ATTITUDES OF MEN TOWARDS BIRTH CONTROL MEASURES PRACTICED BY WOMEN IN MAMITWA AREA TZANEEN LIMPOPO PROVINCE

by

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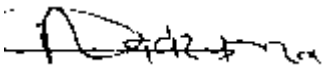
D E C L A R A T I O N

I declare that Attitudes of men towards birth control measures practiced by their partners in Mamitwa area located in the Greater Tzaneen Municipality, which falls under the Mopani District, in Limpopo Province of South Africa is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution

Ndifelani Daphney Radzuma — 05/07/2021

Full names — Date



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ABSTRACT

Background: This study sought to understand men's attitudes towards birth control measures practised by their partners in the Mamitwa area located in the Greater Tzaneen Municipality, which falls under the Mopani District in Limpopo Province of South Africa.

Methods: A qualitative descriptive study using Focus Group Discussions (FGDs) with purposively selected men aged 25-60 years in a relationship with women of childbearing age was conducted in 2019 in the Mamitwa area. Open-ended question guide was used to explore men perceptions regarding Family Planning and discussions were recorded, translated, and transcribed verbatim. Transcripts were coded and analysed thematically.

Results: Three major themes were identified, namely: (i) Perceived advantages of Family Planning, including financial benefits, Prevention of STIs and unwanted pregnancy; (ii) Perceived disadvantages of Family Planning, including adverse effects of Family Planning on men and women and marital difficulties; and (iii) Communication with men about Family Planning, including healthcare workers, were being blamed for excluding men in Family Planning discussions.

Conclusion: Men had favourable attitudes towards Family Planning use. However, there is a lack of adequate information about Family Planning, thus causing men to doubt allowing their respective female partners to use Family Planning. This underscores the need to educate and involve men in Family Planning programs.

Key Concepts: Family Planning; Attitudes; Perception; Men Family Planning Use

CONTENTS

LIST OF ABBREVIATIONS/ACRONYMS

FGDs	:	Focus Group Discussions
FP	:	Family Planning
HIV	:	Human Immunodeficiency Virus
MDG	:	Millennium Developmental Goal
NDOH	:	National Department of Health
TOP	:	Termination of Pregnancy
CPR	:	Contraceptive Prevalence Rate

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1. Introduction

Many women in rural areas carry the burden of preventing unwanted pregnancies alone without their partner's support, and some do not use contraceptives due to their male partner resistance to Family Planning (FP) and fear of spousal retaliation. A qualitative research was conducted to understand the attitudes of men towards FP measures practised by their partners in the Mamitwa area located in the Greater Tzaneen Municipality, which falls under the Mopani District, in Limpopo Province of South Africa. It is anticipated that the knowledge generated from this study will give new insight on the subject and improve Contraceptive Prevalence Rate (CPR). The study was done in August 2019 on weekends to include those who were working during the week and purposive sampling method was used. This chapter begins with an overview of background and context of the study, followed by a problem statement, and concludes with a discussion of the rationale and significance of this study.

1.1 Background and Context

Over the past years of working at the Letaba Hospital and Primary Health Care clinics in the Tzaneen sub-district, the researcher has had many encounters with women (both young and old) with high parity, poor child spacing and some of these women would request termination of pregnancy. As a result, a question was triggered in the researcher's mind about the knowledge of Family Planning or contraceptives amongst these women and their partners. On further enquiry, most women were well informed about contraceptives. Some of the contributing factors to low uptake or inconsistent use of Family Planning included refusal by their husband or partners, myths towards Family Planning and cultural issues.

1.2 Problem Statement

Unintended pregnancies are a problem that affects not only women but also their families and societies worldwide. Despite the availability of Family Planning services, unintended pregnancies still occur worldwide, including in the Republic of South Africa. The constitution of South Africa makes provision that any person in South Africa has

the right to good quality health care including reproductive health. Since men are dominant decision makers in rural areas, understanding their attitudes towards Family Planning has a significant impact on women's reproductive health. Women are free to choose Family Planning method without pre-approval from their partners, but they can inform their partners about it.

Studies have been done in different parts of the world that attempted to understand attitude of men towards Family Planning. However, such studies are very few in the South African context.

1.3. Research Question

What are the attitudes of men in the Mamitwa area towards Family Planning methods practised by their female partners?

1.4. Aim of the Study

To understand attitudes towards Family Planning methods amongst men in the Mamitwa area.

1.5. Objectives

- To determine the attitudes of men in the Mamitwa area towards birth control measures; and
- To identify perceptions of men in the Mamitwa area about birth control issues.

1.6 Rationale and Significance

South Africa is experiencing key reproductive health challenges that are embedded in socio-political and social variables. Most women in rural areas solemnly rely on men for the provision of all basic daily needs. As a result, this may affect their health when it comes to birth control as they cannot make decision on their own on the issue. Unmet needs for Family Planning remain a worldwide test and in 2014, more than 225 million women in the developing countries could not access and utilise Family Planning (Susheela, Darroch & Ashford, 2014). While internationally there has been an expansion in contraceptive prevalence and lessening in unmet need since 1970, the

Sub-Saharan Africa area keeps on having the least prevalence rate at 24% and most significant level of unmet need at 25% (Cleland et al., 2006).

The world has identified September 26 of each year as a World Contraception Day, devoted to raising awareness of Family Planning and improving education about sexual and reproductive health, with a “vision of a world where every pregnancy is wanted” (Global Perspectives on Unplanned Pregnancies, n.d.). Increasing the uptake of modern contraception is critical to enabling women and their partners to meet their fertility goals and to reduce unmet need for Family Planning. Fears, misconceptions or misinformation, and side effects (actual or perceived) of methods are common barriers to the adoption and continuation of modern contraception. Understanding barriers to fertility regulation is important for providing programming guidance in relation to the provision of Family Planning services (Gupta, Engelman & Levy, 2014).

While Family Planning services have targeted women traditionally, there is growing recognition that reproductive health is the joint responsibility of women and men (Kabagenyi et al., 2014). Interest in involving men is increasing not only from women reproductive health issues but also to address men’s own health concern, as well as the efforts to achieve millennium development goal for reduction of maternal mortality and HIV transmission.

Growing evidence suggests that male involvement in Family Planning can increase women’s contraceptive uptake (Ogunjuyigbe, Ojofeitimi & Liasu, 2009; and Abdul, Nasir, Tahir & Zaidi, 2010). Since men, particularly in rural areas are dominant decision-makers, it is important to understand their attitudes towards contraceptive practice to improve their involvement, and by doing this Family Planning methods uptake by women will increase. The latter will also, in turn, reduce the number of unintended pregnancies; improve the socioeconomic status of families; and reduce pregnancy-related risks and infant mortality. To involve men in Family Planning programs, the first step will be to understand their knowledge and attitudes toward contraceptives. Various studies have been done in different part of the world which attempted to understand men’s knowledge and attitudes towards contraceptives.

However, such studies are few in the South African context; hence the researcher was motivated to embark on this research activity.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

In this chapter, the current medical literature related to men's attitudes towards birth control measures is reviewed and discussed. Such is presented under the following topics: male involvement in Family Planning, misconceptions about Family Planning and attitudes of men towards Family Planning. To conduct this literature review, the researcher used multiple sources, including books, the Internet, and professional journals. The search engines used were Google, Yahoo, and the following databases: PubMed, Cochrane, and Lancet. Fifty-six (56) articles were retrieved and used for the study. Keywords used are, namely: Men, attitudes, Family Planning men involvement, Contraceptive side effects, misconception, barriers, Contraceptive decision-making, spousal Communication.

2.2 Male Involvement in Family Planning

A study done in Bangladesh found that only 40% of men were involved in their partners' reproductive health (Bishwajit et al., 2017). Patra and Sigh also found that men in India thought Family Planning (FP) is women's business and men should not worry about FP. Several strategies to improve men's involvement in Family Planning, like in India, a male-based FP intervention study was done, and it focused on men's knowledge and attitudes toward FP, couples' communication, and Family Planning methods use among young couples. The intervention indicates that even a short number of in-depth meetings with men can increase knowledge, change attitudes, and change behaviours related to Family Planning. In this study, men's intentions to use FP increased from 56% to 65%. Among those who had no intention to support FP, their principal reason was a desire to have more children and religious-related issues. Men and women also reported a significant increase rate in joint decision making (https://www.fhi360.org/resource/increasing-mens-engagement-improve-family-planning-programs-south-asia, 2012) (Family Health International (FHI), 2012).

Family Planning programs in many African countries are unsuccessful because of the exclusion of men in Family Planning programs (Ezeh, Seroussi & Raggers, 1996).

While many factors affect Family Planning methods uptake, men's opposition or non-involvement have been blamed for low Family Planning uptake (Kriel et al., 2019; and Letamo & Navaneetham, 2015). In sub-Saharan countries, men think Family Planning services are intended for women and are embarrassed to find themselves in such "female" places ((Vouking, Evina & Tadenfok, 2014).

In countries with high fertility and unmet needs, men are regarded as unsupportive of their partners' use of birth control measures (Ogunjuyigbe, Ojofeitimi & Liasu, 2009; and Abdul, Tahir & Zaidi, 2010). In many sub-Saharan Africa, fertility rates and unmet needs remain higher despite the evidence on the advantages of involving men in reproductive health (Hartman et al., 2012).

