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Exploring the influence of men on their partner's use of contraceptives: A study of men in Umlazi, Durban, South Africa

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COLLEGE OF HUMANITIES

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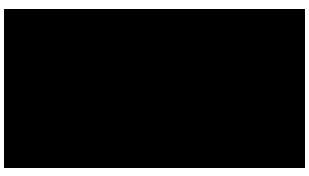

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ABSTRACT

South Africa has high levels of HIV/AIDS and unwanted pregnancy, especially among adolescents and young women. Although there has been considerable achievement in delivering sexual and reproductive health services, specifically regarding contraception, challenges still inhibit contraception's practical use, particularly among women. Despite the increasing contraceptive prevalence, the attitudes and dominance of men are said to be among the many inhibiting factors that prevent women from accessing contraceptives. The overall purpose of this study is to shed insight into men's influence on contraceptive use in their sexual relations. This will be achieved by looking into these three key objectives; to examine reasons for the use or non-use of contraception, explore strategies young men use to inhibit or facilitate contraceptive use among women, to describe the opportunities identified for changing behaviour among young men.

This qualitative study was conducted in Umlazi, Durban, in the eThekwini District in KwaZulu-Natal province, South Africa. Data for this study was collected using structured, in-depth interviews. In total, 15 interviews were conducted ($n = 15$). This study was purely qualitative and used individual in-depth interviews. For this study, data were analyzed through thematic analysis.

There is a high stigma around the use of female contraception. Men have little knowledge of female contraception methods. Institutions such as churches, schools, and health facilities do not always actively promote the use of female contraceptives. It is, therefore, vital that we change the mainstream culture of contraceptives as women's responsibility and relook at the power relations between men and women.

This study's findings show that contraceptives have the potential to significantly improve women's autonomy and wealth in Umlazi. Furthermore, it is clear from the reviews that the potential for effective use of contraceptives is continually threatened by factors such as stigma availability and, for the most part, negative male partner influence. Ensuring the availability of contraceptives for everyone remains crucial in ensuring women have power over their sexual health. But most importantly, to ensure the successful use the contraceptives is imperative to consider male involvement when developing interventions promoting the use of contraceptives. As such, we ought to create interventions to redress the gender gap. In schools, employment, and relationships, are accompanied by mutual participation and respect. The empowerment of women is indeed an essential factor for successful contraceptive usage.

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LIST OF ACRONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
DOH	:	Department of Health
FP	:	Family Planning
HIV	:	Human Immuno Virus
SRH	:	Sexual and Reproductive Health
STI	:	Sexually Transmitted Infection
STD		Sexually Transmitted diseases
UNAIDS	:	United Nations Aids Programme
UNICEF	:	United Nations Children's Emergency Fund
USAID	:	United States Agency for International Development
WHO	:	World Health Organization

TABLE OF CONTENTS

Tables and Figures

Chapter 1: Introduction

1.1 Background

Among the 1.9 billion women of reproductive age worldwide in 2019, 1.1 billion required family planning. Of these, 842 million were using contraceptives, and 270 million had an unmet need for contraception (World Health Organisation, 2020). The number of women desiring to use family planning has increased markedly over the past two decades, from 900 million in 2000 to nearly 1.1 billion in 2020. More importantly, the number of women using a modern contraceptive method increased from 663 million to 851 million, and the contraceptive prevalence rate increased from 47.7% to 49% (Virk et al., 2022). In recent decades, contraceptive use has risen markedly worldwide.

According to Miller and Babiarz (2014) the introduction of family planning was primarily influenced by heightened concern about the world's population growth and its potential macroeconomic and environmental consequences. Over the years, contraception as a method of birth control has been made broadly available, efficient, and acceptable in many parts of the world. Worldwide, contraceptive prevalence increased dramatically from 54·8% in 2000 to 65% in 2020 (Moon, 2021). The nature of contraceptive use has changed to adapt to the challenges currently facing the human population. For example, initially, emphasis was placed on contraceptive use to counteract the alarming rate at which the population was growing (World Health Organization, 2020). However, increasingly there is a recognition that access to contraceptives could save the lives of women and infants most vulnerable to sexually transmitted infections and pregnancies (Friedrich, 2017). Contraception usage has other benefits for women, including reducing maternal and infant mortality and morbidity, empowering women to make informed choices about their fertility, contributing to economic advancement, and reducing the number of children infected with HIV (Feucht, 2014).

After 20 years of democracy, South Africa has significantly improved contraceptive prevalence levels. Historically, contraceptive use in South Africa was mainly influenced by the previous apartheid political system that prevailed before 1994. During apartheid, much emphasis was placed on contraceptives that required minimal user involvement (May, 2012). More importantly, the apartheid regime had a detrimental impact on the traditional cohesive Black

African family unit. The apartheid era forced traditional patriarchal societies apart, mainly due to the migrant labour system that separated men from their families (Prata, 2017). “Family roles were well defined, with males being identified as primary wage earners and decision- makers” (Mboane and Bhatta, 2015:03). Women most often had fewer decision-making roles in the family. Unfortunately, the demarcation resulted in women having less control over their sexual and reproductive health. Lack of economic freedom decreased the autonomy of Black women, thus contributing to the decline in their uptake of contraception. However, over the years, contraceptive use increased, and by the 1980s, contraceptive prevalence among black women was estimated to have reached 44% (May, 2012).

In more recent years, studies have shown an increase in the contraceptive prevalence rate of women. After apartheid, South Africa experienced significant healthcare changes, including free medical health for pregnant women and young children (Herbst, 2014). Hence, in comparison with the years during apartheid, the contraceptive prevalence of Black women has increased dramatically (Herbst, 2014). According to Chersich et al. (2017) approximately a quarter of women in sub-Saharan Africa currently use modern contraceptive methods, with the highest levels in Southern Africa. In South Africa, the estimated proportion of women of reproductive age protected against unplanned pregnancies using modern contraceptive methods increased steadily from 26.3% in 2002/2003 to 37.3% in 2013/2014 (Chersich et al., 2017). Women have a significant amount of contraceptives explicitly designed for their use. People often assume that women decide on contraceptive usage (Kaufman and Stavrou, 2004). Women have more contraceptive options than their male counterparts, which is the basis of these presumptions (Finer and Philbin, 2013). Many contraceptive options are available to women in South Africa, including hormonal methods such as the pill, patch, and injection, as well as non-hormonal methods such as condoms, diaphragms, and copper intrauterine devices (IUDs) (Crede et al., 2012). However, it is essential to note that women’s contraceptive use is influenced by various factors, including culture, education, and religion (Kriel, 2019). Such factors may either facilitate or impede contraceptive use. Thus, the success of contraceptives in South Africa does not only depend on increasing access to contraceptives. Men also have an equally important role in ensuring the success of contraceptive use among women.

Reproductive health is an important aspect of human well-being, and it is essential that both men and women have equal opportunities to access reproductive health services (Kriel et al., 2019). According to Ndinda et al. (2017) men's involvement in contraceptive use and support

for women's reproductive health is critical in South Africa. Men can play a significant role in supporting women's reproductive health in South Africa.

According to Cooper et al. (2004) the importance of men's involvement in contraceptive use cannot be overstated. Contraceptive use is essential for preventing unintended pregnancies and sexually transmitted infections. However, contraceptive use is often seen as a woman's issue, and the man is not actively involved. This lack of involvement can result in limited access to information, contraception, and support for women's reproductive health. Moreover, men's participation in contraceptive use can significantly impact women's reproductive health (Kriel et al., 2019). By being actively involved in the process, men can better understand the benefits of contraception and encourage their partners to use it. Moreover, men can provide emotional and practical support to their partners during the decision-making process and through the use of contraception. This support can result in improved contraceptive use and better reproductive health outcomes for women.

According to Kabagenyi et al. (2014) men dominate decision-making regarding family size and their partner's use of contraceptive methods in many traditionally patriarchal settings. Men are involved in reproductive decision-making and, in societies characterised by an unequal balance of power, may exert considerable influence over their partner's sexuality. In most societies, women generally have less access than men to education, training, and resources, facilitating men's greater control of sexual interactions and decision-making (Maharaj, 2001). Men can support women's reproductive health in South Africa in several ways. One way is actively participating in family planning discussions and decision-making (Ruderman et al., 2022). Men can provide input and support their partners in making informed decisions about contraceptive use. By being involved in the process, men can better understand the importance of contraception and encourage their partners to use it. Another way in which men can support women's reproductive health is by promoting gender equality. Gender inequality is a significant barrier to women's reproductive health in South Africa (Kriel et al., 2019). Men can help address this issue by challenging traditional gender roles and promoting gender equality in their relationships and communities. By doing so, men can support women's access to reproductive health services and promote better health outcomes.

Despite significant progress in mainstreaming contraception interventions in South Africa, there remain challenges that derail attempts to achieve universal access to contraception services. Social factors, including the low decision-making power of women, traditional beliefs, limited knowledge and understanding of contraception and related services, and fear of stigma and discrimination, are just some of the factors that inhibit women from accessing sexual and reproductive health services (Juliastuti et al., 2020). South Africa has one of the highest rates of unintendedpregnancies globally, with significant health and socioeconomic consequences for women and their families (Iyun et al., 2018). Although various family planning programs are available, theuse of contraceptives remains low, particularly among young women and those in relationshipswith men who are unsupportive or hostile toward contraception (Kriel et al., 2019). While the influence of men on their partner's use of contraceptives has been studied in other countries, little is known about the situation in South Africa.

Research suggests that men in South Africa often hold traditional views on gender roles and may not support their partner's use of contraceptives (Mantell et al., 2009). Moreover, the high rates of gender-based violence and HIV/AIDS in South Africa make it challenging for women to negotiate contraceptive use with their partners. According to World Health Organization (2014) South Africa has approximately eight million people living with HIV, with a 30% prevalence among pregnant women. Thus in this regard, contraceptive methods have an essential role to play. Therefore, exploring the influence of men on their partner's use of contraceptives in South Africa is critical in identifying ways to improve family planning programs and reduce unintended pregnancies.

This study aims to fill this gap by exploring the influence of men on contraceptive use. The study examines the factors influencing men's attitudes toward contraception and their impact on their partner's contraceptive use. The findings from this study will provide insights into the factors that hinder or facilitate contraceptive use among women in South Africa and inform the development of targeted interventions to improve family planning programs and reduce unintended pregnancies.

1.2 Rational for the study

Contraceptives are important because, amongst many things, they help prevent unwanted pregnancy and can protect both men and women from sexually transmitted infections (STI) and HIV/AIDS (Cavallaro, 2020). Despite the advances in contraceptive uptake and the substantive involvement of men, very little literature has been published on male-involvement interventions (Hamstra, 2017). In light of this, exploring men's contraceptive use and fertility preferences is essential for achieving a holistic sexual and reproductive health perspective (Blessing et al., 2018).

Involving men in contraceptives is a crucial step in strengthening public health. Men's involvement in contraceptives is significant because contraceptive uptake and continuation increase when men are involved (Anyango, 2019). Past research has also suggested that a lack of male involvement in family planning increases women's contraceptive discontinuation risk (Zakaria and Bhuiyan, 2016). Men and women both have a responsibility to play in reproductive health. Active male involvement in contraceptive use could increase the number of men using condoms (Anyango, 2019). In many traditional patriarchal societies, men are the primary decision-makers in the family. Involving men is crucial to easing the responsibility of women and increasing knowledge of contraceptives by men.

To date, the burden and responsibility of contraceptives have fallen on women. The word burden is used deliberately because women have a range of contraceptive methods, and they carry some side effects that will require proactivity for women. The failure of contraceptives also has consequences, sometimes positive, sometimes hostile, for women. By involving men in contraception, the risk of unintended pregnancy will likely be reduced. Over the last few decades, efforts have increased to increase male engagement in family planning. In addition, the male partner plays a secondary role in supporting women's access to and the uptake of contraceptives (Mekonnen, 2022). The unintentional outcome is ongoing reinforcement and, in some cases, worsening gender inequitable roles. And therefore, the discussion of male involvement becomes critical in contraceptive use. Focusing on men is essential to developing and scaling up evidence-based male-involvement contraceptive interventions (Wondim, 2020).

Despite the increasing contraceptive prevalence, the attitude and dominance of men are said to be among the many inhibiting factors that prevent women from accessing contraceptives. As a result, male involvement in contraceptive use is critical. The literature on contraceptives shows that there are gender disparities that exist between men and women. Patriarchy, which is highly prevalent in parts of Southern Africa, often results in men exerting enormous power over contraceptive use (Chauhan, 2021). Such disparities infringe on women's autonomy, particularly regarding sexual practices. The reality informs the rationale for conducting this study in Umlazi that there appears to be a discrepancy between the intentions of policies and outcomes as far as contraceptives are concerned. Despite all related regulatory frameworks and interventions enacted since 1994, contraception prevalence among the Black communities is still relatively small compared to other racial groups (Qiao, 2021). More importantly, studying men's influence informs and explores the opportunities for changing behaviour.

Frost et al. (2012) contend that women's and men's attitudes and sexual behaviours influence contraceptive use. Men usually still prefer condoms, the two most popular methods available for men. Female sterilization was the leading method of contraception used worldwide in 2019; it accounted for 23.7%, followed by the male condom, which accounted for 21.6% (Chauhan, 2021). Interestingly, men's influence largely determines the potential for women's successful use of contraceptives. For instance, research shows that women will not use female condoms because men feel it promotes promiscuity (Frost et al., 2012). Moreover, a significant percentage of women were not satisfied with their current method for reasons such as reduced sexual pleasure and change in body size; most of the reasons presented by women are said to stem from a male partner (Thummalachetty, 2017). Discussion between partners about contraception has also been linked to their commitment to one another. Men in long-term, stable relationships with strong emotional ties to their partner are more likely to discuss, support, and practice contraception use than those in casual relationships. Another study suggests that the more relaxed the relationship, the more likely men are to choose condoms as their method, mainly to protect themselves against sexually transmitted diseases (STDs) (Thummalachetty, 2017). Sexual relations often incorporate power disparities based on age, class, race, and gender (Frost et al., 2012). Women often have limited control over what happens to them sexually. Over half of a sample of breastfeeding Nigerian women who resumed sexual relations during the formative period of postpartum abstinence said they did so due to constant pressure from their husbands (Dral, 2018). This suggests that men exert a

powerful influence over the sexual decision-making process, and it is, therefore, imperative to explore their role in influencing women's contraceptive use.

Although there has been considerable achievement in delivering sexual and reproductive health services specifically concerning contraception, there are still challenges facing women, particularly in rural and semi-urban areas, in accessing contraceptives. There are vast unequal sexual relations that exist between women and men. Unequal sexual relations have enormous consequences and impact the usage of contraceptives among women. The use of contraceptive methods covertly by women is one clear example of the potential negative consequences of unequal balance of power in sexual relationships (May, 2012). According to Crissman et al. (2012) some of the reasons given by men in qualitative studies include the concern that they will lose their position as head of the family; that their partners will turn to other men and that other member of the community may ridicule them. Women in rural and semi-urban areas have lesser control over their fertility than women in urban areas (Bollen et al., 2020).

