sampling

Sampling is a process of collecting data from the portion of the entire population, where the population is extremely large to be all part of the research study (Bless et al., 2013). For this study, a non-probability sampling which is purposive sampling is used. Bless et al. (2013) defines purposive sampling as a method whereby the researcher uses their judgement to identify participants that will be able to provide significant data on the research subject. Therefore, a sample of 15 young men between the ages of 18 and 24 are sampled through purposive sampling method. To be eligible for the study the young men must be residing at Izingolweni.

Marshall (1996) report that qualitative researchers recognize that some informants are 'richer' than others and that these people are more likely to provide insight and understanding for the researcher. Therefore, purposive sampling is better suited for this study as it seeks to

understand the responsibility of young men on male contraception. Participants were chosen based on meeting the above characteristics, from the rest of the population, and those that did not meet the characteristics were not part of the study. It is easier for the researcher to select young males in a familiar area.

3.5 Data collection process

The most common method used to gather information is by directly asking respondents to express their views (Bless et al., 2013). The study uses this method of directly asking respondents to express their views, through the use of non-scheduled structured interviews. Bless et al. (2013) report that non-scheduled interviews give respondents an opportunity to express their experiences and views, as respondents are given an opportunity to comment on broadly defined issues. This type of interview is beneficial for the study as it gives the young men an opportunity to share their experiences and views on men's involvement in the use of contraceptives, and at the same time the flow of ideas is guided by an interview schedule, as the study has a list of questions and objectives to achieve. Bless et al. (2013) mention that non-scheduled structured interviews are useful in qualitative research design as they are exploratory. Interviews are conducted with 15 sexually experienced young men aged between 18 to 24 years. An interview guide is formulated and it helps the researcher to not wonder away from the study questions and objectives. Interviews are conducted at the participant's home; privacy and confidentiality is in this way assured. The researcher has transport to reach the participant's in their places of dwelling. The interview takes an average of 45 minutes to one hour, most interviews are conducted in IsiZulu and later on translated to English. This is done in order for participants to be able to fully express their views and perspectives using their mother tongue. Interviews are digitally recorded, with the participant's consent. Field notes are also taken and observation is used during the interviews.

3.6 Techniques of data analysis

The data of the study was collected through the use of structured interviews, and a tape recorder used to record the interviews. Once the interviews have all been recorded, the process of data analysis began. Boeije (2010) report that data analysis in qualitative research involves segmenting the data and breaking it into small units and elements with the aim of providing an explanation of a question or a finding. In this study as a researcher to analyse the collected data thematic analysis is used. Aronson (1995) report that the first step of data analysis is to collect the data, and patterns of experiences can be listed from the transcribed

data. A thematic analysis is one that looks across all the data to identify the common issues that recur, and identify the main themes that summarise all the views that have been collected. This is the most common method used in qualitative projects (Patton and Cochran, 2002). To analyse the data of this study through the thematic analysis the following steps are followed as stipulated in Patton and Cochran (2002). The first step includes transcribing all interviews in the tape recorder into words, secondly making preliminary observations by reading the transcripts, and start looking data into detail by identifying themes. Thirdly, gathering all the themes and developing a coding scheme. This is done by listing all the themes and codes that will apply to them, and coding the data. Once the data has been coded, interpretation of the data interpretations and patterns are done in order to compile the report (Patton and Cochran, 2002).

3.7 Validity, reliability and trustworthiness

Validity and reliability are most common in quantitative research design but now has been reconsidered and redefined in order to meet the realities in qualitative research (Golafshani, 2003). Joope (2000) cited in Golafshani (2003) report that validity in quantitative research measures how truthful are the research results and it determines if the research truly measures what it intended to measure. However, this is viewed differently in qualitative research. Davies and Dodd (2002) cited in Golafshani (2003) report that many qualitative researchers have developed their own concepts of validity and have adopted what they consider to be more appropriate terms such as quality, rigor and trustworthiness. Patton and Cochran (2002) further mention 'member checking' as one of validation strategies, this includes giving feedback of the study findings back to participants to assess if they reflect on issues in their perspective. In this process of member checking the researcher presents the finding of the study to the participants and asks for their feedback to ensure validity. Henning et al. (2004) report that validity is measured in qualitative research by constantly checking if the study is investigating what it intends to investigate. Furthermore, Henning et al. (2004:148) mention that "to validate is to check (for bias, neglect, lack of precision and practice), to question (all procedures and decisions –critically), to theorise (looking for and addressing theoretical questions that arise throughout the process, and to discuss and share actions with peers". The researcher ensures validity by constantly checking for bias, and questions all procedures and decisions of the research.

Patton and Cochran (2002) report that to ensure reliability of the data analysis, a researcher needs to keep good record of the process of data analysis, all interviews or group discussions. All records of interviews are kept in a locked cabinet, and notes are documented. The process of analysing data is also documented. Babbie and Mouton (2001) report that to ensure reliability, researchers need to ensure that they ask clear questions that the participants are likely to know answers to, and things that are relevant to them. To further ensure validity, the researcher asks questions that are reasonable that will provide truthful accounts, such as neutral questions, using everyday vocabulary, open questions and using prompts as indicated by Patton and Cochran (2002). To ensure trustworthiness the researcher firstly establishes rapport with participants in order for them to be comfortable to share their stories and perspectives about contraceptive decision-making.

3.8 Limitations of the study

The limitation of the study was that some young men were uncomfortable talking about contraceptive use to a female; some did not give truthful information about their behaviours with regards to contraceptive use. The study runs a risk of participants giving socially desirable answers, rather than giving realities and experiences with contraceptive use. Contraception is a sensitive issue, some participants can report to be accepting of partner's contraceptive use and their use of contraceptive with the fear of being labelled as negligent. To overcome this, the researcher establishes rapport with young men in order to choose a good sample, before the data collection start. The researcher also ensured that the information that the participants give is accurate and true by asking the same question but with different wording to ensure that reliable information is given. The study had a small sample of 15 young men, therefore the results of the study cannot be generalised to the entire population of Izingolweni, as it does not represent the whole population of the area. Data was conducted through 15 individual face-to-face interviews, which took time to finish. Most interviews were conducted in IsiZulu and later transcribed into English, and this was time consuming. Translating was also challenging as it is a lengthy process and also requires time.

3.9 Ethical considerations

According to Babbie and Mouton (2001: 520) “ethical issues arise out of our interaction with other people, other beings and the environment, especially where there is potential for, or is, a conflict of interest.” Therefore, ethical consideration is of great importance when conducting research as it involves interaction with people. Ethical clearance to conduct the study has

been obtained from the Human and Social Sciences Research Ethic Committee of the University of KwaZulu Natal. The researcher met with the participants and introduced herself and the purpose of the study. The participants were informed that their participation in the study is voluntary and they could withdraw from the study at any time should they wish to. Participants were given an information sheet about the purpose of the study and a consent form, where participants will have to give their consent. Babbie and Mouton (2001) report that at the quest of researcher's collecting data, it must not be done at the expense of participant's right to privacy. Confidentiality is protected, as participants' names are not used but instead pseudo names are used. To affirm this, Henning et al. (2004) report that respondents need to be fully informed about the purpose of the research and they need to give consent to participate in the study, and lastly participants were assured that their privacy will also be protected. Participants were also informed that the research data will be kept securely at the School of Built Environment and Development Studies, and will be disposed after 5 years. After the research has been completed, a feedback session with participants was conducted, and a copy of the research will be available for participants to access.

3.10 Summary

The chapter has managed to provide an overview of the methods employed by the researcher in achieving the aims of the study. It provides an overview of the advantages and disadvantages of using the qualitative approach to research. the research. It also gives a detailed description of the data collection process. A number of ethical guidelines that were also followed are discussed in detail. Finally, the chapter has also outlined the main limitations of the study.

CHAPTER FOUR

RESULTS

4.1 Introduction

Israel et al. (2010) report that involving men in family planning is beneficial to the continuation and effectiveness of contraceptive use. It is therefore of utmost importance that young men are involved in contraceptive decision-making. The aim of the study is to shed insight into men's involvement in contraceptive decision-making in the rural area of Izingolweni. This chapter outlines the main findings from qualitative data that was gathered through individual face-to-face interviews with young men of Izingolweni. The chapter looks at young men's experiences in contraceptive decision-making and factors influencing contraceptive use. The chapter also looks at awareness and attitudes of young men towards contraceptive use.

4.2 Sample characteristics

In total interviews were held with 15 young African men, all residing at Izingolweni in KwaZulu-Natal. All the young men reported that they were sexually active, and they were currently in a relationship. However, none of the participants were currently married. The ages of the participants ranged from ages 18 to 24 years. Just over half of the men reported that they had children, with seven reporting no children. All participants had some secondary schooling, even though some had not completed their education. Only 10 out of the 15 participants had completed their secondary education with one currently in school. Interestingly the majority (8) were employed, two were still students, and five were unemployed. Most were in low paying jobs and were in non-professional positions All participants were still living at home with their families. Table 4.1. outlines the demographic characteristics of the participants

Table 4.1. Demographic profile of participants

Participant	Pseudonym	Age at interview	Number of children	Relationship status	Level of education	Employment status
1	Simon*	24 years	0	Single	Degree	Petrol attendant
2	Ben*	24 years	1	Single	Degree	Cashier
3	Mpendulo*	24 years	0	Single	Grade 12	Cleaner
4	Sizwe*	23 years	01	Single	Grade 12	College student
5	Zweli *	18 years	0	Single	Still in Grade 11	Learner
6	Sanele*	20 years	1	Single	Grade 12	Unemployed
7	Luyanda*	24 years	1	Single	Degree	Piece jobs
8	Siyanda*	23 years	2	Single	Grade 12	Piece jobs
9	Mxolisi *	19 years	0	Single	Grade 12	Unemployed
10	Ntokozo*	22 years	1	Single	Grade 10	Employed as a packer
11	Andile*	23 years	0	Single	Grade 12	Employed as a security
12	Zolani *	21 years	0	Single	Grade 9	Unemployed
13	Lwandile*	22 years	1	Single	Grade 10	Employed as a clerk
14	Sabelo *	24 years	2	Single	B Tech	Piece jobs
15	Sthembiso	18 years	0	Single	Grade 10	Piece jobs

*Not their real names

4.3 Awareness of female contraceptive methods

Knowledge of contraceptive methods was relatively high among the young men. Participants showed that they are aware of different types of female controlled contraceptive methods. However, at times they could not mention the exact names or give accurate information about the contraceptive method. Some participant reported that they know of something that

women put in their arms to prevent pregnancy; however, they were not aware that it was called an implant. Young men seemed to be aware of the methods used by women. For example, one participant reported that putting a stopper in your ovaries as a type of contraceptive. The ‘putting of a stopper’ is correctly known as tubal ligation which is permanent method of contraception, where a woman’s fallopian tubes are tied to prevent the sperm from getting into the woman’s egg. This participant had an idea of this method although he lacked detailed information about the procedure.

