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Knowledge, Perception, and Access to Contraceptive Use in a Patriarchal Setting: A Qualitative Study of Selected Communities in Uyo, Akwa Ibom State, Nigeria.

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Abstract This study investigated knowledge, perception, and access to contraceptive use in a patriarchal setting. Information for this study was obtained through in-depth interviews focus group discussions and key informant investigation. Overall, 60 participants drawn from randomly selected communities in Uyo were recruited for the study. Findings reveal that knowledge and perception of men can mare or make the use of contraceptives in the study area. The accessibility issue which encompasses various factors, including availability, affordability, and acceptability, can either facilitate or hinder an individual's ability to use contraceptives effectively. Availability was also found to be a critical aspect of contraceptive access. When contraceptives are readily available, individuals are more likely to use them consistently and correctly. Based on these findings increased sensitization, and effective policy framework by the government and concerned agencies are key to designing intervention mechanisms to promote knowledge, positive perception, and adequate access to contraceptive use.

Keywords Knowledge, perception, access, and contraception use

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Introduction. Traits and culture

A common phenomenon dotting the social landscape of the African continent and other third-world countries is the high incidence of reproductive issues, such as maternal and infant mortality which many authors attribute to poor contraceptive usage, among other factors (Ali et al. 2011). According to a study by Ononokpono et al (2020), about 830 women die from pregnancy or childbirth-related complications around the world every day. The WHO (2015), reported that an estimated 303, 000 women died during pregnancy and childbirth and most of these deaths occurred in developing countries. Extant findings alluded to high fertility rate and inadequate child-spacing, as a serious issue that can lead to high maternal and infant mortality, pointing out that, an estimated 600,000 maternal deaths occur worldwide each year; the vast majority of these take place in developing countries. Thus, contraceptive use, family planning, and spacing among births are reliable preventive measures against unwanted pregnancies and avoidable deaths. (Ali et al. 2011; Aina et al, 2019).

A recent study by Akinyemi et al. (2023), revealed that contraceptive use is a dependable tool for population control and other demographic policies, spanning across issues affecting national development, economic growth, and maternal health by offering mothers enough time to recover from previous pregnancies, thus reducing maternal morbidity and mortality.

There is a strong correlation between contraceptive use and maternal mortality as studies point to the fact that countries where contraceptive prevalence is low have high maternal mortality ratios. For instance, about 13% of maternal deaths globally are because of unsafe abortions related to poor contraceptive usage (Okonofuo, 2003).

In Sub-Saharan Africa, Nigeria accounts for an estimated 59,000 maternal deaths annually, with this statistic Nigeria stood comfortably at about 10% of the world's maternal deaths. Many reasons can be adduced for the low use and uptake of contraception and family planning in developing economies, which range from mode of access to cultural beliefs. However, current research shows that spousal consent or perception is a key issue, for instance, one study found that where female empowerment was restricted, contraceptive use was limited and the gap between male and female fertility preferences was significantly large, the decision of men is pertinent to contraceptive uptake in a patriarchal society like Nigeria (Ononokpono et al. 2020 and Nair 2020; Akinyemi et al, 2023)

Given the patriarchal nature of African societies, involving men and obtaining their support and commitment to family planning is key in this region. Since most decisions that affect family life are made by men, there is no gainsaying that men's general knowledge and attitude concerning the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive methods used greatly influence women's preferences and opinions (Vouking et al, 2014).

According to Vouking et al, (2014), The family planning method used can help ensure the healthiest timing and spacing of pregnancy, hence, regulating fertility. As fertility falls, so do infant, child, and maternal mortality. Women spend decreasing proportions of their lifetimes giving birth and caring for young children. Contraception plays a key role in decreasing maternal mortality. They provide significant protection for women by preventing unintended pregnancies, which often end in unsafe abortions.

Akinyemi et al, (2023) reported that male involvement in contraception is a critical factor many family planning advocates have encouraged owing to its benefits and influence on contraceptive uptake. This is very necessary among African men who are often heads of households and decision-makers on reproductive health matters such as the number of children the couple desires to have as well as the use and non-use of contraceptives.