Although not intending to bring up a new point, it is important to note that the issue of men denying women use of contraceptives is driven primarily by a lack of male education regarding contraceptive use. For instance, in the case of South Africa, measures of education, socioeconomic status, and employment are linked to contraceptive use, argues (Dral, 2018). For example, because of the previous apartheid education act, Black people have and continue to have lower levels of education and therefore are less likely to have employment. A study conducted in Kwazulu-Natal found that contraceptive use increased with the level of education (Dral, 2018). Furthermore, Wood and Jewkes (2012) found that young women often have to prove their fertility by conceiving a child and that having a child showed women’s love and commitment. Although sexual relations play a role in restricting women’s rights, another restrictor is government systems that do not provide quality contraceptive services. The issue of preventing HIV and pregnancy in some parts seems not to be the primary cause for the usage of contraceptives. The government in South Africa has increased the supply of contraceptives, however; effective service delivery has hindered the widespread usage of contraceptives.

Across the globe, incredible medical advancement has allowed countries to fight various diseases that threaten the very existence of humankind. However, HIV/AIDS still poses a significant threat to humanity. HIV/AIDS has evolved to become one of the greatest health threats, especially to women’s health (Rodrigo and Rajapakse, 2010). Furthermore, the fight against AIDS in Africa is often presented as a fight against cultural barriers that are seen as

promoting the spread of AIDS (Wulifan and Bagah, 2015). More important though is the fact that through sexual intercourse, the transmission of HIV occurs more commonly. As a result, one of the methods most often used to try and reduce HIV through sexual intercourse is condoms. According to Balogun (2021) there is a higher risk of HIV infection among those who engage in unprotected sexual intercourse than those who do use protection. South Africa is one of many developing countries that are encountering poor health, education, gender equity, and environmental sustainability, to name but a few. Such problems exacerbate the spread of AIDS. Furthermore, along with HIV/AIDS, pregnancy is another signifier of low contraceptive usage.

1.3 Problem statement

In South Africa, particularly in rural and semi-urban areas, women's use of contraceptives is largely dictated by their male counterparts. Men often manipulate women's contraceptive use to benefit themselves (Miller and Babiarz, 2014). In a study conducted in South Africa, men considered contraceptive use to be the responsibility of women and did not view this as a joint initiative (Friedrich, 2017). Contraceptive use has been proven to decrease the chances of unwanted pregnancy and sexually transmitted infections (Miller and Babiarz, 2014). The unmet need for family planning poses major public health concerns in developing countries, including South Africa. Many women in South Africa are reported to have unplanned pregnancies; this signifies negligence either with the user or supplier of contraceptives (Machiyama and Cleland, 2014). Over 40% of pregnant women who received prenatal care reported not using contraceptives during the period of conception (Machiyama and Cleland, 2014). According to the World Health Organization (2014) in Sub-Saharan Africa young people represent the most significant number of people living with HIV/AIDS and women remain more susceptible to infections. Women’s lack of contraceptive use, particularly those from rural and semi-urban areas, has far more reaching consequences for the economy, their health, and economic success, as opposed to if all needs for contraceptives were met. According to East and Felice (2014) adolescents who fall pregnant while in school are at a higher risk of dropping out of school and also more likely to have a delayed completion time. Being able to make decisions on reproductive health is key to women's emancipation (Friedrich, 2017). Regardless of the wide availability of contraceptives, women are still inhibited by men to practice contraceptive use freely.

If the adverse conditions of HIV and unwanted pregnancy are to be minimized, contraceptive usage is paramount. In South Africa, research reveals that the majority of HIV transmission occurs through sexual activities, childbirth, and breastfeeding, (Kahn, 2018). Hence, of all the challenges affecting Africa, the HIV pandemic may be the greatest development threat. Furthermore, South Africa's population mainly comprises poor people (Friedrich, 2017). Contraceptive prevalence remains considerably low, especially in the poor majority populations such as Umlazi.

Furthermore, Umlazi and many other poor communities have become a hub for sexually transmitted infections. Research done by Ayoola (2014) shows that South Africa has the fastest-growing HIV infection rates. South Africa has, since the start of democracy, implemented many programs that provide financial aid to mothers living with AIDS and child welfare. However, despite these outreach programs, the country could have saved millions in funds had its people had more knowledge and been consistent with contraceptives (Friedrich, 2017). Improving contraceptive use remains a priority, and men are instrumental in increasing uptake.

1.4 Aims and Objectives

The overall purpose of this study is to shed insight into men's influence on contraceptive use in their sexual relations. The specific objectives of this study are

- To examine reasons for the use or non-use of contraception.
- Explore strategies young men use to inhibit or facilitate contraceptive use among women.
- To describe the opportunities identified for changing behaviour among young men

The study attempts to answer the following fundamental questions

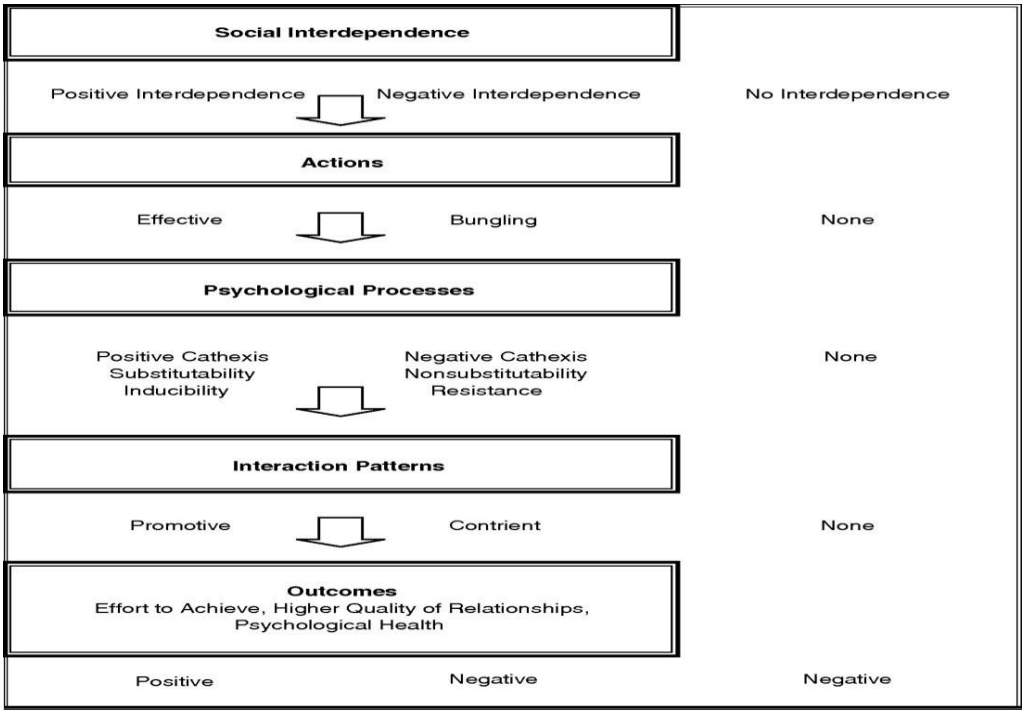
- What are the reasons for use of contraceptives?
- How much influence do men have over contraceptive use?
- What are the experiences of young men with contraceptive use?
- What are the opportunities available for changing the behaviour of men?

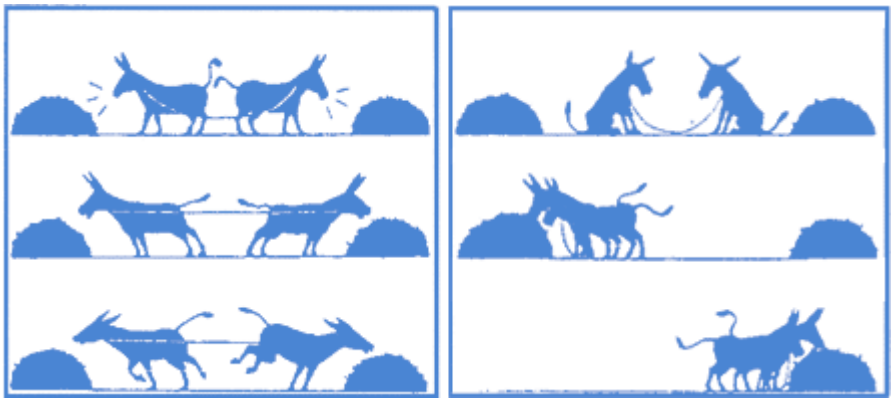
1.5 Theoretical Framework

1.5.1 Social interdependence model

This study draws on the social interdependence model as a conceptual framework. According to Ayoola (2014:87) “social interdependence is said to exist when the outcome of two individuals are affected by each other.” The premise of social interdependence is that the structuring of individual goals in a relationship affects or determines how people interact, with that interaction producing outcomes that manifest in three different forms. Thus, three particular key issues (results) stand out in this theory. The first one is that social interdependence can be positive; this implies that the only way an individual can achieve their goal is if their partner also reaches their goals, thus, there is a mutual promotion of both individuals’ attainment of targets. The second issue asserts that social interdependence can be harmful; this implies that the person perceives that they can only attain their goals if their partner fails; in essence, the two individuals obstruct their ability to reach a goal (Ayoola, 2014). Lastly, there is no interdependence; this is a situation where an individual perceives they can, without any doubt, attain their goals despite their partner’s attainment or non-attainment of targets. The interdependence model's purpose is to provide in-depth explanations of how men influence their partner’s use of contraceptives. Interdependence refers to the effect between partners that affects the behavioural outcome of either one or both of them (Montgomery, Watts, and Pool, 2012)

Figure 1.1 Johnson and Johnson's Model of Social interdependence





(Source: Johnson and Johnson, 2014, 150)

As indicated previously, this study looks at the influence of men on their partner's contraceptive use. Now, influence has two sides to it, including the influencing person, which in this case is the man, and the influenced, which is the woman. The interdependence model focuses on influential behaviours that partners individually and jointly exert on each other. Furthermore, the interdependence model requires that participants may be economically, emotionally, and socially responsible to each other (John, Babalola, Nancy, and Yinger, 2013). Thus the interdependence model complements the literature on contraceptives which says that the influence on contraceptive use encompasses various elements which include economic, emotional, and social, as is outlined in the interdependence model. Moreover, the literature on

contraceptives seems to suggest that male involvement is still primarily required if women are to gain full autonomy in their use of contraceptives.

Similarly, the interdependence model stresses that positive interdependence exists if an individual feels they can achieve something provided their partner is involved (John et al., 2013). In this model, people are viewed as goal-orientated and are indirectly trying to achieve a good outcome and avoid bad ones. However, even though people seek good results, it acknowledges also that there are two factors to this model: rewards and costs. The former equals positive consequences, and the latter equals negative impacts. Therefore, this model applies to this study because it focuses on the influence between partners. Moreover, this model will assist the research in exploring factors that cause and inhibit men from involvement in their partner's use of contraceptives

1.6 Organization of Dissertation

This study is made up of five chapters. Chapter one gives contextual information on men's influence on female contraceptive usage in both the global and the South African context. It further details the study aims and objectives and the prevailing theory guiding this research. Chapter two contains information on contraceptive influence from former studies and recognizes the significant inputs made by previous studies in understanding factors that facilitate or inhibit the consistent use of the device. Chapter three gives a detailed account of the research methodology of this study. It outlines the target population and study sample; the selection process; the data collection process and analysis; ethical considerations, and the study's limitations. Chapter four presents the main findings from interviews conducted with men. Chapter five summarizes the research findings, compares them with findings from other studies, and offers recommendations for action.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Contraceptive use in Southern Africa is an essential factor that could affect the development of people economically, socially, and psychologically. Contraceptives improve people's health and socioeconomic conditions (Matlala, 2010). They also empower men and women to have control over their ability to have children. Furthermore, according to Lopez (2014:12) "contraception should meet the physical, mental and social health needs of individuals throughout their lives." The increase in population, therefore, exacerbates the already dire situation of resource scarcity in many countries. Thus, it has been suggested that controlled reproduction is necessary to ensure the continued existence of any species. Excessive population growth may not only lead to poverty, but when all the available natural resources have been exhausted, the very continuation of the species may be threatened (Campbell, Turok, and White, 2019). However, most of the emphasis has been placed on women. Evidence indicates that the decline in fertility levels in developing countries is linked to improvements in the empowerment of women through advancements in socioeconomic status and educational attainment (Balogun, 2016). However, Kulczycki (2004) argues that although most contraceptive methods and services target women, men are often the family's primary decision-makers and exert tremendous influence over their partner's contraceptive useof FP. This chapter reviews the literature on the role men play in women's contraceptive use and, most importantly, looks at potential factors facilitating and inhibiting the use of these methods.

2.2 Male involvement

The patriarchal system in Southern African cultures has made it difficult to speak of family planning without including or mentioning men. The male condom is still by far the most popular method of birth control (Sibeko, 2012). It is important to note that various historical events that have put men in most parts of the world to be in control of their partner's reproductive actions still prevail today. For example, in most societies, men have more access than women to education, training, and resources, which gives them greater control over sexual interactions and decision-making (Gebrie, 2017). This may have contributed to the subordinate position of women in many societies. Often women are denied the freedom to use contraceptives at their own will. However, despite this controversy surrounding contraceptives,

there is a vital need to redress the issue of male-dominated family planning because both men and women can, through contraceptives, be empowered (Matlala, 2010).

Moreover, considering the poor health and socioeconomic situation of many people in Southern Africa, contraceptives can significantly improve health and socioeconomic status. For instance, Campbell et al. (2019) found that men often play an influential role in limiting familysize and determining the number of children a couple should have. This suggests that involvingmen in family planning could improve and liberate women and benefit men. It can improve both men's and women's lives because, in certain parts of the world, families do not have the financial capacity to meet the needs of all the children that women give birth to. Thus, males must be involved in decision-making as this may decrease the unmet need for contraceptives. More importantly, though, is that both male and female couples should contribute equally to the decision-making process.

2.3 Factors inhibiting contraceptive use

The complexity surrounding contraceptive utilization extends beyond the sole issue of male involvement, as illuminated by Katjau's (2014) study, which identifies a multitude of barriers hindering contraceptive adoption. These barriers encompass socioeconomic status, peer pressure, community perceptions, partner opposition, parental judgment, and geographical proximity to healthcare facilities.

Socioeconomic factors continue to emerge as central challenges in facilitating universal access to and utilization of contraceptives. It is arguable that contraception presents a pathway to alleviate the financial strain associated with raising multiple children, especially for individuals with constrained financial means. As Sonfield (2013:03) contends, "gaining control over family timing and size can be a pivotal determinant of economic empowerment". Research underscores that contraceptive usage has led to increased income for women, narrowing the gender wage gap (Sonfield, 2013). Research by the Guttmacher Institute (2013), involving a diverse cohort of 2000 participants, reveals that a significant 65% faced difficulties affording adequate care for their offspring. The correlation between women's employment and their desired family size subsequently influences their decision to adopt contraception (Do and Kurimoto, 2012).