“For girls I think they can use the pills from the clinic or the doctor, the mother of my child also uses something that she puts in her arm, so she cannot get pregnant. Girls can also get the injections as I have heard that they can get the injection every month” (Sanele, 20 years)

“I am aware of the patch, I am aware of the pill, I am aware of the injection, I am aware of female condoms, I am aware of the implant, I am aware of, I am aware of freezing your eggs, I am aware of the last one that is putting a stopper on your ovaries. There is something they put to stop sperm from going in” (Ben, 24 years)

In general, there was a great deal of awareness of contraceptive methods but also there was some misinformation. Participants were asked about different types of female controlled methods and they mentioned abortion as one of the methods. Some participants also incorrectly identified abortion as a female contraceptive method.

“I know they can do abortion too, get injected at the clinic, so that they will not get pregnant and I know they take other things” (Zolani, 21 years)

However, there was more awareness of the range of contraceptive methods available for women. A number of contraceptive methods were mentioned by participants including the pill, injection, implant and the female condom.

“Yes I have, firstly for girls it is the injection for 2 months, 3months and 1 month and they also take pills every day, and there is what you call morning afters. You take one if you have slept with a person within 72 hours, and then there is also another one called an implant. I think it gets injected in your arm, and it stays up for years” (Sizwe, 23 years)

“I know they also have their condoms, but to tell you the truth I have never seen it and then there is these pills they take, they also get the injections. I may not know what is the name of the pills and the injections, but they have different types of the pills and different types of the injections” (Sithembiso, 18 years)

Participants also reported that they do not think that all men are aware of female controlled contraceptives methods. In general, participants in the study were aware of at least two female contraceptive methods. The injection and the pill were the most commonly known methods. However, they also knew of other methods including the patch and the female condom. One participant also reported awareness of the morning after pill, which is used as an emergency option to prevent pregnancy after unprotected sex or when there was failure of contraceptive method that was used, such as when the condom has bust. The participants were also aware that the female condom is the only method that provides dual protection against both pregnancy, and STIs (including HIV and AIDS). One men highlighted the importance of being faithful to one partner and partner reduction in order to reduce the risk of HIV infection.

“Yes, firstly you can protect her from getting pregnant by using a condom as a man or you can use the female condom. Secondly for women it is obvious, for pregnancy they can use the pills so that they will not get pregnant. Some other times if 72 hours has not finished they can use the morning after, but to prevent sickness the condom is important to the people you sleep with and it is also important to know their HIV status. Women must also avoid having multiple partners. Because you find that a woman has different partners, they must know that they have one partner that they are faithful to” (Mpendulo, 24 years)

4.4 Awareness of male contraceptives methods

There are relatively few methods that are available for men. It is therefore not surprising that men mostly mentioned the male condom. They observed that they have limited male controlled methods. One participant believed that men also had an injection as a contraceptive method, which is not true. However, this shows that this participant is aware of current research, even though the injection is not yet available. Gazibara et al. (2012) report

that there is an ongoing research on the development of male oral contraceptives that could contribute to the spectrum of existing contraceptive methods.

All participants were aware of the male condom, however some participants also reported awareness of the withdrawal method. Some of the men were using the withdrawal method. Participants were aware that there is a surgical procedure that could be performed to make men to be unable to impregnate women, although they were not familiar with the procedure. In addition, they were not aware of the correct terminology, but only a few of the men knew that a vasectomy could be done. Hoga et al. (2013) observes that there is a lack of information regarding male contraceptive methods such as vasectomy and castration.

“For us, I think it is just a condom and I know you can do an operation, where you will not be able to have children again. I know there is something like that I have heard about it, I am just not sure how it works, I think that is all”
(Lwandile, 22 years)

“So far there is 2 that I know, it is condoms and I think everyone knows about them. Secondly it is something that is not familiar, but I am not sure what is it called, but it is when you have sex and you do not come inside her, but I do not think this one is 100%. It has risks because anything can happen, but it is another way for not getting someone pregnant” (Sizwe, 23 years)

One participant highlighted the importance of using a condom, as it gives assurance that pregnancy is prevented, and the responsibility is in the hands of the young male as they are the one wearing the condoms. There was also awareness of a traditional method, the withdrawal method was a common method that most of the participants were practising it and were well aware of the method. Participants seemed to be mostly using this method and reported that they preferred it more than the male condom as it ensured better enjoyment of sex. Participants reported that they had to make sure that they do not ejaculate inside the woman’s vagina, thus they have to take their penis out just before ejaculation happens to prevent pregnancy. Participants were aware that this method was a risk as it was not safe to ensure that pregnancy will be prevented.

“There is this thing that we like to do, I do not know if it is a correct way. Let us say we have sex and we do not use a condom and I know that my girlfriend

is not using anything, then I can like not come inside of her, and come outside, but I know it is not 100% sure like a condom. But it is something that I have done and I know that other men do it also” (Mxolisi, 19 years)

“For us its either you pull out or you use a condom, that is all because it is not like we can take some pills or get an injection” (Andile, 23 years)

“For us, obviously you just use a condom, then you know that way you are sure. Some situations you just pull out, but I know you cannot guarantee that but most men they do it” (Luyanda, 24 years)

Abstinence was also mentioned as one of the methods that men could use in order to prevent unplanned pregnancy. Participants also reported that they found it hard to practice abstinence, because they had already experienced sex and it would be hard to use abstinence as a contraceptive method. However, participants preferred using a condom as it gave them ease that there is a reduced risk of pregnancy, because they reported that some women can get pregnant intentionally in order to trap the male in the relationship by having a baby, and assuming that the relationship will last forever since there is a baby involved.

“Maybe you can just abstain and not have sex, but that is not easy because you have done sex before and you know how nice it is, so I can just say protect yourself, because some girls just want to trap you by getting pregnant so you may never know. Unless you trust that person” (Sithembiso, 18 years)

The calendar method was least reported by the participants in the study. One participant reported using one of the traditional methods (calendar/ rhythm method) concurrently with the male condom. The rhythm method requires the cooperation of both partners, this is whereby a female avoids unprotected sex during her ovulation period where her chances of pregnancy are higher and engage when it is safe to do, after the ovulation period has passed and where there are lower chances of getting pregnant (Weeks, 2012). The participant reported that he engaged in unprotected sex with his partner when her chances of getting pregnant were lower and they used a condom during the ovulation period where there were high chances that his partner would get pregnant. The participant had been in a relationship

with his partner for 2 years and he reported that he talked with his partner and they knew when to be more cautious by using a condom, and further highlighted the importance of talking in a relationship.

“I would say in my experience, I have been in a relationship with my current partner for 2 years but we use a condom but there are also times where we do not use it, looking at that when you have a partner you have to talk with them and know when does she gets her period and know when she finishes because we know these things of getting pregnant happen right after the periods. So I talk with her, if it is okay and safe that we can do it without a condom now or it is not safe. The other thing that can make us to plan for pregnancy is that you must understand each other in a relationship and talk” (Simon, 24 years)

Young men in the study reported that they have few male controlled methods, and they felt that contraception is a matter for women. as they have a variety of female controlled methods. Some participants felt that contraception is not something that is talked about and they find it difficult to talk about it. There is still a stigma that is attached to males being involved in contraception.

“I just feel like this is just something for women, for me as a guy maybe they can give us other options if they are there. So it is not easy to talk about something that is mostly for women as we just have a condom as men” (Sthembiso, 18 years)

4.5 Source of contraceptive knowledge

Participants reported that the knowledge they had about contraceptive methods was mostly from friends, school, media and their partners. Participant’s source of knowledge was mostly not from more reliable sources such as the clinic or from a health professional. This is concerning as most of the information they have about contraception may not be accurate as it is not from reliable sources. However, some participants reported that schooling was also a source of knowledge, where they were taught about contraceptive use while they were still at school and others while they were at higher learning institutions. This was a more reliable source compared to other sources such as friends. They also mentioned that they also got knowledge from their partners through talking about different types of contraceptives.

“For me, from when I was a student, I was fortunate to get information through my studies and also that I have a woman that I am in a relationship with, so she has information. I also get some information from her because we talk. There is nothing that I hide from her when we talk” (Simon, 24 years)

“I can say I got the information from high school and then varsity, it is something that I was learning about and also you as a person you can just do your own research and read about these things online, and also with my girlfriend we talk about these things, and she knows a lot about them” (Luyanda, 24 years)

Young men expressed that they experienced discouragement from their friends. Their friends questioned their use of contraceptives and they disregarded the importance of contraceptives especially the male condom. Most young men felt judged by their peers for acting responsible and using contraceptives; they were afraid of what their friends will think of them. Their responsible behaviours of using condoms were not supported by their friends. Participants reported that their friends discouraged sex with a condom and said it was like eating a banana without peeling it, and in this way, it was more enjoyable. According to them, sex was not enjoyable with a condom but rather more pleasurable without a condom. Participants reported that they felt judged by their friends when using the male condom, as they viewed them as being too serious and missing out on the real pleasures that come with unprotected sex. Young men were well aware of the risks that come with unprotected sex however some ended up succumbing to the pressures of their peers and engaging in unprotected sex.

