

**EFFECT OF PERCEPTION OF MEN IN LOW INCOME HOUSEHOLDS ON
FREQUENCIES OF USE OF CONTRACEPTIVES IN
KURESOI NORTH SUB COUNTY, NAKURU COUNTY, KENYA**

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Abstract

Family planning is an important strategy towards achieving Sustainable Development Goal (SDG) three (3) which has been proven to reduce maternal mortality. Despite the expansive benefits of family planning services, its uptake of these services among men still remains low in Kuresoi North Sub-county. The study aim was to investigate how the perception of men in low income households affect the choice of contraceptives they use in Kuresoi North Sub-County in Nakuru County. The study was carried out in Kamara and Sirikwa wards in Kuresoi North Sub County. The study used planned behaviour theory. It employed cross-sectional survey research design. Sample size of 143 respondents was obtained using simple random sampling procedure. Questionnaires and interview schedules were used to collect data. The data was analyzed qualitatively and quantitatively. Findings of the study were presented using quotes, narratives, pie-charts, bar graphs and frequency tables. Most of respondents regarded use of male condoms as a safer method of contraception in prevention of HIV infection and unwanted pregnancies, while some preferred to know their HIV status thus determining their non-use or use of a condom. The finding indicates that although men were perceived to have an upper hand in negotiation of safer sex than women, there were views from the respondents that sexual partners plays a role in influencing contraceptive use. This study recommends that policy makers should deal with the attitudes and perception on the use of contraceptives based on gender differences. Thus improving its use in low income households.

Keywords: Perception; low income households; contraceptives, maternal mortality

Background Information

Kenya, being a predominantly patriarchal society, men hold overwhelming decision making power over their families more so on matters of child-rearing, sex, contraception and child spacing (Mburugu & Adams, 2004). In the African traditional setting, the status of men is much high than that of women both at family and society levels as they control over socio-economic resources like land, livestock, money among others which is the source of power. They practice this power in both private and public domains (Mburugu & Adams, 2004).

Despite the 1994 International Conference on Population and Development in Cairo advocating for the need to involve men in family planning programmes and need to recognize their role in sexual and reproductive

health, as there is still low contraceptive acceptance among men (UNFP, 2009). This is due to lack of communication among couples, information and education on the involvement of men in family planning. Men in the patriarchal society, especially those who practice agriculture like large families as is related to unremunerated labour for agriculture (Mburugu & Adams, 2004).

There is also low acceptance of family planning among men because they aren't always engaged in its decision making matters making them feel belittled as are regarded by the society as the main decision makers (UNFP, 2009). Because of negative myths and misconceptions about contraceptives for instance; they believe that it makes women frigid in bed, causes death, only used by unfaithful partners and causes infertility among others things scaring men (UNFP, 2009). In the most cases, reproductive services are provided at Child and Maternal health clinics where it is regarded as "places of women". This makes men believe that family planning is a women's issue, otherwise they will be considered as uxorious. This makes them hostile to their spouses who intend to engage them in family planning business (Musalia, 2008). This paper aimed at finding out how the perception of men in low income households affect the choice of contraceptives they use in Kuresoi North Sub-County in Nakuru County

Literature Review

Situation of Family Planning Use in Kenya

It's estimated that nearly 100 million married women across the world intend to avoid pregnancy but are not using any form of family planning, this demonstrates the shortage in need for family planning across the world (Ezeh, Mberu & Jacques, 2009). In Kenya, the situation is almost the same with 43 % of women have unmet need for family planning, this make many them to undergo unsafe abortion due unplanned and unintended pregnancies African Population Health Research Centre (APHRC, 2013). For more than past 25 years, the population of Kenya has doubled with more than 41 million people and is expected to grow more than that if it will not be managed (Zirada et al., 2015).

