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Magnitude of Current Contraceptive Usage among Males of Reproductive Age, in Asmara, Eritrea 2016

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ABSTRACT

Introduction

Contraception is a means of birth control by regimen of one or more actions, devices, sexual practices, or medications followed in order to deliberately prevent or reduce the likelihood of pregnancy or childbirth. Men can participate in birth control by using a male method like condom, withdrawal, periodic abstinence and vasectomy. Objective of this study is to assess the magnitude of current male contraceptive usage among males of reproductive age in Asmara, Eritrea in 2016.

Methodology

A quantitative cross-sectional design was applied. A total of 612 eligible males whose age between 15-59 years and residing in Asmara were included in the study. A structured questionnaire was used to generate a quantitative data. An ethical consent was sought out from the study participants. Significant associated variables were further analyzed using logistic regression analysis

Results

The magnitude of current male contraceptive users are 38.2%. Condom was the most preferred method of male contraceptive (68.7%). The main reason for preferring was less side effects (26.5%). About half (56.2%) of the respondents had a positive attitude towards male contraceptives. The majority (77.6%) had a good knowledge about male contraceptives. A very large proportion (97.2%) of the respondents knew the presence of a male contraceptive in the market and only 8.7% opposed for its marketing.

Conclusion

Magnitude of current contraceptive usage is low. A significant relationship was established among the users with age, educational level, marital status, and having children alive. Majority had a good knowledge and about half had positive attitude towards male contraceptives.

Recommendation

Male centered family planning services are recommended in order male to have rich access for male contraceptive methods.

Keywords: Magnitude, Current, Male contraceptives and Males of Reproductive age.

INTRODUCTION

Family planning is the practice of controlling the number of children in a family and the intervals between their births, particularly by a means of contraception [3]. A key recommendation of both the International Conference on Population Development (ICPD) and the 1995 Fourth World Conference on Women encouraged husbands and wives to share in responsibilities pertaining to fertility and reproductive health. However, male involvement in family planning remains limited despite the 1994 ICPD in Cairo, which emphasized the need for men's involvement in sexual and reproductive health issues [12].

There has been little increase in the use of methods that require male participation [10]. Men can participate in family planning in two ways: by supporting their partner's decisions to use family planning methods or by participating a male method of family planning like condom, withdrawal, or periodic abstinence [6].

Problem Statement

The Eritrean people are patriarchal; characterized by strong male dominance. The use of contraceptive among couples is mainly women's business. Furthermore, women might not be able to obtain family planning services without the consent of their husbands. The magnitude of male contraceptive users and their Knowledge attitude and practice (KAP) toward male contraceptive is not known.

Research Question

What is the magnitude of current male contraceptive usage among males of reproductive age in Asmara?

Hypothesis

H_0 : Magnitude of current male contraceptive users = Magnitude of non-contraceptive users

H_1 : Magnitude of current male contraceptive users \neq Magnitude of non-contraceptive users (at $\alpha=0.05$).

General objective

To assess the magnitude of current practice of male contraceptives by males of reproductive age.

Specific objectives

- To assess the level of knowledge and attitude of male contraceptive users among the study population.
- To identify the preferred methods of contraceptives used among the study population.
- To describe the possible association of contraceptive usage and socio-demographic characteristics of the respondents.

Significance of the study

The attitudes of males toward contraceptives and their willingness to use or allow their spouses to do so are very significant to population change. The study can be used as a reference of male contraceptive practice in Asmara. It can be also used as base line information for further studies in the country.

Study design

A quantitative cross-sectional design was applied.

Study area

After Asmara is geographically stratified in to four regions north, south, west and east one subzone from each region was randomly selected. The selected once are Akria, Gejeret, Tsetserat and Arbaete Asmara.

Sample size and sampling method

The sample size was 612 and it was determined using [8, 4] formula. The sample was proportionally allocated by size to the selected 4 subzones of Asmara. Furthermore, the respondents were selected randomly from the selected subzones. If a house hold has more than one male of reproductive age, only one is selected through simple random sampling.

Inclusion criteria

- A male will be eligible if he is a resident in the study area and age range 15-59.