Studies (Akinyemi et al, 2023; Oyediran, Ishola, & Feyisetan, 2002; UBOS and ICF International Inc., 2012; Thummalachetty et al. 2017) have shown that men's knowledge as well as perception about contraceptive use influence their partners' use of modern contraceptives. Most of these studies reported high awareness and knowledge of contraceptives among the males, but high unwillingness to allow spouses to use modern contraceptives.

Across the African continent, objective observations show that men tend to be reluctant about contraceptive use and family planning issues, due to negative perceptions about modern contraceptive use (Ononokpono, Usoro, and Akpabio, 2021). This culminated in their lack of support for spouses to use. While few previous studies in Nigeria have shown that certain beliefs among men are associated with contraceptive uptake, the beliefs/perceptions are rarely explored to understand their predisposing characteristics. There is also a dearth of information on male contraceptive non-users in Nigeria (Akinyemi et al, 2023).

As reported by Thummalachetty et al. (2017) 'husband/partner is opposed' is listed as one of the primary reasons nonusers reports for not using contraception, and women's lower uptake and discontinuation of contraception is strongly influenced by their male partner's lack of proper knowledge about and resistance to the use of family planning methods. Additionally, women in Zambia have reported covert contraceptive use due to their husband's disapproval of contraceptive use. Even when controlling for women's fertility desires, men's desires can be both a perceived and actual barrier to family planning uptake.

Given the importance of men in family planning, some research has examined men's contraceptive knowledge (for example, Oyediran, Ishola, & Feyisetan, 2002, UBOS and ICF International Inc., 2012); however, many of these studies generally use a simplistic measure of contraceptive awareness as opposed to knowledge about contraception (Thummalachetty et al, 2017).

For example, research with ever-married men in Nigeria demonstrated high levels of contraceptive knowledge combined with high levels of usage (Oyediran et al 2002). Yet, researchers in this study only assessed contraceptive knowledge using "having heard of" a particular contraceptive method as an overall measure of knowledge about modern contraception. Moreover, there were no measures to validate men's accuracy of knowledge.

In-depth qualitative research exploring men's knowledge of modern contraceptive methods remains a nascent field (Adongo et al, 2014). However, there is limited research on men's sources of knowledge regarding modern contraception. As a result, there is a need for in-depth qualitative exploration of men's knowledge and perceptions of modern contraception, including sources of knowledge, how these methods are used, and knowledge regarding potential side effects and benefits of particular methods.

Several barriers hinder men's uptake of contraceptives, including lack of access to information and services, cultural stigma, fear of side effects, and concerns about masculinity and fertility. These barriers underscore the importance of addressing gender dynamics and promoting male engagement in reproductive health programs.

Among the respondents, fear and concerns about family planning were a major barrier to use. Many of their fears were based on myths and misconceptions, the largest concern cited by participants was fear that a particular method would render them infertile; in many cases, this prevented them from using contraception (Okwor & Olaseha. 2010)

In addition to the myths described above, many also mentioned real side effects as a barrier to use. The most common side effects expressed by the respondents were weight changes, bleeding, and lack of sexual desire. Headaches and blood pressure issues were also cited by a few. All of the methods were associated with potential changes in weight, with some methods associated with weight gain (notably the injectable) and others with weight loss. (Okwor & Olaseha. 2010)

The study reveals that the majority of the women (83%) are aware of condoms as a contraceptive method and this was quickly followed by pills (64%), IUDs (48), and injectables (46%) (Nsubuga et al. 2016). Other notable methods are abstinence (34%) and withdrawal (26%). The information indicates that very few women are aware of implants (9%) emergency contraceptives (8) spermicides (5%) (World Health Organisation, 2018a). Knowledge of contraception, employment status, and age were equally held to be good predictors of women's contraceptive use while level of education and number of children were deemed not to be (World Health Organisation, 2018a). Knowledge of contraception was a significant predictor of women's contraceptive use (Fayehun, 2017). Though some women were aware of different types of contraception, very few uses or were aware of modern methods due to early marriages and low levels of literacy in some parts of Nigeria (Wang & Cao 2019; Babalola et al, 2015).

