

# Men's Choice of Contraception Method

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## ABSTRACT

**Objective:** The aim of this study is to examine the contraception choices of men, aged between 18-60 and living in the center of a province in the Gümüşhane.

**Methods:** The study is of a descriptive type. As a data collection form, an Individual Information Form consisting of a total of 32 questions was used. This form questions the demographic-physical-biological-social-health histories of the participants and their knowledge, attitudes, behaviors about contraception methods. Averages were given together with standard deviations.

**Results:** 20.8 % of the participants are aged between 26-33. It was seen that 25.3% of the participants had knowledge about contraception methods and 64.7% did not use any methods. When the variables of the age and the marital status are approached in terms of having sufficient knowledge about contraception and still using contraception methods, there is a statistical significance between the variable of 'is the use of contraception methods harmful to health?' with the status of still using contraception methods. A statistical significance is also found between the variable of being sexually active with the status of having sufficient knowledge about contraception and still using contraception methods ( $p < 0.05$ ).

**Conclusion:** In this study, It has been determined that men who had sufficient information about contraceptions had higher age and higher education levels, were sexually active and married. It has been seen that the age, the marital status, the perception of contraception as harmful to health, the status of being sexually active did not affect receiving any training about contraception.

**Keywords:** Men, contraception method, choice

## 1. INTRODUCTION

The aim of family planning services is to prevent unwanted pregnancies and consequent maternal-infant deaths, to present assistance and counseling services for individuals want to have in any number of children at any time. A good family planning service also includes assistance for couples (infertile) that cannot have children. Another aim of family planning services is to increase the health of maternal-infant. The family planning services also develop the skills of family members in deciding and gives the family the freedom to decide freely about having children. Family planning services are an important part of the "Basic Health Services" that should be offered to the community (1).

Increasing the use of modern family planning methods is one of the primary interventions aimed at improving sexual and reproductive health in developing countries. Reducing unwanted pregnancies is important because of the prevention of sexually transmitted infections such as HIV, the reducing of the maternal-neonatal morbidity and mortality.

The use of family planning methods is one of the critical developmental aims for maternal-infant survival in low – and middle-income countries (2).

Although the number of women seeking to control fertility in underdeveloped countries has increased significantly, there is no proportional increase in modern contraceptive use (3). It has been stated that the reason is the resistance of men to using family planning methods, the problems in reaching the method and in ensuring the continuity. Except that individual decision making, it has been stated that reproductive behaviors are being influenced by social-institutional norms and policies. For this reason, it is insufficient to focus on only women individualistically (2).

Having knowledge about family planning methods is very important both for the decision whether to use a contraceptive method, to decide on which method to use. Staying on top of fertility control is also a rather important step in reaching these methods and using an appropriate contraceptive method (4).

In many studies, it has been stated that the use of FP methods is influenced by many factors such as education level of the woman and her spouse, number of children, ideal family size, spouses' decisions, ideal birth interval, men's perspective to FP. It also has been expressed that the participation of men to this process should be ensured in order to achieve the desired success in FP services (5, 6). The number of studies with men related to the family planning process is few. This study was planned to determine the family planning methods used by men, the reasons for using these methods, the factors affecting men.

## 2. METHODS

### 2.1. Type of research

This study is of a descriptive type.

### 2.2. Population of the research and selection of sample

The population of the study has been consisting of males, aged between 18-60, living in the center of Gümüşhane province. According to the 2017 year address-based population registration system, the number of males in this age range is 18303. After the calculations, minimum 377 people were planned to be included in the sample at a 95% confidence interval. However, it was aimed to reach 400 people (approximately 10% of the sample calculated against the probability of possible loss has been reached) in the study considering the possible losses. The sample group was reached according to the improbable sampling method. Participants were divided into 8-year age groups. Thus, 5 groups were formed. Men with cognitive or mental disability and illiterate were excluded from the study. Also, verbal consent was obtained from the participants. Data were collected by face-to-face interviews with participants who voluntarily agreed to participate in the study. Data of the study were collected during a 3-month period.