“When you talk to your friends it is like they look down on you or there is something wrong if you say you are using a condom. I never used to tell my friends that I was using a condom before. A friend of mine once said that you cannot eat a banana that is not peeled, you must peel it first and then eat. Even when you have sex you can enjoy it nicely if you are not wearing a condom” (Sanele, 20 years)

“I think maybe some are afraid of being judged by their friends if they say they use a condom. They would see them as being too serious and missing out on the fun but honestly I think men just want flesh to flesh and then they forget

that thy are playing with fire even me I do it, but I know it is a big risk”
(Zolani, 21 years)

Some participants reported that their friends influenced them positively to use contraceptive methods in their relationships. They therefore practice safe sex to protect against the dual risks of pregnancy and STIs. There is an awareness among their friends of the dangers associated with unprotected sexual intercourse. Participants mentioned that they engaged in discussions with their peers and encouraged each other to practice safe sex by using male condoms.

“I do get support as I say as men there are things that we talk about when we chill with other men, so we encourage each other to always have safe sex”
(Ben, 24 years)

“Me and my friends we talk about sex a lot like how it was sleeping with that particular girl and who I would like to sleep with and it is all fun and we just laugh about it, and we always talk that we must use condoms because people are sick out there” (Zweli, 18 years)

One participant reported that sometimes being curious makes one to be eager to learn and acquire information about contraception, and he also concurred with other participants that the source of information about contraception was mostly friends and also partners. Young men got information from their partners through their discussions and shared the information about contraception with them, and their partners had more knowledge than them. In this way there is the transfer of knowledge from their partners to them, as they learned more about female methods. Social media and the internet were other source of knowledge about contraception that participants were using to learn more about different types of contraceptive methods. However, these platforms may also not give accurate and correct information.

“With the family planning, I think it is just being curious, like you just want to know what your woman uses. Like I said, my girlfriend tells me about these things, so sometimes I just use google to search them and just know about them a little bit” (Lwandile 22 years)

“For me as I have said that you can use your phone to search online so I sometimes search things that I want to know but with my friends we do talk about sex, and I have a child so I tell them that they must not be like me, because now you have this baby and it is not easy for me and my mother because my mother buys the baby all the things” (Sanele, 20 years)

Participants were aware that the clinic is a valuable source of information regarding contraception although none of them reported that they went to the clinic to get information on contraception. One participant reported that they were aware that they can get information about contraceptives from the clinic, non-governmental organizations and newspapers.

“You can get all the information from the clinic, NGOs, and from newspapers” (Ben, 24 years)

None of the participant reported that they got information from their families nor any health care services. Participants mentioned that they were scared to discuss such information with their parents as they did not want them to think they were sexually active. Young men also shared that they were afraid of the judgement from the nurses at the clinics. This is concerning as the health care system is the custodian of contraception and they can provide correct and reliable information. Furthermore, the family was also not mentioned, and this shows that there is no communication about contraception matters with these young men.

4.6 Awareness of partner’s contraceptive methods

Although participants reported that they are aware of a number of different female controlled methods, they were further asked if they are aware if their partner was currently using some contraceptive methods in their relationship. Some participants were not sure if their partners were using any methods. Some men observed that they were aware of their partners use of a method because they have discussed the topic of contraception. However, some of the men who were aware of partner’s contraceptive use said that they were using methods that were dependent on the cooperation of men.

“To that one I am not too sure maybe it is the pills, I am not too sure, but we usually use condoms most of the times. Even the choice condoms are alright because they have flavours” (Ben, 24 years)

Other participants were aware of their partners' current hormonal contraceptive method. Participant reported that their partners were using implants and were aware how long the implant was going to last and that it was first uncomfortable when they started using it. They were also aware that their partners were using injections to prevent pregnancy and had to go to a doctor every after 3 months.

"I know that my girlfriend gets the injection, she has to go to the doctor and sometimes to the clinic. I think after 3 months" (Luyanda, 23 years)

"Yes, my girlfriend has an implant, she told me it will work for like 2-3 years, I am not really sure but I know it will work for years, and even though it was hard on her at first as she used to feel sick. It was bad but now she is okay" (Sabelo, 24 years)

Participants showed that they were not only aware of the female contraceptive methods in general, but they were also aware if their partners were currently using any type of contraceptive methods or if there was no method used. This shows that women are not taking the contraceptive methods in secret as their male partners are aware of their current method.

4.7 Attitudes towards contraception

Most participants had positive attitudes towards the use of female controlled methods. Participants were more positive because they had good experiences with the female contraceptives, and they also knew that the responsibility of taking the hormonal contraceptives was mostly on women. Participants welcomed and supported the use of female controlled methods, however they had concerns about their side effects.

"I am okay with them I have not had any bad experience besides that it was making my girlfriend to have periods for a long time, other than that I do not have a problem" (Zolani, 21 years)

One participant reported to have been more responsible towards contraception due to being a father to 2 children, and he reported that both pregnancies were not planned. Therefore, they always ensure that they use contraception in order for them to not have another unplanned child. Despite the challenges that this participant had with contraceptives, they continued to use the implant. This method gave the participant relief, knowing that he will not have

another unplanned pregnancy. The participant further mentioned that before he had children, he used to be careless about contraceptive use however having children has made him to be more responsible. More participants reported having positive attitudes towards contraception as it gave them relief that they will not be impregnating their partners and most of the participants voiced that they were not ready to have children.

“For me I have always been careless about these things, but since I have 2 children now I make sure that my girlfriend does not get pregnant so we decided that we will use the condom, and we both did not enjoy having sex with a condom. She came and told me about the implant so she is using it no. At first she was a bit sick because of it, it just did not treat her well and after some time she was okay so I can say I have no problem with it because I know she is not going to get pregnant for like 2 or 3 years so I am okay with it”
(Sabelo, 24 years)

“I do not have a problem with it because me and my girlfriend are not ready to have children, and you cannot be getting every girl you sleep with pregnant, so I know I am safe from being a father” (Mxolisi, 19 years)

“Yes, I do not have a problem with them, because I know that it is protecting me and her to not have a child, so I will support my girlfriend in what she uses as long as it treats her good” (Sabelo, 24 years)

One participant reported that he preferred not to use a male condom in his relationship because he trusted his partner, however when the relationship was still new, he always ensured that the condom was used. However, he is currently using a condom with his girlfriend as she is not on any hormonal contraceptives. He used a condom as he has fears about the side effects about hormonal contraceptive methods. Participants were able to look beyond concerns about decrease in sexual pleasure if condom was used and were able to focus on the long term benefits of condom use, although their preference was sex without a condom.

“For me I do not have a problem with a condom, for instance I would use it if it is with someone new, or even someone I trust because I know it will benefit me at the end” (Sithembiso, 18 years).

Participants were very much aware of the benefits and the importance of using contraceptives. Young men are acutely aware that they were putting themselves at risk if contraception was not used. More participants reported that they were not ready to have children and were afraid of contracting HIV/AIDS and STIs. Young men reported that they were motivated to ensure that contraceptives were used because they were aware that they could not afford to have children due to their poor economic status. Participants had fear of having children while they were not financially ready for them, thus the use of contraceptive was important to them because they knew the financial responsibility that comes with having children.

“It is important because of our economy, firstly having more children that you did not plan for is dangerous because having 5 children and your budget is for 2 children then the other 3 children will suffer so it is better to get a child when you know you are ready to have those 5 children, so family planning helps there because you know that for now this is how many children I want to have. Then when you want more your partner can then stop using the injection and you can have more children because our financial status is not good” (Sizwe, 23 years)

Some men held very positive attitudes to condoms because of its protective benefits. Other participants were not only concerned about preventing pregnancies, but they were also concerned about their health, such as getting STIs and HIV/AIDS. Therefore, they were aware that the using condom will not only prevent pregnancy but will also prevent HIV/AIDS and STIs.

“For me the condom is important, because you will not get HIV and find yourself having sores or anything like that so I know that I am safe when I use it and also that you will not get anyone pregnant when you use it” (Sithembiso, 18 years)

Other participants had negative attitudes towards the male condom and towards contraceptive methods due to their past experiences. The negative attitudes towards contraceptive use was mostly shaped by the participant's beliefs and their experiences of side effects from using contraceptives. Participants believed that when women take hormonal contraceptives such as the pill, implants and the injection, it makes them not to desire sexual intercourse. They also reported that these hormonal contraceptives also make women to be too wet in their vaginas and this makes sex not to be enjoyable as there is too much wetness. The most common side effects that young men reported that was experienced by their partners using hormonal contraceptives was the prolonged bleeding, and it disturbed them from having sexual intercourse with their partners as they believed that no sexual activity should take place when women are having their menstrual periods.

“To tell the truth, for me I think when you use a condom, it just does not feel the same so maybe as men that is why we sometimes do not like a condom. But even the injections that the girls get, they make them too wet and sometimes you find that you cannot have sex with your girlfriend, because now she says she is bleeding and she bleeds for a long time, and you kind of dislike the injection in a way, you see”. (Siyanda 23 years)

“But I know that when girls get the injection, they get too wet down there and I do not think that is a nice thing and that the girl's body shakes like everywhere” (Sanele, 20)

“The thing is that when your girlfriend takes the injection she becomes watery down there, that it does not become enjoyable anymore, there is always like a bad vibe about them and some they bleed non-stop so I think it is all these things that are just a turn off. It is just not nice at all” (Sithembiso, 18 years)

Some participants reported that most males do not like the use of the male condom as it affects the sexual pleasure, however one participant noted that this attitude was a result of ignorance as there is nothing wrong with using a condom.