Although the levels of contraceptive knowledge are high (Bankole & Onasote 2017; Eniojukan et al, 2015), usage is higher among older women when compared with women who married at the age of 18 (Bello et al, 2016). This indicates that age is of great importance in women's use of contraceptives. Higher contraceptive use was associated with higher educational levels because the selection of contraceptive methods is determined by the level of education and social exposure of the women (Inal et al, 2017). Hence, the level of education has a significant role to play in the use of contraceptives. Greater knowledge about contraception was found among women with secondary or higher education, among women with three or more surviving children, and among urban women (Narzary, 2009). as compared to the 63.8% of 291 Cross-river State, rural women who rarely use contraceptive or engage in family planning due to religious beliefs, reduction of sexual pleasure, culture, the need of children, lack of belief in family planning, and that it promotes infidelity (Etokidem et al, 2017). This indicates the absence of comprehensive importance or benefits of contraceptive use in that region.

There were notions that the use of modern contraceptive methods encouraged young women to become sexually promiscuous. Both users and non-users expressed the belief that the partners of young women who use contraceptives felt that they encouraged the women to be unfaithful (Ochako et al, 2016)

As demonstrated by the repeated use of the third person pronouns ('he', 'she', 'they', 'others') in almost all of the above quotes, young women learn about both true side effects and myths from others in their community - peers, family or partners. Often these women received inaccurate information and were directly counselled by others not to engage with or use family planning methods (Ochako et al, 2016).

According to Ezeanolue (2015) in a cross-sectional survey conducted on 2468 pregnant women and their male partners, it was discovered that men's awareness of, and support for, the use of modern contraceptives was significantly associated with their female partners' desire to use contraception. A majority of the men who were aware of modern contraceptives (66.5%) and those who supported their spouses' use of contraception (72.5%) had partners who expressed a desire to use contraception.

Many women dislike the idea of ingesting artificial hormones or of devices implanted in their bodies (Hall et al, 2010). Increasingly, the effects of contraceptives on women's health are becoming more evident and the side effects of the use of hormonal contraceptives are enormous, such as rashes, loss of libido, discoloration of the skin (melasma/chloasma), changes in weight or appetite, nausea, vomiting, migraines, mood changes (including depression), aggravation of varicose veins, gastrointestinal symptoms (pain, cramps, bloating), spotting, vaginitis (yeast infection), vitamin deficiencies, water retention, vision impairment, liver malfunction (jaundice). Furthermore, numerous studies show an increased risk of cancer and increased risk of blood clots resulting from the use of hormonal contraceptives (Batres et al. 2018; Goldstuck & Kluge 2017; Shukla et al. 2017).

Thousands of lawsuits have been filed in recent years against manufacturers of various birth control pills for serious health complications suffered such as Heart attack, Stroke, Deep vein thrombosis (blood clots in legs), pulmonary embolism (blockages in the lungs), gallbladder disease (Tighe, 2018). Likewise, thousands of women have filed claims against the manufacturers of the Mirena IUD (intrauterine devices) for serious side effects (Tighe, 2018). In general, IUDs increase the risk of: Ectopic pregnancy (tubal pregnancy), Pelvic inflammatory disease, Abnormal bleeding, Infection, and Displacement of the device, which can lead to serious complications (Wayne & Jerry 2019). Hundreds of women have also reported adverse reactions to the assured sterilization procedure, with at least 91 women having to undergo a hysterectomy as a result of damage (Moorman et al., 2012).

Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life), many abortions are carried out secretly, and often in an unsafe environment (Abiodun & Balogun, 2009). The leading contributory factor to unwanted pregnancy in Nigeria is low contraceptive usage (Wang & Cao 2019; Fayehun, 2017). The current prevalence rate for contraceptive use in Nigeria is approximately 11%–13% (Monjok et al, 2010). This rate is very low despite the high rate of sexual activity (the average age of sexual debut ranged between 12 and 20 years, with a mean age of 16+1.2 years) and widespread awareness of the various contraceptive methods (ranging between 29% and 69% depending on the method) among Nigerian adolescents and youths (United Nations, 2011).