### 2.3. Data collection

In the study, an Individual Information Form consisting of a total of 32 questions and developed in accordance with literature by researchers was used. This form, which used as a data collection tool, questions the demographic-physical-biological-social-health histories of the participants and their knowledge, attitudes, behaviors about contraception methods.

The independent variables of the study are the demographic-physical-biological-social data of the participants. The dependent variables are health histories of the participants and their knowledge, attitudes, behaviors about the contraception methods.

### 2.4. Ethical considerations

The required permission to conduct the study was obtained from the administration unit of the Health Directorate and from the Scientific Research and Publication Board of Gümüşhane University (Number= 95674917-604.01.02-E.831, Approval Date= 08.01.2018).

## 2.5. Statistical analysis

The statistical package program was used for analysis. Error checks and tables were made through this program. Number and percentage distributions were made in the meta-data; 'chi-square' and 'fisher's exact test-2-sided' tests were used for data analysis. Averages were given together with standard deviations.  $p < 0.05$  was considered significant.

## 3. RESULTS

20.8% of the participants are aged between 26-33. 53.7% have an education above the high school level. 59.3% are married. 35% do not work. The rate of the participants with a high income is 16%. The average number of children (min: 1; max: 6) is 2.68 (Table 1). The sources of information about sexuality were asked to the participants. 24% of the participants stated that obtained information from friends, 37.5% from the internet, 5.8% from books, 4.8% from newspapers, 2% from magazines, 4.8% from their family, the rest from several sources.

**Table 1.** Socio-demographic characteristics of participants (N=400)

Socio-Demographic Characteristics	n	%
<b>Age</b>		
Between 18-25	80	20.0
Between 26-33	83	20.8
Between 34-41	79	19.8
Between 42-50	78	19.4
Between 50-60	80	20.0
<b>Education Status</b>		
Primary school	34	8.5
Secondary school	49	12.3
High school	102	25.5
Associate degree	66	16.5
College/faculty	149	37.2
<b>Marital Status</b>		
Married	237	59.2
Single	163	40.8
<b>Occupation status</b>		
Educator	31	7.8
Security staff	23	5.8
Medical staff	36	9.0
Craft	76	19.0
Worker	83	20.8
Official	11	2.6
Jobless	140	35.0
<b>Income Status</b>		
Income is less than expense	132	33.0
Income is equal to expense	204	51.0
Income is more than expense	64	16.0
<b>Smoking Status</b>		
Yes	214	53.5
No	186	46.5
<b>The status of being sexually active</b>		
Yes	263	65.8
No	137	34.2
<b>The status of getting a sexually transmitted disease Yes</b>		
No	20	5.0
	380	95.0

The awareness and practices of the men participating in the study related to contraception methods are approached in Table 2.

**Table 2.** The awareness and practices of the participants related to contraception methods (N=400)

Features	n	%
<b>The status of receiving any training about contraception</b>		
Yes	101	25.2
No	299	74.7
<b>The status of having sufficient information about contraception</b>		
Yes	220	55.0
No	180	45.0
<b>The heard contraception method</b>		
Condom (Cover, preservative)	217	54.3
Contraceptive pills	40	10.0
Intrauterine device (spiral)	20	5.0
Injection method	7	1.8
Post-tube ligation	10	2.5
Vasectomy	7	1.8
Subcutaneous implants	3	0.8
Coitus interruptus	53	13.3
Rhythm method	12	3.0
Spermicidal	1	0.3
Emergency contraceptive methods	6	1.5
Other	17	4.3
All	7	1.8
<b>The status of using any contraception method</b>		
Yes	141	35.3
No	259	64.7
<b>The used contraception method</b>		
Condom (Cover, preservative)	92	64.3
Contraceptive pills	13	9.1
Intrauterine device (spiral)	9	6.3
Post-tube ligation/Vasectomy	1	0.7
Subcutaneous implants	1	0.7
Coitus interruptus	17	11.9
Rhythm method	1	0.7
Other	7	6.3
Total	141	100.0
<b>The status of using and quitting any contraception method</b>		
Yes	11	2.8
No	389	97.2
<b>Reason for choosing the current method (n=140)</b>		
For finding it safe	74	52.9
Because it is convenient	39	27.9
I only know this method	10	7.1
Easy to use	9	6.4
Other	8	5.7
<b>Reason for not using any contraception method (n=264)</b>		
No need	144	54.5
Lack of regular and frequent sexual intercourse	33	12.5
Don't think your partner will get pregnant	9	3.4
Disbelief contraceptive	12	4.5
Finding contrary to my beliefs	20	7.6
Not having enough information about family planning	31	11.8
Other	15	5.7