“Other males have this mentality that condoms hurt and decrease pleasure and all that stuff. What can I say? It is because of their ignorance or our

ignorance that makes us at the end not to use condoms, because there is nothing wrong with it” (Simon, 24 years)

Young men expressed different views and experiences when it comes to the usage of both male and female contraceptives. Most young men reported fears of negative side effects about the female hormonal contraceptives. The most commonly reported female controlled methods that came with such side effects were the injection, implant and the pill. This was all discouraging to them to use hormonal contraceptive in their relationships. However, some reported that they continued with the use of the method despite the challenges they had experienced, because their fears of getting pregnant was far more than the fear of side effects. Young men reported that the injection was making their partner to bleed for a prolonged period, and interfered with their sex life as they believed that they should not have sex while the women is on her period.

“The injection, I forgotten the specific name for it, it makes my partner to bleed longer, therefore the impact of that is when she is bleeding or she is sick, there is no sexual activity there” (Ben, 24 years)

“For me I can say it used to be bad because my girlfriend would be on her periods for a long time and that would mean I will not get some.so it was bad in that way at first” (Zolani, 21 years)

More young men had a challenge with the prolonged bleeding that was a side effect of the injection and the implant methods. However, they did not know that the prolonged bleeding happens at the start of the use of that contraceptive methods, and it goes away after the women’s body has adjusted to the new hormone in their bodies. Young men also reported that the male condom decreased the sexual pleasure in their sex life and they generally preferred sex without a condom. The male condom was also viewed as decreasing sexual pleasure, and female hormonal contraceptives as having side effects that limit sexual activity. Myths and misinformation about contraception are factors that prevent young people to not use contraception, (Raselekoane *et al.*, 2016). Most young people have incorrect information and beliefs about contraceptives, and this could result in resistance to contraceptives, (Raselekoane *et al.*, 2016). The participants in the study also had beliefs, fears and incorrect information regarding contraceptives, predominantly the female hormonal methods. A study conducted by Prata and Singh (2014) in India revealed that 16% of men reported that women

who were using contraceptive methods may become promiscuous. The participants in the study also shared similar beliefs. Participants reported that they believed that when women use contraceptives they can become unfaithful because they know they will not get pregnant. They felt that their partners would betray them by sleeping with other men.

“I have heard that if a girl uses a pill or some other stuff, they just sleep around because they know they will not be getting pregnant, so they will just sleep with other men” (Andile, 23 years)

“She could betray me and sleep with other men and take advantage because she is using contraceptives, but if she will be faithful to me 100%, I would support her” (Siyanda, 23 years)

Participants also reported about the changes that female hormonal contraceptives have on the women’s body and also raised other concerns. Participants reported that they notice that once their partners use hormonal contraceptives they do not desire sex as before. In addition, they reported that their bodies lose their firmness and becomes wobbly due to the use of contraceptives, and they believed this was more apparent to those that are not exercising or going to the gym.

“Yes there are, firstly what I notice is that once a woman starts using contraceptives they do not like sex that much. She doesn’t desire sex anymore as before. Secondly in terms of her body, if she will use the injection and you find that she is not an active person, who likes going to the gym and exercising, so it affects her body as a woman, her body becomes wobbly, you can see a person while approaching that this one uses an injection because her body just moves” (Sizwe, 23 years)

There is still lots of misconceptions and beliefs that young men have that need to be challenged through providing accurate and correct information. These are factors that prohibit young men from using and supporting the use of contraceptives, and they further influence negative attitudes towards contraception.

4.8 Contraception decision-making

All participants felt that they had a role to play in contraception decision-making, although some participants felt that the women should be more involved in contraceptive use than men. This one participant acknowledged that the male is also responsible when the woman is pregnant, it is not only the women who must be blamed. Young men reported that the responsibility and decision-making should be the women's responsibility.

*“Sometimes you know, when a girl is pregnant it is also because of a man”
(Simon, 24 years)*

“Yes I think as men we need to take responsibility you know when a girl is pregnant it is like it is her fault alone. As a man you can tell your girlfriend to use the injection or something else if you do not like the condom. Or you can just use a condom too, because when she gets pregnant, it is the men's fault too, actually both of us, so we must know what our girlfriend are using to not get pregnant” (Lwandile, 22 years)

More participants reported that contraception should be a dual responsibility, where both the female and male are equally responsible. Participants reported that some men do not take contraceptive use as a serious matter, and they felt that they only take it serious after they have made mistakes of having unplanned children

“It should lie between the two of us if you are in a relationship, I think it is something we need to talk about to one another, that okay this is how I see things and you find that some girls use the implant because of men that tell them to do so. Because those men are not serious about them they just want to play, they are not expecting anything from her, they just want to have fun and then move to the next girl” (Simon, 24 years)

“I do not think as men we take this serious, for me I have always thought it is my girlfriend who is supposed to deal with making sure she doesn't get pregnant, but once you have a baby I think you just become more careful, because you do not want to repeat the same mistake. I feel like we see they are important once you make a mistake” (Sthembiso, 18 years)

Some participants felt that women always take the leading role, and they always let the women lead. Men felt women should decide on the contraceptives methods since they have different methods they can choose from and must choose methods that will work best for them. Men reported that they should be involved by giving support but women should be more responsible and decide on methods that would be best and suitable for them.

“I would say both are responsible, but mostly it is the females because they are the one getting pregnant so they must take the leading role in deciding and choosing the contraceptive that they must use. If I choose I must choose something that works with her body, something that is not going to make her sick, so I would say both are responsible but females take the leading role”
(Ben, 24 years)

“For me my girlfriend decided to take the implant and she told me about it. I think women must be able to freely choose for themselves as they are the ones using these things. We as men, I think we just need to support them in what they decide to use. I can't say no to the implant because I'm not going to be using it. She must choose for herself like what would work for her. Because for me it is obvious I can only use the condom” (Sabelo, 24 years)

Some participants were actively involved in contraceptive decision-making to ensure that pregnancy is prevented. Although others reflected that contraception is a dual responsibility, they felt that their partners were taking the leading role and deciding on methods suitable for them as they had more contraceptive methods available than them. Participants reported that they were supportive of their partners with regards to the contraceptive methods that they are using. However, they had different definitions of what support means to them. Participants had different views about accompanying their partners when going for family planning services at the health care institutions. Other participants reported that they were supportive of their partners by accompanying them to the clinic or doctor when going for family planning services, and by always ensuring that there is some form of contraceptive method that is used before engaging in sexual intercourse. When participants were asked about the role they play in contraception they reported that their role was to ensure that they had condoms and that they give support to their partners.

“For men I think it is simple, you just need to always have a condom so you will play it safe and you just need to support one another in whatever you choose to use” (Zolani, 21 years)

“Yes, for me as a man it is to use a condom like in that way you know that no girl will say they are pregnant with your baby, and for girls I think they have many ways they can do” (Mxolisi, 19 years)

Besides young men acknowledging that their role is to ensure that they use condoms, other participants also reported that they felt that they needed to also ensure that their partners were using some type of female contraceptive methods by also reminding their partners to use contraceptives methods such as taking their injections.

“The role I play is making sure that we always have contraceptives that are used before we engage in sex, from the first time me and my partner started engaging in sex, that is the role I played that there were contraceptives that were used to prevent unplanned pregnancy” (Ben, 24 years)

“As a man you can tell your girlfriend to use the injection or something else if you do not like the condom. Or you can just use a condom too because when she gets pregnant, it is the man’s fault too, actually both of us, so we must know what our girlfriend are using to not get pregnant” (Lwandile, 22 years)

One participant felt that men should not be forced to be actively involved, but only those that are willing must have an active role to play. Participants reported that they do not have to go to clinic with their partners to show that they are involved. Young men had different views on how much they wanted to be involved in contraception.

“Yes, but those that want to. You see I do not think our women must force us. Because I feel like it is their thing and why should I know everything. So for me I think if I want to know something I can ask her or something, but it is not like now I will even go with her to the clinic but I would not know maybe other men want to know everything and even go with their girlfriends to the clinic” (Mxolisi, 19 years)

One participant highlighted that their involvement in contraception is sometimes obstructed by the limited options that they have as men. Therefore, contraception becomes the women's matters as they have a number of contraceptives methods to choose from.

"I just think we as men do not really want to be involved because it is the women that have a lot of options that they can choose from and for us we just have a condom and we know all about condoms and how to use them" (Sabelo, 24 years)

One participant reported that he accompanies his partner to the doctor for her injections as to ensure that she is really taking the injection.

"For me I go with her because I want to make sure she gets injected and we go to a private doctor that I also usually use, so we go together" (Sizwe, 23)

Others reported that they could not give support by accompanying their partners to the clinic or any health care institution for their contraceptives visits. Although they were not against the use of contraceptives by their partner, they however felt that going with their partners to the health care institutions was not their role and felt that women should go alone or with their friends.

"Never! And then do what when she is getting the injection? I just feel like I would be just going there just to stand in the queue for the whole day. She is okay just going alone or maybe with her friends but not me. Maybe if we were going to the doctor maybe, but the clinic no I cannot" (Zolani, 21 years)

"No I have never done that, and I do not even go with my own mother to the clinic, even worse now to think I can go with my girlfriend for such stuff. It just does not feel right, like maybe I am not man enough, even my friends will think this one has been bewitched or something. I do go to the clinic if I have flu or I am really sick, and I have never seen even old people going with their wives so now imagine me going there with my girlfriend, no, I cannot do it" (Mxolisi, 19 years)

Throughout the study, young men reported concern about the limited contraceptive methods that are available for them. Young men in the study were supporters of contraceptive methods use by their partners rather than viewing themselves as also contraceptive users. Participants reported different roles that are expected from them, like accompanying their partners to the clinic, reminding their partners to use their contraceptive methods and ensuring that they also use a condom.

