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Socio-cultural determinants of men participation in partner modern contraceptive use in Dallas location, Embu County, Kenya

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Abstract
Background: Male participation in partner modern contraceptive use is a viable strategy for improving modern contraceptive prevalence among married women. Increasing the uptake of modern contraceptives has been shown to significantly reduce maternal deaths resulting from unsafe abortions due to unintended pregnancies. In Kenya, the level of management in their partner's use of modern contraceptives is low. Therefore, it is imperative to establish the factors that influence the participation of men. This study explored the socio-cultural factors that influence married men's participation in their partners' contraceptive use in Dallas sub-location, Embu County, Kenya.
Methods: A community-based cross-sectional survey was undertaken involving married men aged 18 to 64 years. Data were collected using a semi-structured and interview-administered questionnaire developed by the researchers. Statistical Package for Social Sciences (SPSS) version 28.0 was used to analyze data. Frequencies and percentages were used to summarize study findings. Association between the dependent and independent variables was analyzed using the Chi-square test. P-value of < 0.05 was considered to be statistically significant association between the variables. Study findings were presented in narrative form and by use of tables.
Results: The mean age of the participants was 38.8 (SD±9.3). The majority of the participants (82.9%) indicated that their partners were using a modern contraceptive method. Most participants (86.3%) were participating in their partner modern contraceptive use. The main socio-cultural determinants of men participation were the number of children (p<0.01) and cultural attitudes (p<0.01).
Conclusion: The level of participation in partner's modern contraceptive use is high among married men. However, cultural norms continue to hinder their engagement in modern contraceptives. There is a need to develop a programme to educate men on the importance of their involvement in order to dilute the cultural barriers thus enhancing greater participation in their partner's modern contraceptive use.

Keywords: Socio-cultural determinants, male participation, modern contraceptives, Kenya

Introduction
Maternal mortality continues to be a major public health concern globally. Approximately sixty percent of these maternal deaths occur in Sub-Saharan Africa [1]. In Kenya maternal mortality ratio (MMR) increased from 480 per 100, 000 live-births in 2015 to 520 in 2020 [1]. Most maternal deaths in Sub-Saharan Africa occur due to preventable causes among them unsafe abortion [2, 3].
Statistics indicate that unsafe abortions contribute about 4.7%-13.2% of all maternal deaths [3]. In Kenya, approximately 2,600 women die annually, and about 21,000 more are hospitalized due to complications of unsafe abortions [4]. Most of these abortions occur due to unintended pregnancies. In Kenya, between 2015 and 2019, about 1.5 million pregnancies out of about 2.4 million that occurred were unintended. 38% of these unintended pregnancies ended in abortion [5]. Therefore, there is an urgent need to address the rate of unintended pregnancy in order to make a head way in reducing the number of maternal deaths.
Use of modern contraceptives is a viable strategy for reducing the number of unintended pregnancies. Studies have shown the use of modern contraceptives is capable of reducing the number of unintended pregnancies by 68% and unsafe abortions by 72% [6].

According to United Nations Population Fund (UNFPA), more than 141 million unintended pregnancies, 29 million unsafe abortions, and almost 150,000 maternal deaths were prevented by use of modern contraceptives [7]. Unfortunately, the prevalence of modern contraceptives remains unacceptably low. Available data indicate that an estimated 163 million women globally had an unmet need for family planning out of which 29.0% were living in Sub-Saharan Africa [8]. According to Kenya Demographic and Health survey (KDHS) 2022, Sixty-three percent of currently married women were using a contraceptive method, with 57% using a modern method [9].

Among the factors contributing influencing the uptake of modern contraceptives area religious affiliations, low family income, fear of spousal rejection as well as male partner participation [10, 11]. Male partner involvement is especially critical in that where men are involved in their partner contraceptive use, there is improved uptake and continuity of contraception method [12, 13]. Furthermore, failure to involve men in partner's contraceptive use has resulted in covert or discontinued use by female partners [14]. However, studies have reported low male participation especially in countries in sub-Saharan Africa [12, 15, 16]. In Kenya, the level of men participation is low despite the measures that have been put in place by the ministry of health [17]. It has been reported elsewhere that socio-cultural norms may contribute to the low level of men participation in their partner modern contraceptive use [18]. It is not clear whether this could be an important determinant in Kenya. Therefore, the main aim of this study was to determine the socio-cultural determinants of men participation in their partner's modern contraceptive use in Dallas Sub-location, Embu County, Kenya.

Materials and Methods

Study Design

A community-based cross-sectional survey was undertaken involving married men. The study was carried out between August and December, 2022 in Dallas sub-location, Embu - west location of Embu County in Kenya.

Study population

All married men aged between 18 and 64 years and, who were residents of Dallas Sub-location at the time of the study were targeted. Men who were not able to give consent or were married to male partners were excluded. Additionally, those who were not available during the data collection period after three visits were also excluded from the study. According to 2019 National census, it was estimated that Dallas Sub-location had approximate 564 married men.

