

Knowledge, attitudes and practices of rural men towards the use of contraceptives in Ga-Sekororo, Limpopo Province, South Africa

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Abstract

The objectives of the study were to determine men's attitude and knowledge of contraceptives and to identify their willingness to share responsibility for contraception with their partners. The setting was a rural community in South Africa with access to contraceptives. The study was qualitative, using focus group discussions with adult men as participants. Findings showed that men were aware of both modern and indigenous contraceptive methods but had a negative attitude towards the use of modern methods. Some participants indicated a preference for indigenous methods which they regarded as natural over modern methods which involved the use of pharmaceutical substances. Some participants were found to be unwilling to share responsibilities for contraception with their partners although a few showed a willingness to involve them in the decisions. The findings point out challenges and opportunities facing reproductive health services providers in involving men as equal partners in reproductive health matters.

Introduction

Contraceptives are helpful in preventing unwanted pregnancy and some can protect against sexually transmitted infections (STIs) including infection with HIV.^{1,2} Contraceptives improve the health and socioeconomic conditions of people. They also empower men and women to have control over their ability to have children.^{1,2,3}

In rural areas, most women carry the burden of preventing unplanned pregnancies alone, without the support of their partners.⁴ Most of the men rely on their partners to initiate the use of contraceptives to prevent unplanned pregnancies. Women in rural areas often cannot negotiate for safer sex because men violate women's sexual rights. This violation of women's sexual rights undermines women's position in society and makes them vulnerable to unwanted pregnancies.⁵ Literature has shown that throughout the world, the reproductive health behaviours and attitudes of some men seriously jeopardise the reproductive health of women.⁶ Literature on male involvement in family planning suggests that women are vulnerable to STIs and unwanted pregnancies due to men's leading roles in the family and community. A study conducted in Tanzania indicated that contraceptives were acceptable amongst men but in Kenya acceptability and use of contraceptives was very low.¹

In certain situations married women used contraceptives secretly as their husbands were not cooperative.⁷ Cultural

beliefs, ignorance, religious teachings, and men's lack of cooperation were found to be the main barriers to communication between partners on contraception.⁸ Communication and cooperation between partners is very important in the use of contraceptives as both parties in a relationship are responsible for making decisions around contraception.⁴ When two people are in a sexual relationship, it is important that they make decisions together about using contraceptives to prevent unwanted pregnancies. In my personal experience as a nurse working in a Primary Health Care (PHC) clinic, I heard women complaining that men were not cooperative when told about contraceptives. Many rural women confided in me that they used contraceptives secretly and always lived under fear of being discovered. Men on the other hand, confided that they experienced aches and pains, premature aging, early deaths, weak erections and other chronic diseases due to the effects of contraceptives used by their partners. Complaints of men about women and women about men on the use of contraceptives are summarised in Box 1. Little data exist regarding men's contraceptive knowledge, attitude and practices in South Africa and other parts of the world. Men should, therefore, be targeted for family planning services to encourage their participation in the use of contraceptives.⁵

A study by the Women's Health Project on South African women's experiences of contraception and contraceptive services found that men were willing to use contraceptives including vasectomy if given information about them.

Box 1: Complaints of men and women against each other**Women about men**

- Men are not cooperative
- Men destroy our appointment cards
- Men destroy our contraceptive pills
- Men refuse to use condoms that we bring home
- Men beat, dump and divorce us for initiating contraception

Men about women

- Women's contraceptives causes us bodily aches and pains
- We have premature ejaculation from their contraceptives
- We experience premature aging from their contraception
- Women's contraceptives causes us all sorts of chronic illnesses
- We have diminished libido from their contraceptives

Men were also found to be willing to use condoms if they did not have to queue in order to acquire them from health workers at the clinics.⁹ Men are more interested in family planning than is usually assumed and today family planning programmes are increasingly focusing on involving men.⁵ Men aged 35 to 64 years are less likely to seek contraceptive advice than young ones. Rural Africans are less likely to seek advice on contraceptives compared to those living in urban or metropolitan areas.⁷ In most African countries women reported that men were not cooperative in discussion on contraceptives. Some men considered family planning to be the responsibility of women while on the other hand women considered it the responsibility of both partners. Sixty-seven per cent of men in a study conducted in Australia said that the decision should be made together with their partners and agreed to take responsibilities together. However their behaviour of preferring oral contraceptives and intrauterine contraceptive device (IUCD) over other methods and their choice of tubal ligation being twice that of vasectomy did not seem to support their declaration of taking responsibilities together with their partners. The study further revealed that 63% of men would not take a male contraceptive pill when available.⁵ Reproductive health experts recognised that involving men in family planning would yield many benefits such as client satisfaction and the adoption, continuation and effectiveness of contraceptive use.⁴