4.9 Partner communication

A study by Sanusi (2014) revealed that spousal communication can help increase contraceptive uptake. Most young men in the study expressed that they engaged in conversations with their partners about contraceptive matters, and they were aware of the importance of discussing contraception. Participants also reported that they communicated about contraceptives in their relationships. They stated that they sit and talk about their readiness to have children, and they thereafter decide on which method they will use to prevent pregnancy, as most of them reported that they were not ready to have children.

“Yes we do with my girlfriend, I know what she uses and it is something that she tells me about, because both of us are not ready to have a child. So we do talk about it that she cannot get pregnant” (Zolani, 21 years)

“Yes, like when we stopped using a condom with my girlfriend, she did say that she does not want to get pregnant because she is still in school so she said she will get the injection, and I was okay with it because I do not think I am ready to be a father” (Mxolisi, 19 years)

Other participants reported that they were encouraged to engage in discussions about contraceptive matters in their relationships, as they saw the importance of contraception. However, they were of the opinion that their girlfriends should make the final decision on the type of the contraceptive method that will be used.

“I think maybe we should start talking about it together, but at the same time the girl can choose on her own and that is it is okay for me. She can just tell me what she uses, I do not have to decide with her, that is just my opinion, I could be wrong” (Sithembiso, 18 years)

“I think for me as a man it is something that we need to talk about, you also need to know that your girlfriend is preventing because you will not like it when your girlfriend just gets pregnant. I can say let us just talk about it together and then she can choose what can she use to prevent getting pregnant” (Sanele, 20)

Another participant reported that he feels weird talking about these matters, as it is something that he does not usually talk about and feels it is something that is supposed to be discussed by women not men. He further reported that although he still feels uneasy talking about contraception, he acknowledged that they are important to discuss as to prevent unplanned pregnancy, and not just assume that women are using something without discussing it with them.

“I think as men we just feel weird talking about these things, but I think we need to talk about them, because you just think and say obviously she is using something so she will not get pregnant, and you find that she was not using anything” (Lwandile, 22 years)

One participant also reported that he gets bullied into accepting what the girlfriend chooses. Although they discuss about contraception, the girlfriend makes the final decision even though he might not like or agree with that decision, he felt like his opinion is disregarded.

“Yes we do talk about them but sometimes I get bullied into accepting it, and I always tell her that we need to decide about it jointly but her decision wins” (Ben, 24 years)

One participant reported that having a child was one of the reasons that encouraged him and his girlfriend to discuss contraceptive matters, however he continues to report that he has other girls he has sexual relations with, and he makes it his responsibility to ensure that he uses a male condom in those sexual encounters. This suggests that communication about contraception is also related to the type of relationship.

“When me and my girlfriend had a baby, I think it is when we talked that she cannot get pregnant again so she said she will put the thing in her arm, and I just said okay because I really do not want another baby. But with other girls I can say that I think for myself, so I just use the condom” (Sanele, 23 years)

Communication about contraception in relationships depend on the type of the relationship of young men. Smith and Mason (2000:306) also report that “the more frequently the couple discuss fertility related issues, the more likely they are going to use contraception”. It is important that couples communicate and share their concerns, thoughts and beliefs about contraception in order for them to make decisions together. Young men reported that they engaged in discussions about contraceptive matters with their girlfriends and the mothers of their children. However, there was a trend in the study with young men reporting of the ‘other women’. Young men were having sexual relations with other women besides their partners, where they had to ensure that they use the male condom as there was no discussions as to know if the woman is using any hormonal contraceptive methods.

“I always make sure I use a condom when I sleep with someone other than my girlfriend because you cannot trust these girls these days but with my girlfriend I think it is both of us. Like I said she has used the pills and I have used the condom and I think maybe she needs to go back to it or try something else because I am not ready to have a child because I cannot just say we need to use a condom because she will think I do not trust her anymore or maybe I have been sleeping around or something” (Sithembiso, 18 years)

Other participants reported that when the relationship is new, they always ensured that they used a condom as there was no trust. However, there was no mention of checking their HIV/AIDS status. Trust was the deciding factor for young men to stop using a condom. They had fears at the beginning of the relationships about HIV/AIDS and also pregnancy, however that subsided once there was trust in the relationship. There is more use of female hormonal contraceptive methods once trust has been established in a relationship and the relationship is no longer new.

“I think you use them when you are not sure about a person like when you just met, because you are thinking is this person sick, is she going to get pregnant or something. But when you have been together for a while and you trust this person then maybe you stop the condom. But maybe the girl can use these things like pills so that she will not get pregnant” (Ntokozo, 22 years)

“But for me now I do not care, if I just met you I make sure I use the condom because I cannot risk that, and I am also protecting my girlfriend because she does not know I am doing this” (Mxolisi, 19 years)

Most participants reported that they prefer female hormonal contraceptive methods to male condoms. They explained that they enjoyed sex more without a condom, and also they felt that the women were more responsible than them to ensure contraception is used as it will be a female controlled method. Young men did not show enough responsibility and involvement in contraceptive use when compared to women. They reported that they preferred female controlled methods because most of them are hormonal methods. Men did not want to engage in sex with a barrier method.

“I think the females, because sometimes you cannot have a condom with you all the time. I think for me, my girlfriend knows I prefer it without the condom”
(Mxolisi, 19 years)

One participant reported that he preferred to take responsibility for his own health by always ensuring that the male condom is used. He further reported that this ensured him that he is safe from getting STIs, HIV/AIDS and also making sure that he is not impregnating anyone.

“For me I think I prefer to be hands on. So a condom is okay with me. I feel safe with it because I know I will not be getting any sicknesses. You cannot trust anyone these days and I’m too young to have a baby so for me a condom is okay” (Andile, 23 years)

From the study, it is clear that young men prefer female hormonal contraceptive methods to the male condom. Most participants would rather endure the side effects that come with hormonal contraceptives rather than use the male condom.

4.10 Summary

The purpose of this study was to shed insights into men’s involvement in contraceptive decision-making in the rural area of Izingolweni. The main conclusions drawn from the study is that young men are generally aware about contraceptive methods. Young men reported positive attitudes towards the use of contraceptives. They were supportive of contraceptive use. However, participants reported that they face challenges when they use contraceptives, and they still feel that women should take the leading role in contraception. They acknowledge that they too have a responsibility and a role to play however they feel women

should be at the fore front and should decide on the contraception method as they have a variety of available options compared to men. Generally young men preferred sex without a condom and were more fearful of getting someone pregnant than being infected with HIV/AIDS and STIs. The study has also discovered a trend of multiple sexual partners among young men. Young men found it hard to have discussions about contraception in those relationship, thus they always ensured that they take the responsibility of using condoms.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

The importance of men's role in reproductive health services was first acknowledged and emphasized at the International Conference on Population and Development (ICDP) in 1994, (Berhane et al., 2011). Dral et al. (2018; 36) report that "male involvement positively influences uptake and the use of family planning methods and services, which in turn improves maternal and reproductive health". Furthermore, Berhane et al. (2011) report that men have been found to be a catalyst to increase contraceptive prevalence among women and improve women's health. The study draws on qualitative research methods, through the use of semi-structured interviews amongst the young men between the ages of 18 and 24 years, to understand perspectives and experiences in contraceptive decision-making. The aim of this chapter is to summarize the main findings from the interviews and offer future recommendations and conclusions based on the study findings.

5.2 Discussions

This study used framework for organizing the relationship between sexual behaviour, personal factors and proximal and distal context outlined in Eaton et al. (2002) in order to understand the experiences and perspectives of young men in contraceptive decision-making. Eaton et al. (2002) report that the framework has been used to understand factors promoting and perpetuating unsafe sexual behaviour. The framework shed insights into the research objectives which is to explore opportunities and constraints for influencing contraceptive use. The study found that men's use of contraceptive was more of a personal choice, where they had to assess their level of risk. Young men were aware of the personal consequences they had to face if contraceptives were not used in their relationships.

There is therefore a need to pay more attention to individual factors that influences contraceptive use, these are more personal factors that focuses on the individual's feelings and thoughts about the risky sexual behaviour, this also includes the individual's self-esteem and efficacy (Eaton et al., 2002). Young men from the study were aware of contraceptives methods, and were mostly supportive of their use. This is very important as this will determine how the individual will behave with regards to contraceptive use. Thus it will be beneficial to enrich the young men with sufficient and reliable information to shape and

influence their thoughts and feeling regarding contraceptive use. Other factors including proximate and distal context also influences contraceptive use. Eaton et al. (2002) report that these factors are as important as the personal factors. Proximal factors include interpersonal relationships with friends, family and any other associations that include two and more people. Distal factors include aspects such as culture (traditions, norms, values and beliefs) and structural factors such as political and economic elements of the society. To understand behaviour this theory considers the interactive effects of personal, proximate and distal factors (Eaton et al., 2002).

The findings from the study suggest that men are generally familiar with both male and female contraceptive methods. Participants were more familiar with a variety of female rather than male controlled methods. The pill, injection and the implant were the most commonly known female methods among the participants. Berhane et al. (2011) report that individuals who have adequate information about the available methods of contraception are better able to make choices about planning their families. Most young men in the study reported that they have enough knowledge about different female controlled methods. Participants were also aware of the male condom, withdrawal and calendar method. Young men in the study reported that they were more familiar with the withdrawal traditional method. Most also knew that it was not reliable; however, it was commonly used by the participants. Participants were relatively well-informed about contraceptives and their use. This is similar to a study in Merki-Field et al. (2018) that also report that there was a great level of awareness of contraceptives among male Swiss students.