Exclusion criteria

- Male visitors in the predetermined household.

Pilot study

A pilot study was done in Dahlak shoe factory and Barka secondary school on 65 males in order to test the weakness, strength and consistency of the questionnaire.

Research Instrument

A structured questionnaire was used to assess male’s usage of contraceptives, their knowledge and attitude towards male contraceptives. Questionnaire was prepared in English and translated in to the interviewees’ local language during interview.

Validity

The validity of the final instrument was established as it was adopted from a previous study done by [10, 2]. The tool was revised, modified and finalized by the research team.

Reliability

The reliability of the instrument was computed using the Cronbach’s alpha formula and was found to be reliable (r=0.78).

Data collection method

The study relied on primary data collected using interview having four sections: Section one demographic and behavioral characteristic; section two knowledge assessments; section three attitude assessments; section four practice assessments.

Data analysis

Data was edited, cleaned and analyzed using SPSS version 22. Association between practice,

attitude, knowledge levels and socio demographic characteristics were carried out using the Chi square test; hypothesis was tested using Pr-test method. Statistical significance was maintained when *P* value was <0.05 and CI of 95%. The respondent’s level of knowledge and attitude was determined using a scoring system and the total knowledge and attitude was categorized as follows: scores of 0 - 49% = negative attitude, poor knowledge and 50 -100% = positive attitude, good knowledge [1]. Those with significant association (p-value<0.05) were further analyzed using logistic regression analyses.

Dependent variable

Current contraceptive usage, knowledge and attitude of males towards contraceptive use.

Independent variables

Age, marital status, address, education level, and employment status.

Ethical consideration

Ethical clearance was obtained from the Research Ethics Review Committee of Asmara College of Health Science (ACHS). Written consent with their signature was obtained from the respondents. If the respondents didn’t agree they were free to quit the interview at any time.

RESULTS

Table 1. Current Male contraceptive usage

	Frequency	Percentage
Yes	234	38.2
No	378	61.8
Total	612	100

Out of 612 respondents, 234 (38.2%) were users and 378 (61.8%) were non users of any male method.

Table 2. Type of contraceptive methods used

	Frequency	Percentage
Condom	163	69.7%
Periodic Abstinence	62	26.5%
Male sterilization	1	0.4%
Withdrawal	8	3.4%
Total	234	100.0%

Table 2 presents condom appears to be the most preferred method (69.7%) followed by periodic abstinence, withdrawal and male sterilization.

Table 3. Reasons for preferring a male method over a female method

	Frequencies	Percentage
Less side effect	62	26.5
Easily available	61	26
Easy to practice	35	15.0
Wife likes it	3	1.3
Low price	10	4.2
Lower risk of pregnancy	35	15.0
Both likes it	28	12.0
Total	234	100

Table 3 revealed less side effect and easily available were the two major reasons for preferring a male method than female

Table 4. Reasons for not using a male method of contraceptive

Reason	Frequency	Percentage
It decreases sexual satisfaction	2	0.5
Not currently involved in sexual intercourse	172	45.5
My partner is already using one	68	22.8
Desire for more children	83	22.8
Menopause	26	6.9
Others	9	2.3

The respondents major reasons for not using contraceptive were uninvolved in sexual

intercourse 45.5% followed by desire for more children 22.8% and partner using 22.8%.

Table 5. Spouse usage of a female method

Contraceptive Method	Frequency	Percentage
Pills	41	41.8
Injection	42	42.9
Intrauterine device (IUD)	9	9.2
Lactational amenorrhea (LAM)	6	6.1
Total	98	100

The total number of preferred female methods appears to be higher (98) than the reason provided stating a spouse using (86) and this is because 12 condom users reported a simultaneous use of hormonal contraceptive (pills) by their spouse. The

preferred planned method among the ready respondents was Condom (62.9%), followed by Periodic abstinence (33.1%), Withdrawal (4%) and none considered male sterilization as an option.

Table 6. Association between socio-demographic characteristics and contraceptive usage.