It has also been noted that some women use abortion as a means of child-spacing instead of using modern contraception, due to fear of future infertility (Otoide et al., 2001). This implies that many intuited that the adverse effect of modern contraceptives on fertility to be continuous and prolonged, while abortion was seen as an immediate solution to an unplanned pregnancy. Also, some women fail to use contraception as a result of objections from partners and family members (Fagbamigbe et al, 2018).

Meanwhile, the use of contraceptive methods is not exclusive to unmarried/young women, as a significant number of older/married women in the reproductive age group also sought abortion. This is a reflection of low contraceptive use among older/married women who desired child-spacing and limited family size given the present economic hardship in Nigeria (Oye-Adeniran et al., 2004a; Oye-Adeniran et al. 2004b).

Another reason for the ineffective use of contraceptives is the fear of side effects, lack of adequate information/misinformation, objections from their partners, conflicts with their religious beliefs, objections from family members, not thinking about using contraceptives, not having sexual intercourse to have baby and unplanned sexual intercourse (National Population Commission, 2011). All these reasons depict a basic problem, which is the lack of proper education on contraception. The observation that a significant proportion of women opting for repeat-induced abortion were youths (15– 24 years) and the fact that a woman presenting for second- or higher-order repeat-induced abortion is more likely to be single than married are worrisome (Kavanaugh et al, 2011). This is born

out of the fact that the level of knowledge and awareness of contraception is high among the youth (Alano & Hanson 2018; Bankole & Onasote, 2017; Bello et al. 2016; Adewole et al. 2002). But paradoxically, the contraceptive utilization rate is low among the youths due to the gap in communication between health providers and unmarried youths regarding their rights to privacy and confidentiality (Sychareun, 2004).

Besides, the study conducted by (Adewole et al, 2002) revealed a high level of awareness among the participants and despite that, only 21.5% of 1,839 thousand, eight hundred and thirty-three tried contraception after the last abortion, showing a great gap between awareness and usage. This indicates that the knowledge acquired does not necessarily translate into attitudinal change where contraception usage is concerned.

Material And Methods

Specific Study Site

A patriarchal society is one, where the male folks assume unquestionable dominance and prominence over the women in decision making and other significant ways. Belief systems, norms, and values, as well as cultural practices in one way or another, raised the image of men above women. Communities in Uyo Local Government of Akwa Ibom State, Nigeria was specifically studied because they demonstrate noticeable characteristics of a patriarchal society. Uyo is the capital of Akwa Ibom State. It is bounded by Itu, Uruan, Nsit Atai, Ibesikpo Asutan, Nsit Ibom, Etinan and Abak Local Government Areas of Akwa Ibom State. It has a land mass of 320,451 square kilometers. Lying between the Latitude of 4°25'N and 5°32'N North of the equator and longitudes 7°29' east of Greenwich Meridian with an estimated population of 1,393, 000). The people of Uyo speak Ibibio and English language and are popularly known as Ibibio people.

The Ibibios, are traditionally into farming, trading, and craftsmanship, and a good number earn a living in white-collar jobs in recent times. They are mainly Christians, but traditionalists are still significant in number.

Study Design

The information contained in this study was collected through three separate surveys, viz a focus group discussion (FGD), in-depth interview survey, and key informant investigation (KII), in randomly selected communities within the Uyo metropolis. Women and men of reproductive age who were ever-married were purposively recruited for the study. Separate FGDs were conducted with women aged 18 and above in the study site. These women were sampled from the available register at health centers and the register of women and men association using a systematic random sampling technique.

The subject matter for discussions during FGDs, in-depth interviews, and key informant investigation revolves around the knowledge and perception of men about contraceptive use, as well as the question of access to contraceptive facilities by women.

A total of 65 participants provided information for this study. Five key informants (men=3, women=2), were recruited. In-depth interviews involved 40 participants (men=25, women=15). The remaining 20 participants took part in five FGDs. Two of the FGDs were strictly for women, two were strictly for men and one FGD had both male and female discussants. The FGDs lasted for about 3 hours each.