#### The status of experiencing an unwanted pregnancy

Yes	42	10.5
No	358	89.5

#### The status of affecting sexuality of family planning methods

Yes	260	65.0
No	140	35.0

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Condom (Cover, preservative)	119	45.2
Contraceptive pills	41	15.6
Intrauterine device (spiral)	30	11.4
Injection method	8	3.0
Post-tube ligation	6	2.3
Vasectomy	11	4.2
Subcutaneous implants	5	1.9
Coitus interruptus	33	12.5
Rhythm method	4	1.5
Spermicidal	3	1.1
Emergency contraceptive methods	3	1.1
Total	263	100.0

In the study, it has been seen that 25.3% of the participants had knowledge about contraception methods and 55% of the participants thought that had enough information about contraception methods (Table 2).

In the study, participants were asked what understood from contraception. 20% of the participants stated that contraception was to have a limited number of children, 12% to have children when spouses want, 12.3% to limit the number of member in the family, 51% to have enough number of children to be supported and raised, 1.8% to educate the individuals and families about reproductive health, 0.8% to prevent maternal deaths and save their healths, 0.3% to provide medical help to individuals who want to have children, 1.3% to prevent high-risk and unwanted pregnancies, 0.8% to neuter the individuals.

In this study, 54.3% of the participants said condom/bonnet/sheath/preservative in response to the question of which contraception method heard by. Participants were asked who should be given the family planning method. 89% of participants said that the family planning method should be given to both sexes, 7.5% to just women, 3.5% to just men.

In the answer to the question of where contraception methods can be obtained, pharmacies (38%), community health centers (18%), hospitals (16.5%), centers of maternal and child health (12.3%), private health institutions (8.8%), other places (6.5%) took place respectively. As seen in Table 2, 64.7% of the participants do not use any contraception methods (Table 2).

32.9% of the participants prefer the traditional methods and the rest (67.1%) prefer the modern methods. At the same time, 2.8% of the participants aren't using any method now, although had used any contraception method before.

**Table 3.** According to the socio-demographic characteristics of the participants; the statuses of receiving any training about any contraception methods, having sufficient knowledge, using any contraception methods, using and quitting these methods (N=400)\*