According to KNBS-ICF and Macro (2010) Kenya was among the first counties in Africa to develop a National Family Planning Programme in 1967 to improve the uptake of family planning. However, in 1990s this programme began stalling and has since stagnated due to reduced political will and diversion of resources to HIV/AIDS (KNBS-ICF Macro, 2010). Besides this, the government has come up with strategies, programmes and population policies as an effort to manage the population growth rates. In fact, Kenya has acceded to global and regional agreements which include the Maputo protocol, the Abuja Declaration, the International Population and Development and The Family Planning 2020 (FP2020) as way forward to manage population growth. (KNBS-ICF Macro, 2010)

Most of women and girls in many parts of the world want to have small families but there is unmet need for family planning (Rozina, Uzma & Haleema, 2008). Despite the government of Kenya investing a lot on family planning, its access and use is still low among rural women and men in low income households. This is attributed to the fact that men don't use family planning or they do not advocate their wives to use them due to the fact that they are the main decision makers. Even if it's a dream of every woman to have a small family, men aren't willing to use male family planning methods or allow them to do so (Burke & Ambasa-Shisanya, 2011).

There is growing recognition of joint responsibility between women and men in reproductive health, besides traditionally targeting women, as men have been realized to have a significant role in its access and

consumption (Shahjahan et al., 2013). There is enough evidence that engaging men in family planning enhances spousal communication, increase men's knowledge and de-stigmatize the use of family planning (Stover & Ross, 2010). Use of contraceptive is an integral part in the prevention of unwanted pregnancies, reduction of unsafe abortions and in some instances prevention of sexually transmitted diseases (Stover & Ross, 2010; Tsui, McDonald-Mosley & Burke, 2010).

Use of family planning has been related with promotion of gender equity, greater education and as empowerment strategies for women that every man would wish for his wife (Yue, O'Donnell & Sparks, 2010). A number of small-scale programs that have targeted men in reproductive health have discovered that involving men in family planning has a positive result (Blake & Babalola, 2002). However, beside the need to engage men in family planning issues, there is lack of rationale for this, thus need for development and scaling up an evidence-based interventions of male involvement in family planning interventions (Blake & Babalola, 2002).

According to Blacker, Opiyo, Jasseh, Sloggett and Ssekamatte-Sswbuliba (2005), it has been observed that, men in agrarian economies prefer to have more children than in other economies to provide labour, as source of prestige and for economic gain. This means that men in agrarian economies may not use contraceptives as they need more children. As men are main decision makers in patriarchal societies, their perceptions on use of contraceptives is believed to deter utilization of contraceptive and family planning in general at family level (Justice & Jacob, 2014). According to a study in Kenya, men's decision making power has the ability for women to comply and submit to his decision thus husbands approval on contraceptive use is vital (Babalola, Folda & Babayaro, 2008).

The Theory of Planned Behavior

This theory was derived by Icek Ajzen from the Theory of Reasoned Action. This theory views human behaviour as being influenced by internal and external factors (Ajzen, 1991). Its argument is that, human behaviour can only be explained by behavioral intention. These behavioral intentions are influenced by subjective norms (these are external factors that influence one's behavioral intention like level of education, age, marital status, culture, among other) and specific behaviour attitude (these are internal factors that influence one in use of contraceptive such as personal attitude, perception, temperaments among other). That is, the intention of a behaviour is influenced by social norms and how as an individual perceives it (Montano et al., 1997). That's, the perception of an individual on others' behaviour determines whether or not to comply with others.

Regarding to this study, in order for men to use the available contraceptives the subjective norms and specific attitude should support it. That is, for men to adopt contraception behaviour they need to get adequate information about contraceptives, there is need for better alternative methods and finally the society should uphold the use of contraceptives. As there are many myths and misconception on use of contraceptives (UNFP, 2009).

Methodology

The study employed cross-sectional survey research design. The study population was 251 men in low income households. The sample size of 143 respondents was obtained from simple random sampling procedure. Interview schedule and questionnaires were used to collect data. The instruments were pilot tested in Kuresoi South sub-county to determine reliability which was found to be 0.819 which is above the threshold of 0.7 this is an indication that the instruments were reliable. The data was analyzed using qualitative and quantitative

methods of data analysis. Findings of the study were presented using quotes, narratives, pie-charts, bar graphs and frequency tables.