Conversely, in certain developing countries, women perceive offspring as an investment yielding future economic returns (Bauer and Kneip, 2013). However, Testa et al. (2014) emphasize that an excessive number of children could engender economic hardships, particularly in contemporary South Africa. Interestingly, Sonfield (2013) found in South Africa that childbirth is pursued as a means to access child support grants. Likewise, a study by Sibeko (2012) conducted in a rural Limpopo region underscored that out of 200 women, a significant 60% diverted child support funds for personal use rather than their children's welfare.

Within the South African context, financial transactions are occasionally intertwined with sexual activities, especially among the younger demographic (Lalas, 2020). Research by Mboane and Bhatta (2015) highlights that, despite women having an array of contraceptive options, male partners wield considerable influence due to their control over access. Furthermore, findings by Prata et al. (2017) suggest women accept male dominance in contraceptive decisions, fearing loss of financial support and abandonment. Notably, a study by Jaramillo (2017) reveals that a woman's wealth level influences her autonomy; heightened wealth corresponds to enhanced contraceptive decision-making authority. Moreover, the study underscores a positive relationship between education and contraceptive use (Ndinda, 2017). However, Ezeanolue (2015) contends that educational campaigns and reproductive health options hold limited efficacy if young men and women perceive acquiescing to their partners' terms regarding sexual activity as their sole choice.

2.3.1 Level of education

The implementation of contraceptives depends on various elements for it to function at its best. Thus, having contraception regularly available to the public does not ensure increased usage. However, people must have the mental capacity to make their own decisions. Education has been said to provide part of the essential element for better contraceptive implementation.. Education is vital because educating women also influences their reproduction in various ways, increasing fertility knowledge and socioeconomic status and changing attitudes about fertility control (Eqtait, 2019). Moreover, it does not just have an education that extends women's fertility. However, stayingin school prolongs women’s age at first birth as they would wait until they have completed

their studies before starting their families (Balogun, 2016). Moreover, education is time-intensive, reducing the chances of a woman having children and increasing their likelihood of taking contraception (Sphelelisiwe, 2020). Moreover, Sphelelisiwe (2020) reveals the influence of the level of education on contraceptive use. The study interviewed people with primary, secondary, and tertiary education and found that expanding education, especially women's education, could prove instrumental in meeting the future goal of increasing the rate of contraceptive users, particularly in developing countries (Sphelelisiwe, 2020).

Unger (2000) argues that in the case of South Africa, measures of education, socioeconomic status, and employment are linked to contraceptive use. For example, because of the legacy of apartheid education, Blacks have been and continue to have lower levels of education and higher levels of unemployment. A study conducted in Kwazulu-Natal found that contraceptive use increased with the level of education (Pazol, 2015). Furthermore, Wood and Jewkes (2012) show that men and women generally do not have control over the use of contraceptives. Young women often have to prove their fertility by conceiving a child, and a child is seen as a demonstration of her love and commitment (Wood and Jewkes, 2012).

2.3.2 Religion

The relationship between religion and contraceptives remains controversial because people who subscribe to religion can interpret religion differently. According to Jaramillo (2017) studies focusing on proximate determinants of fertility in Western settings have reported persistent differences in religious attitudes toward contraception and contraceptive use despite fertility decline across all religious denominations in an increasingly secularized region. Furthermore, it is evident that religion plays a role in contraceptive use; however, similar to other determinants of contraceptive use, it is difficult to pinpoint precisely the extent to which religion affects contraceptive use. According to Studer and Thornton (2012) religion significantly affects attitudes toward sexuality. In certain religious groups, high fertility is deemed morally correct and brings divine approval (Tilahun, 2015). Furthermore, it is essential to note that in as much as religion in itself might not do enough to encourage contraceptive use, the mere influence it has on religious people can be discouraged by external factors. For example, in rural areas, sociocultural diversity within and across different religious denominations is minimal, and membership in any formal congregation offers an advantage in learning about contraceptives (Tilahun, 2015).

Despite the advantages offered, religious groups that live in primarily rural areas may have more limited access to health and family planning facilities and services than their counterparts residing mainly in urban centers. Religion may, to a certain extent, discourage contraceptive use; for instance, Buddhism views procreation as an essential part of marriage and the use of contraceptives as bad since they violate this rule (Tilahun, 2015). People of different religions hold opposing attitudes toward contraceptive use. Despite the relative disparities in religion, Le Guen (2015) argues that family planning is something that all religions embrace and view as a responsible choice in all parts of the globe. Furthermore, **some** religions perceive family planning as necessary for preventing unwanted pregnancy and preventing diseases. However, the methods employed in the modern age bring controversy because most religions would agree that abstinence was or is the best method for unmarried individuals (Le Guen, 2015).

It is important to note that different religions do not hold the same view regarding contraceptive use. The Roman Catholics, for instance, prohibited the use of contraceptives, putting forward that it is against the will of God (Ndinda, 2017). In addition, in the era of Pius XI and Paul VI, birth control methods were prohibited, and only natural methods were allowed (Ndinda, 2017). Newer churches have been more welcoming of contraceptive use by the congregants (Wulifan, 2015). One study conducted in a predominantly Roman Catholic area in the Philippines found that married respondents indicated that church teachings against contraceptives, particularly women's contraceptive use, led to them avoiding condoms (Wallace, 2010). Thus, this indicates that religious beliefs remain among the most significant factors inhibiting female condom use.

2.3.3 Culture and gender dynamics

Sexual practices and behaviours are largely influenced by cultural practices and gender norms (Kriel, 2019). Historically, cultural practices were used to inform men about sexual issues from a very young age. However, current literature depicts that today's men are less informed by cultural practices about sexual topics (George, 2021). A study by Kriel (2019) observes that negative, restrictive laws resulted in sex becoming taboo in many African countries. George (2021) states that there is a lack of knowledge among young men on how to behave because of the lack of traditional expectations. The changing dynamics of culture are being viewed as a barrier that might work against promoting contraceptive use among males and, consequently, females whose use is mainly influenced by males (George, 2021). Similarly, Kriel (2019)

agrees with this notion and states that the gradual disintegration of traditional values and practices has created a platform where young adolescents are ignorant about contraceptives.

Culture has both positive and negative influences on contraceptive behaviour. May (2012) asserts that culture contributes significantly to the high rates of HIV. However, the magnitude in which culture influences the increase and spread of HIV is rather complex. According to Prata et al. (2017) the multi-cultural nature of the countries in the region means that there is no singlesociocultural context in which the HIV/AIDS epidemic is occurring. Different practices withinvarious cultures bring about different implications. For instance, in South Africa, the cultural tradition of polygamy legitimizes multiple sexual partners and presents a challenge to HIV prevention (Prata et al., 2017).

On the contrary, cultures that do not practice polygyny might have less risk as compared to those that do. May (2012) asserts that much of the opposition to condoms in sub-Saharan Africa is often rooted in cultural factors. For example, the desire for children and female sexual submission is often used by women to enhance their economic status. Similarly, Unger (2000) observes that the use of condoms is believed to be unnatural, a tool used by men to prevent disease or children. According to these authors, condom use is seen as a 'waste' of sperm, which conflicts with the fertility emphasis in African culture. Apart from the influence of culture, there are other factors influencing the high rate of HIV in Sub-Saharan Africa.

A growing body of literature explores the role of culture and gender dynamics in shaping contraceptive use. Literature offers insights into how culture and gender dynamics can shape contraceptive use and highlights the importance of considering these factors when designing contraceptives and family planning programs. While many women want to use contraception, cultural pressures and gender inequalities often prevent them from doing so (Gage et al., 2013). In a study that examines how gender dynamics shape contraceptive decision-making in rural Tajikistan. The authors find that men often hold the power to make decisions about contraception, which can lead to women being unable to access the methods they prefer (Robinson et al., 2017). Cultural factors such as religion, gender norms, and social stigma can act as barriers to contraceptive use (Tobin-Tyler et al., 2018). Women who have more decision-making power in their households are more likely to use contraception, but men often hold the ultimate power to make reproductive decisions (Lattof et al., 2018). Cultural norms around sexuality and gender can affect women's willingness to use contraception, and healthcare providers need to be sensitive to these cultural differences (Bateson et al., 2019). The literature

highlights the importance of understanding the role of culture and gender dynamics in shaping contraceptive use and suggesting strategies for addressing these barriers in family planning programs.

2.3.4 Cost

Contraceptive expansion in South Africa and various other developing countries is largely dependent on finances. Thus, many writers state that it is important that one evaluates the cost-effectiveness of contraceptives. Dailard (2015:12) found that "the average costs associated with the birth of a healthy baby (prenatal care, delivery and newborn care for one year following birth) was $10,000, compared with $300–350 per year for oral contraceptives". Furthermore, Dailard (2015) found that it was cost effective to use contraceptive methods. According to Matlala, (2010) many women in rural areas have access to free contraceptives, however, medical facilities are usually far and due to transportation fees, some women cannot access contraceptives.

2.3.5 Male partner objection

For the most part, studies suggest that STDs are to a large extent perpetuated by men's negative attitudes toward contraceptives for themselves and their partners (Raselekoane, 2016). "Communication and cooperation between partners are very important in the use of contraceptives as both parties in a relationship are responsible for making decisions around contraception" (Matlala, 2010:40). However, research by Katjau (2014) seems to suggest that communication and cooperation between partners are not common. In the study by Katjau (2014) young men in the Gauteng province did not negotiate any form of protection with their partners. Important to note is that much of male partner objection stems from the gender

dynamics between males and females. Matlala (2010) found that most women who used contraception in rural areas were constantly afraid of being discovered. Most women complained about their male partners refusing to cooperate when informed about contraceptives. It was found that male control over their partner's use of contraception limits women's choice of contraceptives. As a result, many women opt for traditional methods and abortion (Gebrie, 2017). Males who object to their partner's use of contraception often deter men's meaningful involvement in issues related to fertility regulation. As a result, women have to face preventable pregnancy, STIs, and the cost that comes with pregnancy and STIs, (Kabagenyi, 2014). It was found that some men acknowledged that contraceptive use by themselves or their partners is important. However, they confided that they experienced weak erections, pains, and other chronic diseases as a result of their partner's using contraceptives (Balogun, 2016). Moreover, Matlala (2010) asserts that culture in the Nguni people plays a significant role in males objecting to the use of contraceptives by their partners. In their study, Kabagenyi (2014) found men felt that contraceptives are for women since they are responsible for carrying the baby.

Similarly, Matlala (2010) asserts that the absence of male support for their partner's use of contraceptives was due to traditional practices that encouraged larger family sizes. Matlala (2010) argues that the reason contraceptives in rural areas are taboo is because men receive little or no information on contraceptives, it is women who go for antenatal care, and very few men go with their partners. As a result, men usually have negative perceptions of contraceptive use.

2.3.6 Availability

The high price of contraceptives could pose serious challenges to the accessibility of family planning methods devices. The vast inequality between different cultures and races has exacerbated the availability of contraceptives in South Africa. In Senegal, it was found that low availability of family planning was more prominent in rural areas than in urban areas where availability was higher (Balogun, 2016). Furthermore, the issue of inequality has vast implications for contraceptive use. According to Sidze (2014) in Senegal, health facilities are very few in rural areas, and in most cases, they are far from the people who are meant to access them. As such this leads to low contraceptive usage. Notably, lack of availability may not necessarily have an intrinsic link with low usage. This is confirmed by Gebrie (2017) who found that increasing condom availability to students did not increase condom use. On the

contrary, a study done in rural Thailand found that availability is positively associated with the use of contraceptives among all age groups (Bornstein, 2020)

Fernandez (2006) found that compared to the male condom, the female condom is unpopular, which signifies the public's lack of confidence in the product and initial unwillingness to use the device. In addition, Gebrie (2017) revealed that the device remains unpopular among some women. A study carried out among African-American, and Puerto Rican women revealed that consistent female condom use was influenced by the availability of female condoms (Gebrie, 2017).

According to Seedat (2011) for over a decade now, female condoms have already been distributed in 40 HIV-epidemic countries. However, their supply and utilization remain insufficient. For instance, only 18.2 million female condoms were supplied by donor countries as compared to 2.4 billion male condoms in 2008 (World Health Organization, 2014). Nakari and Huurne (2010) assert that female condoms remain available at a rate of one for every 300 women per year in sub-Saharan Africa. This suggests that although the female condomhas been available for nearly twenty years, it remains hard to find and, as a result, is underutilized by target populations.

2.3.7 The influence of men on female contraceptive use

Using female contraceptives, similar to male condoms, can reduce the risk of HIV and STI infections as a preventative measure. This method also has the potential to empower women and their families by giving them control over their reproductive interests. More importantly, though, female contraceptives can significantly enhance the potential of women to partake in their decision-making. Cooper (2014) asserts that although the female condom was developed to empower women in sexual relationships to be in charge of their protection, the support of the male partner remains very important to ensure its successful use. This suggests that the device that remains the tool designed for women to initiate cannot be used without the male partner's cooperation (Cooper, 2014). Such information signifies that the male partner's response to the use of female contraceptives remains important to the successful use of female contraceptives. In general, the male partner's negative attitude towards female contraceptive use creates a non-conducive atmosphere for them to introduce contraceptives in their relationships (Campbell et al., 2019). Montgomery (2012) states that sometimes men think that the various methods developed for women to initiate allow women to have much power regarding sexual intercourse. A resulting refusal of female contraceptives by the male partner

makes women reluctant to initiate, for instance, condom use. Such a subject is rarely discussed since women fear rejection and losing a partner (Mash, 2010). Therefore, communicating about contraceptives among partners remains an important strategy in facilitating the successful use of all contraceptives. Various studies have acknowledged the importance of considering the male partner to promote the successful use of female contraceptives (Cooper, 2014). Therefore, to ensure successful female contraception use, marketing strategies aimed at promoting the use of a range of contraceptive methods, should focus on both men and women because although the various device was developed for women to use, men's role remains crucial to the successful use of the devices.

2.3.8 Social stigma

Research suggests that contraceptive prevalence continues to increase in various parts of the world (Campbell et al., 2019). However, despite this increase, the stigmatization of women continues to pose potential harm to contraceptive usage. Morrell (2016:21) conceptualizes stigma as "a brand, a mark of shame or discredit, a stain, and an identifying mark or characteristic." The diversity that exists in people's cultures creates confusion on the 'appropriate' age at which people should start engaging in sexual activities. As a result, adolescents become susceptible to stigma. According to Wood and Jewkes (2012) public clinic nurses are very uncomfortable issuing contraceptives to young girls because they associate sex practices with adults. Having freely available contraceptives accommodates unemployed individuals who cannot afford contraceptives. Stigma, however, acts as a barrier that prevents people from accessing contraceptives despite being freely available.