Literature on reproductive health indicated that most men relied on their partners to use contraceptives while some cited lack of knowledge about contraception as some of the reasons they did not practise contraception.⁷ Cultural factors prevented most men from using contraceptives. The factors were expressed as⁵:

- fear that contraceptives would undermine their authority as head of the family;
- fear of harmful side effects;
- fear that contraceptives would encourage their wives to be unfaithful;
- opposition due to religious reasons; and
- desire to have a large family.

Societal expectations about what it means to be a man may give men the power to influence and determine women's reproductive health choices, which may undermine women's ability to protect themselves from unintended pregnancy or HIV infection.⁴ Condoms were perceived by many Africans as blocking the gift of self and preventing the ripening of the foetus in pregnancy.⁹ The use of contraceptives was found to be surrounded by false beliefs shared by many people in most rural communities. Most common of such beliefs were¹:

- condoms were contaminated with HIV;
- the possibility of a condom remaining inside the woman's womb;
- stomach pains; and
- condoms lead to premature ageing.

The aim of the study was to highlight knowledge, practices, and attitudes of rural men on the use of contraceptives in a village of Limpopo Province, South Africa. The objectives were to identify the benefits of contraceptives as perceived by men; the various methods of contraceptives they knew; the preferred number and sex of their children and to enquire on men's willingness to use the male contraceptive pill when available.

Methods

The study was conducted in Ga-Sekororo, Maruleng Municipality in Limpopo Province of South Africa. Ga-Sekororo is a rural area governed by two *magoši* (chiefs), one in the smaller eastern part while the other governs the bigger southern part. There are ten villages in the area each of which is supervised by an *induna* chosen by the *kgosi* (chief) ruling that area. The dominant language is Northern Sotho with very few speaking Xitsonga, Tshivenda and English as second languages. The majority of the people in the area share the same culture (Pedi) as they have been together as a community for a very long time although there are some who migrated from neighbouring countries to work in the nearby commercial farms and later settled in the villages.

Ga-Sekororo has one government hospital, five PHC clinics providing comprehensive primary health care and six mobile points where selective primary health care is provided. Each mobile point is open once every second week and patients using that point have a schedule. The hospital, PHC clinics and the mobile points all provide contraceptives free of charge. The PHC clinics and the hospital provide services everyday unlike mobile points and will also attend to medical emergencies at all hours. Contraceptives are provided even beyond normal working hours to accommodate people who work at areas not reached by the mobile points. There are less than five private medical practitioners in the area who, amongst other services, provide contraceptives at a fee. People here share indigenous knowledge on family planning and contraceptives as well. Methods of contraception commonly available to men in many African countries include condoms, sterilization, withdrawal and periodic abstinence until a child is wanted.⁸ In South Africa, common contraceptive methods available to women are oral contraceptives, injectables, barrier methods,

and the indigenous family planning methods such as the safe period¹⁰ and the lactation amenorrhoea method. Box 2 presents methods that are easily available in South Africa classified according to sexes.

Box 2: Easily available methods of contraceptives

For men Withdrawal; condoms
For women Diaphragm; injectables; Lactational Amenorrhoea Method; oral contraceptives; indigenous methods
For both sexes Sterilisation; periodic abstinence until a child is wanted

A qualitative study was conducted to study the knowledge, practices and attitudes of men towards the use of contraceptives. The target group for the study was men between the ages of twenty and fifty, both those who were married and unmarried. In Ga-Sekororo, men between these ages are culturally expected to be married, or at least living together with a woman and their relationship likely to result in a marriage. These men are therefore more likely to have all had a long-term relationship with a woman who is on contraceptives. Fifty-five men participated in the study and were allocated to five focus group discussions (FGDs). The focus group discussion method was found to be suitable to the study as it enabled the researcher to get closer to men's perceptions on sensitive issues relating to contraceptives. It also encouraged participants to analyse their own views more intensely than would have been the case with individual interviews. FGD allowed the researcher and the participants to pursue the study topic in greater depth by explaining cultural values and beliefs about contraception.