Results and Discussions

Socio-Demographic Characteristics of the Respondents

The subjects for the study comprised 130 respondents simple random sampled using lottery technique. The study gathered information on the respondents' personal characteristics. These personal characteristics encompassed the age, marital status, monthly income, types of employment, size of household, level of education and religion. The analysis results are shown in the table below

Table 1: Background Information.

	Frequency	Percent
Age		
18-27yrs	33	25.0
28-37yrs	39	30.0
38-47yrs	33	25.0
48-57yrs	25	20.0
Marital Status		
Single	39	30.0
Married	91	70.0
Monthly Income		
Ksh 0-5000	71	55.0
Ksh 5001-10001	39	30.0
Ksh10002-20002	7	5.0
Ksh 20003-30003	13	10.0
Type of Employment		
Formal Employment	13	10.0
Informal employment	32	25.0
Self-Employment	85	65.0
Size of Household		
0-2	52	40.0
3-5	52	40.0
6-8	26	20.0
Level of Education		
Non-formal	13	10.0
Primary	33	25.0
Secondary	58	45.0
Tertiary college	19	15.0
University	7	5.0
Religion		
Catholic	65	50.0
Protestant	52	40.0
None	13	10.0

Source: Field Data (2018)

Age of the Respondents

From the study results, 55 % of contraceptives users were respondents of age between 18 years and 37 years. This age indicated that the respondents were sexually active and were using contraceptives for prevention of Sexually Transmitted Infections and pregnancies. Respondent of age 47 years and above reported that they were not using contraceptives as most of their sexual partners had reached menopause. According to a study carried out by Okech, Wawire and Mburu (2011) in Kenya, the use of contraceptives was highest among women aged between 20-39 years compared to those below 20 years and above 39 years. The current study concurs with Okech, Wawire and Mburu (2011) study which indicated that age plays a major role in use of contraceptives.

Marital Status of the Respondents

From the study results, 70% of married respondents reported using contraceptives compared to 30% who were single during the time of study. Married respondents reported that they used contraceptives for birth spacing and to get desired number of children that they can sustain without straining. On the other hand, single respondent recorded low in the use of contraceptives as they reported that they did not engage in coitus regularly like married respondents. According to Jones, Mosher and Daniels (2012) study found out that married women use contraceptives more than never-married women use a contraceptive method, as married women are more sexually active than never married one. According to Wang report (2017) it affirmed that Eastern and Southern African countries shown increase in contraceptives prevalence more so among never married women in Malawi, Kenya, Lesotho, and Tanzania, disagreeing with the current study.

Monthly Income of the Respondents

According to the study results, 85% of respondents had less than Ksh 10,000 monthly income which was affecting the choice of contraceptives they used, access to information on contraceptives and access to the contraceptives. Frost, Darroch and Remez (2008) observed that, the proportion of unintended pregnancies among low-income women in the United States is 49% below the federal poverty level, affirming the current study.

Type of Employment/Occupation of the Respondents

From the study results, 10% of the respondents reported that they had formal employment, 25% reported they were in informal employment and 65% reported that they were self-employed. The type of employment/occupation affected the reproductive behaviour of respondents positively and negatively. Formally employed respondents reported using contraceptives frequently and going for expensive and more effective contraceptives. The informal and self-employed respondents reported low and irregular use of contraceptives with others reported use of natural and herbal contraceptives. According to Blackstone (2017) the desire for career development increases the likelihood for the use of contraceptives more so those in formal sector. Frost, Darroch and Remez (2008) noted that, because of inconsistency in income, self and informal employee/employment affect their choice of contraceptives, access to its resources and access to contraceptives affirming the current study.

Size of Household of the Respondents

From the study results, 80% of the respondent reported that they had a household size of 0-5 members. This size of household tended to have been affected by use of contraceptives and high level of education among

respondents. According to Jayaraman, Mishra and Arnold (2009) study, white women were reported to have fewer number of children than Hispanic and black women with men and women with low levels of education more likely to have high mean numbers of children. Aldashev and Platteau (2014) noted that the size of household can also be influenced by religion, income, age, land size, personal preference, old age security, occupation and age at first marriage.

