

DETERMINANTS OF CONTRACEPTIVE USE AMONG MEN IN UAGDNA

Abstract

Background and Significance

There is paucity of knowledge on causes of low contraceptive use among men. Although contraceptive use has increased globally from 54.0% in 1990 to 70.0% in 2010 (Nalwadda, 2012), much of it is concentrated among females. For example, 223 million women are sterilised compared to 28 million men yet female sterilisation is more tasking (Helzner, 1996). Unfortunately, even among females in Africa, there has been stagnation (UN, 2011) much as there is increase in the spread of condoms and vasectomy (Ringheim, 1993). In Uganda, in spite of high knowledge (99.0%) on different types of contraceptives, over 71.0% of men do not use any contraceptive method (UDHS, 2011).

The importance of contraceptive use needs not to be emphasised. It can reduce maternal mortality by 38.0%, improve maternal and child health (Nalwadda, 2012; Campbell and Graham, 2006). Besides, limiting birth is a good strategy for poverty reduction and future investment as a result of savings. More importantly, some of the birth control methods such as condom use and withdrawal are male dependant (Helzner, 1996).

Main Question/Hypothesis

In spite of the high knowledge of contraceptive methods among men, and the high possibility of accessing them, only a handful of them use the different methods (UDHS, 2011). The main aim of this study was to explore the underlying factors that explain low contraceptive use among men.

Methodology

The study used the 2011 Uganda Demographic and Health Survey data set, male recode. The UDHS applied cross sectional study design, and stratified cluster sampling eliciting information from males aged 15-54 years old with a sample size of 2290. It is a nationally representative survey that use standardized questionnaires to gather information on contraceptive use and other information on reproductive behaviours among males. It collected gender related questions that included whether contraceptive use is a woman's business and whether contraceptive use makes a woman promiscuous. Other information included the number of women/partners, fertility preference and ideal number of children. Information on media and information sharing was also elicited, particularly whether the respondent shared any contraceptive use knowledge with service providers. These made

up the independent variables. The response variable was the current use of contraceptive, categorised as either no or yes.

Statistical analysis was done at univariate, bivariate and multivariate levels. The frequency distributions were used to generate the characteristics of respondents, chi-square test explored the association between the various independent and dependent variables. Given the dichotomous nature of the data, logistic regression was used to determine the factors that account for low contraceptive use among men.

Results

The type of residence, either rural or urban showed no association ($p=0.73$) with the contraceptive use among men (CI: 0.62-1.39). However, the chances for men who resided in rural areas to use contraceptive was lower by 7.0% relative to men in urban areas. The wealth index, as expected, was associated with the contraceptive use ($p=0.024$). The odds of using contraceptive remained significantly higher among the richest category and was 300.% lower among the poorest group compared to the richest, 82.0% lower among the poorest relative to the poorer group, 139.0% lower among the poorest category compared to the middle group, and 257.0% lower among the poorest compared to the richer group. That is, use of contraceptives among men increased with the level of wealth. Discussions between service providers and service seekers was of significant importance since it had a very strong association ($p=0.00$) with contraceptive (CI: 1.42-2.82). Indeed, the odds of not using contraceptives was 100.0% lower among those who did not discuss with the service providers. Expectedly, fertility preference was associated with the contraceptive use ($p=0.04$) with the CI of 1.01-1.78, and the chances of using contraceptives was 7.0% lower among men who wanted more children.

Contributions to knowledge

The findings contribute enormously to knowledge and fertility control programmes. It has always been a fallacy to believe that fertility control can operate in isolation. The findings do not allude to this and tend to suggest that poverty eradication should be implemented alongside birth control programme. There is further evidence that whereas the government of Uganda has developed and implemented gender friendly policy on birth control (UBOS, 2011), men still determine the number of children. The findings also support the diffusion theory that promotes the discussion of health programmes with health workers and partners so as to enhance the acceptability of the new health technology. However, the findings disapprove the theoretical argument that having multiple sexual partners forces a man to use contraceptive to control HIV infection (Ringheim, 1993).