Notably, this study was gender sensitive, because the research concerns itself with the perception, knowledge, and acceptance of men on contraceptive use. The need to leverage from opinion of women as critical stakeholders to substantiate information gathered from male participants was germane to the study. All participants enlisted for the study were willing to participate, and written consent was obtained from each participant; those who could not fill out the consent were assisted by the field assistants. Participants expressed consent to be part of the study before being recruited and were all given an honorarium for their time.

Results

Socio-Demographic Information

The mean age of participants during this study was Thirty-seven years. All participants were those who were ever married or had sexual partners. Available statistics showed that 31 out of the respondents were educated up to university level. Also, 19 out of the respondents attended school beyond the secondary school level. While the remaining 10 participants fall within the school set level and below. Responses to qualitative interviews and KII and

FGDs sessions were recorded from the study locations and thematically presented in perspectives. A few of the participants were professionals, such as teachers and health workers, while the majority were artisans and civil servant

Respondent's views on knowledge about contraceptive use For me, knowledge is very important that knowledge about a particular thing will influence whether you accept the thing or not, which is almost your perception. So having the right knowledge could be how to use it or how to use a year would influence think knowledge is very important because you might feel something is good but not have the proper knowledge regarding those things. And what I mean by proper knowledge is proper usage because if you don't know how to properly use it, you might be sweated from using it. Let's say you use the wrong and there was a complication, or there was a disadvantage and a downside to it. Springing from the fact that you didn't know how to use it, and that will sway you from using it further, and knowledge in a general term. *Participant, aged 23 years.*

My use and approval of contraceptives comes from what I know about it; the advantages though some of the methods have disadvantages but my knowledge of how effective most of them are allows me to recommend my partner's usage. *Participant, aged 25years*

I look at it in a positive way and the positivity helps me to see the benefits of contraceptives; they help in birth control, saving life, time, and money and that's why I advise my partner to use them. *Participant, aged 22years*

It has given me a platform to make better decisions and apply methods for my well-being and also for the good of society because personal hygiene is essential for one's health. *Participant, aged 22years*

I cannot approve of what I'm not aware of. So, knowledge for me is important because I can make better and more informed decisions based on the disadvantages and advantages of using contraceptives. I am quite knowledgeable regarding contraceptives and that even makes me use them because the advantages are more than the disadvantages. For me, contraceptive is a woman's business so my knowledge about them doesn't influence my use of it. *Participant, aged 40years*

I know quite a few things about contraceptives, the advantages and the disadvantages but I still do not approve of it because of mistrust issues. My knowledge about Contraceptives affects my approval of contraceptive use. This is important because I have to know the disadvantage and the advantages so If I don't approve of it, my partner is not allowed to use it. *Participant, aged 55years*

I had to learn about Contraceptives for knowledge's sake because my wife takes the initiative regarding contraceptives so my knowledge does not really have an impact since she's the one making most of the decisions regarding contraceptives. *Participant, aged 40 years.*

I know the importance of contraceptives and this affects my views and usage of it. My partner on the other hand does not like condoms or any other contraceptive methods but because I am the head and I have proper orientation. I have to enforce that she agrees to the use of contraceptives. *Participant, aged 31 years.*

Respondent's Perceptions on contraceptive use: For me, it is of great advantage, because it can be used to prevent STDs. It can also be used depending on the method. For condoms, it can be used for the prevention of STDs, it can also be used for prevention of pregnancies. So, I think it's good. So, that will affect my usage of it. And that is why I use it. *Participant, aged 23 years. In-depth interview*

I think they are socially acceptable thus giving me a positive perception about it and the likelihood of encouraging its usage. Though the advantages are greater, I am still skeptical about most of the methods available because I have heard of various side effects associated with them. *Participant, aged 25years, in-depth interview*

I have no issues with contraceptive use, I see it as something that should be encouraged in our society. It may have some demerits or side effects but generally contraceptives, if used in the correct ways and with intentions contribute to the wellbeing of society and more specifically can prevent unwanted and unplanned pregnancies which will reduce the rate of abortion and child mortality and prevent sexually transmitted diseases. *Participant, aged 22years, in-depth interview*

I think my perception goes a long way to influencing contraceptive use because of my awareness of various insightful programs about it. So, with that experience I am always conscious of my actions irrespective of the other partner involved....to be candid I encourage it. *Participant, aged 22years, in-depth interview*