Level of Education of the Respondents

According to the study results, 90% of the responded reported that they attained primary level of education. This means they were able to read and write. From the study results, with increase with the level of education the frequency of use and use of contraceptives was affected positively. According Gubhaju's (2006) survey which assessed the choices made by women, it emphasized that the level education among sexual partners influenced the choice and frequency of use of contraceptives. For instance, the use of hormonal and condoms methods of contraceptives is associated with higher the level of education among women. While condoms and reliance on male sterilization is related with a high level of education (Gubhaju, 2006). According to descriptive data from the 2006 Nepal DHS, use of male sterilization was reported to be high among couples in which the husband had secondary or higher level of education but low with a woman with same level of education (Dahal, Padmadas & Hinde, 2008).

Religion of the Respondents

From the study results, 50% the respondents reported that they were Catholics, 40% reported that they were Protestants and 10% of the respondents they did not disclose their religion.

Based on these findings, religion affected perception of the respondents towards use of contraceptives. "*Some of the respondents reported that the decision to use contraceptives was affected by the doctrines taught by religious leaders based on the faith.*" The respondents still felt fear of being punished by God, to be accused by others, or some felt a frustration caused by a contradiction between religious rules and their practices. Another issue was that the religious texts were interpreted differently, and in order to deal with this contradiction, some of the participants sought advice among the religious leaders and actively tried to interpret religious texts. No matter the decisions that made, religious beliefs affected individual attitudes and decision-making processes in a way that complicated the decisions being made. The community under study is a small and intimate community and most people know one another. Religious peer influence and fear of disapproval among peers due to decisions based on wrong interpretations were factors that influence how people talked about and related to contraceptives. However, the ambivalent relationship caused by a conflicting interest between religious beliefs and socio-economic needs, first of all seemed to cause conflict within the individual.

According to Yihunie's et al., (2013) study the use of contraceptives is influenced by ethnicity and religion. For instance, Yihunie's et al. (2013) found that the prevalence of Current Use of Contraceptives (CUC) among women of Hausa, Fulani and Kanuri ethnic origin and were Muslim was low. As they believed that God placed children in the womb so they should be given birth without stopping.

Frequency of Use of Contraceptives

The second objective of this study was to determine whether the perception of men in low income households affected their frequencies of use of contraceptives. To attain this, the study examined the frequency of use of contraceptive among respondent, the type of contraceptives they preferred most, reasons why they preferred the choice of contraceptives and the period they had used contraceptives.

Frequencies of Use of Contraceptives among Respondents

From the study results, the respondents reported that they used contraceptives as follows;

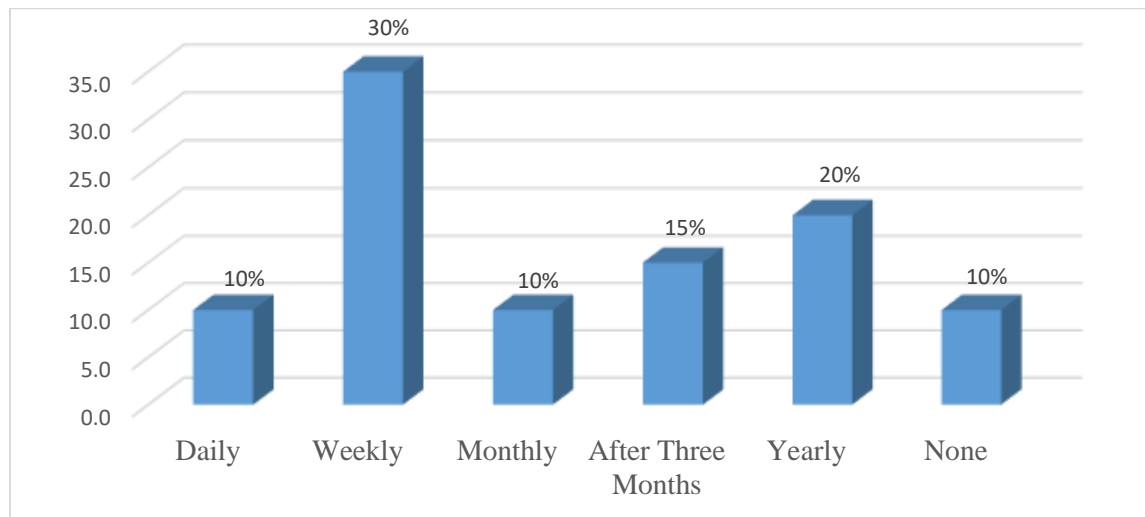


Figure 1: Frequency of Use of Contraceptive by Men

Source: Field Data (2018)