Five villages from Ga-Sekororo were conveniently selected as the area of study. The sample was one focus group from each of the five villages. Table 1 shows participating villages, number of sessions held and the number of participants. As focus groups are not intended to yield generalisable data, random sampling was not necessary.¹¹ The convenience sampling method was used to include people who were near at hand, easy to recruit and were most likely to give the greatest insight into the study topic.^{12,13} The study was approved by the Ethics Committee of the University of Limpopo (Turfloop Campus) and each participant signed a consent form once he had agreed to participate in the study. Group sessions were held at times and venues convenient to participants. In some cases, two sessions lasting for one to two hours were held while in others three sessions were held. The researcher used an audiotape to record what participants said during group session and also made observational notes during meetings to supplement the tape recordings. He obtained consent from participants to take notes and to make an audio recording of the proceedings.

Table 1: Participating villages, number of participants and number of sessions

Name of village	Number of participants	Number of sessions
Moshate	10	2
Sofaya	10	2
Madeira	12	3
Metz	10	3
Makgaung	13	3

The researcher facilitated all group sessions using a topic guide which is a checklist of issues to be probed. The guide was translated into Northern Sotho, which is the first language of all the participants. Topics in the focus group guide with probing questions were as follows:

- Questions relating to contraceptives knowledge:
 - What methods of contraceptives do you know?
 - What are some of the benefits of using contraception that you know?
 - What are some consequences of engaging in unprotected sexual intercourse that you know?
- Questions relating to practices:
 - What are your reasons for using contraceptives?
 - Which contraceptive methods do you use in your relationship?
 - What are your feelings about involving your partner in the decision to use contraceptives in a relationship?
 - What are your feelings about the use of the male contraceptive pill when available?
- Questions relating to attitudes towards the use of contraceptives:
 - What are your feelings towards the use of contraceptives?
 - What are your feelings on the size of the family (number of children)?
 - What are your feelings on the sex of the first child, and of the subsequent children?

The researcher transcribed the audiotape recordings into a textual form and translated it into English. He used qualitative content analysis to analyse the textual form where he put emphasis on meaning. Meaning was derived from the research questions, the topic guide and a closer examination of the whole data.

Results

Questions relating to knowledge on methods and benefits

All the FGD participants easily mentioned the loop, condoms, traditional methods, the pill and injection as methods of contraception that they knew about. An older participant in one of the FGDs mentioned withdrawal and breastfeeding

as methods of contraception. He had this to say about breastfeeding as a contraceptive: *"You know breast milk smells bad to a grownup, especially to a man, and that turns him away from the woman. A breast feeding woman is thus sexually unattractive to a man and that is how nature ensures that she will concentrate on breastfeeding the child and not be busy with men. That is how our parents were able to space their births."* Another participant mentioned sterilisation to which some in the group seemed surprised.

FGD participants were asked to discuss the benefits of using contraceptives and consequences of unprotected sex. The majority mentioned "manageable family size", "control pregnancies" and the fact that children can grow well without sharing care and love with the younger one very early. One participant said: *"when pregnancies are well spaced, my wife can get enough time to take care of the youngest child in the family. It also helps her body to rest and prepare for the next pregnancy."* Another participant said: *"These days it is helpful to use contraceptives as they protect the man against women's infections, like when you use a condom you will not get these diseases that everyone talk about today."* Another added: *"If we refuse the advice to use contraceptives, our wives will always be pregnant ... or breastfeeding and will end up bearing more children than we can afford to bring up, you know bringing up a child today requires a lot of money."*

Questions about practices

Questions posed to identify methods they used and the reasons for using them generated responses that highlighted the level of communication with their partners on contraceptives and who takes the responsibility for contraception in the relationship. Some use the pill in their relationships as they can "see their partner taking it with their own eyes". Another said *"the appointment card with the nurses' signature is proof that the woman is taking the pills."* A participant said: *"I use a condom as I have control over it, using it gives me proof that I am protected unlike other methods that are controlled by the woman. I can physically check the condom to ensure that it is in good condition, if you are not careful a woman can make you responsible for another man's pregnancy if she wants to pin you down."* Those who use the injection in their relationships said women should ensure they are protected against pregnancy. A participant said: *"My partner has to make sure that she does not fall pregnant and should use the injection. I only want to see the appointment card and sometimes I believe her when she says it verbally, after all it is she who will fall pregnant and not me."*