Yes, it does, the contraceptive available to us as a man is condoms and we see condoms to be as important as our sexual health and this makes some men go everywhere with condoms in their pockets. **FGD, Men**

My perception doesn't matter here because I'm not a fan of contraceptives and I don't use them but my partner uses them because she seems to know more about contraceptives, their advantages, and their disadvantages. **Participant, aged 40years, In-depth interview**

I think contraceptives bring about infidelity and promiscuity in female partners because when there are contraceptives to cover up for infidelity there is an increase in promiscuous lifestyle so I don't approve of contraceptives. I do not approve of its use....and my wife does not use it. **Participant, aged 51years, In-depth interview**

Contraceptive use is very important in reproductive health but there are far too many modern contraceptive methods and they have their various downsides I see each method differently when I compare them so I only approve of the one I'm comfortable and convenient with. **Participant, aged 55years, In-depth interview**

My perception does not really matter because most contraceptive methods are female and my wife knows what is best for her reproductive health so whatever she decides, I support her since we are done making children. **Participant, aged 40 years. In-depth interview**

I think contraceptives are important because the population would be kept in check thus reducing crime rate. With this in mind, I approve of contraceptive use. **Participant 10, aged 31years. In-depth interview**

Respondent's views on access to contraceptive methods: In my opinion, access plays a huge role in whether people use a thing or not. Now, when you look at barriers to having access to contraceptives one of the barriers you would have, is knowledge, knowledge about the availability of these things. When these things are readily available, and people are not aware of it will limit their usage. So, you can have it readily available widely, but there is no knowledge, no information on the effect and the usage of this thing so, people will most likely not use it. **Participant during FGD, Session.**

Yes, it does. Accessibility can be looked at in terms of affordability. To me, the reason we have many children among the poor is that they cannot afford contraceptive methods to help adequate child spacing and unwanted pregnancy. **Participant, aged 25years**

In the rural setting, access roads play a huge role in the availability of contraceptive methods to the users. This means that in rural areas, there's no adequate road network to lead to the establishment of health facilities that will make these contraceptives available to the people and also this impedes health workers from having access to these rugged locations to bring awareness. **Participant during FGD session.**

I can't accurately say it does because even the people who engage in it after purchasing do not use it appropriately even after following the doctor's advice. **Participant, aged 22years**

Accessibility per time can affect contraceptive use. As a man one contraceptive readily available to me is a condom and there was a time, when I needed to have casual sex but I didn't have any condoms on me and I couldn't purchase them because it was late. I had to damn consequences and engage even when I knew it could be fatal. **Participant, aged 46, In-depth interview**

I don't approve of contraceptive use but I think it would only impede it in terms of affordability. If people cannot afford contraceptive methods, then they will not use them. The only pocket-friendly contraceptive I know is condoms and I don't think most women like the use of condoms. **Participant, aged 40years**

If contraceptives are available and affordable, it will be used. But in a case where it's available but expensive, a lot of people will not use it because looking at the economic situation, it's difficult to get basic needs not to talk of contraceptives. **Participant, aged 51years, In-depth interview**

Access to contraceptives is important for it to be used. If these methods are available and people can't have access to it, they won't use it. **Participant, aged 55years**

Accessibility in terms of distance or location does not hinder contraceptive use because my wife and I drive a distance to get her Contraceptive injections at due times. **Participant, aged 40 years.**

I think contraceptives are everywhere and easy to get even in drug stores e.g., condoms but people actually knowing that contraceptives are important is the problem. If more and more people became aware then a lot of them would use contraceptives, particularly in the rural areas. **Participant, aged 31 years.**