According to study results, 35% of the respondents reported that they were using contraceptives weekly, 20% of the respondents used them yearly, 15% of the respondents used them in every three months, 10% of the respondents reported that they used them daily, 10% of the respondents reported that they used them monthly and 10% of the respondents reported that they were not using any form of contraceptives during the time of the study. Majority of the respondents reported that they were using contraceptives weekly, meaning that they were using short term contraceptives which were readily available, cheap and had no side effects. From the interview schedule the respondents noted that, *“the frequency of use of contraceptives is determined by the type of contraceptive that one is using, the use of short term contraceptives is related with being cheap, effective, available and they have low levels of side effects”*. According to Ettarh and Kyobutungi (2012) the use of short term contraceptives increases the frequency of its use.

Preference of Contraceptives among the Respondents

From the study results, respondents reported that they had varied preferences on contraceptives as indicted below.

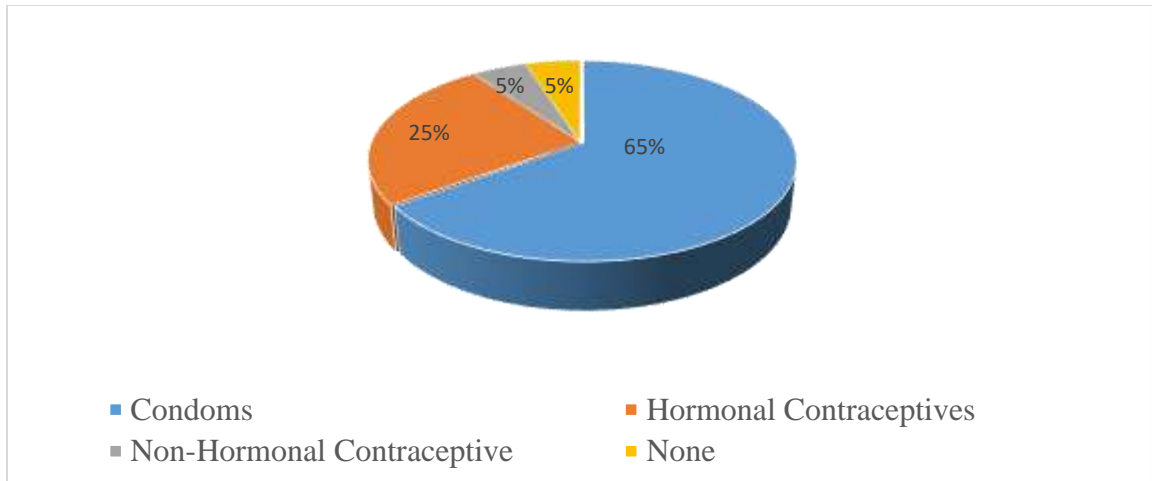


Figure 2: Contraceptives Preferences among the Respondents

Source: Field Data (2018)

According to study results, majority of the respondents preferred to use condoms as a form of contraceptives. Condoms were most preferred type of contraceptives among the respondents as they were readily available, had no side effect and were reliable. From the interview schedule, it was reported that, “because condoms have low to zero side effects, they are readily available and are reliable make it to be most preferable type of contraceptives among their users”. Afolabi et al., (2015) noted that in Kenya, condoms were most used and preferred type of contraceptives with sterilization methods and intrauterine contraceptive devices (IUDs) the least used and preferred types of contraceptives corresponding with the current study. In a study conducted by Thapa, Pokharel and Shrestha (2018) in Nepal India found out that majority (35.6%) of the respondents preferred Injection Depo-Provera followed by female sterilization (18.5%); Abstinence (0.7%). Male sterilization was found to be least (2.2%) preferred method of contraception, this shows how region and societies differ in the use of contraceptives.