Sixty-five per cent of Nigeria disapproved of attending Family Planning clinics with their spouses, and in Ethiopia, 56% of men reported no discussion about Family Planning issues with their wives and believed that it is a natural process and does not need discussion ((Vouking, Evina & Tadenfok, 2014).

Matlala (2010) found that South African men were unwilling to share Family Planning responsibilities. Kriel et al., (2019) found that SA women use FP in secret with the fear of male partner retaliation (being beaten or Family Planning booklet being destroyed). They further found that men also found that men can negatively influence Family Planning use by obstructing Family Planning method use, resulting in either discontinuation or secretive use. Discontinued or secretive use increases the risk of having an unplanned or unintended pregnancy. Furthermore, this study also shows that the involvement of male partners can improve FP uptake and use by providing social support, supplying FP information, and sharing the responsibility of using FP correctly and consistently (Kriel et al., 2019).

Studies suggest that involving men in Family Planning programs can spike birth control measures uptake and continuation by reducing men's opposition and increase knowledge (Ogunjuyigbe et al., 2009; and Abdul et al., 2010).

The exclusion of men from FP decision-making places a burden of FP on women alone and may prevent the productive involvement of men (Clark, Yount & Rochat, 2008).

Decision-making on Family Planning use is a shared responsibility of men and women. Men need to be involved in reproductive health programs and gender-equitable attitudes to be addressed. These will help not only in accepting Family Planning methods but also in their practical use and continuation. Evidence shows that male involvement can lead to FP use through the pathway of increased spousal Communication. Moreover, in the absence of honest communication, women often incorrectly perceive that their partners are opposed to FP use, resulting in the covert use of contraception or not using Family Planning (Hartmann, Gilles & Shattuck, 2012).

Lack of male involvement is also blamed on Family Planning service, including awareness-raising campaigns that traditionally targeted women (Kabagenyi et al., 2016). It was also found that low participation in Family Planning among men and reasons for low male involvement were lack of information and inaccessibility to the services, and the desire to have more children (Kassa et al., 2014; and Kabagenyi et al., 2014)

Barriers to men's involvement in Family Planning services include side effects of female contraceptive methods, preferences to have large families, the fear of partner sexual promiscuity and men dissatisfied with male Family Planning methods choices (Kabagenyi et al., 2014). One another barrier reported by many researchers as a reason for limited male involvement was that men believed that Family Planning is a women's domain (Kabagenyi et al., 2014; and Sakara et al., 2016). Sakara et al., (2014) further identified that religion, for example, the Catholic and Islamic faiths, disapproves of modern Family Planning methods, influencing men not to approve or get involved.

Family Planning programs increasingly aim to encourage men's involvement in women's reproductive health decision-making. Tilahum et al., (2015) found that an educational program increased men's intention to attend Family Planning service with their spouse. Speizer et al., (2018) found that community-based activities; radio and television programs; and working with religious leaders are associated with increased contraceptive uptake and spousal communication (Speizer et al., 2018).

Several studies in the Sub-Saharan Africa have identified the fear of side effects due to modern Family Planning methods as a barrier for male participation in Family Planning (Sunnu & Adatara, 2016; Kriel et al., 2019; Kabagenyi et al., 2016; and Thummalachetty, Mathur & Mullinax, 2017)

2.3. Misconceptions about Family Planning

Despite the availability and accessibility of different contraceptive methods, accelerating the acceptance and utilisation is still hindered by misconceptions. Myths and misconception have been implicated in many studies as reasons for high FP unmet needs in sub-Saharan Africa (Gueye et al., 2015; Koffi et al., 2018; and Wulifan et al., 2016). These vary to a certain degree in each country (Gueye et al., 2015). Moreover, these have been identified as significant reasons men refuse to support their female spouses to use modern FP methods. Wasti et al., (2017) also found that fear of side effects is a major concern about Family Planning amongst men and women in Nepal.

Researchers have identified various myths and misconception about Family Planning, e.g., prolonged bleeding, weight gain, future infertility, congenital abnormalities, cancers, vagina wetness, vaginal dryness, decreased sexual desire in both men and women and the belief that Family Planning use leads to promiscuity in women (Kriel et al., 2019; Gueye et al., 2015; Mwaisaka et al., 2020; and Wulifan et al., 2016). Myths and misconception are often related to concerns about the perceived side effects of both short and long-term FP methods (Gueye et al., 2015). Additionally, prolonged bleeding is attributed to limiting the number of sex opportunities with their spouse, leading to male infidelity (Kriel et al., 2019; Mwaisaka et al., 2020; and Thullamachetty et al, 2018). Furthermore, Kabagenyi et al., (2016) found that, in Uganda, misconception and stigma attached to women using Family Planning methods go beyond fears of being permanently infertile and promiscuity to being given names such as “akongose”, meaning being too slim.

Family Planning methods are, in some instances, equated to murder (Sakara et al., 2016). In Nigeria, men reported that those who are practising it are killing innocent children in utero. Moreover, it is believed that FP is a strategy to reduce the population in Africa. Mwaisaka et al., (2020) also found that there is confusion or lack of

information sometimes in young men between abortion and pregnancy prevention, saying that emergency FP methods served to end an existing pregnancy.

These beliefs have a significant adverse effect on FP use: Information that Family Planning methods are effective and not against religious teaching had significant positive effects on FP use. Moreover, participants who discussed Family Planning with their spouse, friends, and health care workers were more likely to use Family Planning than those discussed with religious leaders (Ankomah, Anyanti & Oladosu, 2011).

Lack of adequate information regarding the side effects of FP methods and how it work was seen as the reason for this misconception. Thummalachetty et al., (2017) found that men received knowledge about FP methods mostly from their peers or gossip, and only a few received information from mass media or health-care provider. And much of their knowledge reported showed the ineffectiveness of Family Planning methods to prevent pregnancy and the side effect of Family Planning methods on women and future children (Thummalachetty et al., 2017). Mass media influence Family Planning uptake in both men and women. Letamo & Navaneetham (2016) found that in Botswana, women who did not listen to the radio and did not watch television had the highest unmet need for FP, 15.7% and 14.1%, respectively (Letamo & Navaneetham, 2015).

2.4 Attitudes of Men towards Family Planning

It is important to understand men's basic attitudes toward contraception since such attitudes are potent precursors and predictors of FP behaviour. While most African men approved of Family Planning, there is much variation across the world. Studies show that men's attitudes toward Family Planning are more favourable than assumed (Bietsch, 2015; and Kerry L D Macquarrie et al., 2015). Furthermore, Bietsch (2015) found that positive attitudes towards Family Planning have increased across Sub-Saharan Africa in the last two decade.

Men's attitudes, norms and behaviours towards FP decision varied across participant and their relationships (Merkh et al., 2009). Their beliefs, values and attitudes regarding FP methods are strongly influenced by religious, family, and social

background (Hoga et al., 2014). Other studies showed that cultural and religious belief were explicitly found to be barriers to using medical methods and not FP in general (Cebecı Save et al., 2004). Sakara et al., (2014) further identified that religion, for example, the Catholic and Islamic faiths, disapproves of modern Family Planning methods, influencing men not to approve or get involved. Bietsch (2015) found that there was less approval of Family Planning use among Muslims than Christians.

Various studies showed that men with secondary education and higher income had a positive attitude towards Family Planning (Tilahun et al., 2013; and Petro-Nustas, 1999). The main reasons given by men for supporting the use of Family Planning were related to socioeconomic status linked to raising children, which include the cost of education, the maternal and child health benefits of birth spacing (Koffi et al., 2018).

A study conducted to assess knowledge, attitudes, and practice of FP among married men and women in Pakistan demonstrates that most participants knew about few FP methods, mostly male condom. Seventy-four percent (74%) of men and 71.3% of women had positive attitudes towards Family Planning. However, Only 54% of participants were using contraceptive methods. Fear of adverse effects and desire of a son was commonly stated as reasons for not using Family Planning methods (Sultan et al., 2018).

In Turkey, Yılmazel et al., (2019) found 75.5% of male involvement and 90.8% of men approve of FP use. Thus, it was associated with spouses' level of education, employment status, and current use of FP and perception of spousal Communication. Low participation was found among those who did not complete their high school; the highest participation was present among civil servants. And those who were younger (<35 years) and those who married after 24 had higher participation than others.

A study with 1622 participants in Ethiopia to find out about attitudes and knowledge of men toward FP showed that 91% (1479) favoured FP. Factors associated with a more positive attitude were being a man of younger age and be literate. The participants were asked whether they would support their female partners to use contraceptives; out of 811 male respondents, 751 (93%) and 22 (3%) answered positively and negatively, respectively (Tilahun et al., 2013). In contrast, Bietsch (2015) found that

across sub-Saharan Africa, higher approval of FP use was among older ages and a higher level of education.

In Ghana, a study to assess perception about Family Planning found that the majority (81%) of participants consider Family Planning to reduce the number of unplanned pregnancies, abortions and maternal death from the complication of pregnancy. Eighty-five per cent (85%) agreed that children born into smaller families were more likely to succeed in life (Nettey et al., 2015).