Socio-Demographic Characteristics	n	The status of receiving training about contraception		The status of having sufficient information about contraception		The status of still using contraception methods		The status of using and quitting contraception method	
		Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)
<b>Age</b>									
Between 18-25	80	19 (23.8)	61 (76.2)	24 (30.0)	56 (70.0)	13 (16.3)	67 (83.8)	1 (1.3)	79 (98.8)
Between 26-33	83	30 (36.1)	53 (63.9)	52 (62.7)	31 (37.3)	29 (34.9)	54 (65.1)	1 (1.3)	82 (98.8)
Between 34-41	79	20 (25.3)	59 (74.7)	49 (62.0)	30 (38.0)	35 (44.3)	44 (55.7)	3 (3.8)	76 (96.2)
Between 42-50	78	18 (23.1)	60 (76.9)	45 (57.7)	33 (42.3)	39 (50.6)	38 (49.4)	2 (2.6)	76 (97.4)
Between 50-60	80	14 (17.5)	66 (82.5)	50 (62.5)	30 (37.5)	25 (31.3)	55(68.8)	4 (5.0)	76 (95.0)
	<b>Test Value</b>	$\chi^2=8.05$ sd=4 p=0.09		$\chi^2=25.78$ sd=4 p=0.000		$\chi^2=24.02$ sd=4 p=0.000		$\chi^2=3.26$ sd=4 p=0.515	
<b>Education Status</b>									
Primary school	34	2 (5.9)	32 (94.1)	12 (35.3)	22 (64.7)	10 (30.3)	23 (69.7)	0 (0.0)	34 (100.0)
Secondary school	49	7 (14.3)	42 (85.7)	26 (53.1)	23 (46.9)	15 (30.6)	34 (69.4)	2 (4.1)	47 (95.9)
High school	102	22 (21.6)	80 (78.4)	67 (65.7)	35 (34.3)	48 (47.1)	54 (52.9)	4 (3.9)	98 (96.1)
Associate degree	66	23 (34.8)	43 (65.2)	44 (66.7)	22 (33.3)	22 (33.3)	44 (66.7)	0 (0.0)	66 (100.0)
College/faculty	145	46 (31.7)	99 (68.3)	68 (46.9)	77 (53.1)	45 (31.0)	100 (69.0)	4 (2.8)	141 (97.2)
Master	4	1 (25.0)	3 (75.0)	3 (75.0)	1 (25.0)	1 (25.0)	3 (75.0)	1 (25.0)	3 (75.0)
	<b>Test Value</b>	$\chi^2=17.05$ sd=5 p=0.004		$\chi^2=18.23$ sd=5 p=0.003		$\chi^2=8.45$ sd=5 p=0.133		$\chi^2=11.08$ sd=5 p=0.050	
<b>Marital Status</b>									
Married	237	56 (23.6)	181 (76.4)	151 (63.7)	86 (36.3)	106 (44.9)	130 (55.1)	9 (3.8)	228 (96.2)
Single	163	45 (27.6)	118 (72.4)	69 (42.3)	94 (57.7)	35 (21.5)	128 (78.5)	2 (1.2)	161 (98.8)
	<b>Test Value</b>	$\chi^2=0.81$ sd=1 p=0.368		$\chi^2=17.84$ sd=1 p=0.000		$\chi^2=23.18$ sd=1 p=0.000		$\chi^2=2.38$ sd=1 p=0.122	
<b>Income Status</b>									
Income is less than expense	132	23 (17.4)	109 (82.6)	65 (49.2)	67 (50.8)	43 (32.8)	88 (67.2)	2 (1.5)	130 (98.5)
Income is equal to expense	204	49 (24.0)	155 (76.0)	115 (56.4)	89 (43.6)	73 (35.8)	131 (64.2)	7 (3.4)	197 (96.6)
Income is more than expense	64	29 (45.3)	35 (54.7)	40 (62.5)	24 (37.5)	25 (39.1)	39 (60.9)	2 (3.1)	62 (96.9)
	<b>Test Value</b>	$\chi^2=18.09$ sd=2 p=0.000		$\chi^2=3.37$ sd=2 p=0.185		$\chi^2=0.76$ sd=2 p=0.681		$\chi^2=1.14$ sd=2 p=0.565	
<b>Should contraception be given as education in schools?</b>									
Yes	222	70 (31.5)	152 (68.5)	123 (55.4)	99 (44.6)	76 (34.2)	146 (65.8)	9 (4.1)	213 (95.9)
No	98	15 (15.3)	83 (84.7)	58 (59.2)	40 (40.8)	37 (37.8)	61 (62.2)	2 (2.0)	96 (98.0)
Undecided	80	16 (20.0)	64 (80.0)	39 (48.8)	41 (51.3)	28 (35.4)	51 (64.6)	0 (0.0)	80 (100.0)
	<b>Test Value</b>	$\chi^2=10.94$ sd=2 p=0.004		$\chi^2=1.97$ sd=2 p=0.373		$\chi^2=0.36$ sd=2 p=0.831		$\chi^2=3.35$ sd=2 p=0.145	
<b>Is the use of contraception methods harmful to health?</b>									
Yes	79	18 (22.8)	61 (77.2)	53 (67.1)	26 (32.9)	35 (44.3)	44 (55.7)	1 (1.3)	78 (98.7)
No	321	83 (25.9)	238 (74.1)	167 (52.0)	154 (48.0)	106 (33.1)	214 (66.9)	10 (3.1)	311 (96.9)
	<b>Test Value</b>	$\chi^2=0.31$ sd=1 p=0.573		$\chi^2=5.81$ sd=1 p=0.016		$\chi^2=3.46$ sd=1 p=0.063		$\chi^2=0.81$ sd=1 p=0.368	
<b>The status of being sexually active</b>									
Yes	263	72 (27.4)	191 (72.6)	158 (60.1)	105 (39.9)	115 (43.9)	147 (56.1)	7 (2.7)	256 (97.3)
No	137	29 (21.2)	108(78.8)	62 (45.3)	75 (54.7)	26 (19.0)	111 (81.0)	256 (97.3)	133 (97.1)
	<b>Test Value</b>	$\chi^2=1.84$ sd=1 p=0.175		$\chi^2=7.99$ sd=1 p=0.005		$\chi^2=24.43$ sd=1 p=0.000		$\chi^2=0.02$ sd=1 p=0.881	
<b>The status of experiencing an unwanted pregnancy</b>									
Yes	42	8 (19.0)	34 (81.0)	27 (64.3)	15 (35.7)	18 (42.9)	24 (57.1)	3 (7.1)	39 (92.9)
No	358	93 (26.0)	265 (74.0)	193 (53.9)	165 (46.1)	123 (34.5)	234 (65.5)	8 (2.2)	350 (97.8)
	<b>Test Value</b>	$\chi^2=0.95$ sd=1 p=0.328		$\chi^2=1.63$ sd=1 p=0.201		$\chi^2=1.16$ sd=1 p=0.281		$\chi^2=3.38$ sd=1 p=0.066	
<b>Is abortion a contraception method?</b>									
Yes	65	16 (24.6)	49 (75.4)	40 (61.5)	25 (38.5)	25 (38.5)	40 (61.5)	0 (0.0)	65 (100.0)
No	335	85 (25.4)	250 (74.6)	180 (53.7)	155 (46.3)	116 (34.7)	218 (65.3)	11 (3.3)	324 (97.3)
	<b>Test Value</b>	$\chi^2=0.01$ sd=1 p=0.898		$\chi^2=1.34$ sd=1 p=0.24		$\chi^2=0.33$ sd=1 p=0.56		$\chi^2=2.19$ sd=1 p=0.138	