Period of Use of Contraceptives among Respondents

The period of use of contraceptives among respondents is as follows;

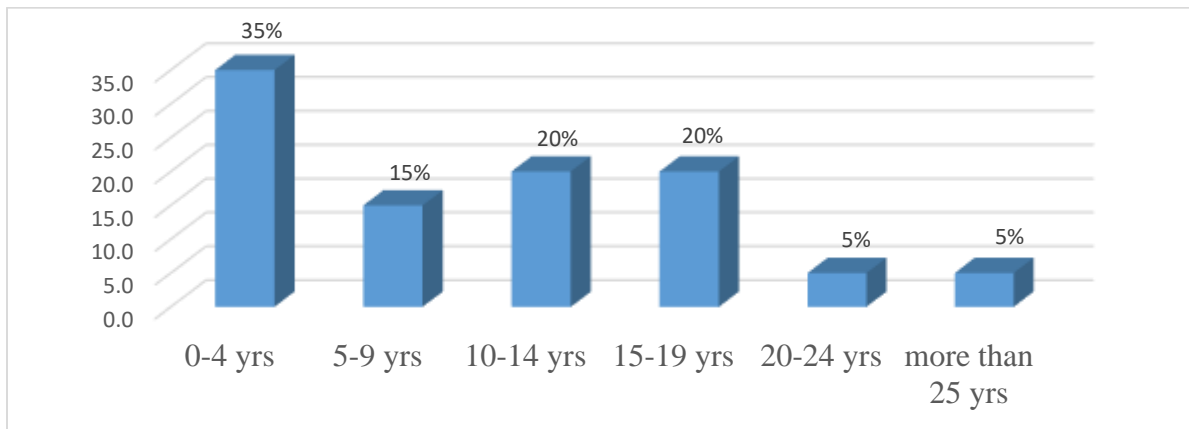


Figure 3: Period of Use of Contraceptives among Respondents

Source: Field Data (2018)

According to the study results, 35% of respondents reported that they had used contraceptives for a period of 0-4 years, 15% of the respondents reported that had used them for a period of between 5-9 years, 20% of the respondents reported that they had used for a period of between 10-14 years of the respondents reported that they had used them for a period of between 15-19 years, 5% of the respondents reported that they had used them for a period of between 20-24 years and 5% of the respondents reported that they had used them for a period of more than 25 years. Majority of the respondent reported to had used contraceptives for period of 0-4 years as some were young and for married respondents they reported that they were in early stages of use of contraceptives as they wanted to space their children. For those had 10-19 years' experience they shown long term commitment for its use as they had planned to have suitable number of children due to economic constraints. While those had 5-9 years of experience in use of contraceptive were in reproductive phase of marriage thus low use of contraceptives. From the interview schedule respondents reported that, *“age and persuasion by female counter parts on use of contraceptives was a significant factor, as it may encourage or discourage its use. Majority of young couple tend not to use contraceptives as they want child while those in average age tend to use contraceptives frequently because they want to space their children”*. To accord this, Lakew et al., (2013) noted that, age as a factor affect the use of contraceptive, whereby it was noted to affect the frequency of use of contraceptives in Ethiopia.

Source of Information on Contraceptives

From the study results, respondents reported that they were introduced to contraceptives by different people as indicated below. Friends were regarded to be most favourable source of information among respondents. The key informants reported other sources of information which includes; posters and pamphlets; and the mass media like the internet, radio, and TV programmes. However, the sources of knowledge of contraceptives mentioned by most of the respondents were peer interaction especially among friends and the internet.