Furthermore, the extent to which stigma can be detrimental to contraceptives is very large because unemployed young girls have no other alternative but to access contraceptives at public facilities. This could increase HIV and pregnancy prevalence which can be prevented through contraceptives. This is evident in research by Wood and Jewkes (2012:113) who reveals that young women unanimously agreed that they could not stand up to much older nurses, who were expected to be respected, because they needed their services. The stigmatisation of youth sexuality was reinforced, both by the action of the nurses as well as other older women in the waiting rooms of clinics who were said to pass judgemental remarks. Moreover, stigma is complex in that stigma is not only attached to the individual. However, people also attach a social stigma to the different methods of contraceptives. For instance, in a study by Campbell et al. (2019) participants were asked to explain why they would not use the condom, and their

response included that the condom is risky for both partners and that the condom might tear. Stigma may also hinder prevention efforts, as prevention methods such as condom use are often seen as indications of HIV infection, immoral behaviour, or lack of trust.

2.3.9 Poor service delivery by health practitioners

High levels of contraceptive use have contributed to a decline in the total fertility rate (World Bank, 2021). Despite efforts by the government to improve access in South Africa, research has shown that there still is a high level of unmet contraceptive use in South Africa. Case studies from Senegal and South Africa, for example, indicate that when adolescents approach clinics for help, they are often scolded, refused information, or turned away (McCauley, 2017). Furthermore, a study conducted again in Kwazulu-Natal showed that nurses at the clinic complained of being understaffed (Marlow, 2012). Such challenges result in low patient satisfaction and declining quality of care. This indicates that in South Africa there is poor service delivery whereby government workers are not properly trained to address issues adequately.

In addition to that, there are also issues of lack of service delivery, whereby staff are willing to help patients, however, they do not have enough resources to do so. Both the poor and lack of service delivery have a huge impact on teenage pregnancy. Poor basic service delivery in rural areas causes people to migrate to urban areas in search of better opportunities. Many rural communities consist largely of older people and women (McCauley, 2017). The migration of youth in search of jobs in the city affects the work system in rural areas and people seeking basic health services. For example, nurses and doctors leave to work in the city, resulting in clinics and hospitals experiencing staff shortages. On the other hand, people in rural areas suffer because they have to wait long hours to see doctors. According to Rossouw, Burger, andBurger (2012:23) in rural areas in South Africa, “two doctors manage an outpatient departmentof between 80 and 100 patients daily, and are only able to attend to the seriously ill or injured patients.”

2.4 Factors facilitating the contraceptive use

Family planning is essential to women's health and the benefits go far beyond health, it is even vital to achieving the Sustainable Development Goals. It is therefore important to have mainstream platforms that facilitate the use of contraceptives. Not promoting contraceptive use remains a serious challenge to developing countries and the well-being of the people. As such,

Gebrie (2017) argues that contraception promotion and support at the community level leads to an increased uptake of contraceptives. Addai (2010) states that the positive promotion of contraceptives including support from the health care workers, is believed to improve correct use and facilitate contraceptive use. Contraceptives provide the best choice for families to delay pregnancy until they are financially secure to support the infant or the mother is physically and emotionally ready to have a baby (Matlala, 2010). Due to such factors, it is, therefore, important that there be relevant avenues that facilitate proper decision-making for contraceptive users and potential contraceptive users.

2.4.1 Knowledge and attitudes toward contraception

There have been various avenues put in place by the government and private organizations to ensure that people are well-informed about the many contraceptives available for their use. However, despite these interventions, one must evaluate the role played by knowledge in facilitating and encouraging contraceptive use and, more importantly, evaluate the extent to which knowledge of contraceptives counteracts negative attitudes associated with contraceptives. Knowledge and attitudes toward contraception are essential factors in facilitating its use (Ali et al., 2017). Studies have found that individuals with accurate information about contraception and positive attitudes toward it are more likely to use it (Blanc et al., 2013; Hong et al., 2019). For example, a study in Pakistan found that women who knew different contraceptive methods were more likely to use them than those who did not have this knowledge (Ali et al., 2017). Similarly, a study in South Korea found that women who had positive attitudes toward contraception were more likely to use it (Hong et al., 2019). These findings suggest that efforts to improve knowledge about contraception and promote positive attitudes toward it can be essential in increasing its use. They also emphasize the importance of providing accurate and accessible information about contraception to individuals who wish to use it.

2.4.2 Protective Benefits of Contraceptives

Contraceptive use prevents pregnancy and sexual infections (STIs). This, therefore, implies that the lack thereof in the use of contraceptives could ultimately result in both pregnancy and

STI. Sexually Transmitted Diseases (STDs) have the potential to bring about a significant blow to the well-being of people affected if necessary precautions are not implemented on time and more importantly, they may pose a great threat to everyone not affected. The complication arises in the fact that the latter also holds economic consequences in that an individual must be treated for sexually transmitted infections such as HIV/AIDS are infections that are said to be incurable. The use of dual protection, which refers to the use of both condoms and another form of contraception, was associated with a lower risk of HIV and STI acquisition among women in sub-Saharan Africa (Ferguson et al., 2018). The use of condoms and other forms of contraception was associated with a lower risk of HIV and STI acquisition (Grov et al., 2018). Consistent condom use and other forms of contraception were associated with reduced rates of STI and HIV/AIDS among Aboriginal and Torres Strait Islander women in Australia (Wand et al., 2018). Consistent condom use is vital against pregnancy and STIs (Mbita, 2020). Planned pregnancy benefits maternal and infant health (Taft, 2018). On the contrary, unplanned and unwanted pregnancies are among the most important public health risks (Jalali, 2019). Therefore, contraceptives are crucial in providing women with protective benefits against unwanted pregnancy.

Contraceptive use has numerous health benefits, such as preventing unplanned pregnancies. The growing number of contraceptives globally has given couples an opportunity to decide on the number of children they want to have and the spacing of their children (Kebede, 2019).
The public health system in South Africa is burdened with health issues that potentially can be reduced by meeting unmet contraceptive needs. Sexually transmitted diseases are global health issues affecting men and women. Early sexual debut with a lack of proper preparation can lead to serious health issues like STDs. Approximately 1 million curable STIs are newly acquired globally daily (World Health Organization, 2020). STIs may or may not have apparent symptoms, but even STIs without symptoms can temporarily or permanently damage a person's body (Young, 2018). Gonorrhea and chlamydia can affect a person's reproductive system and urinary tract function, causing symptoms like discomfort (Ford, 2016). They can also cause pelvic inflammatory disease (PID), damaging the reproductive system and making it difficult or impossible for a person to get pregnant (Ford, 2016). HPV can lead to cancer, and untreated HIV and syphilis can lead to sickness and death (Taylor, 2013). Consistent and correct use of condoms significantly reduces STI acquisition (Ford, 2016).

2.4.3 Knowledge of a range of contraceptive methods

There are multiple numbers of contraceptives available for use by women and men. Nearly half of the pregnancies in South Africa are unintended, meaning no contraceptive method was used; if it was used, it was misused or inconsistently (Pazol, 2018). Widespread contraceptive education could increase knowledge of the range and methods available, thus potentially increasing uptake. Knowledge of contraceptive methods is vital in contraceptive use. It is essential because knowledge of contraceptive use is synonymous with increased contraceptive use (Hlongwa, 2020). Sources of information are necessary to relay the correct information. Having a reliable source of information, such as mass media and healthcare facilities/workers, is likely to provide couples with more valid and accurate information than friends/relatives (Kebede, 2019). Participants in a study conducted in Nigeria viewed contraception as a cause of infertility (Kara, 2019). Misconceptions regarding the use and side effects of different modern contraceptives have resulted in the poor practice of modern contraceptives among adolescents (Subedi, 2018). To effectively enable individuals to make informed decisions and use contraceptives correctly, there need to be more educational interventions that target knowledge of contraceptives. Knowledge about contraception methods can help family planning acceptors choose what contraception method that suitable for them (Putri, 2020). Lack of knowledge has proven to constrict the uptake of contraceptives.

2.4.4 Availability of methods

Adequate access to reliable and affordable contraceptives is a vital factor that facilitates contraceptive use and uptake. In South Africa, public health platforms make contraceptives available to everyone. While there have been essential successes in increasing access to Contraceptives, there is still a substantial unmet need (Huda, 2017). Many key informants mentioned that modern contraceptives purchased at pharmacies and supermarkets were too expensive, which reduced access to them (Kragelund, 2012). Ensuring an adequate range of methods at various levels of the health care system is crucial to guarantee that individuals and couples can select their contraceptive method of choice, thereby allowing them to achieve their fertility goals.

Availability of contraceptives is restricted by contraceptives only being dispensed at health facilities. Pharmacies and shops patient-friendly greatly expands ready access to over-the-counter contraceptive methods. In South Africa, health facilities are not always easily

accessible. Thus, contraceptive availability becomes useless if individuals cannot access them. "Some countries have begun to task-shift contraceptive services to community-level providers in response to shortages of qualified medical personnel" (Chandra-Mouli, 2014:05). Users could benefit from these efforts if confidentiality can be assured (USAID. 2018).

2.4.5 Peer influence

According to Wallace (2010) part of the reason women do not use contraceptives is due to negative attitudes from peers. It is believed that positive peer endorsements may have the potential to facilitate better contraceptive usage alternatively. The pressure an individual receives from peers can significantly impact the outcome of an individual's sexual decision-making, particularly concerning contraceptive use. Bornstein (2020) examined whyadolescents became sexually active and found that peer pressure was a significant factor in teenage sexual behavior. Campbell et al. (2019) state that the influence of family and peers is largely determined by two factors: personality and family relationships. These two variables determine who has the greater influence between the families and peers. As a result, the lack of family support or attention from parents or caregivers could lead to peer pressure conformity. For instance, Wilson and Williams (2008) found increasing tension between parents and children during adolescence and high levels of rebellion against authority at home and school.If parents were more supportive of their children, the dependence of adolescents on their peersmight be reduced (Bornstein, 2020).

2.4.6 Distance to facilities

The easy availability of contraceptives has consistently been a critical factor in facilitating their use (Gupta et al., 2018). Studies have demonstrated that when contraceptives are easily accessible, individuals are more likely to use them (Ross et al., 2015; Sedgh et al., 2016). For example, a study in Ghana found that women who lived within 5 kilometers of a family planning facility were more likely to use contraceptives than those who lived farther away (Gupta et al., 2018). Similarly, a study in Nepal found that women who lived near a health facility that provided family planning services were more likely to use modern contraceptives than those who lived farther away (Sedgh et al., 2016). These findings emphasize the importance of ensuring that contraceptives are easily accessible to individuals who wish to use them. They also suggest that efforts to improve access to family planning services, such as by

increasing the number of facilities providing these services or improving transportation to these facilities, can play a critical role in increasing contraceptive use and improving reproductive health outcomes.

2.4.7 Range of contraceptive methods

The range of available contraceptive methods is critical in facilitating their use. Studies have consistently shown that the availability of a range of contraceptive methods is associated with higher rates of contraceptive use (Blanc et al., 2015). For example, a study in Indonesia found that women with access to a broader range of contraceptive methods were more likely to use contraceptives than those with access to only a limited range (Titaley et al., 2010). Similarly, a study in Kenya found that the availability of a range of contraceptive methods was a significant predictor of contraceptive use (Feyisetan et al., 2015). These findings highlight the importance of offering a range of contraceptive options suitable for different preferences and the need to increase their use and improve reproductive health outcomes. Furthermore, they suggest that efforts to increase the availability and accessibility of a range of contraceptive methods can play a critical role in achieving global goals related to reducing unintended pregnancies and improving maternal and child health (United Nations, 2015).

2.4.8 Women empowerment

Measuring the empowerment of women is a difficult thing to do because empowerment is multidimensional. The consensus that people have had for a long time is that women’s lack of empowerment may inhibit their contraceptive usage. On the contrary, however, women's use of contraceptives can positively influence their self-empowerment. Women empowerment is a crucial factor in facilitating the use of contraceptives. Empowering women through education, economic opportunities, and social support has been found to increase their ability to make informed decisions about their reproductive health, including the use of contraception (Ali & Averbach, 2018). A study conducted in India found that women who had greater autonomy in decision-making regarding their reproductive health were more likely to use contraception (Chakraborty et al., 2020). Similarly, a study in Ethiopia found that women who had access to education and employment were more likely to use modern contraceptives (Tekelab et al.,

2019). Therefore, empowering women is essential in promoting their reproductive rights and facilitating the use of contraceptives.

2.5 Summary

This chapter has presented the literature review on factors that facilitate and inhibit the use of contraceptives by females, focusing on the influence of men on the decision-making process. From the different literature presented in this chapter, it is without a doubt that contraceptives have the potential to significantly improve women's autonomy and wealth in developing regions in any given nation. Furthermore, it is clear from the reviews that the potential for effective use of contraceptives is continually threatened by factors such as low education level, stigma, availability, and, for the most part, negative male partner influence. Ensuring the availability of contraceptives for everyone remains crucial in ensuring women have power over their sexual health. But most importantly, to ensure the successful use of contraceptives it is imperative to consider male involvement when developing interventions promoting the use of contraceptives. The empowerment of women in schools, employment, and relationships, accompanied by mutual male participation and respect, is an important factor for successful contraceptive usage.

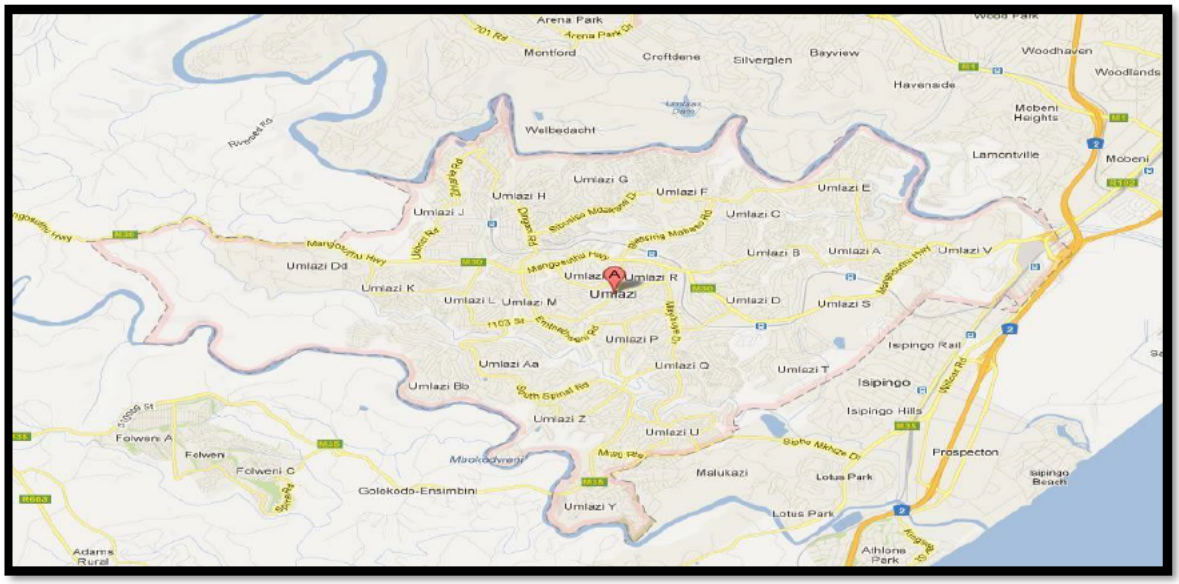
CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology used in the study. The study explores the influence of males on their partner's use of contraception. For the study to obtain an in-depth understanding of the influence of partners, a qualitative method was used. Qualitative, in-depth interviews were used to understand factors facilitating and inhibiting contraceptive usage. This chapter provides details of the context where the study was undertaken; furthermore, it gives a motivation for using Umlazi participants and then provides information regarding the methods used. Last but not least, it provides a discussion of ethical concerns and the study's limitations.