\* Rows percentage is taken

It has been seen that when the participants were asked why they preferred that method, finding it safe (52.9%) was placed on the top; when the participants were asked the reason for not using any contraception method, finding unnecessary (54.5%) was placed on the top. In the study, the status of experiencing an unwanted pregnancy was determined as 10.5%. The most common methods used by participants were the use of condoms (64.3%), the method of coitus interruptus (11.9%), the use of contraceptive pills (9.1%). 65% of the participants stated that using contraception affects sexual life. The most common method affecting sexual life is condom with 45.2%. This is followed by the use of contraceptive pills, the method of coitus interruptus, the intrauterine device usage (Table 2).

As the FP method which is effective in protecting from sexually transmitted infections (STI), 81% of the participants said condoms, 4.8% contraceptive pills, the rest intrauterine device (IUD), the method of coitus interruptus, tubal ligation.

Finally, the participants were asked how to look at education in schools about contraception methods. It was determined that 55.5% of the participants approved, 24.5% did not approve, the rest (20%) hesitant. On the other hand, 19.8% of the participants stated that the use of contraception methods is harmful to health.

As it is seen in Table 3, cross-tables were made between some socio-demographic characteristics and approaches to contraception of the participants with the statuses of receiving any training about contraception methods, having sufficient information, using any contraception methods, using and quitting contraception methods. Hereunder;

Between the variable of the age with the status of having sufficient information about contraception and the status of still using contraception method,

Between the variable of the education level with the statuses of receiving any training about contraception, having sufficient information about contraception, using and quitting contraception methods,

Between the variable of the marital status with the status of having sufficient information about contraception and the status of still using contraception methods,

Between the variable of the income level with the status of receiving any training about contraception,

Between the variable of 'should the subject of contraception be given as education in schools?' with the status of receiving any training about contraception,

Between the variable of 'is the use of contraception methods harmful to health?' with the status of still using contraception methods,

Between the variable of being sexually active with the status of having sufficient information about contraception and the status of still using contraception methods,

Statistical significance was found between all these data ( $p < 0.05$ ).