Another similar study by Ngcobo et al. (2018) report that there was a high level of contraception awareness amongst young men, however this did not translate to contraceptive use. A study by Okpokumoku et al. (2017) also found that most students a university in Nigeria had knowledge about contraceptives however the rate of contraceptive use is low. Participant's knowledge about contraceptive from this study did not always translate to its use, even though they were knowledgeable about them. The young men's knowledge about contraceptive use and their decisions to use or not use contraceptives, can be attributed to personal factors as it relates to the individual. The study also established that young men were aware of the importance of female hormonal contraceptive methods and using the male condom. However, despite the knowledge they possessed, young men we inconsistent in their use of the male condom. Their knowledge about contraception and its importance did not translate into contraceptive use.

None of the young men reported undergoing a HIV test before engaging in unprotected sex, however they generally preferred sex without a condom reporting that it was more enjoyable. This was a risky behaviour that they were aware of, but they were more afraid of getting someone pregnant than getting HIV/AIDS and STIs.

They used trust and the length of the relationship to either engage in protected or unprotected sex. Condom usage was mostly phased out as soon as trust was established in the relationship. To concur with this, Mantell et al. (2011) report that a study conducted in South Africa amongst male students at higher learning institutions revealed that male student believed that condoms should be used at the onset of a new relationship, but once trust has been established in the relationship then condom use is discontinued.

Young men in the study reported that they communicated with their partners about contraceptive matters in their relationship. However, this varied depending on the type of relationship. The study found that young men were more communicative about contraceptive matters in their stable relationships than casual relationships. Raine et al. (2010) found that male involvement in contraceptive decision-making is determined by the type of their sexual relationship. These types of relationship include casual, 'friends with benefits' and committed relationships. A casual or 'one night stands' is characterised by a focus on sexual gratification and have low intimacy. This was found to be true in this study as young men also reported that there was no communication about contraceptives in their causal relationships.

Most participants had both casual and serious relationships concurrently, and communication about contraceptives varied in each relationship. Participants reported that they communicated more about the type of contraceptives they need to use in their serious and long-term relationships, and they were even able to learn more about contraceptives. Thummalechetty et al. (2019) report that when couples communicate about contraceptives there is higher contraceptive uptake. Their relationship with their partners is one of the proximal factors and communication within the relationship influences contraceptive decision-making

Most young men in the study were aware of their partner's current use of contraceptive methods in their stable relationships. Young men in the study reported that they just made sure they bring and use condoms without having any discussion if it was 'one-night stand'. They reported that they did this because there was no trust and they were protecting themselves and ultimately their 'serious girlfriends' from any STIs. In support of this, Fennell

(2011) report that less secure relationships make men insecure and uncomfortable to discuss contraceptives, especially the female hormonal methods.

Young men in the study reported that they were more comfortable talking to friends, although sometimes friends were discouraging of the use of contraceptives and they faced added peer pressure not to use contraception. A similar study by Thummalachetty et al. (2017) report that men reported that they got knowledge about contraceptives mostly from their peers as they were more comfortable talking to them. The study found that young men had fears of being judged by their peers if they were using the male condom or their partners were using any hormonal contraceptives. They were afraid of being viewed as being cowards or that their relationship did not have trust and was not serious enough. Despite the lack of support from friends, young men expressed that they were comfortable to talk and gain knowledge from their friends and their girlfriends. The interpersonal relationship of friendship also had an influence on their contraceptive decision-making.

The study found that there was no communication between the young men and their parents or guardians regarding contraceptive. Participants reported that they were not comfortable discussing contraceptive use with their parents as they never wanted them to know that they were sexually active. Contrary to the finding of this study, a study in Fennel (2011) found that young men reported that their parents bought them condoms and they had discussion where they were told to use them.

The study found that young men obtained information about contraceptives from a variety of sources. The sources of information that was reported by most young men were mainly from friends, girlfriends, the internet and formal education institutions. This is similar to the study conducted by Ngcobo et al. (2018), where young men's source of knowledge was through friends, mass media and formal education. Young men from the study reported that they had received knowledge about contraception and sex through their high school and college, which was their most reliable source of information. A study conducted by Villarreal et al. (2016) also revealed that male college students received information about contraceptive methods from their friends, family and social media, and there were few students that got their information from medical professionals. A study in Thummalechetty et al. (2019) also found that there were few men that acquire information about contraceptives from health care providers.

Young men from the study were aware that they can get information about contraception from the health care facilities and professionals, such as the clinic, nurses and doctors. However, none of them reported that they acquired information from them. This puts males at a risk of receiving inaccurate, misinformation and myths about contraceptive methods (Villarreal et al., 2016). Young men reported that they were uncomfortable and scared to get information from health care workers. The study also found that young men had challenges using contraceptives in their relationships. Young men presented numerous challenges that their partners encountered in the use of female contraceptive methods, which in turn affected them. One perceived challenge was the side effects of using the hormonal contraceptive methods. Young men reported that their partners had prolonged bleeding when using hormonal methods such as the injection and the implant. The prolonged bleeding affected their sexual life and also discouraged them to support the use of hormonal contraceptives. A study conducted by Schwandt et al. (2015) report that side effects are the most common reason for the non-use of contraceptive methods among men and women, these side effects can be real or fictitious.

Young men in the study also held beliefs and misconceptions about the female hormonal contraceptives. Participants reported that the injection, the pill and the implant made the bodies of their female partners to be wobbly, and during sexual activity their partners became too wet in their vaginas and this resulted in them losing interest in sexual intercourse. Dral et al. (2018) report that men usually have misconceptions because they do not know how contraceptives affects the female body. The study also found that young men still held beliefs that when women use hormonal contraceptives they will be unfaithful to them and sleep with other men, as they know they will not be getting pregnant. One of the factors that influence contraceptive use is that men assume and believe that it will encourage their partners to be unfaithful (Hoga et al., 2013). Furthermore, a study by Balogun et al. (2016) also found that men reported that the use of female contraceptives promotes extramarital relations.

The study found that young men still believe that contraceptive use is the responsibility of women. Although young men wanted to be involved, and were supportive of the use of hormonal contraceptives, however they did not want to take full responsibility for contraceptive decision-making. Fennel (2011) report that even men that are actively involved in contraceptive decision-making, they still hold the view that women are final decision makers and must have the final say. Despite the support that man give towards contraceptive use, they still want women to initiate contraceptive discussions and they still regard

contraception as women's domain (Bologun et al., 2016). This is because men have been previously ignored and women were viewed as primary clients as they are vulnerable at getting pregnant and most contraceptive methods have been designed for them, (Raine et al., 2010). This notion that contraception is woman's matter has contributed to the lack of male involvement in contraceptive decision-making.

Participants reported that contraception is more of a woman's responsibility as they have a variety of options, while men only have a limited number of methods. Matlala and Mpolokeng (2010) report that most men still depend on their partners to initiate the use of contraceptive in their relationships. Participants saw themselves as supporters of contraceptive use not as the primary clients. Participants reported that their role is to ensure that their partner use some type of contraceptive methods to prevent unplanned pregnancy, and that they also remind their partners to go for their injections and also remind them to take contraceptive pills. From the study young men reported that women are more responsible thus contraception should be more of their responsibility. Some young men reported that it is not 'manly' for them to be more involved in contraception matters. Young men were also afraid of the side effects of contraceptives towards their partners. The study found that young men hold negative attitudes towards the future possibility of male hormonal contraceptives. They reported that they would not be comfortable to use male hormonal contraceptives in the future as they are scared of the side effects. Young men reported that they are already concerned about the side effects of hormonal contraceptives towards women, and were even more concerned if these side effects were experienced by them.

Some of the young men in the study also had negative attitudes towards the use of the male condom, and they reported that the condom decreased pleasure during sexual intercourse. However young men reported that they nonetheless took responsibility for using condom in a causal relationship. Although young men reported that the male condom decreased pleasure during sexual intercourse, they still used them to prevent unplanned pregnancy and HIV/AIDS and STIs. The study discovered a trend of multiple sexual partners amongst the young men. Most young men had other women in addition to their stable partner. This was discovered as young men reported that they took the responsibility of using a male condom when they were engaging in sexual intercourse with someone who was not their girlfriends. This responsibility of using a male condom, somehow dissolves with their girlfriend as the relationship comprised of trust.

Young men from the study that had children were more responsible in contraceptive decision-making than those young men that had no children. They were motivated to not have another child as they were aware about the difficulties that come with raising a child and they were more concerned about the financial burden as most of them did not have permanent employment. Kamran et al. (2014) report that more men are concerned about their family size and thus are involved in ensuring contraceptives are used because they know the financial responsibility of raising children. These are one of the distal factors that influenced men in ensuring the use of contraceptives in their relationships, as it was influenced by economic factors. Nasir et al. (2018) report that men's attitude has really changed overtime, men are more willing and interested in becoming involved in contraceptive use. Furthermore, their fertility intentions have changed due to financial constraints caused by larger families and they are more concerned about health.

Generally, young men had positive attitude towards the use of contraceptive methods. Young men reported that they were supportive of the use of hormonal contraceptive methods by their partners as they were aware of their benefits regardless of the challenges that come with the use. Eaton et al. (2002) argue that to understand the sexual risk of young people, there is a need to consider the interactive effects of these factors: within the individual, within his or her interpersonal relationships and distal context such as the economy and politics.

5.3 Recommendations

Kamran et al. (2014) report that there is a need for male specific interventions, that is directly targeted at men. This will increase male participation as these strategies will be directed to them as primary users, these can be located at clinics and organizations that work with men. Hardee et al. (2017) report that there is a need to develop a national policy and guidelines that include men as family planning users. This will ensure men are recognized as contraceptive users, not just as supporters of women. Men should not be excluded from receiving information about female contraceptive methods, they should also be included in the existing family planning programmes. Contraceptive responsibility should be emphasized as a shared responsibility. Ajah et al. (2015) report that family planning programmes need to involve both male and female, this will in turn increase communication about contraception and possible encourage and improve contraceptive use.