3.2 Study context

Figure 3.2.1 Map of Umlazi Township



This study was conducted in the township of Umlazi, in the Durban area in South Africa. Umlazi is the second-largest township in South Africa and the biggest in KwaZulu-Natal. The area of Umlazi is 4 481.7 hectares, and it forms part of the Ethekwini Municipality (Milford, 2014). The 2011 census shows the Umlazi township area has approximately 220,000 people (Alkema, 2013). However, the present number of people residing in this area has probably increased due to migration. Under the apartheid regime, the township of Umlazi fell under the umbrella of KwaZulu, a homeland state (Milford, 2014). Homelands were areas specifically

designed for black people so that they remained separate from White South Africans. According to Rudwick (2008) Umlazi remains unique because IsiZulu remains the area's primary spoken language. Moreover, as such, it remains a culturally-rooted area as it is the only province in South Africa with a monarchy provided for by the country's constitution (Rudwick, 2008).

There were particular consequences for family planning in homelands. Most of the Black population were responsible for their health services, including family planning (Alkema, 2013). Furthermore, Umlazi constitutes most black people with poor access to education, fewer employment opportunities, and economic opportunities (Rossouw et al., 2012). The literature on contraceptives reveals that education, economic, and employment opportunities are critical in ensuring successful contraceptive prevalence. Thus by conducting the study in Umlazi, one will be able to capture most, if not all, of the dynamics that hinder women's contraceptive use, with a particular focus on men's influence.

According to Colleran (2014) KwaZulu-Natal had the highest prevalence rate of HIV/AIDS compared to other provinces in the country and faced major sexual and reproductive health challenges. Women and children comprise the bulk of young people, a particularly vulnerable population to infections. Colleran (2014) states that the township setting provides an excellent opportunity for unsafe sex practices, including transactional sex. However, despite being at risk, men are also perceived as agents for change in society and as a result, are likely to influence contraceptive use (Lalas, 2020). Le Guen (2015) articulates that interventions targeting men's role in their partner's contraceptive use are imperative as men remain potential agents of change. Thus, focusing on men's influence was imperative for this study to obtain information on factors facilitating and inhibiting the use of contraceptives in this high-risk population, which might also create room for changing behaviours.

3.3 Research Design

According to Thummalachetty (2017:74) the research design "represents the major methodological thrust of the study." Furthermore, the research design is the overall plan for connecting the conceptual research problems to the appropriate (and achievable) empirical research (Van Wyk, 2012). In other words, the research design articulates what data is required,

what methods will be used to collect and analyze this data, and how all of this will answer the research question (Van Wyk, 2012).

This research used the interpretive or constructionist paradigm. Interpretive approaches give the research greater scope to address issues of influence and impact, and to ask questions such as ‘why’ and ‘how’ distinct technological trajectories are created (Schwandt, 2017). According to, Blaxter (2010) the interpretive approach in information science aims to produce an understanding of the context and the process whereby information science influences and is influenced by the context. There is an acknowledgment that facts and values cannot be separated and that understanding is inevitably prejudiced because it is situated regarding the individual and the event (Blaxter, 2010). All participants involved, including the researcher, bring their unique interpretations of the world or construction of the situation to the research. And the researcher needs to be open to the attitudes and values of the participants. Alternatively, suspend prior cultural assumptions more actively (Blaxter, 2010). Interpretive research methods include focus groups, interviews, and research diaries, particularly methods that allow for as many variables to be recorded as possible.

The reason this paradigm was chosen is that it applies to this research. For one, this study is not a representation of the whole population. As a result, I use the interpretivism paradigm because it does not allow for generalizations, and it encourages the study of a small number of cases that do not apply to the whole population (Denzin and Lincoln, 2011). Moreover, others have argued that the detail and effort involved in interpretive inquiry allow researchers to gain insight into particular events and a range of perspectives that may not have come to light without that scrutiny (Denzin and Lincoln, 2011).

For the purposes of this study, qualitative research was used. Qualitative research is characterised by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis (Brikci, 2017). The qualitative approach involves the process of learning how individuals in society experience and interact with the social world around them and the meaning it has for them (Merriam, 2012). Moreover, one important characteristic of qualitative research is that the process is inductive, meaning the data gathered from participants may be used to build concepts and theories (Merriam, 2012). Due to the sensitive nature of sexual behaviour and the negative stigma attached to contraceptive use, qualitative research was used to examine in detail the influence of men on contraceptive use of their partners. Analysis of the data involves

researchers making interpretations of the meaning of the data. The reason for using qualitative research was to formulate and explore the truth behind men's influence on their partner's use of contraceptives with regards to the low prevalence rate of contraceptive use, especially among young adolescents. This was a helpful method as people's experiences and perceptionswere given so that the researcher could fully understand the meaning they attached to the subject.

3.4 Sampling

This study interviewed participants residing in Umlazi Township in Durban. To be more specific, the study interviewed adult males in Umlazi to investigate men's influence on their partner's contraceptive use. All study participants were purposively selected. For this research, the researcher interviewed men aged 18 years and older. In South Africa, 18 years is regarded as the age at which a person is perceived as an adult. In South Africa, not much research has been done on male influence on contraceptive use. Increasingly, however, more emphasis is on men "as a strategy for addressing the poor performance of traditional family planning programmes" (Adelekan, Omoregie, and Edoni, 2014:03). Thus the primary focus was on males as a way of acquiring an in-depth understanding of the role they play in influencing contraceptive use of themselves and more importantly their partners.

For this study, participants were selected using criterion-based purposive sampling. A purposive sample is selected based on the knowledge of a population and the purpose of the study deliberately seeking to include outliers (Barbour, 2012). Therefore the purposive sampling technique was the most appropriate method to supply the researcher with these subjects. Thus before the interview screening questions were asked of the respondent to determine if they meet the criteria. If the researcher feels the respondents meet the criteria, the researcher then proceeded with the interview. If they did not fulfil the criteria, they will not be chosen to participate in the study. Part of the criteria for this study requires that respondents are 18 years of age and above. The main objective of this study was to understand the influence of males on their partner's use of contraceptives. As a result of this study, only males who had partners using or have previously used contraceptives were interviewed. By using this sampling method, the researcher could choose individuals who meet the criteria required for the study. Furthermore, to quickly acquire the relevant participants, snowballing sampling was introduced. As a result, males who knew other males with partners using contraceptives referred the researcher to potential interviewees. Given the sensitivity, of sexual behaviour

associated with contraception, snowballing created a platform where participants were compatible and willing to participate.

3.5 Data collection procedures

Data collection is a fundamental part of qualitative research because, if conducted well, it can provide high-quality information. In qualitative studies, the methods of data collection that will enable the researchers to get deep insights from the personal lives of the study respondents are imperative. Parahoo (2014) argues that flexible and diverse approaches, including action research, interviews, focus group discussion, and much more are essential to enable this process. In qualitative studies the most common method used to collect data interviews. Nevertheless, Van Wyk (2012) argues that in qualitative research, the questions forming part of the interview schedule should be unambiguous to the research participants and, most significantly, emphasize correct syntax. According to Polit and Beck (2010) in qualitative research, open-ended questions are asked to enable people to share their personal experiences or stories, and as a result, semi-structured interviews are thus found to be useful in such cases. In cases where the researcher wants to get personal information from the study, participant's face-to-face interviews are thus considered imperative. Van Wyk (2012) asserts that in qualitative research, where the main objective is to collect data that is richer in detail; open-ended questions are often used to allow participants to express themselves in their words.

Data for this study was collected using structured, in-depth interviews. In total, 15 in-depth interviews were conducted. According to Kelly (2010:138) “in-depth interviews produce knowledge about the social world through human interaction.” In-depth interviews were used to collect information on the influences of men on their partner’s use of contraceptives. The types of questions used were open and close-ended questions. These issues captured data relevant to the study’s aims and objectives. Moreover, through the use of in-depth interviews, demographic information was collected from the participants. This also included their knowledge of contraceptives, their use of contraception, their attitudes to the use of contraception, and the process of decision-making about contraception. Before each interview, the participant was given a detailed study overview. In a case where individuals agreed to participate in the study, they had to sign a consent form that assured the participant confidentiality (See Appendix 1: Interview schedule). Although the interviews were meant to capture information of male influence on their partner's use of contraception, demographic profiles of all individuals who participated in the study were captured. The demographic data included age, marital status, and educational level. The interviews were conducted at the

community library inside a private group study room with the participant's consent. On rare occasions, interviews were held at the home of the participant. Kelly (2010) suggests that in qualitative studies, researchers are encouraged to listen carefully to the research participants and to note manifestations of any non-verbal behavior. As result, interviews are recorded to facilitate this process. Mackenzie (2011) asserts that recording interviews in qualitative research allows the researcher to have detailed information on responses provided by the study participants and also enables a verbatim transcript for analysis.

Consequently, this allows the researcher to minimize bias resulting from poor notes taking or when memory lapses. For this reason, the researcher recorded all the individual interviews with permission from the participants. For this study, the duration of each interview ranged from 45 minutes to one hour. The data was collected over four week period in June 2017.

3.6 Data management storage and process

The data collected from participants are locked and stored in the supervisor's office for five years, after which the data will be destroyed. Furthermore, as a precautionary measure to ensure the protection of participant's confidentiality, names and any identifier information were not used. Where there was a need to use a name, pseudonyms were used. Moreover, participants were asked if they would like to receive information on the study's findings and notify them that at a later stage, a dissemination-sharing workshop would be held to provide them with some of the study's key conclusions.

3.7 Data analysis

Providing meaning to data is critical to the process of data analysis. Polit and Beck (2010) assert that maintaining the quality of data and being concise remains imperative for researchers undertaking the qualitative approach. Several computer programs exist that facilitate the analysis of qualitative data. However, for this study data was analysed through the use of thematic analysis. Thematic analysis was useful because it provided a detailed presentation of qualitative data. The researcher started the analysis process by first producing verbatim transcriptions of all the individual interviews which were entered into Microsoft word. Key themes were then identified and categorized according to sub-headings by the researcher to enable easy comparisons. Parts of the transcribed interviews from each participant that substantiated the theme were highlighted regarding direct quotes. The interpretation of the results by the researcher was kept to a minimum, and the feelings and thoughts of the researcher made little difference in thematic analysis.

All discussions and interviews were recorded and transcribed verbatim in IsiZulu. After validating the transcription, the typed narratives were then translated into English and verified for accuracy. Analysis of the data was conducted by the primary author and included several iterative translations. Using thematic content analyses, the transcripts were reviewed several times, and a set of codes were developed to describe groups of words, or categories, with similar meanings. The grouped categories were refined and used to generate themes emerging from the data. Direct quotations from men interviewed are presented in italics to highlight key findings. Once the data had been carefully analysed relevant conclusions were drawn in an attempt to answer the research questions that were asked.

3.8 Reliability, Validity, and Rigour

Reliability is the degree to which a research survey produces consistent results. What is important is that it is not possible to calculate the reliability and consistency of a research instrument, but one can estimate it in a few different ways. In this research, the researcher makes use of a type of reliability called internal consistency. This is when one has different questions that measure the same construct and compare them to see how they produce similar results. So basically, all the questions that are measuring the same construct are compared to each other. Then the items or questions are compared overall to create an average of those comparisons. On the contrary, validity is how accurate an instrument is at measuring what it is trying to measure. The type of validity used in this research is content validity. This refers to how well an instrument covers the range of meaning included within a concept that is being measured. What this means is that since this research is trying to look at the influence of males on their partner's use of contraceptives, it has not just focused on male influence, but it had to concentrate on all forms of influence. Davis (2016) asserts that rigor is the degree to which researchers strive for quality in their research and how to provide quality information. Bornstein (2020) further states that in qualitative studies identifying rigor is challenging. However, researchers always want their research results to remain reflective of the processes they are studying to provide meaningful information. Therefore, for this study, the researcher used a framework by Davis (2016) to enhance the study's trustworthiness. The framework has four criteria to evaluate the worth of qualitative studies which include credibility, dependability, confirmability, and transferability. This study clarified information about the study findings with the respondents to ensure adherence to this principle. Bornstein (2020) articulates that transferability is the degree to which results of qualitative studies can be

transferrable to other situations. The researcher indicated clearly that the findings of this study could not be generalizable to another context where the study was not conducted.

3.9 Ethics

Due to the sensitive nature of the study, no harm must be done to the participants, whether it be psychological or any other form of harm that could arise as a result of the study. Prior to the study approval was obtained from the ethics committee at the University of KwaZulu-Natal.. All measures were taken recognizing the sensitive character of the topic, to ensure that the interactions between the researcher and participants were respectful, always ensuring that the autonomy of participants was upheld. Most importantly, no participant was interviewed without their consent. Thus interviewed participants did so voluntarily. Each participant involved was given an informed consent informing them of the aims of the research (See Appendix 2). Following which each male participant was then able to decide whether he wants to participate in the study. Each participant was required to sign an informed consent letter, which was written to ensure that participants understand what it means to partake in this study.

Confidentiality was maintained in the private interview settings, and each interview was transcribed with no names cited to ensure that individuals were not exposed, and confidentiality was not breached. No names were recorded anywhere throughout the transcriptions or write up. Nevertheless, throughout the study pseudonyms were used. An identification number was given to research participants and no data that could identify participants were entered into computer files. Digital recordings will be destroyed after the research has been completed to ensure the lasting protection of confidentiality of each participant.

Interviews were held in English and Zulu. Permission for taping interviews was obtained from participants. The researcher explained the right to refuse to answer any question. This was to ensure respondent independent decision making

3.10 Limitations

The main objective of this research was to gather exploratory information on male influence on their partner’s use of contraceptives in Umlazi Township. Given this, this research's findings would not be generalised. Furthermore, the small sample size of this research also suggests that it is impossible to generalise the study findings to the entire population of South Africa or other countries. Hence, there is a need for a study of such a nature that will cover the entire nation, particularly concerning male influence. Contraceptive use is affected by various factors apart from men and thus interviewing males

only to understand factors that influence its use amongst females creates some bias within the study. Using a township participant population for this study may be a limitation as they may be an un-empowered group of people with no freedom of choice. Although men have a larger variety of contraceptives, their methods are less used, and men have a major influence on the successful use of the device. Hence, this creates room for the inclusion of both men and women in future research when exploring contraceptives use. In the thematic analysis approach the interpretation of results depends on the researcher and this process could create biases, and this remains a significant limitation of using this method of analysis. Nevertheless, a systematic coding approach was used in this study to create the main themes that emerged in this research and use them in the context that they were given.