In South Africa, the University of Venda, a qualitative study to explore attitudes of male students towards FP, found that most participants (55.0%) at the University of Venda displayed an unfavourable attitude towards Family Planning because they think Family Planning is unreliable (Raselekoane, Morwe & Tshitangano, 2016). Matlala (2010) also found that men are aware of modern and traditional FP methods but had a negative attitude towards using modern methods to use pharmaceutical substances
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2.5 Summary of the Chapter

Different sources have been outlined to give a broader picture of what is being said about Family Planning use, both nationally and globally. Current information suggests that involving men in Family Planning programs increase FP use. It further indicates that men's involvement is insufficient despite the knowledge they have about Family Planning. Thus, the use or non-use of FP is influenced by numerous factors across many countries. These factors include poor spousal communication, perceived health effects, misconceptions about Family Planning method use, and religious restriction. The literature reviewed suggests a combination of attitudes towards FP use and normative beliefs held by significant others about FP use. Factors that facilitate or obstruct FP use play a role in influencing decision-making processes about contraceptive use.

Furthermore, the literature outlined positive and negative perceptions that men have about Family Planning. Common positive perception includes socioeconomic reasons and prevention of unplanned pregnancy. Negative perception about Family Planning includes FP is women's business, makes women promiscuous, reduce sexual pleasure.

The literature suggests that attitudes of men towards FP differ from country to country and within the country. In South Africa, studies about men's attitudes are limited, and none has been done in our setting. Hence, it is essential to understand men's attitudes from the outset so that knowledge about their beliefs, fears, and concerns is established, enabling educational programs to target men to increase their involvement in Family Planning related issues.

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CHAPTER THREE
METHODOLOGY

3.1 Introduction

In this chapter, the research methodology of the study is described and explained under the following headings: study design, study setting, study population and how participants were selected, data collection and analysis, trustworthiness, bias, and ethical considerations.

3.2 Study Design

A qualitative descriptive study was conducted using Focus Group Discussions (FGDs) with men aged above 25 years in the Mamitwa area Tzaneen, Limpopo Province, to understand men's attitudes towards birth control measures. Qualitative research is primarily exploratory, and it is used in gaining essential underlying opinions and details about human subjects (Babbie & Mouton, 2005). It also has a great interest in studying human experiences (Babbie & Mouton, 2005). In qualitative studies, the researcher becomes the principal instrument of the research (Babbie & Mouton, 2005). One of the strengths of qualitative research is that it can explain how people see or view a given topic or phenomena (Mack et al., 2005). Another advantage of qualitative research is that there is a clear vision of what is expected of the researcher during the research process. The data were collected to plugging them into a bigger picture (Lincoln & Guba, 1994). This study chose to employ this method because it allowed the researchers to have a deep understanding of men's attitudes towards birth control measures.

3.3 Study Setting

The study was conducted in the Mamitwa area located in the Greater Tzaneen Municipality, which falls under the Mopani District, Limpopo Province. The area lies 45km east of the town of Tzaneen. The Mamitwa area is a rural area with an estimated population of approximately 46,561. It has two clinics and one Health Care Centre, Grace Mugondeni Health Centre. All these clinics refer patients to the Letaba Hospital, a level two hospital in the Mopani District.

Family Planning services are rendered at any time at both clinics, and the Health Care Centre. Patient are referred to the Letaba Hospital to terminate the pregnancy and tubal ligation.

The Focus Group Discussions were held at Mamitwa Clinic and Dr Hugo Clinic. Initially, the plan was to do it at Grace Mugondeni, not Dr Hugo Clinic, but participants prefer Dr Hugo and Mamitwa Clinic, the reason being that the clinic is nearer to their homes.

3.4 Study Population

All men in the Mamitwa area, who are in a relationship with women of childbearing age, were potentially invited. Inclusion criteria were the following: men above 25 years old who were willing to participate and in a relationship with women of childbearing age. Exclusion criteria were the following: Health-care workers, mental health-care users, men below 25 years old, and men who were not in a relationship and who were in a relationship with women above childbearing age (above 50 years). The study was done in August 2019 on a weekend to include those who were working during the week.

3.5 Sampling

Sampling is defined as a way of choosing a sufficient representative portion of a population to determine the characteristics of a wider population (Patton, 1990). A Purposive Sampling method was used in this study. Purposive Sampling is a technique used in qualitative research to identify and select individuals or groups for the most effective use of limited resources. The researcher identifies and selects individuals or groups of individuals with knowledge or experience of the phenomenon of interest (Oppong, 2013; and Patton, 1990). In addition to knowledge and experience, participants should be available and willing to participate, communicate opinions and experiences in an articulate, expressive, reflective (Bernard, 2002). This study was interested in the attitudes of men who are in a relationship with childbearing women towards birth control measures to serve as the primary data source. In addition, Purposive Sampling was used for this study because it is cost-effective, gives rich data, and effort and much time is not required during the data collection.

Purposive Sampling is limited because it is vulnerable to errors in judgments made/introducing bias by the researcher (Oppong, 2013).

3.5.1. Recruitment Process

The principal researcher had a preliminary meeting with health-care professionals including the community health-care workers and the data capturers. They were asked to recruit participants. The research topic, target participants, inclusion and exclusion criteria were explained in the meeting. Copies of participants' information (Annexure 5) were given to them for potential participants. Participants were recruited through face-to-face interaction in their homes, at the clinic when they came for consultations or bring their relatives for consultation. Participants were also asked to refer potential participants that they might know.

Names, age, contact numbers of participants who agreed to participate in a focus discussion were written down and given to the principal researcher. Participants were contacted by a principal researcher to give brief explanation of the research topic, target participants, and assurance of confidentiality. Participants were also asked a number of questions to ascertain the age, level of education, occupation, medical condition, whether they are in a relationship with women of childbearing age, cohabiting or married.

The total number of participants who met criteria were 31 but only 26 men took part in the study. First focus group had 16 participants and second focus group 10 participants. Five participants did not come on the day of Focus Group Discussions.

3.5.2 Participants

The ages of participants ranged from 25 to 60 years. All participants were South African nationals. There were 14 married men: nine cohabiting and three in a relationship. Out of 26 participants, two participants had primary education; 18 participants had secondary education; and six had tertiary education.

3.6 Data Collection

Focus Group Discussions (FGDs) were held in audibly private areas. Data were gathered by a trained research assistant with experience in conducting qualitative research. All FGDs were audio-recorded with permission from participants. The

principal researcher of the study supervised all data collection to ensure quality control and assisted in taking field notes. All study participants were encouraged to discuss their opinions openly.

The challenge that the researcher faced in the process was that some participants came late, and those who were available insisted on waiting for others because they wanted to be in the same group and to hear other men's views on the matter.

3.7 Data Analysis

Thematic Analysis is a method used in a qualitative research and focus on identifying, analysing, and reporting themes in the data (Braun & Clarke, 2006). Thematic Analysis was recognised due to its flexibility which allow broad analytic options in the data transcripts (Braun & Clarke, 2006). Insightful analysis that answers precise research questions in the study can be produced by Thematic Analysis (Braun & Clarke, 2006). Despite the importance of Thematic Analysis, Braun and Clarke (2006) argue for the possibility of a discrepancy between theoretical framework and methodical assertions or between research questions and the Thematic Analysis method. Thematic Analysis does not allow researchers to make technical claims about language used in the data (Braun & Clarke, 2006).

All discussions were recorded and transcribed verbatim in Xitsonga by a research assistant. The principal researcher and Tsonga-speaking administrator listened to the tapes and compared them with transcribed data simultaneously, making corrections. The typed narratives were then translated into English by a language expert. A Thematic Analysis was conducted using a deductive coding process. The transcripts were checked several times, and colour coding was done. Codes created were looked at, and patterns among codes were identified, and themes were generated. Themes were reviewed by comparing the data set against our themes to ensure that the themes are useful and accurately represent the data. Thematic Analysis was done by the principal researcher and assistant researcher independently, and findings concurred.

3.8 Trustworthiness

While there is no concession for assessing qualitative research, Babbie and Mouton (2005) stress that qualitative research should be written up with sufficient clarity regarding the process employed to allow conclusions to be trustworthy.

The criteria for trustworthiness are credibility, transferability, dependability, and Confirmability.

3.8.1 Credibility

Credibility is concerned with the validity of the conclusion drawn from the data and how this conclusion matches the reality being reported (Mabuza et al., 2014). The following are several aspects of the study design and reporting that affect credibility of the work:

- Prolonged engagement

Prolonged engagement refers to prolonged engagement with the data. In this study these was attained by listening to the audio records and reading transcripts several times until themes were identified clearly.

- Peer debriefing

Peer briefing requires the researcher to work together with one or several peers who hold impartial views of the study. The impartial peers checked the researcher's transcripts, final report, and general methodology. Afterwards, feedback is provided to enhance credibility and ensure trustworthiness. In addition, transcripts, reports, and general methodology were checked by an outside researcher who is a public health specialist to enhance credibility of this study.

- Triangulation

Triangulation is described as the process of confirming evidence from different individuals, types of data or methods of data collection. The use of focus groups discussions in different points in time to collect data enhances credibility of this study. Data were transcribed by assistant researcher and checked again by a principal researcher with a Tsonga-speaking person. Data analysis was done by an assistant researcher and principal researcher independently and thereafter they compared their findings.

- Member checking

Member checking is a strategy in which the data, interpretations, and conclusions are shared with the participants. It permits participants to clarify what their intentions were, correct mistakes, and provide additional information if necessary. To ensure credibility the themes that were identified were verified with two members in the first group and three members in the second group.

3.8.2. Transferability

Transferability refers to how well the study can be applied to similar setting (Mabuza et al., 2014; Babbie & Mouton, 2005; and Lincoln & Guba, 1994). The capability of others to judge whether the findings can be transferred to their settings depend on the quality of the description of the study setting and the participants. A detailed description of all the steps used in the study give readers an understanding on how the research was conducted. This will allow readers to draw comparisons with other similar studies (Shenton, 2004).