Strategies are needed to improve the involvement of young men in contraception Dral et al. (2018). Mwale and Muula (2018) report that young men need to be involved in these strategies when they are designed and formulated, through consultation initiatives. There is a need for more thorough knowledge about male and female contraceptives methods that are specifically directed to men as users. Raine et al. (2010) report that young men's understanding of hormonal contraceptives needs to be increased. Online platforms should be made available to young men in order for them to have access at any time in their phones, this could be done by creating an application that will provide information about contraception and be accessible via their cell phones. This will give young people the freedom and comfortability to access information without going to the clinic, this will be able to reach more young men. Nasir et al. (2018) report that family planning services must be designed in a way that will include men as primary clients. The long focus on women as the primary clients to contraception has been detrimental to male involvement in contraceptive matters, it has made contraception as women's matters and has discriminated men (Gazibara et al., 2012).

More additional male contraceptive methods are needed, in order to make family planning programmes effective and there is currently some promising methods that are underway (Hardee et al., 2017). There is a need to develop hormonal contraceptive methods for men, as men have no hormonal methods but only are limited to the male condom, vasectomy and withdrawal method. Hotun Sahin et al. (2008) report that men's contraceptive methods are limited to the condom, withdrawal and a permanent vasectomy method. More methods will increase their involvement and participation in contraceptive decision-making. This will be a breakthrough that will make men to feel more involved and responsible for contraceptive use. It will make men to have a variety of options and be able to choose methods that are comfortable for them. This will also be a relief to women as they will have an option of not using any contraceptive method, but rather depend on their spouse to shift some of the responsibility away from them.

Families also need to be involved to ensure that young men have support even in their homes, by equipping families with skills to be able to engage in contraception discussions with men while they are still young. This could be done through parenting programmes where guardians and parents are made aware of the importance of contraception among the youth, and how they can engage their young men in such matters. These programmes could be implemented by the Department of Health together with the Department of Social

Development with the use of their Community Care Givers. They can mobilize the community and render educational programmes highlighting the importance of parental involvement in contraceptives, and equip parents and adults on how they can initiate conversations with their children on contraception. These awareness campaigns could include health care practitioners and also other youth that can be role models and share their experiences with using contraceptives. These parenting programmes could also be done in group work, where a small group of parents will be educated on contraceptive importance and how they can communicate this with their children. It will be of great importance that from an early age young men are engaged and educated about contraception within their families in order for them to be familiar with it when they are sexually active.

Negative attitudes need to be addressed through educational programmes and awareness campaigns. Reproductive health services should work on changing these attitudes by providing men and women with correct information that challenge the misconceptions, myths and beliefs that young men possess. There is a need for young men to be educated on how to manage the side effects and for them to know that they are not permanent side effects. Negative attitudes are mostly shaped by contraceptive myths and misconceptions. These myths and conceptions could be addressed by hosting television and radio talk shows. Raine et al. (2010) report that there is more work that is needed to normalize condom usage in stable relationships as it can be viewed as a sign of infidelity. Young men from this study also shared that they used condoms in a new or casual relationship and it was difficult to introduce the condom in a long term and stable relationship. There is also a need to promote dual protection, where a condom and hormonal contraceptives are used concurrently in order to prevent both pregnancy and STIs.

5.4 Conclusion

This study was designed to understand the perspectives and experiences of young men in contraceptive decision-making, their awareness of both male and female methods and the factors influencing contraceptive use. The study found that young men are generally aware of contraceptive methods, although in-depth knowledge is still needed. From the study it is clear that there are multiple factors that influence young men's contraceptive decision-making. Young men still feel that contraception is a woman's issue and that women must take more responsibility for it. Therefore, more comprehensive strategies are needed to

ensure that young men take responsibility for contraception and are encouraged to be involved in contraceptive decision-making. Knowledge and information about contraception should be gender transformative and include men, however this must not compromise women's autonomy. More extensive programming is still needed to ensure that men are equally responsible in contraceptive matters as women. Young men reported a concern over the limited options that are available for them, and were further concerned with side effects of female controlled methods and how they affected their sexual life. Although there were some concerns about side effects, generally young men were supportive and welcoming of the use of contraceptives in their relationships.

The study suggests that men are still reluctant to be fully responsible in contraceptive matters, however they have the desire for more information and need guidance and support. Young men are somewhat involved and are aware of the importance of contraception, however their knowledge does not translate to contraceptive use. Negative attitudes that men hold also needs to be challenged by providing thorough information that will address their fears, misconceptions and beliefs about male and female contraceptive methods. The notion that contraception is a female responsibility needs to be challenged and phased out.

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11 May 2018

Ms Nontethelelo Thebisile Mkhane (208511162)
School of Built Environment & Development Studies
Howard College Campus

Dear Ms Mkhane,

Protocol reference number : HSS/1909/017M

Project title: Men's involvement in contraceptive decision making : Perspective and experiences of young men.

Approval Notification – Full Committee Reviewed Protocol

With regards to your response received on 01 March 2018 to our letter of 06 November 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

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.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shamila Naidoo (Deputy Chair)

/ms

cc Supervisor: Professor Pranjitha Maharaj
cc Academic Leader Research: Professor Oliver Mtshali
cc School Administrator: Ms Nolundi Mzolo

Humanities & Social Sciences Research Ethics Committee

Dr Shanika Singh (Chair)

Westville Campus, Govan Mbeki Building

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OFFICE OF THE SPEAKER

Clr DH NJOKO

039 6882004

2018/02/21

I Bonginkosi Dennis Nyawose, Identity number: 690113 5499 088, a Ward Councillor of ward 33 under Ray Nkonyeni Municipality at Izingolweni area. I hereby give permission to Miss Nontethelelo T. Mkane with student number 208511162, to conduct her Masters research titled "Men's involvement in contraceptive decision making: perspectives and experiences of young men" under ward 33 Ray Nkonyeni, Izingolweni area.

For any further inquiries, I can be contacted at:

072556 6093

Thank you

RAY NKONYENI MUNICIPALITY
CLR : BONGINKOSI DENNIS NYAWOSE
WARD 33
CELL : 072 665 5093
SIGNATURE: [REDACTED]
DATE: 21-02-2018

PARTICIPATION INFORMATION SHEET AND CONSENT FORM

Dear Sir

My name is Nontethelelo Thebisile Mkane and I am doing research for the purposes of getting a Master's Degree in Population Studies at the University of KwaZulu-Natal. The aims of this study is to examine and determine levels of awareness about contraceptive use for males and females, to investigate the level of influence of men in contraceptive decision-making, and to explore opportunities and constraints for influencing contraceptive use. To be part of this study, participants have to be males between the ages of 18 and 24 and be from Izingolweni area.

If you wish to be part of this study, you will need to engage in a face-to-face interview on a one-on-one basis with the researcher. The interview will take about 30-60 minutes. The interviews will be audio-recorded and therefore no writing will be needed. It is also important to take note that information and responses gathered from the interview will be kept confidential. However, the results of the study will be accessible to my supervisor as well. In addition, the participant will not be required to provide any identifiable information about themselves during the interview in order to ensure that the participant receives full anonymity.

Participation in this study is voluntary and it would be greatly appreciated if you participate in these interviews, however, if you do not participate there is no penalty or loss of benefits. If you feel uncomfortable at any time during the study and/or wish not to answer one or more questions this will not be held against you or result in any penalty. The participant is also able to withdraw from the study with no explanation needed.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number _____). If you are willing to be involved in this study, please sign the consent form below that indicates that you have read the information sheet, you understand the nature of the study being conducted and you give permission to be part of the study.

However, in the event of any problems or concerns/questions you may contact the researcher at 0736354214 as well as on my email nontethelelomkane@yahoo.com or the UKZN Humanities and Social Sciences Research Ethics Committee, contact details as follows:

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Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Yours faithfully

Nontethelelo T. Mkane

CONSENT FORM

Consent Form for Participation in the Study

I _____ the participant agree to participate in the study titled “Men’s involvement in contraceptive decision making: perspectives and experiences of young men” conducted by Nontethelelo Thebisile Mkane, a Masters student from the School of Built Environment and Development Studies

I understand the purpose and procedures of the study and I have been given an opportunity to ask questions about the research.

I hereby declare that my participation in this study is entirely voluntary and I understand that I may withdraw from the study at any time, and that there will be no rewards for participation, nor any negative penalties should I decide to withdraw from the study.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at 0736354214 or nontethelelomkane@yahoo.com.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about any part of the study or the researcher’s then I may contact:

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Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I hereby consent to / do not consent to have this interview recorded

My signature below indicates my willingness and permission to participate in this study

_____ **(Signature by participant)**

IFOMU LOLWAZI NGOCWANIGO

Mnumzane

Igama lami ngingu Nontethelelo Thebisile Mkane ngenza ucwaningo ngenhloso yokuthola iziqu ze Master's Degree kwisifundo se Population Studies e Nyuvesi yakwaZulu Natali.

Inhloso yalolucwaningo ukuthola ukuthi abantu besilisa bazi kangakanani ngezindlela zokuhlelwa komndeni ezisebenziswa abantu besifazane kanye nabesilisa. Nokuthola futhi ukuthi

Inhloso yalolucwaningo ukuhlola ukuthi abanantu besilisa abasha bazi kangakanani ngezindlela zokuhlela umndeni, nokuthola ukuthi lingakanani iqhaza abalidlalayo ekwenzeni izinqumo mayelana nezindlela ezikhona zokuhlela umndeni, nokubheka izingqinamba Kanye namathuba abahlangabezana namo kwizindlela ezikhona zokuhlela umndeni. Ukuze umuntu aba yingxenye yalolucwaningo kumele abe owesilisa oneminyaka ephakathi kweyi- 18 kuya kuma-24 aphinde abe ngumhlali wase Zingolweni.