3.11 Summary

This study was purely qualitative and used individual in-depth interviews. This chapter explained the researcher's rationale for the methodology employed in this study. The different procedures that were employed to conduct this research were outlined. The main ethical issues concerning the confidentiality of the participant's information and informed consent were discussed. The chapter also provided a discussion on the possible limitations of this research.

Chapter 4: RESULTS

4.1 Introduction

Men seem to influence their partner's contraceptive use. In-depth interviews were conducted to understand better the male influence on their female partner's use of contraception. The purpose of this chapter is to outline the main findings obtained from the semi-structured interviews. This chapter focuses on the influence of men on their partner's contraception use. It mainly looks at how men facilitate or inhibit female contraception use. The chapter begins by describing the characteristics of the men who were interviewed for the study. Sample characteristics

Fifteen interviews were conducted with males, who all reside in Umlazi. All of the men were 18 years and older, ranging from 20 to 50 years. All participants were currently sexually active during the interviews, and they all mentioned that they currently had female partners who were using a contraceptive method or had previously used contraception. The interviews were conducted in isiZulu, as this was the commonly spoken language in the study area. The education level of the study participants varied. Most had attained secondary and tertiary education, and very few participants had a primary level of education. None of the participants reported having no education. Of all the participants interviewed, only three were married. These findings are presented in Table 4.1 below.

Table 4.1: Study sample characteristics

Participant Number	Age	Marital status	First language	Highest level of education
P1	20-30	Cohabitating	IsiZulu	Tertiary education
P2	30-40	Cohabitating	IsiZulu	Secondary education
P3	20-30	Cohabitating	IsiZulu	Tertiary education
P4	20-30	Married	IsiZulu	Secondary education
P5	40-50	Married	isiZulu	Secondary education
P6	20-30	Cohabitating	IsiZulu	Secondary education
P7	20-30	Married	IsiZulu	Secondary education
P8	30-40	Married	IsiZulu	Tertiary education
P9	50-60	Married	IsiZulu	Primary education

P10	20-30	Single	isiZulu	Secondary education
P11	20-30	Married	IsiZulu	Tertiary education
P12	20-30	Cohabitating	IsiZulu	Secondary education
P13	30-40	Divorced	IsiZulu	Tertiary education
P14	20-30	Cohabitating	IsiZulu	Tertiary education
P15	20-30	Cohabitating	isiZulu	Secondary education

4.2 Men's knowledge and source of information about contraceptives

It is pivotal to understand the participant's knowledge of contraception as this would provide valuable insight into the influence of knowledge on men's role in women's contraceptives. All the men in this study mentioned that they knew about contraceptives. Some participants were unsure if the male condom is regarded as a method of contraception.

Some participants were well-informed about contraceptives, whereas others knew very little about contraceptives. Most of the sample interviewed reported that they came to know about contraceptives through conversing with their female partners; however, before that, they had only learned about the male condom. It is not surprising as men control the male condom. Information about contraceptives was obtained from a range of sources. Some participants mentioned that they learned about contraceptives through school. However, they also noted that it was only the male and female condom that was promoted in school campaigns. A few also mentioned that they learned about contraceptives through the media.

> *"I will say by reading newspapers because I have gathered a lot of information by reading and I have come to know about different kinds of contraceptives and through my partner, she initially was the one who informed me of the different contraceptives methods available for women, because initially, I knew about the male condom" (P1).*

> "*I have always been very cautious about having a child before marriage and contracting HIV/AIDS, thus when I was a teenager, I took it upon myself to learn more about protective methods. At school, we were taught a little about contraceptives, particularly the male condom which they focused on more" (P2).*

One of the participants mentioned that he became aware of contraceptives when he started working at the government clinic. Prior to this, he had limited knowledge of contraceptives.

> "*I am working at the hospital, so I am quite familiar with them, and that is how I got to know about them" (P3*).

Most of the participants interviewed mentioned that their knowledge of contraceptives was not limited to one source. Some participants learned about contraceptives from their partners or received information when they visited the local clinic.

> *"Well, at the clinic, they informed me when I took my partner, and then, I found out about condoms at school when people from the Department of Health came to give awareness talks on HIV. My partner and I also have had talks about contraceptives" (P4).*

> *"Back in high school there was 'Love Life,' and they used to come to high school and that is where I was introduced to the concept. Above that, I have been a peer educator for thepast eight years, so I am familiar with what you call positive living, avoiding pregnancy,and all these other things that might affect young people's progress in life. So, I can saythat through peer education and love life was how I came to know about contraceptives" (P14)*

A few participants had no knowledge of contraceptives, while some only knew about male condoms. However, they felt that it is essential to protect themselves from HIV/AIDS, so they made an effort to learn about contraceptives to avoid pregnancy and prevent HIV transmission.

> *"My partner did not want to have a child, and most of the time we did not use a condom, so she suggested to me that she uses a method such as a pill" (P7)*

4.3 Men's attitudes to contraception

Attitudes to contraception were mixed, with some noting the benefits of contraceptive methods. Some participants expressed favorable attitudes to contraceptive methods because it protects against sexually transmitted diseases and unwanted pregnancy. For many, the risk of unwanted pregnancy was significant; therefore, they valued contraception's benefits against pregnancy.

> **"***Contraceptives are good for family planning and HIV prevention, but on the other hand, they are also not good because they have side effects that can result in girls bleeding and gaining weight*" (P3)

"I am happy because, again, it protects you from not only impregnating your partner but also STI/HIV. It would have been nice to engage sexually without necessarily having to use plastic; that is the ideal sex experience that anyone would want to have, but unfortunately is not enough because of all of this sickness and not wanting to havea baby at this stage; we use condoms. So I can say that I am happy but not 100%. I am partially happy"(P14)

"*I feel good and safe too because I am not trying to get another baby*" (P10)

In general, attitudes to contraception were favorable, with more than half of the participants mentioning that they did not have an issue with women who use contraceptives.

"*I am fine with it actually because they will minimize unwanted pregnancies*" (P10)

"*I am very happy because it seems like they know the importance of life, the importance of being safe from the virus, and having financial problems in terms of having babies without planning for them." (P12)*

Some men also explained that they were uncomfortable with contraceptives at first but later changed their attitudes. They were initially not convinced about the benefits of contraceptives but found that this changed with time.

"*At first it was kind of strange, but now that I have grown up, I am happy because I understand the real reason why I have to use it*" (P12)

"The first time I used contraceptives, I was not happy because, as a man, you have to have a baby, and that is the idea I always had growing up. Then I realized some people have dreams, so you have to plan your life" (P13)

Not all men held positive attitudes toward contraceptives. Some male participants interviewed mentioned that they do not like using contraceptives. Participants mention various reasons why they do not like using contraceptives. Some participants mentioned that they do not consider women's contraceptive methods as being effective; hence they held more favorable attitudes toward the male condom.

"At first, I was a bit skeptical about this contraceptive thing because I am still new to this. I think this is like my second partner that is using contraceptives, if I am not mistaken.

With my first partner, I was reluctant to use them because automatically in my mind I thought when she cheats, she can have unprotected sex with the other partner" (P1)

4.4 Factors promoting contraceptive use

4.4.1 Perceived risk

South Africa has one of the highest HIV prevalence rates (Wood and Jewkes, 2012). Sexually transmitted diseases have become a national crisis; as such, there has been a growing need to prevent diseases transmitted through sexual intercourse. The risk posed by STIs has influenced the adoption of safer sexual practices such as contraceptives. Participants in this study perceived themselves to be at a high risk of contracting sexually transmitted infections and impregnating their female partners. Therefore, the participants in this study felt that they needed to protect themselves from the risk of HIV/AIDS and unwanted pregnancy by using different methods of contraception. The participants revealed that the pregnancy risk primarilyinfluenced their main reason for contraceptive usage. Men were more likely to support contraceptive use to avoid an unwanted pregnancy.

"The main purpose, I guess, is to protect her from getting pregnant because she has a child, and I do not want her to get another one. More importantly, I do not want to get sexually transmitted infections" (P1).

"The main reason me and my partner use contraceptives is so we do not get a second baby and also because we are not financially stable to provide for a second baby if we were to have one at this point" (P5).

Men expressed more positive attitudes toward the male condom. They emphasised that male condoms provide dual protective benefits against the risk of HIV/AIDS and unwanted pregnancy.

"The reason I use a condom is so I am safe from sexually transmitted infections and also to ensure that my partner does not fall pregnant" (P7)

"I believe that using a condom is 100%, or maybe not 100%, but it is the most recommended contraceptive in that it does not have many side effects except for the chance that it might break. But otherwise, it is safe for both female and male partners.

The thing with contraceptives is that they are said to have a lot of side effects. But many of those side effects are not there; they consort, or they are sort of imagined. Thus the main reason for me is that my chances of having HIV/AIDS and a baby are minimized drastically" (P14).

4.5 Factors inhibiting the use of contraceptives

4.5.1 Undesirable sex

The interviews suggest that the usage of contraceptives by women makes them sexually undesirable to men. This may deter women from using contraceptives in an attempt to satisfy their male counterparts. Consequently, women may potentially be at risk of acquiring sexually transmitted infections and getting pregnant simply because men do not find them desirable when using a method of contraception. Men in this study reported that they did not enjoy sex with their female partners after they started using contraceptives. Furthermore, participants said their female partners had various side effects after taking contraceptives. These included weight gain, irregular bleeding, and a decrease in libido.

"The injection or the pill made my partner overweight, and she lost sexual appetite. Those arethe two common side effects that make women undesirable" (P7).

"We men do not recommend contraceptives because, in the end, the sex you get from your partner changes completely when she is using contraceptives "P4".

One participant indicates that he does not want a partner who uses contraceptives. If he does have a partner who uses contraceptives, it is usually without his knowledge. His partner is likely using a method secretly.

"I have had bad experiences with women who use contraceptives. I just do not enjoy the sex. I no longer date women who use contraceptives unless she is hiding it" (P10).

There are very few contraceptive methods available for men; on the contrary, however, females have a significantly higher number of contraceptives. For many men, the male condom remains the preferred method. An issue critical to contraceptive effectiveness is encouraging women to continue using contraceptives correctly and consistently. Several participants reported that the after-effects deter them from wanting to engage in sexual intercourse with women. One of the most common factors was that women who use certain contraceptives experience a change in body shape. Some men even reported that they are now embarrassed to walk with their partners in public because of the after-effects of contraception.

> *"Injections have side effects; I have seen and heard of women gaining weight after using injections. It is a "no-no" for my partner. Of course like I have mentioned, you cannot prevent HIV with the other contraceptive methods, so a condom is at least 99 percent guaranteed" (P1).*

> *"Concerning injections and pills I have a fear about what they say about contraceptives; they make you huge". So there are many side effects and that is why my partner and I choose condoms instead of femidom" (P13).*

4.5.2 Availability of contraceptives

One of the significant factors hindering female contraceptive use is inadequate access. Some participants raised concerns regarding the availability of female contraceptives, reporting an insufficient supply of female contraceptives compared to male condoms. One particular focus was the female condom. Female condoms are not as readily available as male condoms. Participants mentioned that female condoms are not easily accessible or difficult to access. Furthermore, they also noted that in some instances, their partners could not get the contraceptive they normally use, sometimes leading the females to discontinue use.

> *"I think the supply of the female condom is not as much as male condoms so they are very rare and hard to get" (P1).*

> *"Well, first of all, I do not think the female condom is much these day like the male condom. You find that in the clinic, like in the university clinic, for instance, I assure you that you will find a male condom, not just one or two. You will find boxes of male condoms, but rarely will you find a female condom. If you do, maybe you will find one or two on display so that women will know it exists. In stores, they only have the male condom and not the female condom" (P5).*

"You cannot even find them in toilets. Yes, even here in the university, you can only find the male condom but not the female condom. I also think maybe it is because it is expensive. Maybe this is the reason that you cannot access the female condom easily" (P8).

Participants noted that in comparison to male condoms, the female condom remains unpopular. This is also related to the supply of female condoms. It is challenging to obtain female condoms and some blame prevention programmes for this. Literature reveals that in comparison with male condoms, female condoms are hardly promoted, distributed, advertised, or demonstrated (Mboane and Bhatta, 2015). For instance, the female condom is reported to be not available in public places where one is likely to find the male condom. The high cost of female contraceptives inmany countries has been largely associated with the lack of promotion of its use.

"*The promotion of female condoms is non-existent. The item mainly associated with contraceptives is the male condom, and I have never seen an advert, poster flyer, and free handing out of female condoms. First of all, I remember that they are a bit complex to use because you have to tie the front and everything). So as far as promotion is concerned, female condoms fall far back then compared to male condoms. We access male condoms in schools, clinics, hospitals, and every other place, but we do not find female condoms in similar places" (P12).*

4.5.3 Lack of information

Lack of awareness is another major barrier to contraceptive use, especially of women'smethods. Participants interviewed raised concerns regarding the awareness of contraceptives. Participants mentioned that, in most cases, most men are unaware of the availability of female contraceptives. The media plays a major role and is highlighted as the main source of information on contraceptives. However, participants reported that there is a lack of sufficient communication about female contraceptives in the media. Participants further mentioned that the male condom is widely advertised and likely to be found in public toilets, while on the other hand, it is hard to come across pamphlets advertising the female condom and hard to find in public toilets.

"I think awareness is not high enough because out of my five friends in the room only one has used it. So I feel like the awareness is not enough because many women are not aware of the female condom" (P1).

I can pretty much say that not much is being done because I am trying to recall when the last time I heard something about contraceptives was. It was sort of a while ago. They are mainly provided in places like your clinics, and at times these places have been sort of negatively stereotyped and people do not want to go there for such things because even the nurses are said to have a bad attitude towards the patients. However, I can say that the government is indeed doing something, but what is being done is not enough. As to what is it that might be done to improve the status quo, I do not know (P9).

"I only came to learn about contraceptives when accompanying my partner to the clinic (P4).

4.5.4 Stigma

The stigmatization of contraceptives and the fact that contraceptives, in general, are associated with a lack of trust poses a major challenge to female contraceptive use. For example, in most instances, condoms are thought to be suitable for use in casual partnerships (especially sex workers), and this, in turn, makes it fairly difficult for women, especially in marital relationships, to introduce condoms or any female methods of contraceptives. Furthermore, negative perceptions are linked to a woman carrying a female condom, implying that she is promiscuous. Stigma remains one of the factors that contribute to unsafe sex practices. One participant reported that the stigma attached to the use of contraceptives by females remains the most significant factor hindering contraceptive use. He highlighted that contraceptives are associated with stigma. For instance, he reported that if a woman talks to him about the condom, he perceives that woman as promiscuous. Furthermore, other participants mentioned that stigma extends beyond male and female partners and extends to clinics, hospitals, and neighbours. For instance, he mentioned that his partner stopped collecting contraceptives from the government clinic because she felt that the health providers were judgmental.