The detailed descriptions of the participants and the setting of the research will allow readers of this study to transfer the conclusions of the study to other similar settings.

3.8.3. Dependability

Dependability refers to the degree to which finding of the research is consistent if *it* were to be repeated (Mabuza et al., 2014; Babbie & Mouton, 2005; and Shenton, 2004). Mabuza et al., (2014) argue that the best way of supporting dependability of the research is to ensure that methods are described in sufficient detail that they should be replicated by someone (a step-by-step audit trail). An explanation of the research design used in the study (refer to sub-topic 3.3.), procedure followed in the recruitment of participants (refer to sub-topic 3.5. for sampling techniques used), and the research process is provided (refer to sub-topic 3.6.). A thorough description of data collection (refer to sub-topic 3.7); data analysis processes and how major themes were obtained (refer to subtopic 3.7); and how findings and conclusions were reached is given. Limitation of the study was also discussed. This will enable the reader of the study to assess the degree to which appropriate research protocol was followed and guide future researchers keen in replicating the study.

3.8.4. Confirmability

Confirmability refers to the degree to which study findings result from the aims and objectives and not potential researcher's biases (Mabuza et al., 2014). Researchers should avert from manufacturing data; instead, they should meticulously study how artefacts are caused (Silverman, 2009). The findings narrated in this study were generated through transcribing, translating, and analysing the audio recordings of the focus groups. Triangulation of the findings and methods with other researchers can assist with this but qualitative researchers must also account for their own reflexivity (Mabuza et al., 2014). After the transcription of the audio recorded files, data transcripts were checked for accuracy by principal researcher by listening to the audio recordings while comparing them to the transcripts, to ensure that all the audio recorded information was captured. This was an attempt to ensure that accurate data were used in this study, hence enhancing its robustness. The questions in the focus group schedule (Annexure 4) are included in this report to guide readers on how the data were generated.

Reflexivity refers to the researcher's realization of the self as a research instrument (Silverman, 2009). The quality of the data gathered through interviewing will to some degree depend on the nature of the interviewer. Richards (1994) argues that issues such as power, hierarchy, class, culture and language may also affect the responses. A Tsonga-speaking assistant researcher who is a trained interviewer in Focus Group Discussions conducted the interview on both Focus Group Discussions in this study to ensure confirmability. During the second Focus Group Discussions, the researcher noticed that participants were not comfortable to answer in her presence, and she therefore had to leave the group and the assistant researcher continued with the interview.

During analytical process, the researchers should be aware of their own reactions and personal theories that may affect how they interpret the data. Data analysis was done by a principal researcher and assistance researcher independently and thereafter compared (triangulation).

3.9 Bias

Participant bias originates from the participants responding to the questions based on what he or she thinks is the right answer or what is socially acceptable rather than what he or she really feels. To minimise participants, bias, questions were framed in an open-ended manner (see Annexure 4) and reviewed by a senior researcher to prevent participants from simply agreeing or disagreeing.

Bias from a researcher's perspective may get introduced if researchers interpret data to meet their hypothesis or include only data that they think are relevant. To minimise researcher bias, Focus Group Discussions were conducted with the assistance of a trained interviewer and recorded by audio; data analysis was done by principal researcher and research assistant separately reviewed by independent researcher.

3.10 Ethical Considerations

3.10.1 Ethical Clearance

This study received ethical approval from Turfloop Research and Ethics Committee (TREC) with the project number: TREC/33/2018: PG (Annexure 1). Permission from the Limpopo Provincial Department of Health research committee was also received, approval number LP_201808_009 (Annexure 2). Additional permission was received from the Department of Health Mopani District (Annexure 3).

3.10.2 Informed Consent

Written consent (Annexure 6) was received from participants after they were informed verbally and in writing that they have the right to refuse or to consent voluntarily or to withdraw at any time during the process without any penalty. Participation was free and voluntary letter was given to the participants to explain the aim of the study, the type of questions that were likely to be asked, and the use to which the results will be put (Annexure 5). It also ensued that, in all the clinics, service delivery was not interrupted during data collection.

3.10.3 Confidentiality and Anonymity

Focus Group Discussions were held in a private room. No personal information in the form of names or occupation was obtained.

CHAPTER 4
RESULTS

4.1 Introduction

This chapter presents the data from two Focus Group Discussions conducted with 26 men currently in a relationship with childbearing age women during the study period in the Mamitwa area. This is a qualitative study in nature, and the overall aim is to understand men's attitudes towards birth control measures used by women in the Mamitwa area. The major themes that emerged from the data are perceived advantages of Family Planning, perceived disadvantages of Family Planning and Communication with men about Family Planning. Each theme has a number of subthemes.

The results are presented as follows:

After the description of the participants, a list of the themes is presented in tabular format; thereafter, the themes and sub-themes are discussed in detail with quotations from the interviews to support the themes. Following the presentation of each quotation, demographic information of each participant is provided using a pseudonym: Clinic (M) from Mamitwa and Clinic (H) from Dr Hugo Clinic; age in years; education level and marital status. Lastly, the themes are depicted schematically, and this schema are then described, thus representing the final result.

4.2 Participant Description

Among the 26 men included in the Focus Group Discussions, eight (31%) were 30 years of age or younger, five (19%) were between ages 31 and 45 years, and the remaining thirteen (50%) were over 45 years. Most participants were married or cohabiting and had some secondary education.

Table 4.1 gives a summary of the sample characteristics of the focus group 1 participants in the Dr Hugo Clinic and Table 4.2. gives a summary of the sample characteristics of focus group 2 participants at Mamitwa Clinic

Table 4.1: Summary of the Characteristics of DR Hugo Clinic Focus Group Participants

Focus Group 1	Age Gap	Level of Education	Relationship Status
1	32	Secondary	cohabiting
2	30	Tertiary	cohabiting
3	30	Secondary	cohabiting
4	25	Tertiary	Dating relationship
5	42	Secondary	Married
6	26	Secondary	Dating relationship
7	35	Secondary	cohabiting
8	49	Secondary	Married
9	42	Tertiary	Married
10	53	Secondary	Married
11	48	Secondary	Married
12	46	Secondary	Married
13	49	Tertiary	cohabiting
14	60	Secondary	Married
15	58	Secondary	Married
16	29	Secondary	Cohabiting

Table 4.2: Summary of the Characteristics of Mamitwa Clinic Focus Group Participants

Focus Group 2	Age Gap	Level Of Education	Relationship Status
1	29	Secondary	cohabiting
2	52	Tertiary	Married
3	59	Primary	Married
4	28	Secondary	married
5	26	Tertiary	Dating Relationship
6	39	Secondary	Cohabiting
7	57	Secondary	Cohabiting
8	46	Secondary	Married
9	60	Primary	Married
10	55	Primary	Married

4.3 List of Major Themes and Subthemes

Table 4.3. below presents a summary of major themes and subthemes.

Table 4.3. Summary of Major Themes and Subthemes

Major themes	1.Perceived advantages of Family Planning.	2.Perceived disadvantages of Family Planning.	3.Communication with men about Family Planning.
Sub-themes	1.1. Financial benefits: smaller families 1.2. Prevention of unwanted pregnancy 1.3. Prevention of teenage pregnancy. 1.4. Preventing HIV positive children to be born 1.5. Male condoms prevent the adverse effects of menstruation and Family Planning on men, unwanted pregnancies, and Sexually Transmitted Diseases	2.1. Adverse effects on women, e.g., menorrhagia, Weight gain and difficulty to conceive 2.2. Adverse effects on men, e.g., reduced sexual pleasure and decreased sexual performance, painful genitalia and kidneys 2.3. Relationship difficulties: Men fear that women may think their partners are uninterested in them, and they become unfaithful, disrespectful, sexually bored and create conflict about family size 2.4.Other disadvantages: Forgetting to use condoms to prevent diseases	3.1. Men feel excluded from Family Planning by Health Care workers 3.2. Communication between partners 3.2.1. Men want to be involved in the decision-making about Family Planning 3.2.2. Some women are forced to use Family Planning secretly out of desperation

4.4 Detailed Description of the Themes

4.4.1 Perceived Advantages of Family Planning

- *Financial Benefits: Smaller Families*

Participants mentioned that limiting the number of children has financial benefits in the way of being able to take care of children by providing food and better education. They also mentioned that limiting births resulted in happier, healthier families and better relationships within the family.

The following quotation illustrates the views of men who reported financial benefits as perceived benefits of Family Planning:

> *"I have three children, and I am okay with these three, as I can see that the rate of unemployment is too high. I do not want to end up stealing, so I think contraceptives are good. Someone can procreate but fail to take care of the offspring and therefore abandon them".*
>
> – Participant M6, 59 years old, married and had primary education.

- *Prevention of Unwanted Pregnancies*

Another benefit mentioned by most participants was the prevention of unwanted pregnancies, mostly in unmarried people.

> *"Contraceptives helps a lot when you have just started seeing someone, and you are getting to know each other better. In getting to know each other, it is advisable to use contraceptives to avoid having an unplanned child before you are ready to have one.*
> *Just like when one has two or three partners, if all of them uses contraceptives, it is an advantage, but if they do not, he might find himself having three babies in one year".*
> – Participant H6, 30 years, cohabiting, had secondary education

- *Prevention of Teenage Pregnancies*

Few participants mentioned that Family Planning prevents teenage pregnancies.