Sample size and Sampling procedure

Yamane (1967) [31] formulae, was used to calculate the sample size. A sample size of 257 participants was arrived at. Simple random sampling method was used to select the sample representatives.

Research instruments

Data were collected using a semi-structured and interview-administered questionnaire developed by the researchers. The questionnaire had sections aimed at collecting data on demographic characteristics of the participants, partner's use of modern contraceptives, participation in partner contraceptive use and socio-cultural factors influencing the men's involvement in their partner contraceptive use. To control quality, the questionnaire was pre-tested at Itabua sub-location of Embu west Sub-County, Embu County using thirty participants. Revisions were made on the questionnaire based on the findings of the pre-test.

Data analysis and presentation

The questionnaires were checked daily for completeness and uniformity. Double entry of the data was then carried out. Analysis of data was carried out using Statistical Package for Social Sciences (SPSS) version 28.0. Frequencies and percentages were used to summarize study findings. Association between the dependent and independent variables was analyzed using the Chi-square test. P-value of < 0.05 was considered to be statistically significant association between the variables. Study findings were presented in narrative form and by use of tables.

Scope of the Study

The study was carried out in Dallas Sub-location, Embu West Sub-County Embu County. It targeted men aged 18-64 years who were married with female partners. The study concentrated on the sociocultural factors that may influence the participation of men in their partner's modern contraceptive use.

Ethical Approval and Permission

Ethical approval was granted by Chuka University ethics and research committee vide CUIERC/NACOSTI 294 as well as National Commission for Science, Technology, and Innovation (NACOSTI) vide NACOSTI/P/22/19652. Permission was sought and secured formally from all concerned authorities at all levels. Informed, voluntary and signed consent was sought from the participants before participating in the study.

Results

A total of 257 questionnaires were administered out of which 235 were complete representing a response rate of 91.4%. The mean age of the participants was 38.8(SD 9.3) with most participants in the study (43.4%, n=102) aged 31-40 years with only two participants aged below 20 years. Majority of the participants were protestants (32.2%, n=75) and majority (42.9%, N=101) had a secondary level of education. Almost half of the participants (46.4%, N=108) had two children. The results are displayed in Table 1.

Partner's use of Modern Contraceptives

Most participants in this study (82.9%, N=194) said that their partners were using a modern contraceptive method. However, 34.0% (N=66) of the participants were not aware the method the partner was using with most of those aware (29.9%, N=58) indicating contraceptive pills. Most participants (62.4%, N=121) sourced contraceptives from private providers with only 36.1% getting them from public health facilities (Table 2).

Participation in Partner's Contraceptive Use

Most participants (86.3%, N=202) indicated that they participated in the use of modern contraceptives by their partners. The main method of participation was by giving their partner's money to go for the contraceptive methods which were reported by 89.6% (n=181) with only 22.3% (N=45) stating that they accompanied their partners to the

health facility for the contraceptive methods as illustrated in Table 3 below.

Socio-cultural Factors Influencing Men Participation in Partner Modern Contraceptive use

The study sought to determine the influence of socio-cultural factors that influence participation in partner's contraceptive use. As shown in table 4 below, male participation did not differ greatly based on the religion though a higher proportion or Protestants (88.0%) participated in partner contraceptive use compared to Catholics (85.2%). Men participation was higher among the participants with primary level of education (91.8%) and least among those with a college and above level of education. Men's involvement was not significantly related to either religion (P=0.763) or the highest level of education (p=0.061). Men involvement was higher among men who had two children (92.6%, n=100) and lowest among those with four or more children (66.7%, N=6). Men's participation is significantly associated with the number of children (p=<0.01). Cultural attitude also impaired the participation of men with 28.9% (N=67) indicating that contraceptives are a woman's affair with 9.0% (N=21) indicating that it is against the culture. A significant association was established between cultural attitudes and male participation in partner modern contraceptive use (p=<0.01).

Table 1: Participants Demographic Characteristics

Variable	Category	Frequency	Percentage
Age in Completed Years	≤ 20	1	0.4
	21-30	37	15.7
	31-40	102	43.4
	41-50	82	34.9
	51-60	12	5.2
	≥ 61	1	0.4
Religion	None	20	8.6
	Catholic	62	26.6
	Protestant	76	32.6
	Muslim	75	32.2
Highest Education Level	None	20	8.6
	Primary	75	31.9
	Secondary	101	42.9
	College and above	39	16.6
Number of children	0	11	4.7
	1	97	41.6
	2	108	46.4
	3	11	4.7
	≥4	6	2.6

Table 2: Partner's Use of Modern Contraceptives

Variable	Category	Frequency (n)	Percent (%)
Does your Partner use a contraception method?	Yes	194	82.9
	No	65	17.1
Method Used by the Partner	I don't know	66	34.0
	Oral Contraceptive pills	58	29.9
	Injectables	41	21.1
	Intrauterine contraceptive device	25	12.9
	Others	4	2.1
Partner's source of Contraceptives	Public Health facility	70	36.1
	Private provider	121	62.4
	Other	3	1.5