"*Some men do not like using condoms because they feel it lessens the sensation. However, it is a responsible thing to do. Also, some men just do not see contraceptives as a preventative instrument. I think that if we want to lessen stigma we have to affect the thinking of men, which would then change the game completely yah. That's the strategy that would be quite difficult though"* (P13)

"I think it is mainly the stereotypes because earlier we talked about side effects or after-effects, but many of the stereotypes are not related to the real side effects of using

contraceptives. I don't know but it seems again that girls just do not enjoy having sex with a condom. With almost all the interactions I have had with my different partners, it seems girls do not enjoy using a condom when having sex, but then obviously they will consider issues of HIV and falling pregnant but then it seems it's not enjoyable for ladies. So it the stereotypes, like that they will gain weight they going to become too wet, many negative things are being said of which none of them have being tested" (P9)

4.5.5 Pressure from partners

One of the reasons why female contraceptives were introduced was to empower women and to give them the freedom to use these tools without depending on their male partners. Nevertheless, the male partner's cooperation is essential to use these methods successfully. In most instances, men facilitate sexual discussions, including decisions on protection. This suggests that contraceptive use by females cannot be successful without their partner's cooperation. For instance, sometimes men believe that the female condom gives women more power regarding sex. In a few cases, women are prevented from using contraceptives by their partners and become hesitant to initiate condom use. As a result, women may sometimes risk being exposed to sexually transmitted infections because they fear rejection and losing their partners if they suggest contraceptive use. One of the participants mentioned that pressure from a male partner could be an important barrier to female contraceptive use. The participant highlighted that sometimes male partners would think that they are no longer in control of the situation and that female contraceptives make sex unpleasant, thus, they would disapprove of the use of the devices.

"I think it is sometimes the pressure from their partners, male partners who perhaps think that they are no longer in charge of the situation or sometimes they may complain that their sex is not as natural as they like it to be" (P12).

"Well, the thing is that sex has two sides to it; pleasure and pregnancy. I think people tend to focus more on the pleasure aspect of it without thinking about the possible outcomes. So, since I and possibly other men initiate, women take cues from the man as far as sexual behaviors are concerned, so if the man is comfortable with the use of contraceptives, so will the women. However, if it is the women who suggest the contraceptive method. It tends to be a bit of a stigma if women suggest contraceptives in a relationship. So the fact that condoms are the most used form of contraceptives has

created a platform where we men can relate only to the condom method and we thus tend to not want to use any other method" (P14)

4.6 Men's influence on women's contraceptive use

The outcome of contraceptive usage by women can increase or decrease depending on the kind of influence men exert on their partners and how their female partners receive or interpret this influence. Male partners play a huge role in female partners' reproductive health (Mboane, 2017). The findings from this study revealed that the participants had some influence on their female partners. Furthermore, the participants expressed two ways in which they influence their partners: positive and negative. The participants described positive influence as allowing and encouraging their partners to use contraceptives. Most participants who had mentioned they encouraged their partners to use contraceptives because it is a precaution against HIV/AIDS and pregnancy.

"*I take the initiative when it comes to the use of condoms because we must remain safe, not contracting any diseases. This is not to say that I do not trust her, no, the thing is I am protecting her and myself and preventing pregnancy. My take is that it is better to remain safe than sorry that is why I always initiate condoms." (P2).*

"*Obviously I have to encourage her to use contraceptives. Like when she forgets, I remind her"*(P5)

"If I see that now we having unprotected sex, I try and convince my partner to try other ways because it is not all the time that we have condoms, so I must make my partner see the importance of contraceptives either than the male or female condom"(P7)

On the contrary, having a negative influence was described by participants as not allowing their partners to use contraceptives. Some of the participants stated that they do not play any positive role in influencing their partner's use of contraceptives. These men felt that it is the responsibility of the women to prevent pregnancy, and they were adamant that they did not want to have a child.

"I will not say that I play any role; it is all up to her. Just so long as she does not give me a baby when I do not want one"(P6)

4.7 Lack of trust in the relationship

All participants felt that they needed to use contraceptives with their partners because they were susceptible to infections and pregnancy. Some of the respondents did not trust their female counterparts who used contraceptives. Some of the respondents mentioned that they still use a condom even though their partners are using a method of contraceptive because they have no proof that their partners are using a method. Participants further highlighted that even though they are in a committed relationship, it is not easy to trust someone. Thus, it was important for them always to protect themselves. They also reported that it was important for them to be safe because as much as they love their partners, they could not be sure if their partners are faithful.

> "*I use condoms, and I intend not to have more children and have HIV" (P10)*

> "*Well it is protecting myself against the viruses that come with sexual activities. Also to ensure that I do not have a baby at this time because I cannot afford to raise one*" (P12)

Some of the participants mentioned that they use a condom specifically because it is safer compared to female contraceptives. They also felt that the condom was more convenient to use as it was more accessible. In addition, it is associated with fewer side effects.

> *"Currently, I am using a condom because it is cheap, and you do not live under any stress. It is not like when the lady uses their stuff, there are always those talks about being three days late for my periods. But if you use a condom, you do not experience such" (P8)*

4.8 Contraceptive decision making

Joint contraceptive decision-making has been regarded as a key factor in ensuring successful contraceptive usage. It is the right of both males and females to decide the number of children they want as well as the timing and spacing of births. However, there are many factors that affect the process of decision-making. If decisions are made jointly, successful reproductive intentions are highly likely. In this study, several participants reported that they did not have any influence on their partner's contraceptive decision-making choice; however, some mentioned that they had a bad experience with women who use contraceptives. Joint decision-making can decrease problems that exist in family planning. Joint decision-making by couples is a major determinant of the use of contraceptive methods than women-only decision-making (Montgomery, 2012). An effort needs to be made to educate women and their husbands equally, with a particular focus on highly effective contraceptive methods.

"No, it is not mutual. There has never been a situation where my partner has asked me to put the condom on I think it is because she trusts me very much. I make my decision and I do not think about her input. If it were mutual, I feel she should bringback a condom from the clinic. I do not think that the decision-making process is anything close to mutual" (P4)

4.9 Recommended use of contraceptives

The majority of the participants stated that they would recommend contraceptive use to other couples. Moreover, there was a strong sense of appreciation for contraceptives, particularly because they help prevent sexually transmitted infections. Hence, participants articulated that they would advise the use of contraceptives because women need to protect themselves, and it is very important for women to take control of their sexual health, thus having a sense of ownership over their bodies within a relationship. Participants highlighted that men need to actively encourage safer sex practices within the relationship and not leave discussions on sexual matters only to men.

"I would recommend them because first, we need them. I mean look around, people are dying every day because of AIDS so they are a need and not a want. That is why I say I would recommend them'' (P12).

"*Yes, because other couples end up having so many kids. And if you have a lot of kids, even if you like your kids you cannot support all of them. This is due to a lot of alcohol abuse and girls wanting social grants''* (P6).

"Yes I would recommend them because I hate women going for abortions because of unwanted pregnancy, so I would recommend it for the prevention of unwanted pregnancy. I would recommend it for protection from diseases like HIV and STDs, yes that's all.).

Some of the participants said they would recommend contraceptives not only because it increases women's autonomy but it is also a way of ensuring women can limit the number of children they want to have. Thus, they will recommend it so that women can be empowered and men do not make decisions. Men are aware of contraceptives' benefits for preventing many societal ills. Contraceptives also have dual benefits; in many countries, these pose huge challenges.

"Definitely, I would recommend contraceptives because it comes now as an important element that ensures healthy families and longer lives for people, especially South Africans since the country has such a high number of HIV/AIDS and teenage pregnancy. With that being said, I will without any doubt recommend contraceptives'' (P14).

Of course, I would recommend contraceptives. This is Africa, if there is a continent of the country that needs contraceptives, it is us, it is South Africa. We may not be able to do something about the current situation, in terms of the aids pandemic and teenage pregnancy. However, if we are serious about building a future of responsible youth then we need to start now and advocate the use of contraceptives, people must know about them and they must be available to the public. If this is done then I promise you in the future we will not be having a large number of unwanted pregnancies and deathsby sexual disease" (P12).

"I would recommend it for women that know when they will have sexual intercourse with their partners. It would probably work better" (P2).

4.10 Summary

The study findings have indicated that contraceptives can provide a unique opportunity for women to have control over their bodies and give them the power to negotiate sexual decisions in relationships. Contraceptives provide greater autonomy and a sense of power and control for women to take charge of the situation. However, it has also shown that several constraints hinder women's effective use of contraceptives. One of the major constraints is male partners. Hence, it is evident from the study that the involvement of male partners in female contraceptive usage is vital in ensuring the effective use of contraceptives by females.

Chapter 5: CONCLUSION

5.1 Introduction

Contraceptive use is fundamentally essential in Southern Africa because of the high levels of HIV/AIDS and unwanted pregnancy (Chapagain, 2019). Over the past few years, there have been various interventions put in place to ensure healthy sexual lives for both men and women; however, there are multiple factors promoting and inhibiting the use of contraceptives. Amongst the many hindrances, gender inequality has been identified as a significant hindrance to contraceptive use. In South Africa, the most prominently used contraceptives are male condoms, yet females have a significantly more substantial number of contraceptive options. One of the factors in ensuring progress and successful use of contraceptives should include the involvement of both males and females. Giving women the power to initiate safer sex contraceptives allows them to take control of decision-making and encourages safer sex. Female methods of contraceptives improve women's capabilities to initiate safer sex with their partners, which has been evidenced by previous qualitative research (Lopez, 2014). However, it is important to note that this study has limitations that should be acknowledged. This study cannot be generalized to the entire population due to its small sample size.

Moreover, this study was conducted in the Township of Umlazi, a semiurban area with a high illiteracy rate. Thus the study findings will not be generalized to the entire population. However, the study provides insightful information about men's influence on their partner's use of contraceptives and how such inhibits or facilitates contraceptive use.

5.2 Discussion

Most of the participants in this study were aware of the purpose of contraceptives. The study participants reported various sources of information. All participants interviewed were well informed of the male methods of contraceptives, however; they had very little information about contraceptives available for females. More than half of the participants mentioned that they discovered contraceptives during their schooling career; however, the only method that they were informed of was the male condom. Very few mentioned that they received information on female contraceptives at school. This study, therefore, stresses the significance of education for all methods of contraceptives at junior, secondary, and institutions of higher learning.

Furthermore, most of the participants interviewed reported that they discovered contraceptives through conversing with their female partners. These participants reported that before that, they

had only known about the male condom. Research has shown that in South Africa, many people engage in sexual activities at a very young age (Friedrich, 2017). In addition, exposure to a range of topics in sex education is associated with the use of dual contraception use by young men (Jaramillo, 2017).

The lack of awareness of contraceptives hinders successful use. One participant mentioned that he only came to know about female contraceptives when he started working at the clinic, and a few participants added that they only came to know about female methods of contraceptives after accompanying their pregnant partner to the clinic. Thus this research has found that certain unwanted pregnancies could have been avoided because even though male condom provides 90% protection, they sometimes become negligent (Thomas, 2010). Therefore, if both partners used contraceptives, they would have a greater chance of preventing unwanted pregnancy.

HIV/AIDS remains one of the most feared diseases in Africa, especially in the Southern African region, as it claims the lives of thousands of people each year (Van Wyk, 2012). All of the participants interviewed stated that the main reason for which they use contraceptives isto protect themselves from HIV/AIDS. According to John (2013) contraceptives provide services that go beyond protecting against HIV/AIDS. The participants in this study reside in Umlazi, which is burdened with high levels of poverty and unemployment. Umlazi is Durban'soldest and most popular suburb which has a high unemployment rate (Sphelelisiwe, 2020). Themain reason reported by participants for using contraceptives is as a form of prevention againstsexually transmitted infections and pregnancy. Other studies have found that poor people who fall pregnant incur more financial costs as they now have to provide for a child while strugglingto survive (Thummalachetty, 2017). Van Wyk (2012) asserts that teenage pregnancy can harma child's education, leading to financial issues. On the contrary, low perceived vulnerability to infections was the most reported reason for not using protection among university students in South Africa (Prata, 2016). A study conducted by Brunton (2015) found that low perception of the risk of infections was a leading cause for teenagers to abandon female condom use with their partners.

South Africa has done considerably well in ensuring people get access to contraceptives. In November 2019, the contraceptive prevalence rate in South Africa was at 64% (Gebrie, 2017). Even though contraceptives are available to many people, use by both males and females remains considerably low, especially in rural areas. The use of contraceptives was higher by

almost ten percentage points in urban areas compared to rural areas (Davis, 2016). This study found that males play an important part in ensuring the use of contraceptives by females. Hence the perceptions held by men can impact how females use contraceptives. For instance, in this study, it was found that males disapprove of female contraceptives because they believe that female contraceptives result in undesirable sex. Also, in this study, men reported not enjoying sexual intercourse with female partners that used contraceptives because these methods are associated with side effects for females. Therefore, women may be deterred from using contraceptives in an attempt to satisfy their male counterparts. Some men suggested that some women go to the clinic for contraceptives; however, they do not have options to choose from and instead have to take what the nurses prescribe. Women sometimes make multiple visits to health facilities because of a shortage of contraceptives (Sphelelisiwe, 2020).

The findings from this study suggest that side effects are a barrier to contraceptive use even though women have a wide selection of contraceptives to choose from. It is essential that females are adequately informed about the methods of contraceptives, including their benefits and side effects. Increased education on contraceptives is synonymous to increase contraceptive uptake (Campbell et al., 2020). The process of educating on contraceptives should be inclusive of both male and female partners. This will ensure that both partners acquire equal knowledge, and as a result, they will be informed of the side effects and will not have to make assumptions that these methods result in women being promiscuous. Targeted educational interventions could increase knowledge of contraceptives (Pazol, 2015).

Furthermore, apart from women being sexually undesirable other participants added that women who use contraceptives encounter a change in body structure. Young women's use of oral contraceptives is not associated with weight gain (Dral, 2018). However, this study shows that the claim that contraceptives change women's bodies has a far-reaching impact on the contraceptive usage of women in that it deters them from using female methods of contraceptives. This study recognizes this as a serious problem because the equal use of both female and male contraceptives remains important in increasing women's autonomy. "Women's decision-making power and their autonomy within the household perhaps is the most important factor affecting contraceptive use" (Patrikar, 2014:22). All participants had partners who have used contraceptives. However, it is difficult for women to use contraceptives consistently. Therefore, having dual contraceptive decision-making is beneficial but not enough. For instance, it is stated that some women, without the influence of men, generally feel uncomfortable with using the female condom (Campbell et al., 2020). The participants

disliked the fact that when using a female condom, they had to wait for a certain period before engaging in sexual intercourse. If such issues are rectified, the prevalence of female condoms will undoubtedly increase from where it is currently.