> *"I think it can also help, especially when you have children that are still at school, of which if they use contraceptives even if they can go out on a drinking spree and or happen to be raped, they will be protected from falling pregnant as well as diseases".*
> – Participant H5,48 years, married, had secondary education

- *Preventing HIV Positive Children to be Born*

One participant mentioned that the use of Family Planning reduces the risk of giving birth to children who are HIV positive thus.

> *"Bearing in mind all what has been said, in my view it is a bit difficult these days compared to the olden days. Therefore, there are many diseases; people should first go for a check-up to avoid giving birth to a sick child. People must first consult the doctor and get checked, and when they are given a clean bill of health, they can have a baby. This is done to avoid a situation where you find that a child has been born sick and must take prescribed medication to control the disease. It is not necessary."*
> – Participant M5, 46 years, married, had secondary education

- *Male Condoms Prevent the Adverse Effects of Menstruation and Family Planning on Men, Unwanted Pregnancies and Sexually Transmitted Diseases*

Men favouring condom-use reported that they only use it when their spouses are having their periods or a day after getting injectable Family Planning method to protect themselves from the perceived indirect adverse effect of Family Planning methods used by their female partners. Other men also reported that it prevents unplanned

pregnancy and Sexually Transmitted Disease, specifically when having sex with a woman they do not trust.

> *"A condom protects, and it is good because if she is on her periods, I use a condom. Also, when she tells me that she was injected yesterday, and it helps."*
>
> – Participant H4, 49years old, married, secondary education

> *"It is a good thing to use protection. A condom protects from both falling pregnant as well as contracting diseases."*
>
> – Participant M7, 29 years, cohabiting, secondary education

4.4.2 Perceived Disadvantages of Family Planning

- *Adverse Effects on Women*

Menorrhagia

The majority of men reported being frustrated by the effects of contraception on the menstrual cycle resulting in men having an extramarital relationship. Prolonged bleeding was reported as having detrimental effects on marriages. Long periods of blood loss were associated with limiting the number of opportunities for men to have sex with their partners. This is illustrated by the following quotation:

> *"Family Planning is a good thing, but women differ; some experience longer periods that end up disturbing their sex life and therefore drives me as a partner to cheat, obviously with someone I don't know well. When a woman is not on Family Planning methods, she is fine. Still, there is a possibility that she might have many children, which might result in me leaving her for another woman."*
>
> – Participant H4, 49 years, married, secondary education

Weight Gain

Some men also reported weight gain as one of the contraception effects, and they also note that seeing their female partners with increased weight-gain causes loss of sexual interest. The following quotation supports their views:

> *"There is a tendency of giving people contraceptives that are not suitable for their bodies. At times, they gain weight with swollen legs that are so huge to the extent that shoes cannot fit, and it is so scary, but despite all this, she continues with the injection. When you have sex with her, you do not enjoy it, you also experience chills when you see how swollen she is, and you then feel pity for her, and at the same time, you ask yourself as to how can she subject herself to so much pain"*
>
> – Participant H11, 46 years, married, secondary education

Difficulty to Conceive

Few men also mentioned that they heard that injectable Family Planning methods make it difficult for women to conceive.

> *"There is an injection that I heard that once used; it stays in the user's system. Let's say you have used one that lasts for a month, or three months it stays in the body for longer making it difficult for a woman conceive"*
>
> – Participant H12, 35 years, cohabiting, secondary education

- *Adverse Effects on Men*

Reduced Sexual Pleasure and Decreased Sexual Performance

The majority of men reported that they are no longer enjoying sex because the Family Planning method used by their female partners affect them, causing a poor erection, poor sexual performance. The following two quotations illustrate participants' views:

> *"Lately, things are no longer that easy. The injection renders us men useless. Today, we will have sex and be fine, but tomorrow I will be weak and unable to have sex because of the dirt caused by the injection and tomorrow, I am unable to be with her due to the injection…. An injection weakens men, and I am also weak lately. What is happening now was not there in the olden days. Lately, there are no longer good wives because you have sex with one today, and tomorrow you are weak and unable to perform. The effect of the injection makes us* [men] *weak. In the olden days, things were good because these things* [contraceptives] *were not available, unlike these days where men become useless to a woman. There are no longer virile men because of the injection. Women are not aware that their bodies are full of toxins; instead, they think that their men do not want to satisfy them."*
>
> – Participant M9, 60 years, married, primary education

> *"I have heard that there are injections that are injected in the arm. If there were any other options, we would permit our women to use them. It is no longer possible to have many rounds of sexual intercourse with a woman. We are unable to do it because of the injection. We don't know what hurts us, whether it is an injection or pills?"*
>
> – Participant H3, 30 years old, cohabiting, tertiary education

- *Male Condoms Reduce Sexual Pleasure*

Some participants mentioned that they do not like to use a condom because sex is not the same:

> *"Condoms protect very well, but if a woman is already using contraceptives, I hate using condoms. There is a difference when you use*

condoms. It feels different when I use a condom as opposed to when I am without, i.e., sex is not the same."

– Participant M10, 46 years, married, secondary education

- *Painful Genitalia and Kidneys*

Some men also reported that Family Planning causes a lack of energy, painful testis, waist, blockage of kidneys, and itchy glans penis. The supporting quotation is as follows:

"When contraceptives are used, it creates problems for a man, such as draining his energy. It is highly possible for us males that we are uncomfortable due to contraceptives. Women also reacts differently to contraceptives; let us say the menstrual cycle is affected. She skips one or three months without menstruating, and you then have sex with her; you absorb that dirt [presumably accumulated inside her due to the injection]*. When you have sex with her and uses an injection, you will also skip three months. The dirt* [menstruation] *that she was supposed to discharge, and she is not discharging. I will know that I have absorbed that dirt when I urinate, then my urine comes out dark at first then clears as it goes. Firstly, dirty urine will come out, followed by a clean one. Your kidneys will be painful a little bit. It affects the kidneys. The balls* [testis] *become affected too. If both* [you and your partner] *can go to the doctor and change from pills to injection affected too. That is, if the problem is caused by the pills. I once met a woman who told me that she had skipped her periods for two to three months, and she is using an injection, so we had sex, and I felt a burning sensation on my penis. I then realised that it is because of the injection."*

– Participant M9, 60 years, married, primary education.

- *Relationship Difficulties due to Family Planning Use*

Women Think Their Partners are Uninterested in Them

Women may think their men are uninterested in them when they become weak due to the Family Planning

"She then thinks that I do not want to be intimate with her, yet I want to be intimate, but I am weak, and she ends up thinking that maybe I am cheating on her and then goes out and cheat. But her cheating will not last long because even the new sex mate will become weak because of the injection on her body, and once that happens, she will leave him and come back to me, and by then, she might find that I have gained strength."

– Participant M9, 60 years, married, primary education

Women Become Unfaithful

Some men thought Family Planning makes women unfaithful.

"I go home so that I can always be with her because since she is using contraceptives, she can easily have an affair."

– Participant M7, 29 years, secondary education

Women become Disrespectful

Men also mentioned that sexually unsatisfied woman becomes disrespectful.

"This woman no longer cares about me, to the extent that she talks to me anyhow, even in front of visitors, she calls me a liar. This happens mostly because of the problems at home. A woman who is satisfied sexually will take care of you, you will be given water to bath and advised to wear nicely, but when she is not satisfied, she will not run your bath; instead, she will tell you to do it yourself, and even ask you: Don't you see where the water is?"

– Participant H11, 48 years, married, secondary education

"Because of poor erection and loss of energy, we are disrespected by our spouses, and our families are destroyed".

– Participant H2, married, secondary education

Sexual Boredom

Few men stated that frequent sex without any fear of pregnancy leads to sexual boredom in women: the following quotation supports this sub-theme:

"What my brother is explaining here is true. Because you have sex with her every day, she ends up not having feelings for you, and as a man, I will end up cheating on her. In the olden days. A man could stay in Johannesburg until the baby starts crawling and it was not a problem."

– Participant M9, 60 years, married and had primary education

Conflict about Family Size

Few men reported that Family Planning causes conflict because of a disagreement about the number of children they want to have. The quotations below illustrate the views of two very frustrated men.

"In our families, we have wives, and our wives no longer want to have children. In most instances, once a woman gives birth to a child, she usually says that this one child is enough despite the husband's wishes of having more children. The only thing I am going to say is that women are no longer keen to have more children, a woman will say that this one child that I have is enough, we do not have to have another one, and to me, as a man, I must swallow such a bitter pill. Once she has one child, she says it is enough. Like the woman I am married to, we have one child together, and she refuses to have another child. She no longer wants to have another one.

Secondly, sometimes I think that she does not even love me because I do not get what I want from her, and it is no longer pleasant. I am even considering divorce. The woman I am married to says the only child we have is enough, and it is not pleasant for me."