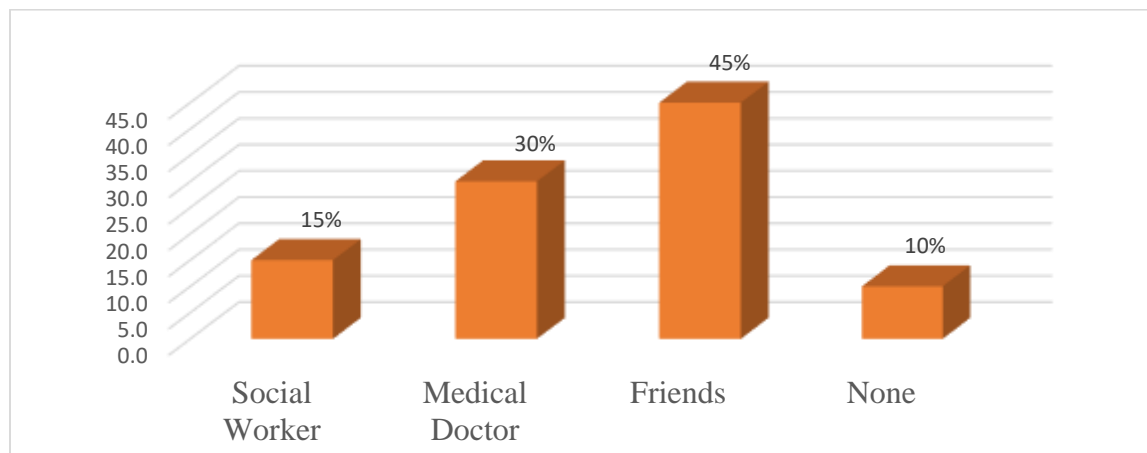


Figure 4: Source of Information on Contraceptives

Source: Field Data (2018)

From the key informants majority of the respondents acquired the knowledge from multiple sources. As the majority of the respondents were introduced to contraceptives by their friends, their attitude was shaped by the information given by friends on different types of contraceptives affecting their use. Parents were rarely mentioned as sources of information among youth on contraceptive use, besides being perceived knowledgeable on this topic. The theory of planned behaviour argues that improper evaluation of outcomes of

behaviour may possibly affect the attitudes towards the behaviour, and this could negatively influence actual practice (Ajzen, 1988; Fishbein & Ajzen, 1975; Ajzen, 1991). The insinuation of this theoretical speculation to the findings of this study is that the respondents might be lacking adequate and accurate information about the use of contraceptives, thus they can't be in a position to assess their cost and benefits. According to Wafula, Obare and Bellows (2014) peers and partners has been documented to affect contraceptive demand, perception, attitude and uptake in Kenya concurring with the current study.

Discussion

From the study results, the frequencies of the use of contraceptives among the respondents was based on the need to prevent the risk of pregnancy and STIs. The frequency of use was also determined by the fact that whether the sexual partner is infected by STIs. The respondents reported that the use of contraceptive was affected by the cost and availability. Female's sexual partners also affected the frequency on use of contraceptives by proposing to their male sexual partners to use contraceptive throughout sexual activity. This was based on the relationship type whether legally or illicit and also the number of sexual partners one have. The source of information on use of contraceptives affected the frequency of use as some respondents reported that *"we have learnt from our peers that one of the reasons why people don't use condoms frequently is that the sexual satisfaction is different when you have a condom and when you don't have. Because the girlfriend is afraid of getting pregnancy what they tend to do at times, although they may insist to use the condoms the male at one point decides to withdraw it (take out the condom during sexual activity) without the ladies' awareness"*. The responses of the respondents indicate that its use depended on the level of awareness among the users. The effects of the contraceptive also determined the frequency of use. The respondents noted that, *"The shorter the effect of contraceptives the more the frequency of its and the longer the effect the less the frequency of use."*

Conclusion

The frequency of use of contraceptives was affected by; the effect on the users body either short term or long term effects, cost of contraceptives, availability of contraceptives, source of information on contraceptives, the health status of the sexual partner, type of contraceptives their sexual partner were using and the need for sexual satisfaction.

Ethical Approval and Consent to Participants

Ethical approval was obtained from Ethical Committee of Egerton University and National Commission Science Technology and Innovation of Kenya. Written informed consent was obtained from all of the study's participants.

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