Male partners remain influential in female contraception use. Influence plays a significant part in contraception use. This study shows that males have a certain level of influence on their partner's use of contraceptives. Participants were asked to describe how they influenced their partner's use of contraceptives. Of the responses given by the participants, more than half of the study participants stated that they influence their partner's contraceptive use by taking the initiative when it comes to using condoms because they must remain safe. Male condoms remain one of the most popular methods of contraception mainly because of their availability across the country (Festin, 2020). Interesting to note is that participants associated their influence with a male contraceptive method and, more importantly, they associated safeness with condom use. This study found this response particularly striking because it speaks to the limited emphasis placed by men in increasing women's autonomy through contraceptives. However, one participant mentioned that he does not think he has much influence on his partner's contraceptive usage since they use a condom, which is a male method. "Gender inequity is evident in couple communication with men controlling decision making even if women initiated conversations on family planning" (Butame, 2019:43). Lack of joint contraceptive decision-making hinders the use of contraceptives by women.

Despite the increasing number of contraceptives available to the people of Southern Africa, the region still holds the highest number of people affected by HIV/AIDS (Mkhwanazi, 2010). The world's HIV prevalence is 1, 2 percent; however, the prevalence in Southern Africa is 9.0 percent (Lalas, 2020). This research found that males interviewed in this study do not like using condoms; however, they use them because they fear the consequences that may occur as a result of unprotected sexual intercourse. Participants were asked to state how they feel about using a method. Almost all participants interviewed reported that they were happy with using a method of contraceptive because it provides protection. However, they stated that it would have been better to engage in sexual activities without using a contraceptive method that reduces sexual pleasure.

Previous research has shown that for improved and successful contraceptive usage, it is important that both males and females be involved (Ndinda, 2017). However, for this to be possible, males must be informed about female contraceptives. Most of the participants

interviewed stated that they did not know about female contraceptives before having a baby with their partners. Research has shown that knowledge of contraceptives plays an integral role in encouraging the use of contraceptives (George, 2021). Participants were asked to share how they feel about women who use contraceptives. For the most part, the participants stated that they did not have any issues with it and felt that women who use contraceptives are responsible. However, some participants mentioned that they dislike the negative consequences that come with female contraceptives. Most participants had some sort of knowledge of contraceptives, which is a step in the right direction for improved and successful contraceptive usage.

The joint decision-making process of both males and females has been regarded as a key factor in ensuring successful contraceptive usage. Furthermore, joint decision-making yields better sexual health for both partners in the relationship (Chilinda, 2021). Less than 35 percent of participants in this study stated that they never interfere with their partner's contraceptive decision-making. However, they felt that it was not a joint decision in that they have a more significant influence on the method of contraceptive used during intercourse. What was interesting to note is that most participants stated that they prefer joint decision-making. However, most of these participants did not practice joint decision-making. In most households, men often make decisions regarding contraception and all other household resources (Balogun, 2016). This makes it rather difficult for women to get the necessary resources to gain access to services. Furthermore, in some cases, it has been reported that such conditions lead to women having difficulties accessing healthcare services where they cannot go to a clinic without the permission of their male partners (Jaramillo, 2017). This research, therefore, recognizes that the lack of joint decision-making between couples potentially limits women's access to productive resources.

One of the major challenges that affect the influence of men on female contraceptive usage is stigma. Stigma is created by speculation, among others. For instance, some of the issues of stigma raised were that females who carry condoms are seen as promiscuous. Other participants reported that some of their partners no longer go to clinics to get contraceptives because the staff at the clinic judge them. The participants further stressed that this could be a hindrance because they cannot afford contraceptives from private doctors.

One of the significant challenges indicated by participants is the availability of contraceptives. Some of the participants mentioned that they encourage their partners to use contraceptives. However, when their partners go to access contraceptives at the clinic, it is not always available.

5.3 Recommendations

HIV and sexual risk have been and continue to be fundamental threats to people's health and well-being, particularly those of Sub-Saharan Africa. Major developments have aimed to reduce the spreading and contracting of HIV amongst the people of Southern Africa. However, this issue has been exacerbated by poor adherence to contraceptive use, whether through negligence, availability, or other hindrances. Kelly (2010) asserts that various interventions have been designed and evaluated, with many having positive results in reducing the risk of sexually infected infections. However, Kelly (2010) further states that the complexity of contraceptive adherence and the limited effects on many sexual risk outcomes indicate that much more work needs to be done.

Research has affirmed that females are particularly vulnerable to HIV infection (Ndinda, 2017). Women are more likely to be infected with HIV from an infected male partner than men who have sex with an infected female (Dral, 2018). In many countries, the cultural influences on women's behaviour prevents them from making protective choices, such as staying in school, buying condoms, or discussing safe sex measures with parents and partners (Ndinda, 2017). However, it is important to note that males play a major role in influencing female contraceptive use and consequently impact the result of females infected with the virus. Moreover, girls are also more vulnerable than boys to being abused sexually, and in many instances, their first encounters sexually are often forced or violent (Miller, 2014). Hence given the social and economic insecurity that many women face from their male counterparts, we must study the influence males have on their female counterparts. Therefore as an issue of concern, one can state that HIV cannot be tackled effectively unless male behavior changes along with that of females.

According to the information reported by the participants, males generally have more power in sexual decision-making, and as a result, women struggle to protect themselves. Similarly, Kelly (2010) asserts that in some societies, women typically have fewer rights within sexual relationships, and men often head the family. Moreover, traditionally and in modern days, men often make the majority of decisions, such as whom they will marry and whether or not they will have more than one sexual partner (Freitas, 2017). For example, participants in this study mentioned that they prefer the male condom as opposed to the female condom or any female contraceptive method. Also, it was said that males encourage their females to use contraceptives by imitating male condoms during intercourse. None of the participants

mentioned that they encouraged their partners by allowing them to introduce a female contraceptive method. Some participants stated that males do not allow their female partners to use contraceptives because they promote promiscuity amongst females. This power imbalance means it can be far more difficult for women to protect themselves against being infected with HIV. For example, a female may be unable to insist on using a condom (Davis, 2016).

Most participants did not hear about female contraception methods until after school. The lack of sexual education can adversely affect women's and men's sexual health. The study,therefore, finds it important to introduce sexual education at an early age. According to Freitas(2017:140) "the father and the mother are the first intervening parties in the process of sexual learning, both through providing sexual role models and determining values about the body and sexual behavior. During adolescence, the parents play a vital role at a different level." Sexual education should not be the responsibility of one parent. However, both parents shouldbe actively involved. It is therefore important that sexual education programs be made more widely available, not only to young females of reproductive age but also to their parents. Thus according to Freitas (2017:16) it is vital to develop "skills on how to talk, without any difficulty, about sexual topics, how to confront conflict, and how to know how to listen to the questions and the needs of female adolescents."

Ensuring the availability of contraceptives for everyone remains crucial in ensuring women have power over their sexual health. However, most importantly, to ensure the successful use of contraceptives, it is imperative to consider male involvement when developing interventions promoting contraceptives. The empowerment of women in schools, employment, and relationships, accompanied by male participation that is mutually beneficial and respectful, is indeed an essential factor for successful contraceptive usage.

Generally, a few men accompany their partners to the clinics for family planning (Davis, 2016). Men miss a vital opportunity to learn about their health and health issues affecting their families. Lack of information by trained professional health practitioners can lead to men not having the correct information from relying on second-hand information. Thus, there must be avenues created to encourage men and women to have joint couple visits to the health facilities. Regular clinic visits will allow health practitioners to provide couples with first-hand information about healthy behaviors, increasing the chances of cooperative couples' decision-

making on contraceptive use. The support of the male partner can vastly increase contraceptive prevalence, consequently increasing the protection of couples from sexually transmitted infections and improving child spacing.

Although there is great potential for the public health system to impart knowledge about contraceptives, particularly to men, it is worth acknowledging that the shift to get more men to attend health facilities will take time. Therefore, it is essential that knowledge sharing on contraceptives be a shared responsibility of different government and public sector institutions. Education on contraceptives should be part of basic education at schools to capture a wider audience at an early stage. Furthermore, institutions such as churches could also play a vital role in influencing contraceptive use and knowledge if the information conveyed encourages good health practices of contraceptive use. “Creation of community spaces where underlying assumptions, myths, and gender normative perceptions are addressed on sex, reproduction, and family planning will encourage more acceptability of couples’ needs and aspirations” (Seth, 2021:26)

This study recommends that sexual education programs are extended to all institutions. The clinics, churches, and schools need to be a hub that educates and encourages talks around sex, with a specific focus on contraception use for both men and women. Moreover, children, adolescents, and adults should all be given enough information on contraception so that we can do away with the stigma surrounding contraception. Therefore, it is crucial that media institutions educate people on contraceptives. Contraceptives should be made widely accessible to all. Health centers need to be seen as safe spaces for all accessing family planningneeds. Consultation spaces should therefore be made private, and health professionals must bewilling and supported to provide useful and accurate information without bias. Most importantly, a strong focus should be on encouraging men to visit health facilities. They shouldunderstand that health facilities are not just for women.

5.4 Conclusion

It is clear that men play a significant role in inhibiting contraceptive use among their female counterparts. Some men inhibit the use of contraceptives by their female partners as a result of the lack of autonomy of women to practice contraceptive use. More emphasis should be placed on male contraceptive use. Institutions like health facilities and schools do not play a significant role in educating people about contraception. Females are not empowered to use contraception confidently. Men consider contraceptive use to be women's responsibility and do not view this as a joint initiative. Therefore, this study recommends a comprehensive sexual and reproductive health approach that encourages and facilitates correct and consistent contraceptive use. Cultural and religious attitudes towards male circumcision are even more deeply held, but in the light of the evidence presented here, involving males seems highly desirable, especially in countries like South Africa with a high prevalence of HIV. There is a need to encourage and place more emphasis on behaviour change, including more information on contraceptives, particularly from an early age. A combination of these factors could further improve female contraceptive usage and women's autonomy. It is essential to reduce male influence over female contraceptive use.

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Appendix 1: Interview Schedule

Section A: Biographical Data

1. What is your age
2. What is your marital status?
3. What is your highest level of educational qualification?

Section B: Interview questions

1. Are you currently sexually active?
2. Are you familiar with contraceptives? Yes or No? If yes, what methods are you familiar with?
3. How did you come to know about methods of contraceptives?
4. What is the main purpose for using this method?
5. How do you feel about using a method yourself?
6. How does your partner feel about using contraception?
7. What do you think other men think about contraceptives?
8. What are some of the problems with contraceptives?
9. What do you like about contraceptives?
10. Is your partner using a method? Which method is she using?
11. How do you feel about women who use of contraceptives?
12. As a male what role do you play in influencing contraceptive usage on your partner?
13. Do you think the usage of contraceptive has any benefit for men?
14. Describe the decision making process of contraception usage between you and your partner
15. What do you think are the factors inhibiting women from using contraceptives?
16. Would you recommend contraceptive to other couples?

Appendix 2: Participant consent form (English)

SCHOOL OF BUILT UP ENVIRONMENT AND INFORMED CONSENT LETTER

Population studies Masters Research Project

Researcher's Name : Philani Senzo Hlengwa
Telephone number 078 089 8343
Supervisor's Name : Prof Pranitha Maharaj
Office Telephone number : (031) 260 5421

Dear Participant

My name is Philani Hlengwa, and I am a student currently studying towards a Master's degree in population studies at the University of Kwa-Zulu Natal, Howard College. As part of my qualifications requirement, I am expected to conduct a research project. This project will be conducted for the purposes of; exploring the influence of men on their partner's use of contraceptives: participation in this study will require you to answer some questions. A recording device will be used to record your response. You should expect to be asked questions that may be personal and some may require you to recall past incidents.

Your participation in this project is completely voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. As the participant you have the option of the interview recorded. There will be no monetary gain or benefits of any sort from participating in this survey, however others may benefit in the future from the information the researcher finds from this study. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Built environment and Development Studies, UKZN. The interview should take about 45 minutes to complete. **By signing below, you agree that you have read and understood the above information, and would be interested in participating in the study.**

I am over 18 years old and eligible to participate in this study

Yes	No

I agree to have my interview being audio/video recorded

Yes	No

_____ Date_____

Participants signature

_____ Date_____

Researcher's signature

Appendix 3: Participant consent form (IsiZulu)

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

SCHOOL OF BUILT UP ENVIRONMENT AND INFORMED CONSENT LETTER (isiZulu)

Population studies Masters Research Project

Researcher's Name : Philani Senzo Hlengwa
Telephone number 078 089 8343
Supervisor's Name : Prof Pranitha Maharaj
Office Telephone number : (031) 260

Dear Participant

Igama lami u-Philani Hlengwa, ngingumfundi ozimisele ekufezeni i-Master's degree ezifndweni ze-Population studies, esingungweni esiphakheme sezemfundo yeNyuvesi yaKwa-Zulu Natal, opikweni lase Howard College. Njengengxenye yezimfuno ze degree, kulindeleke ukuba ngiqhube ucwaningo. Lolu cwaningo lizokwenziwa ngenhloso yokuthi sibuka ithonya amadoda analo ekhutheni abalingani babo basebenzise ukuhlela kwomdeni. Ukuhlanganyela kwakho kuloluhlelo Kuzodinga ukuth uphendule imibuzo ezobuzwa ngumcwaningi. Izimpendulo zakho zizoqoshwa ngomushini wokuqhopha inkulumo. Kumele ulindele ukubuzwa imibuzo ethinta wena nezodinga ukhumbule izigamekho esezadlula.

Ukuhlanganyela kwakho kuloluhlelo akuphoqelekile. Unganqaba noma uhoxa kulolu hlelo nganoma isiphi isikhathi. Uma uhlanganyela nalolo gccwaningo unayo inketho yokhuthi i-interview iqoshwe. Akhukho nzuzo yemali ezoyithola ngokubayinxenye yalolu gcwaningo. Kepha abanye bangalindela ukuzuza ngemiphumelo yogcwaningo ekuhamben kwesikhathiNgeke kube khona nzuzo yemali eqamuka kulolu cwaningo. Yonke into ezokhulunya izogcinwa iyimfihlo, igama lakho njengomhlanganyeli nenkulumo kuzogcinwa kwamarekhodi kokukukhipha anakekelwe iSikole se Built environment and Development Studies, UKZN.
Le ngxoxo akufanele ithathe imizuzu engaphezulu kwewu-45 ukuqeda. Ngokusayina ngezansi uvumelana nokuthi ufundile futhi wakuqonda okubhalwe ngenhla, futhi unesithakazelo sokhubamba iqhaza ocwaningweni.

	YEBO	/CHA
Ngineminyaka engaphezulu kuka-18 futhi	☐	☐
ngivumelekileUkuzimbandakanya kulolu cwaningo		
Ngiyavuma ukuba inkulumo iqoshwe	☐	☐

Appendix 4: Participants declaration form

I .....(Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

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

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

NOTE: Potential subjects should be given time to read, understand and question the information given before giving consent. This should include time out of the presence of the investigator and time to consult friends and/or family.