– Participant M1, 55 years, married, primary education

"The use of contraceptives creates a problem for us men because, for instance, we [my wife and I] *got two children, and I would love to have five children, but she* [my wife] *is using contraceptives. I asked her to stop using contraceptives because I want five children, but she says the two that we already have are enough, and it is so painful for me. How can I solve this problem? I would love to extend my family because we are a tiny family. I am the only boy at home. I do not have a brother; hence I would love to have five children so that our clan can expand."*

– Participant M2, 28 years, married, secondary education

- *Other Disadvantages of Family Planning Use*

Forgetting to Use Condoms to Prevent Diseases

A few men felt that Family Planning use (hormonal) makes youth forget to use a condom to prevent disease. One participant best explained this concern thus:

"For me, they [Family Planning methods] *are both good and bad, more especially for schoolgirls because we usually entertain one side of contraceptives that prevents unwanted children. We forget about diseases; we tend to forget that contraceptives do not prevent diseases, and once they* [youth] *start using them, they forget to use condoms."*

– Participant H6, 30 years old, cohabiting relationship, secondary education

4.4.3. *Communication with Men about Family Planning*

- *Men Feel Excluded from Family Planning by Health-Care Workers*

Men feel that they are deliberately excluded from Family Planning discussions and want the health-care workers to educate them about contraception. The supporting quotation is as follows:

"I will also try, but I do not understand. Some [women] *do not inform their husbands when they go for Family Planning; things are not done well in the clinics. We also go to the clinic even us men, but we are told to excuse ourselves when it is time for Family Planning education. Both of us must be able to understand. They must include us because we are also parents, the mother is not the only parent responsible for the child, but both parents are. Things are not done correctly at the clinics. They were supposed to do awareness and tell us how this* [Family Planning methods] *will affect*

us, they should also give us support, but that is not the case. All of us must understand that Family Planning is not meant to destroy a family".

– Participant H3, 30yrs, relationship, tertiary education

- *Communication between Partners about Family Planning*

Men Want to be Involved in the Decision-Making about Family Planning

Men feel that they must be included in decision-making about Family Planning and are against the covert use of Family Planning method by their female partners. The following quotations illustrate the sub-theme:

'Let us say you are keeping a secret from me; I will be angry because it is like you have taken out an engine and all my efforts are in vain. But if she suggest to me that she is thinking of taking out the engine and we both agree to do it. I will be very hurt if she does it alone."

– Participant H6, 30yrs, Cohabiting, secondary education.

"…. with me, the contract [marriage] *is over... if I found out that she has been using contraceptives secretly."*

– Participant H1, 53yrs, married, some secondary education

Some Women are Forced to Use Family Planning Secretly out of Desperation

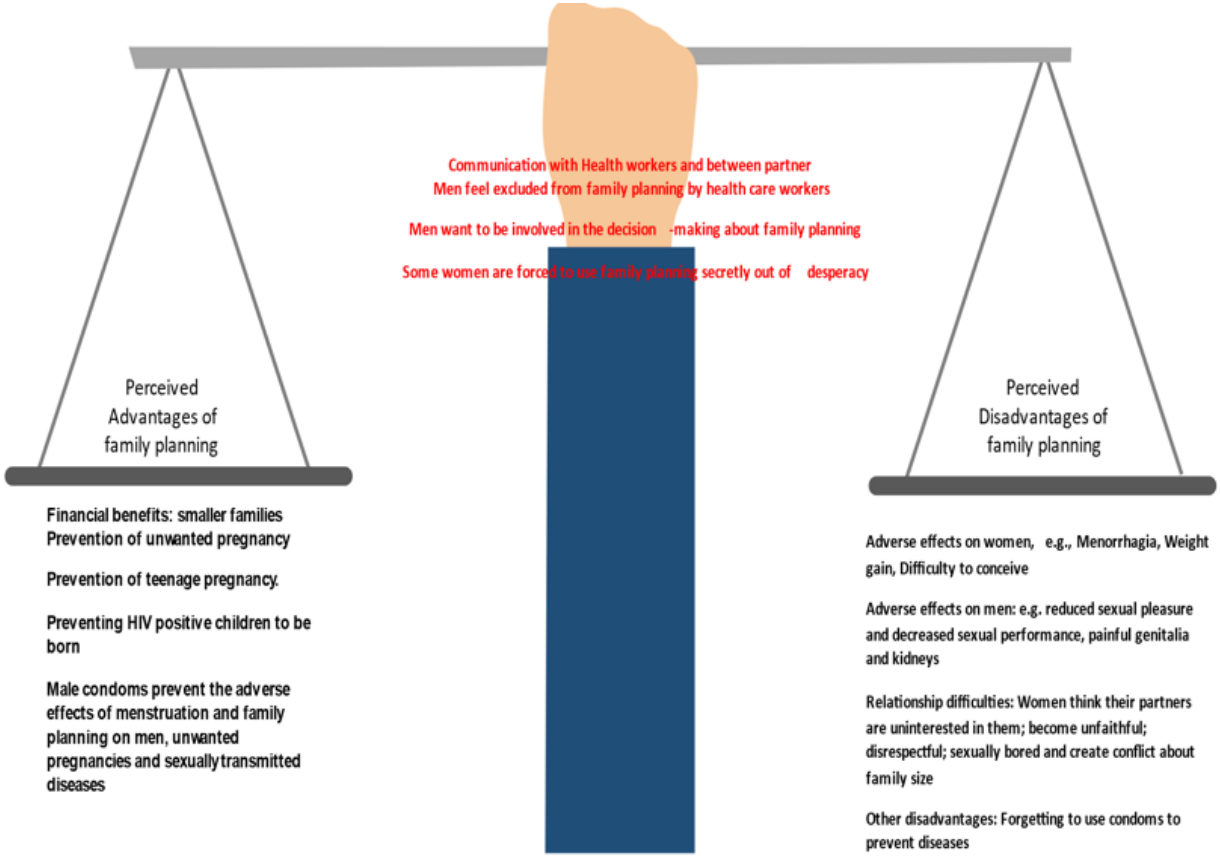
But one man felt that women are forced to use Family Planning secretly because they are not well taken care of.

"There are instances where a woman decides to use contraceptives because I have impregnated her and she has a child, but I am failing to take care of the child [financially]*, and life is difficult, so she then decides to use contraceptives secretly."*

– Participant M7, 29yrs, cohabiting, secondary education

4.5 Diagramatic Depiction of the Themes

Figure 4.1 Diagrammatic Depiction of the Themes



4.5.2 Description of the Diagrammatic Depiction of the Themes

This schematic diagram (Figure 4.1) depicts a balanced scale with a major theme on each end, namely perceived advantages of Family Planning and perceived disadvantages of Family Planning. Each theme has a number of subthemes: the advantages of Family Planning on the one side and disadvantages of Family Planning on the other. The third major theme is communication with men about Family Planning placed centrally in the diagram to balance the scale.

Perceived advantages of Family Planning include the financial benefits of having smaller families, preventing unwanted pregnancy, teenage pregnancy, and giving birth to HIV Positive children. Furthermore, using male condoms prevents the adverse effects of menstruation and Family Planning on men. Additionally, male condoms also prevent unwanted pregnancies and Sexually Transmitted Diseases.

There were also several perceived disadvantages of Family Planning in women such as weight gain, menorrhagia and a difficulty to conceive. The adverse effects on men include decreased energy, decreased sexual performance, painful genitalia, and painful blocked kidneys. Family Planning use is also associated with marital difficulties because the adverse effects of Family Planning make that men fail to satisfy their female partners, resulting in disrespectful or unfaithful women. Frequent sex without any fear of pregnancy leads to sexual boredom and loss of interest in sex, resulting in unfaithful men. Family Planning use (hormonal) makes the youth to forget to use a condom to prevent disease.

Men are excluded by health-care workers from Family Planning discussions, but they want the health-care workers to educate them about different Family Planning methods, mechanism of action and the risk. Men were against the secretive use of Family Planning methods by their partners, and they feel that they must be included in decision-making about Family Planning. Some women though are forced to use Family Planning if their men do not take care of the children.

Men are ambivalent about the use of Family Planning. There are advantages and disadvantages in the use of Family Planning. The scale symbolises the ambivalence which can be brought into balance when men are included in Family Planning education and decision making.

This narrative description of the schematic diagram represents the core of the research findings.

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CHAPTER 5
DISCUSSION

5.1 Introduction

In this chapter, the findings of the research are discussed with reference to what is already known about the topic in the literature. New understanding or insights found in the research about Family Planning use are highlighted and discussed.

5.2. Discussion of the Research Findings

5.2.1. Perceived Advantages of Family Planning

Men are aware of Family Planning and its benefit. Common benefits include the financial benefits of having smaller families, of providing food and education, prevention of teenage pregnancy, and preventing HIV positive children to be born. These findings are similar to other studies. Nettey et al., (2015) found that most participants agreed that children born into smaller families were more likely to succeed in life. Socioeconomic reasons are significant reasons that drive men's interest in Family Planning (Koffi et al., 2018; Wulifan et al., 2016). Efforts to implement male involvement should include information on how Family Planning may contribute to greater financial security (Kabagenyi et al., 2014).

Men also reported that condoms prevents unplanned pregnancy and Sexually Transmitted Disease, specifically when having sex with a woman they do not trust. Nettey et al., (2015) also found that most participants considered FP to decrease the number of unplanned pregnancies. Men reported further that they use condoms when their spouses are menstruating or a day after getting injectable Family Planning method to protect themselves from the perceived adverse effect of Family Planning methods. This is a finding that was not yet described in the literature.

5.2.2. Perceived Disadvantages of Family Planning

Perceived physical adverse effects reported in this study were, namely, menorrhagia, weight gain and difficulty to conceive in women. This finding is consistent with other studies done by Kriel et al., (2019) in South Africa and Koffi et al., (2018) in Togo. Weight gain and menorrhagia were reported by men as things their partners experienced. Difficulty to conceive was reported as hearsay from other people. Fear of adverse effects is often rooted in an overestimation of rare complication or based on non-validated rumours (Wulifan et al., 2016). Menorrhagia was associated with a limited chance of having sex with a female partner leading to men having extramarital

affairs. Some men reported that when a woman gains weight, they become sexually unattractive. Menorrhagia and weight gain were seen as precursors to infidelity in men. Fear of perceived side effects or adverse health beliefs has been identified as a barrier to men's involvement (Kabagenyi et al., 2014).