Discussion of Findings

Among the Ibibio people, decision in the family setting and by extension the larger society is considered the preserved rights for the men, except in a few situations and when the man or a substitute is not available. Competing narratives from in-depth interviews, FGDs, and KIIs revealed that the majority of participants supported the belief that knowledge and perception of men can make or make the use of contraceptives in the study area. This implies that men's perception of contraceptives can shape their partner's decision to use them. If a man views contraceptives as effective and desirable, he is more likely to encourage his partner to use them. Conversely, if he holds negative views or misconceptions about contraceptives, his partner may be less likely to adopt them. Traditional masculine norms often emphasize male dominance and control in sexual relationships. If a man feels that using contraceptives undermines his masculinity, he may resist their use or discourage his partner from using them. This can create a power imbalance in the relationship, where the man's preferences and beliefs take precedence over his partner's needs and desires. Open and supportive communication about contraceptive use is essential in fostering a positive and encouraging environment. However, poor communication or conflict can create barriers to use. When men are engaged in open and honest conversations about contraceptives and reproductive health, they are more likely to support their partner's contraceptive use. Furthermore, Men's perception of risk and responsibility also plays a significant role in their partner's contraceptive use. If a man downplays the risks of unintended pregnancy or sexually transmitted infections (STIs), his partner may be less likely to prioritize contraceptive use. This can lead to a lack of urgency and motivation to use contraceptives consistently and correctly. Men's perception of power dynamics in the relationship can impact their partner's contraceptive use. In relationships where men hold more power, they may exert pressure on their partner to forego contraceptives or dictate the method used. This can limit the partner's autonomy and agency in making reproductive health decisions.

Access to contraceptives plays a crucial role in influencing its use. Contraceptive access encompasses various factors, including availability, affordability, and acceptability, which can either facilitate or hinder an individual's ability to use contraceptives effectively. Availability is a critical aspect of contraceptive access. When contraceptives are readily available, individuals are more likely to use them consistently and correctly. Conversely, limited availability can lead to stockouts, forcing individuals to rely on less effective methods or forego contraception altogether.

Affordability is another significant factor influencing contraceptive use. High costs can create a barrier, particularly for low-income individuals, leading to reduced usage or method switching. Affordable contraceptives enable individuals to maintain consistent use, reducing the risk of unintended pregnancies. Acceptability is also essential, as cultural, social, and personal beliefs can impact contraceptive use. When individuals feel comfortable with a particular method, they are more likely to use it correctly and consistently. Stigma, misconceptions, or lack of knowledge about contraceptives can deter use, highlighting the importance of addressing acceptability concerns. Access to contraceptives can influence use by reducing barriers, increasing method options, promoting education, encouraging provider-patient interactions, and supporting reproductive autonomy. Easy access eliminates obstacles, enabling individuals to focus on consistent and correct use. Accessible contraceptives often come with educational resources, improving knowledge and addressing misconceptions. Furthermore, accessible contraceptives facilitate discussions between healthcare providers and patients, addressing concerns and promoting effective use.

Ultimately, access to contraceptives empowers individuals to make informed choices about their reproductive health, aligning with their goals and values. Ensuring availability, affordability, and acceptability is essential for promoting consistent and correct use, ultimately reducing unintended pregnancies and supporting reproductive health and autonomy.

There is a significant influence of the level of knowledge in the approval of contraceptive usage by male partners in the study setting. This implies that men's knowledge of contraceptive use strongly influences their use and approval of contraceptive use for their partners. This is because informed decision-making is enabled when men understand various contraceptive methods, leading to more effective and responsible reproductive choices. Accurate knowledge helps dispel misconceptions and myths surrounding contraceptives, increasing the likelihood of approval and support for their partner's use. When men are knowledgeable about contraceptives, they are more likely to take an

active role in family planning, promoting a sense of shared responsibility and mutual decision-making. This, in turn, facilitates open and honest communication with their partners about reproductive choices, leading to stronger relationships and more effective family planning. Informed men are more likely to support their partner's contraceptive choices, reducing the likelihood of coercion or pressure to use a particular method. Men's knowledge empowers them to take control of their reproductive health, leading to increased autonomy and self-efficacy.

Conclusion

Based on the data collected and analyzed in the study, it is concluded that men's knowledge, perception, and access to contraceptive facilities and methods are key variables in the extent of patronage. These findings point to the significant role of men in giving approval and support for their partner's use. Cultural and societal norms are found to have an enormous impact on men's perceptions, with some viewing contraception as a woman's responsibility or associating it with promiscuity. However, education and awareness programs can improve men's knowledge and attitudes leading to increased support and approval.

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