On whether they were willing to use the male contraceptive pill when available, most participants said they were not willing as it might compromise their manhood. A participant said: *"That pill sounds like a form of castration; I don't want to lose my manhood. The woman should be the one to ensure that pregnancy does not occur when we do not want it to occur."* Another differed by saying: *"I think we as men should start to share the risks with women. If contraceptives are dangerous we should share the dangers just like when they are beneficial*

we should share the benefits with the women that we love. We cannot leave all this responsibility on the women."

On the decision to use contraception in a relationship most of the participants said they as men took the decision as heads of families and as they are responsible for financial upbringing of children. Only a few indicated that a decision to use contraceptives should be taken jointly by the partners. One participant said: *"Women should be respected and be included in decision making, especially on matters related to pregnancy and child birth as these things involve them greatly, it is about the women's bodies and health more than the men."*

Questions about attitudes

Focus group discussion participants responded in their majority that contraceptives are generally bad for men's health although some have a few benefits. One participant in the group said, *"There are no real men today, all are weak and look like old men and can not dig trenches like men used to do in the past, this all because of the injections and pills that our partners use. These modern contraceptives condemn us."* Another added: *"having sex with a condom is like vomiting and then eating the vomitus backthat is why most men are just weak and aging early these days as many people use condoms"*.

Participants were asked about their preferences on the sex of their first born child and the number of children they wish to have. Most preferred a smaller family of up to three children and all indicated a preference for the first born child to be a boy.

Discussion

Men who participated in the FGDs had sufficient knowledge of modern methods of contraceptives available in South African public health services. This is not surprising when considering the availability of health services in the area and the use of mass media in the form of radio and pamphlets in South Africa to educate people on health issues. They also mentioned traditional methods of contraception, which are indigenous to the area. Men mentioned breastfeeding as a method of contraception, which was not the same as the Lactational Amenorrhoea Method (LAM). They explained that the smell of breast milk is not attractive to men; as such, a breastfeeding woman will not have sexual intercourse as men are repelled by the smell. In LAM, the woman cannot fall pregnant even if she has sexual intercourse as her ovulation is delayed due to the physiologic effects of breastfeeding.¹⁴

The people of Ga-Sekororo share the same beliefs with most African communities that if a breastfeeding woman engages in sexual intercourse, the nature of her breast milk is negatively affected and the child who feeds on such milk will experience health problems.¹⁴ Men would also avoid impregnating a breastfeeding woman because of believes that pregnancy will affect the nature of the milk, making it unsuitable to the child. The practice at Ga-Sekororo is that if a woman gets pregnant while still breastfeeding, she should immediately

stop feeding her child from her breast to protect that child against diseases caused by unhealthy milk. As breastfeeding is valued in this area, men and women avoid sexual activities that would interfere with it. This then makes breastfeeding a contraceptive method to those who hold such beliefs.

Most men indicated that contraceptives are dangerous to the health of both men and women, and attributed the increasing number of multiple births, conjoined twins, congenital defects in children and increased poor health in men to the use of modern contraceptives by women. These men believe that during sexual intercourse a man absorbs some of the contraceptives from the woman and that leads to ill health in men. Focus group discussion participants did not mention male sterilisation and withdrawal as methods they personally used in their relationships but mentioned traditional methods, condoms, injectables and the oral contraceptive pill. The types of method they chose indicate that the burden of using contraception is still on the women. Even older men did not mention male sterilisation as the method they used in their relationships.

The decision to use contraceptives in a relationship is taken by the man alone in most of the participants. This is consistent with the traditional and cultural ways of life of people in this area where women have limited decision making powers. Some of the men who indicated a willingness to use the male contraceptive pill when available, mentioned reasons that showed some selfishness on their part. Some of those reasons were that men wanted to protect themselves against supporting a pregnant woman and also to be in control, as men sometimes cannot trust women when reporting to be using a contraceptive method. It is, however, encouraging that some of the participants, although in the minority, mentioned the importance of involving their partners in decision making as acts of love and protection to the women.