Modern Family Planning used by women are known to cause the following side effects: changes in menstrual bleeding (i.e., irregular, prolonged or and heavy bleeding, amenorrhoea), weight gain, headache, dizziness, nausea, mood change, and decrease sex drive. There is an average delay of the fertility of about 4-6 months, depending on the type of injectable. However, there is no permanent damage to fertility associated with injectables (Department of Health, Republic of South Africa, 2013). This study highlighted that men were concerned about actual side effects, such as weight gain and prolonged bleeding. Some men also thought that contraceptives affect women differently. Women should go through some medical investigation to check which methods are appropriate for them as a couple. This indicates that men are willing to accompany their partners to ensure that they get the appropriate method to them as a couple. In addition, if side effects such as bleeding are experienced by the partner, then she needs to be treated in time or changed to other contraceptive methods.

Some participants believed that Family Planning use cause accumulation of 'dirt blood' in the woman's body, affecting men such as weakness, decreased sexual pleasure, decreased sexual performance, painful genitalia, and kidneys. This indicates a lack of information on the mechanism of action of modern Family Planning methods in preventing pregnancy. Hormonal Family Planning methods contain both oestrogen and progesterone hormones that inhibit ovulation by thickening the cervical mucus. In that process, the menstrual cycle is hampered by both oestrogen and progesterone hormones contained in hormonal contraceptives that inhibit ovulation (Department of Health, Republic of South Africa, 2013).

Even though condom-use can protect against the risk of pregnancy and STIs, the participants' widespread view is that condom-use lowers sexual pleasure. This perception about contraceptives among men may negatively affect the actual use, as revealed in this. Men reported that they only use it when the female partner is

menstruating or has received injectable contraceptives or sex with a female partner they do not trust. The association of male condom-use with diminished sexual pleasure is echoed in other research in Kenya (Mwaisaka et al., 2020), in South Africa (Kriel et al., 2019; and Matlala, 2010), and by Sunnu and Adatara (2016) in Ghana. They also found that men who associated condom-use with decreased sexual pleasure were less likely than their counterparts to consider their use. These are of utmost importance because WHO recommends dual protection, which uses condom and Family Planning methods. WHO states that health-care providers should recommend dual protection to all clients who are at high risk of contracting HIV/STI (WHO 2009).

Men in this study perceived Family Planning use to have the potential to cause conflicts within relationships. This was linked to a perception that men who suffer the adverse effects of Family Planning may fail to satisfy their women sexually, resulting in disrespectful and unfaithful women. Several studies also found that men think Family Planning makes women unfaithful because they are not worried about pregnancy (Kriel et al., 2019, Kabagenyi et al., 2016; and Mwaisaki et al., 2020). Men are often resistant to approve contraceptive use, primarily out of fear of indirectly encouraging their female partners to be unfaithful (Wulifan et al., 2016). Men's mistrust towards their female partners is a significant cause of the association of Family Planning with promiscuity (Marchi et al., 2008)

Furthermore, some men perceived that Family Planning causes conflict because of a disagreement about the number of children they want. These findings are consistent with other findings that found most cultural beliefs and practices in African countries place a high value on large families (Kabagenyi et al., 2016; Kriel et al., 2019; and Wulifan et al., 2016). In some instances, where women are keen on using Family Planning, it leads to women being subjected to physical abuse and battering (Kriel et al., 2019; and Wulifan et al., 2016)

The fact that men raised these concerns shows the importance of engaging men in addressing Family Planning low uptake. In South Africa, male partner opposition was identified as a significant factor contributing to Family Planning discontinuation tendencies (Kriel et al., 2019). Men, therefore, need to be involved and be given

accurate knowledge about Family Planning and its effect, as they remain dominant decision-makers in Family Planning use.

5.2.3. Communication about Family Planning with Men

Findings in this study show that men are against the covert use of contraceptives by women. Men believe that a child belongs to the mother and the father, and men should be included in Family Planning decision making. This study is consistent with a qualitative study done by Wulifan et al., (2016) that found that men strongly disapprove of the unilateral decision of contraceptive use by their female partners, Koffie et al. (2018). This differs from other studies where Family Planning was seen as a women's domain (Bishwajit et al., 2017; Vouking, Evina & Tadenfok, 2014; and Kabagenyi et al., 2014). The secretive use of contraception is practiced by women to acquire some degree of sexual autonomy in the context of restrictive gender norms (Wulifan et al., 2016). Communication is vital, and in the absence of honest communication, women often incorrectly perceive that their partners oppose contraception use, resulting in the covert use of contraception or rejection of contraception (Hartmann et al., 2012). Including a male partner in decision making will improve communication between partners. And this will enable men to support their female partners and share the responsibility of using contraceptives consistently and continuously (Kriel et al., 2019).

Men were interested in learning about Family Planning methods (types, mechanism of action, and side effects). They blamed Health Care Services for excluding men deliberately in Family Planning discussions. Men believed that discussion and decisions about Family Planning must incorporate men and women. This finding is consistent with several studies that found that Family Planning services that mainly target women while men often feel ignored were also mentioned as factors that limit men's involvement in Family Planning (Kassa, Abajobir & Gedefaw, 2014; Koffi et al., 2018; Wulifan et al., 2016). Furthermore, men in this study suggested that there should be a Family Planning awareness campaign targeting men. This indicates positive attitudes towards obtaining information about Family Planning.

The suggestion that men wanted to be better informed about all methods is very encouraging. Men who are aware of the various Family Planning methods are more likely to have female partners who desire to use it (Ezeanolue et al., 2015). Most men in South Africa are dominant decision-makers. This therefore thus underscores the

need to educate men on the health and socioeconomic benefits of Family Planning, while explaining the possible side effects and dispelling the myths around long-term adverse health effects to the mother and child associated with modern Family Planning methods. More awareness is necessary to educate men about the value of Family Planning methods for both child spacing and limiting birth.

The finding that all men wanted to be better informed about all Family Planning methods is pleasing. Even though men had favourable attitudes towards Family Planning, negative perception and beliefs about Family Planning methods may negatively affect Family Planning methods by their female partners. The findings of this study are in line with findings reported by Sunnu and Adatara (2016) in Ghana.

5.3. Limitations of the Study

Errors or bias could have been introduced in several ways for example participants could have responded to please the researcher and also when translating patients' responses from Tsonga to English. Attempts were made to reduce this bias. The independent interviewer have hopefully reduced this bias and the involvement of the expert in linguistics in the translation was another attempt to minimise bias. .

Some participants may have felt embarrassed to share their opinions on Family Planning, mainly when they are not confident in their knowledge or unsure of which information to share. This was mitigated by asking each participant to give their opinion about Family Planning

Another limitation is that findings in this study is that the findings are not transferable to any society. The detailed description of the setting is an attempt to make it clear to the reader of the research to what other settings the findings are applicable to.

5.4. Conclusions

This was a qualitative study to understand men's attitudes towards Family Planning methods practised by their female partners in the Mamitwa area of the Mopani District, Limpopo Province. The findings showed that men are aware of the advantages of Family Planning use and have favourable attitudes towards Family Planning use. However, men are in doubt whether to allow their female partners to use Family

Planning because they have seen disadvantages and advantages of Family Planning use. Some misconceptions were found in the study, for example, decreased sexual performance, decreased sexual pleasure, painful genitalia, and blocked kidneys in men. Family Planning was also perceived to cause difficulty to conceive and make women promiscuous and disrespectful.

Furthermore, findings show a lack of adequate information about Family Planning methods and the risk among men. Men blamed Health Care Service provider for excluding them in Family Planning discussion, and they are interested in learning more about Family Planning. And they are against the secretive use of Family Planning by their female partners.

5.5 Recommendations

The fact that men raised all these concerns about Family Planning underscores the significance of engaging men in addressing low Family Planning uptake. Therefore, men need to be given accurate knowledge about Family Planning and its effect, as they remain dominant decision-makers in Family Planning use. To increase the acceptance of these methods and help correct the misconceptions about the different Family Planning methods, there is a need to increase male participation in Family Planning decisions, emphasising Family Planning clinics, antenatal and postnatal. It will also create a supportive environment for women in the community.

In addition, there is a need to engage community leaders and opinion leaders to advocate for the utilisation of modern Family Planning methods in the community. There is also a need to make communities aware of how side effects are managed to alleviate the fear of side effects such as irregular uterine bleeding that usually disturbs women in the community. The government needs to ensure that information on Family Planning is made more available on the media, including television and radio. This will increase high exposure to Family Planning among men.

The study found that men are excluded in Family Planning discussions by health-care workers. In the light of these findings, it is recommended that further research is done to assess healthcare workers' role in influencing male participation in Family Planning.

Therefore, there is a need to train health-care workers on how to include men in Family Planning education and ultimately in Family Planning decision-making.