#### 4. DISCUSSION

In this study, the family planning methods used by men, the reasons for using these methods, the factors affecting men were determined. 20.8% of men participating from Gümüşhane (a province in the Black Sea Region) are aged between 26-33. 53.7% of men have an education above the high school level.

Participants of the research have various sources of information about sexuality and family planning. These are respectively internet (37.5%), friends (24%), books (5.8%), newspapers (4.8%), family (4.8%) and magazines (2%). In the study in which the information statuses of men in Uganda about family planning was questioned, it was stated that there were various sources of information such as peers, health care personnel, mass communication, partners. The percentages of education received from health care personnel and mass communication campaigns were lower than other sources of information (7).

According to men participated in the study, the contraception is to have a limited number of children, to have children when spouses want, to limit the number of member in the family, to have enough number of children to be supported and raised, to educate individuals and families about reproductive health, to prevent maternal deaths and save healths, to prevent high-risk and unwanted pregnancies.

In a study, the reasons for using a small number of contraceptive methods of young people include cancer, fibroids, reproductive morbidity and fear of infertility for their female partners (8). In another study, it has been shown that the reasons of men for not using the hormonal contraceptives used by their spouses include the excessive bleeding, the menstrual irregularity, the concerns about reducing sexual desire among women (9).

67.1% of the participants prefer modern methods and 32.9% use traditional methods. In this study, the most common contraception method known by participants is the use of a condom (54.3%). The use of contraceptive pills and the method of coitus interruptus follow this. In the study, the large majority of the participants (89%) stated that information about family planning methods should be given to both sexes. In Asian countries such as Pakistan, it is stated that very few men use contraception methods and are generally resistant to the use of modern methods (10). In the researches based on society and population, it was emphasized that it is important to increase the deciding power of women due to their spouses' resistance to contraception (11). For example, according to the Pakistan Demographic Health Survey data (2013), it has been stated that the most commonly used methods were the use of a condom (9%) and the method of coitus interruptus (8.5%) (12). According to 2013 TDHS data, 33% of women and 47% of currently married women used a modern method, while 18% of women and 26% of currently married women used a traditional method. The method of coitus interruptus used by one in four married women (26%) is the most common method of contraception. IUD (17%) is

the most used modern method by married women. The most common method after IUD is the male condom (16%). Health experts emphasized that the use of condoms can be used not only against sexually transmitted infections but also as an alternative method when the use of hormonal contraceptive is not appropriate (13).

It has seen that when men were asked why preferred that methods now, finding it safe (52.9%) was placed on the top; when the participants were asked the reason for not using any contraception method, finding unnecessary (54.5%) was placed on the top. In the study, 65% of the participants stated that using contraception affects sexual life. The status of experiencing an unwanted pregnancy was determined as 10.5%.

It was determined that 55.5% of the participants approved the education in schools about contraception methods. On the other hand, 19.8% of the participants stated that the use of contraception methods was harmful to health. In the meetings, it was stated that family planning services and training provided by health experts were safe at the level of evidence. After appropriate counseling, problems such as failure in the use of contraception methods and unwanted pregnancies are being prevented. The counseling over decreasing fertility associated with the increasing age of women includes the creation of appropriate policies (13).

Women in society have primarily responsible for raising children. Therefore, especially in patriarchal societies, it is important for women to be a decision-maker on the choice of contraception together with men. It has been indicated that in Canada, all methods including abortion should be easily accessible for individuals without taking into account their geographical location. For this; taking the history, screening contraindications, dispensing the method, prescribing, selecting, sexual behaviors of individuals, reproductive health risks, social conditions, belief systems, evaluating of the cultural and political structures, improving the use skills related to the method should be necessary (13).

Sexually transmitted diseases are very important problem today. The use of 'condom', one of the modern methods of family planning, has an important place in the fight against this problem. However, in order to ensure the participation of men in family planning services and works, there are other approaches in addition to popularize the methods that can be used by men. In these approaches, men are expected to be active in all family planning services. In other words, it is emphasized that men should act together with women in deciding the use, the choice, the follow-up of the family planning method and also it is known that social positions of men and women are important in this regard (13).

It is important to include men in family planning practices, to increase modern family planning methods, to plan training for both sexes, to receive necessary training from health experts.

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