Most of the participants in the FGDs showed a negative attitude towards the use of modern methods of contraception. Some indicated that nature should be allowed to continue undisturbed by the use of modern contraceptives. They reasoned that nature has a way to ensure that women do not bear more children than they can afford to care for. They indicated that in those rare situations where the use of contraceptives in a relationship becomes necessary, the person should consult the elders who will recommend a suitable traditional method.

The results on the number of children in the family indicate that smaller families are preferred by the majority of men. However, the means to achieve a smaller family is left to nature and not to modern scientific methods of contraceptives. It is reasonable to have a smaller family that one can bring up properly, but a reasonable person should take measures such as the use of contraceptives to achieve that. In this age it is not enough to leave to nature alone to regulate the frequency of pregnancies and births, but men and women should take active measures to attain the required family size.

Almost all men in the FGDs preferred a boy as the firstborn child in the family. The sexes of subsequent children were not important to these men as long as the first one was a boy. If the firstborn is a girl, the man becomes disappointed and would be happy at least if the succeeding one is a boy. This practice is common amongst Africans in South Africa. The danger of this practice is that if the firstborn happens to be a girl, the woman will continue to have pregnancies at short intervals with the hope that the following one will be a boy. This may put many women under pressure to bear a boy child by risking their lives through frequent pregnancies.

Recommendations

The challenge facing reproductive health workers in South Africa is not to condemn men for their negative attitudes towards contraception, but to make the hidden cultural logic behind resistance to contraceptive use known and thereafter to find ways to work with or around it.⁹ Programmes to involve men in reproductive health should be intensified by both the government and nongovernmental organisations (NGOs) operating in the area. Young men should be targeted to cultivate a positive attitude towards contraceptives so that they will grow up with the knowledge that sexuality and reproductive health issues are the responsibility of both men and women.¹⁵ Innovative ways to reach men should be sought by the various NGOs and research institutions so that men's health can get the same attention as women's health in South Africa. One of such innovative ways can be the establishment of a peer group of men who are trained and are role models to others.¹⁶ Research indicated that it was possible to facilitate men's participation in contraception and family planning by introducing training programmes.⁵ Those training programmes will sensitise men to change their attitude and participate in reproductive health matters as equal partners with women. Men of all ages should be targeted with reproductive health education as a person remains open to attitude change throughout his life time.¹⁵ Condoms should be distributed in such a way that they are easily accessible and increase a sense of privacy while reducing embarrassment.⁹

Improving men's knowledge on reproductive health is essential to increasing the likelihood that men will engage in protective behaviours to benefit their own health and that of their partners. Women will then be relieved of the burden of carrying the responsibility to prevent unwanted pregnancies alone. Active participation by men in sexual and reproductive health would promote the concept of mutual respect and equality in sexual decision-making and relationship.⁴ Contraceptives prevent unwanted pregnancies and some can protect partners against sexually transmitted infections (STIs) including infection with HIV. Contraceptives will also contribute towards prevention and control of STIs and HIV and AIDS in South Africa as well as decreasing unwanted or unplanned pregnancies and the increased use of termination of pregnancy services (TOPs). Men who understand contraceptives, who have developed a positive attitude towards them, and who use contraceptives will also contribute towards prevention and control of STIs and HIV and AIDS in South Africa.¹

Conclusion

Women in Ga-Sekororo carry the burden of using contraceptives alone, as men are not sharing the responsibility with them. Some men may violate women's sexual and reproductive rights due to their positions of power in society. Most men are ignorant about the benefits of contraception. Contraceptive methods and information are freely available at most public health institutions in South Africa but they are not accessible to men because provision of these services does not take into account the powerful positions that men occupy in society relative to those of women.

Men and women blame each other on the lack of communication and cooperation on the use of contraceptives in a relationship. This study has indicated that men will develop a positive attitude towards contraceptives and then share the responsibility for their use if given sufficient information on their sexuality and reproductive health. Men reject the condom as a method of contraception and associate it with irresponsible sexual activities before and outside of marriage. A male child is more valued than a female child in this community and many couples will continue to bear children until a male child is born.

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