Table 3: Men Participation in Partner Modern Contraceptive Use

Variable	Category	Frequency	Percent
Do you participate in Partner's contraceptive use?	Yes	203	86.4
	No	32	13.4
How do you participate in your partner contraceptive use?	Deciding on what method to use and when to start	21	10.4
	Giving her money to go for the method	181	89.6
	Accompanying her to get the method	45	22.3
	Reminding her to take the method	4	2.0

Table 4: Socio-cultural Factors Influencing Men Participation in Partner Modern Contraceptive use

Variable	Category	Participation (Frequency)		Chi-square (X^2, DF, P-Value)
		Yes	No	
Religion	None	17(81.0%)	4(19.0%)	3.357, DF=6, p=0.763)
	Catholic	52(85.2%)	9(14.8%)	
	Protestant	66(88.0%)	9(12.0%)	
	Muslim	67(88.0%)	8(12.0%)	
Highest level of Education	None	16(80.0%)	4(20.0%)	X^2=12.03, DF=6, P=0.061
	Primary	67(91.8%)	6(8.2%)	
	secondary	90(90.0%)	10(10.0%)	
	College and above	29(76.3%)	9(23.7%)	
Number of living children	0	3(77.3%)	8(22.7%)	X^2=56.6, DF =10, P=<0.01
	1	86(87.8%)	12(12.2%)	
	2	100(92.6%)	8(7.4%)	
	3	9(81.8%)	2(8.2%)	
	≥ 4	4(66.7%)	2(33.3%)	
Cultural norms	It's a woman's affair	67(28.8%)	20(8.6%)	X^2=211.4, DF=10, P=<0.01
	Friends will laugh at me	54(23.2)	2(0.9%)	
	It's against mu culture	20(8.6%)	8(3.4%)	
	Too busy	52(22.3%)	4(1.7%)	
	Partner won't let me	5(2.1%)	0(0.0%)	

Discussion

The study sought to determine the socio-cultural factors that influence men participation in partner's modern contraceptive use. The mean age of the participants was 38.8(SD±9.3) with most participants (43.3%, N=102) aged between 31-34 years. This concurs with the KDHS of 2022 which indicated that most married men fall in this category. Similar findings are reported by a study by Kassa and colleagues but contradict those of Mulatu and colleagues who reported that most men had a lower mean age [12, 19]. Most participants in this study were Protestants with Muslims exceeding Catholics. This may be due to the fact that a significant number of inhabitants of Dallas slums are of Swahili descendent who are pre-dominantly Muslim. These findings tally with previous study findings in Afghanistan by Shabanikiya and others, but dispute finding by Mulatu *et al.* and Kassa *et al.* whose study found that most participants were Muslims and Orthodox respectively [12, 19-20]. Most participants (43.3%) in the study had a secondary level of education. This may be due to the accessibility of secondary education in Kenya due to opening up of day secondary schools and the campaign by the Kenyan government to have secondary as the basic level of education. This finding is in tandem with KNBS&IFC but contrary to Mulatu *et al.* findings in whose study more than 50% had no formal education [9, 12]. Most participants in this study (43.3%) had two children. This is slightly less than the national fertility rate of three children as established by the Kenya Demographic and health survey of 2022 [9].

In this study 82.9% of the participating men reported that their partners were using a modern contraceptive method. Most frequently mentioned was the oral contraceptive pill (29. 9%). The percentage of women using a modern method reported in this study was higher than the 57.0% reported by the KDHS of 2022 and 19.0% reported by Thummalachetty *et al.* [9, 21]. The findings in this study on the common modern contraceptive differ with that of KNBS &ICF and Idowu *et al.* who determined that injectable contraceptives are the most prevalent among women [22]. This may be due to the fact that those using injectable may not disclose the method to their partners unlike the oral contraceptives where covert use may be difficult. In this study, 62.4% of the participants indicated that their partner got their contraceptives from private providers. This may be due to the "convenience" of private providers such as having a shorter waiting time [23]. This differs from findings in other studies that have reported that about 60% of modern contraceptive users' sources from public health institutions [24, 25].

The relationship between religion, level of education and men participation in this study was not significant. This implies that religion and education were not a major determinant of participation. This differs with findings in studies in Pakistan and Wajir and Lamu in Kenya which reported that Muslims are less likely to participate in partner contraceptive use [26-27]. Similarly, the findings are incongruent with those of a study in Ethiopia where level of Education was reported as a main determinant of participation. The number of living children was significantly associated with participation. This finding concurs with that carried out in Ethiopia by Geltore and Lakew [28].

This study established a significant association between cultural norms and participation (p<0.01). The major reason why men did not participate in partner contraceptive was a feeling that it was a woman's affair. Studies on the participation of men in other reproductive services have also established this as an important barrier [29, 30]. Similar findings are reported by Sharma and others in Nepal [18].

Conclusion

The level of participation in partner's modern contraceptive use is high among married men. However, cultural norms continue to hinder their engagement in modern contraceptives. There is a need to develop a programme to educate men on the importance of their involvement in order to dilute the cultural barriers thus enhancing greater participation in their partner's modern contraceptive use.

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Conflict of Interest

Not available

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Not available

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