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ANNEXURES

Annexure 1: Letter of Approval: Department of Education: Limpopo Province

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: Anastasia.Ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING:	**07 February 2018**
PROJECT NUMBER:	**TREC/33/2018: PG**
PROJECT:	
Title:	Attitudes of men towards birth control measures practiced by women in Mamitwa Area Tzaneen Limpopo Province.
Researcher:	ND Radzuma
Supervisor:	Prof Marincowitz
Co-Supervisors:	N/A
School:	School of Medicine
Degree:	MMED in Family Medicine

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:
i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
ii) **The budget for the research will be considered separately from the protocol.**
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Annexure 2: Letter of Approval: Department of Education: Limpopo Province

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650) Ref: **LP_201808_009**

Radzuma ND
University of Limpopo

Greetings,

RE: Attitudes of men towards birth control measures practiced by woman in Mamitwa Area Tzaneen Limpopo Province

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

03/09/2018
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

The heartland of Southern Africa – Development is about people!

Annexure 3: Letter of Approval: Department of Health: Mopani District

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MOPANI DISTRICT

Ref: S4/2/2
Enq: Mohatli Isiraele
Tel: 015 811 6543

To DR Radzuma ND
University of Limpopo

Re: PERMISSION TO CONDUCT RESEARCH IN MOPANI HEALTH FACILITIES: YOURSELF

1. The matter cited above bears reference
2. This serves to respond to the request submitted to research on the topic: **"Attitudes of men towards birth control measures practiced by women in Mamitwa Area, Tzaneen Limpopo."**
3. It is with pleasure to inform you about the decision to permit you to conduct research at Greater Tzaneen PHC facilities within Mopani District.
4. You will be required to furnish PHC authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.

Director: Corporate Services
Date: 2019/05/27

Annexure 4: Focus Group Questions

The exploratory question to be used as a measuring tool for data collection will be as follows:

1. What is your opinion about the use of family planning?

Probing interview guide

a) What advantages do you see in the use of family planning?
b) What disadvantages or problems do you feel is there with the use of family planning?
c) How would you feel if your wife or partner uses family planning?

Tsonga translation

1. Hi wahi mavhonele ya wena eka ku tirhirisa nkunguhato
   a) Hi kwihi ku pfuna ka nkunguhato
   b) Hi shihi shirahalanganyi swo tirhisa nkunguhato
   c) U nga ti twa njhani loko nghamu kumbe mughana wa xisati wa wena a tirhisa nkunguhato

Annexure 5A: Information Letter to Participants (English Version)

Title of project: attitudes of men towards birth control measures practised by women in Nwamitwa area.

My name is Ndifelani Daphney Radzuma and I am a postgraduate student in family medicine (MMEDFamMed) degree at the University of Limpopo

You are invited to take part in this research project, which I am conducting as part of the requirements of my degree. The research project has ethics approval from the Turfloop ethics committee.

This project aims understand attitudes of men towards birth control measures amongst men in Nwamitwa area.

All information collected during the research project will be treated confidentially and will be coded so that you remain anonymous. All data collected will be stored securely on the university of Limpopo premises. The information will be presented in a written report in which your identity will not be revealed. You may be sent a summary of the final report on request.

I do not anticipate any risk associated with participating in this research project. Participating in this research is voluntary and you are free to withdraw at any time and the will be no penalty for doing so. If you would like to take part in this research, please start by signing a consent form.

If you have any question about research project or require further information you may contact the following:

Student Researcher: DR ND Radzuma Email: ndifelanir@webmail.co.za

Supervisor: Prof Marincowitz Email: rhinorth@mweb.co.za

If you have any concerns or complaints and wish to contact an independent person about this research project, you may contact

Dean of the School of Medicine: PROF SM RisengaEmail: sam.risenga@gmail.com

Thank you for your time

Yours sincerely

DR Ndifelani Daphney Radzuma

Annexure 5B: Information Letter to Participants (Tsonga version)

Annexure 2B:INFORMATION LETTER TO PARTICIPATS (TSONGA VERSION)

Papila raku nghenelelavulavisisi

Nhlokomhakayavulavisisi: mavhonele ya va vanuna e ka ti mhaka ta nkunguhato eka vavansati va Nwamitwa.

Vito ra mhina hi mina **Ndifelani Daphney Radzuma**. Ndziyisa tidyondzo ta mina emahlweni hi kuendla family medicine.

Ndza mi rhamba le swa ku mitela xi a vo eka vulavisisi bya mina ntani hi leswi kunga ntirho lowu ndzi fanekela kuwu endla eka tidyondzo ta mina.

Vulavisisi lebyi byi pfumeleriwile hiva faculty of health science ethical sub-committee na kona swina milayo ya vu munhu

Vulavisisi lebyi byi tisa ku twisisa vonele ya nkunguhato eka vavanuna va Nwamitwa

Mavito ya vangheneleri a mange humeseriwi eri valeni,hiko kwalaho vanhu avenge tivi kuri munhu loyi anga nghenelela hi yena mani.

Ema hetelelwani kutava na mbuyelo ya vulavisisi lebyi byi ngulabyi ngavuli mavito ya munhu

A ndzi voni switandzaku swaku nghenelela vulavisisi lebyi

Ku nghenelela vulavisisi ahi xiboho na kona unga tshika nkarhi unwani na unwani aku ngavi na switandzaku

Loko u lava ku nghenelela vulavisisi lebyi vulavisisi lebyi u tarhangahiku hi nyikapfumelelo hiku tsala e hansi.

Loko uri na swivutiso mayelana na vuxokoxoko lebyi khumbavanhu lava landzelela

Mudyondziwavulavisisi: DR ND Radzuma Email ndifelanir@webmail.co.za

Nhlokoyavulavisisi: Prof Marincowitz Email: rhinorth@mweb.co.za

Loko uri na swivutiso kumbe ku lava vuxokoxoko handleka lava vambiri unga khumba

Nhlokoyaxikoloya medicine: Prof SM Risenga
Email:sam.risenga@gmail.com

Ndza nkhensa nkarhi lo wu ndzinyikiwe wona

Wa nwina

DR Ndifelani Daphney Radzuma

Annexure 6A:Consent Form (English version)

Consent form

Title of project: attitudes of men towards birth control measures practised by women in Nwamitwa area.

Statement concerning participation in the research project

- I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask question and given adequate time to rethink the issue
- The aim and objectives of the study are sufficiently clear to me. I have not been pressurised to participate in anyway
- I understand that participation in this study is completely voluntary and that I may withdraw from it anytime and without supplying reasons
- This will have no influence on regular treatment that hold my condition, neither will it influence the care that I receive from my regular doctor.
- I know that this study has been approved by the Research, ethics and publications committee of faculty of medicine, university of Limpopo.
- I am fully aware that the result of this study will be used for scientific purpose and may published. I agree to this, provided my privacy is guaranteed
- I hereby giving consent to participate in this study

Name of participant	Signature of a participant

Place	Date	Witness

Annexure 6B: Consent Form (Tsonga version)

Mavhonele ya vavanuna eka timhaka ta nkunguhato

Nongonoko wavulavisisi

- Ndzi hlayile nkoka na nongonoko wa vulavisisi bya ntiro lo a kona ndzi nyikiwile nkarhiwakuvutisaswivutiso wo ni ngenela ndzi thlela ndzikota kuta naxiboho ehenhla ka nhloko mhaka leyi wavulavisisi lebyi
- Nkonka na nongonoko wa vu lavisisi lebyi ndzina ku twisa le swaku swivula yini na kona ndzi loti lavela ku endla.
- Ndzina
- Ku twisisa le swaku vulavisisi lebyi andzi boyiwangi kubyi endla ina kona ndzi huma eka wo na loko ndzi switsakile kumbe ndzi nyanga na wona emahlweni.
- Vulavisisi lebyi abyinga khumbi matiriselo ya tipilisi ta mina kumbeku vona muongiwa mina.
- Ndza switivale swaku vulavisisi lebyi byi kumile pfumelelo eka Research ethics and publication committee of faculty of medicine , University Limpopo
- Ndza pfumemelela swaku vulavisisi lebyi byinga ta tivisiwa vanhu ntsena lokovito ra mina ringa hlayiwi.
- Hikokwalaho ndzi minyika pfumelelo wale swaku ndzi nghenelela vulavisisi lebyi.

Vito ramuggheleri	Xiboho xa mungheleri

Ndhawu	Siku	Timbhoni

Annexure 7: Statement by Researcher

STATEMENT BY THE RESEARCHER

I provided verbal and /or written information regarding this study.

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol when conducting the research

Dr Radzuma Ndifelani Daphney	**Date**	**Place**
	18/06/2017	**Tzaneen**

Address for correspondence

4432 riverside estate **Francolin Street** **Tzaneen** **0850**	**Mobile: 0826255253/0784227162** **Work : 0153038200**

Annexure 8: Editor's Letter

Mr MM Mohlake
University of Limpopo
Turfloop Campus
Private Bag x 1106
Sovenga
0727

05 July 2021

To Whom It May Concern

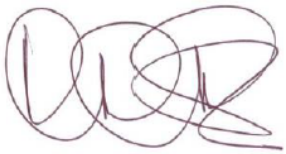
EDITING CONFIRMATION: Dr ND RADZUMA's STUDY

This letter is meant to acknowledge that I, MM Mohlake, as a professional editor, have meticulously edited the main mini-dissertation of Dr Ndifelani Daphney Radzuma (19983171) entitled "Attitudes of Men towards Birth Control Measures Practiced by Women in Mamitwa Area Tzaneen Limpopo Province".

Thus I confirm that the readability of the work in question is of a high standard.

For any enquiries please contact me.

Regards



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