Uma ufisa ukuba yingxenye yalolucwaningo, kulindeleke ukuthi wenze inkulumohlolo engathatha imizuzu eyi-30 kuya kwi hora elilodwa. Inkulumohlolo izoqoshwa ngomshini wokuqopha umsindo, ngakho sizobe singekhonsidingo sokubhala phansi. Yonke inkulumo nezimpendulo zizogciwa ziyimfihlo. Imiphumela yocwaningo izogcinwa yi-Nyuvesi yaKwaZulu Natal kumkhakha wesikole se-Built Environment iphinde ibonwe wumphathi wami kulolu cwaningo. Ngesikhathi sokuqoshwa kwenkulumohlolo akulindelekile ukuthi umuntu asho imininingwane yakhe enjengegama ukuze kuqiniseke ukuthi konke esikukhulumayo akuvezi ukuthi ungubani.

Ukubamba iqhaza kulolucwaningo ulibamba ngoba uthanda awuphoqelekile, kodwa kuyabongeka uma ungakwazi ukuba yingxenye yalolu cwaningo. Kodwa uma ungeke uphumelele ukubamba iqhaza kulolucwaningo ayikho miphumela emibi, noma ubamba iqhaza akukho mivuzo noma imiklomela etholwayo. Uma ngane uzuzwa ungaphathekile kahle noma ingasiphi isigaba socwaningo wamukelekile ukuthi uhoxe, noma kunemibuzo ongathandi ukuyiphendula kuyilungelo lakho ukungayiphenduli azikho izinyathelo ozothathelwa zona.

Lolucwaningo lihloliwe lwaphumeleliswa izifundiswa zeNyuvesi yaKwaZulu Natali kumkhakha wakwa-Humanities and Social Sciences Research Ethics Committee (approval number_____). Uma uthanda ukuba yingxenye yalolucwaningo, ngicela usayine ifomu lemvume elingezansi lokho kutshengisa ukuthi ulifundile leli phepha elinolwazi mayelana nocwaningo lwalesihloko, nokuthi uyaqonda uhlobo locwaningo futhi unika imvume yokuthi ube yingxenye yalolucwaningo

Uma kwenzeka kuba nenkinga noma kukhona ongakuqondi odinga incazelo enqala ngakho ungaxhumana name njengomcwaningi kule nombolo: 0736354214 noma uthumelele I e-mail kuleli dilesi: nontethelelomkane@yahoo.com noma uxhumane ne Nyuvesi yaKwaZulu-Natal kumkhakha wakwa-Humanities and Social Sciences Research Ethics Committee, imininingwane yabo yokuxhumana ithi:

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Yimina ozithobayo

Nontethelelo T. Mkane

IFOMU LEMVUME

Mina.....ngiyavuma ukuba ingxenye yocwaningo olusihloko sithi “ ukubandakanyeka kwabesilisa abasebasha ezinqumeni ezithathwayo kwizindlela zokuhlela umndeni : izimvo zabo kanye nobungcweti.

Ngiyaqonda inhloso yololu cwaningo, futhi nginikwe nethuba lokubuza imibuzo mayelana nocwaningo lwalesihloko.

Ngiyavuma ukuba yingxenye yalolucwaningo ngokuzithandela hayi ngempopo. Ngiyazi ukuthi ngingahoxa noma ngabe ikusiphi isgaba socwaningi uma ngizizwa ngingasathandi nokuqhubeka.

Uma nginemibuzo mayelana nalolu cwaningo noma kukhona engifuna ukuphawula ngakho maqondana namalungelo ami njengomuntu obambe iqhaza kulolu cwaningo ngingaxhumana nehov

‘isi lezocwaningo:

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Ngyavuma/ angivumi ukuthi inkulumo luhlolo yalolucwaningo ukuthi ingaqoshwa ngomshini womsindo

Isiginesha yami engezansi ibonisa ukuzimisela kwami kanye nemvume yokubamba iqhaza kulolu cwaningo.

_____ Isignesha

INTERVIEW GUIDE

1. Demographic characteristics:

Age:

Current place of residence:

Marital status:

Race:

What is your level of education:

What is your state of employment?

Relationship status:

Number of children:

Knowledge

1. Do you know about contraceptives and family planning? (ungabe unalo ulwazi mayelana nokuhlelwa komndeni Kanye nezindlela ezihlukehlukene zokuvikelwa ukukhulelwa?)
2. Do you know how to prevent unplanned pregnancy? (ingabe uyakwazi ukuthi kungavikeleka kanjani ukukhulelwa ngephutha?)
3. What female contraceptives methods are you aware of?
(iziphi izindlela onolwazi ngazo ezisetshenziswa abesifazane ukuhlela umndeni?)
4. What male contraceptives methods are you aware of?
(Iziphi izindlela onolwazi ngazo ezisetshenziswa abesilisa ukuhlela umndeni?)
5. Do you think other young men are aware of the importance of contraceptive use?
(Uma ucabanga, ingabe abanye abesilisa bayazi mayelana nokubaluleka kokusebenzisa ama contraceptives?)
6. Do you think there is enough information on contraceptive use and men? Why?

(Ingabe lukhona yini ulwazi olwanele mayelana nama contraceptive kanye nabantu besilisa?)

7. Where do you get information about sex and family planning? (Uluthola kuphi ulwazi mayelana nezocansi kanye nokuhlelwa komndeni?)
8. Do you think you have enough knowledge about female and male contraceptives methods?
(ingabe unolwazi olwanele mayelana nezindlela zokuvikela ukukhulelwa ezisetshenziswa abesilisa kanye nezabesifazane?)

Behaviour and attitude

1. What is your perception and experience about female and male contraceptive use?
(Uthini umbono wakho mayelana nama contraceptives abesilisa kanye nabesifazane?)

Probe: What has worked or not worked for you? What are some of the benefits? What are some of the problems with contraceptives?

2. Do you and your partner use any type of contraceptives? if yes why? If no why?
(Ingabe niyawasebenzisa yini ama contraceptives wena nosebudlelwaneni naye?, uma uthi cha, Kungani? Uma uthi yebo kungani?)
3. Describe the importance of using contraceptives?
(Kubaluleke ngani ukusebenzisa ama Contraceptives?)

Probe: (Why are you using them?) does the risk of pregnancy, HIV, STIs influence use? Explain which is most important. Why?

4. Who is more responsible for contraceptive decision making in a relationship?
And what are the reasons behind?

(Ubani okulele kuye ukuthi kusetshenziswe ama contraceptives ebudlelwaneni?)

5. What barriers and opportunities that are there for men to use and support contraception in relationships? And what can be done to address these barriers?
(yikuphi okuvimbela nokwenzakalula abantu besilisa ekusebenziseni ama contraceptives kanye nokuxhasa ukusetshenziswa kwabesifazane babo ebudlelwaneni?) kungalungiswa kanjani lokhu?

6. Does any contraceptive method use have an impact on your sex life? In what way?
(ingabe ikhona yini indlela yokuhlela umndeni enokuphazamisa ezoncansi ?) ngayiphi indlela?

7. What beliefs do you have about contraceptives? Do you think other young men also share the same beliefs as yours?
Yikuphi okholelwa kukho ngama contraceptives? Kungenzeka yini ukuthi nabanye abasha bacabanga njengawe?)

8. What is the role that you play as a man in decision making about contraceptive use?
(Iyiphi Indima oyidlalayo ekuthathweni kwezinqumo ngama contraceptives?)

9. Do you think contraceptive use is a shared decision?
(ingabe ukusetshenziswa kwama contraceptives kuyisinqumo esithathwa ndawonye?)

10. What do you think are some of the reasons for not using contraceptive among young men?
(iziphi ezinye izimbangela ezenza abesilisa abasebasha bangawasebenzisi ama contraceptives?)

11. Are contraceptives available in your local clinic?
(Ingabe ayatholakala yini ama contraceptives emtholampilo wangakini?)

12. What are the challenges do you face (if any) in accessing contraceptives? (Ingabe zikhona yini izigqinamba ohlangabezana nazo umu udinga amacontraceptives?)

13. What contraceptives methods does you and your partner use? (Yimaphi ama contraceptives eniwasebenzisayo wena nosebudlelwaneni naye na?)
14. Do you discuss family planning and contraception in your relationship? (ingabe niyazixoxa izindaba zokuhlelwa komndeni kanye nezinhlobonhlobo ezikhona zokuvikelwa ukukhulelwa wena nophathina wakho?)
15. Do you accompany your partner to the clinic for family planning? (Ingabe uyahamba yini nophathina wakho ume eyohlela umndeni emtholampilo?)
16. If yes, what is your experience about visiting a clinic with for family planning services with your partner?
(uma uthi yebo, uphatheka kanjani emtholampilo uma uhamba nophathina wakho nidinga izinhlelo zokuhlela umndeni?)
17. Research shows that men have limited contraceptives methods, would you use hormonal contraceptives for men if they were to be available? (Ucwaningo lutshengisa ukuthi zibalwa izindlela zabelisa zokuvikela ukukhulwelwa kowesifazana, uma kungaba khona amaphilisi noma imijovo yabantu belisa yokuthi bavikele ukukhulelisa, ungakusebenzisa yini?)
18. Do you support the use of contraceptive methods by women? (ingabe uyakuxhasa ukusetshenziswa kwama contraceptive abantu besifazane?)
19. Do you prefer female or male contraceptives? Give reasons for your answer
(Ingabe ukhetha ukuthi kusetshenziswe ama contraceptives abesifazane noma abesilisa ebudlelwaneni? Sekela impendulo yakho?)