Characteristics	Current usage			P value
	Yes (%)	No (%)	Total (%)	
Age				
16-25	55 (23.5%)	103 (27.3%)	158(25.8%)	0.002
26-35	81 (34.6%)	96 (25.4%)	177(28.9%)	
36-45	61 (26.1%)	85 (22.5%)	146(23.9%)	
46-55	33 (14.1%)	64 (16.9%)	97(15.8%)	
56-59	4 (1.7%)	30 (7.9%)	34(5.6%)	
Ethnicity				
Afar	3 (1.3%)	9 (2.4%)	12(2.0%)	0.214
Bilen	1 (0.4%)	9(2.4%)	10 (1.6%)	
Hedareb	0 (0.0%)	2(0.5%)	2(0.3%)	
Nara	1(0.4%)	0(0.0%)	1(0.2%)	
Saho	13 (5.6%)	18(4.8%)	31 (5.1%)	
Tigre	13 (5.6%)	28 (7.4%)	41 (6.7%)	
Tigrigna	203(86.8%)	312(82.5%)	515(84.1%)	
Religion				
Christian	181 (77.4%)	269(71.2%)	450 (73.5%)	0.092
Muslim	53 (22.6%)	109 (28.8%)	162 (26.5%)	
Marital status				
Single	121 (51.7%)	165 (43.7%)	286(46.7%)	0.019
Married	100 (42.7%)	204 (54.0%)	304(49.7%)	
Divorced	11(4.7%)	7(1.8%)	18(2.9%)	
Widower	2(0.9%)	2(0.5%)	4(0.7%)	
Educational level				
Illiterate	0 (0.0%)	6 (1.6%)	6 (1.0%)	0.036
Primary school	4 (1.7%)	14(3.7%)	18 (2.9%)	
Junior	31(13.2%)	66(17.5%)	97 (15.8%)	
Secondary	112 (47.9%)	146 (38.6%)	258 (42.2%)	
Post high school	87(37.2%)	146(38.6%)	233 (38.1%)	
Employment Status				
Employed	188 (80.3%)	279 (73.8%)	467 (76.3%)	0.065
Unemployed	46 (19.7%)	99(26.2%)	145 (23.7%)	
Children Alive				
None	118(50.4%)	182(48.1%)	300(49.0%)	0.002
1-4	101(43.2%)	137 (36.2%)	238(38.9%)	
5+	15 (6.4%)	59 (15.7%)	74 (12.1%)	
Future fertility desire				
Undecided	33(14.1%)	34(9.0%)	67 (10.9%)	0.076
Have another	52(22.2%)	104(27.5%)	156 (25.5%)	
No more	37(15.8%)	75 (19.8%)	112 (18.3%)	
No partner /sterile/Infertile	112 (47.9%)	165 (43.7%)	277 (45.3%)	
Total	234 (100%)	378(100%)	612 (100.0%)	

As illustrated in table 6 age, educational level, having living children, and marital status of the

respondents showed statistical significant association $p < 0.05$ with contraceptive usage.

Table 7. The Knowledge level was analyzed by the following scoring method

Score	Knowledge level	Frequency	Percentage
0-49%	Poor	138	22.4%
50%-100%	Good	474	77.6%

Table 7 shows the mean score in the level of knowledge was 2.92. Majority of the respondents (77.6%) scored above the mean and are considered to have a good level of knowledge, whereas, the

rest (22.4%) scored below the mean and are considered to have a poor level of knowledge about male contraceptives.

Table 8: Knowledge Results

Knowledge Assessment		Number	Percentage
Do you know any source of information about contraceptives that is only focused towards men?	Yes	497	81.2
	No	115	18.8
Which of the following media can be the best source of information to you about male contraceptives?	Radio	58	9.5
	Newspaper	91	14.9
	Television	157	25.7
	Lecture/ Seminar	149	24.3
	More than one method	149	24.3
	No response	8	1.3
Do you know the presence of any male contraceptive in the market?	Yes	595	97.2
	No	17	2.8
Do you think that male contraceptives should be present(marketed)?	Yes	559	91.3
	No	53	8.7
List any methods of male contraceptives you know	Condom	238	38.9
	periodic abstinence	6	1.0
	condom and periodic abstinence	143	23.3
	condom, periodic abstinence and withdrawal	102	16.7
	condom and withdrawal	71	11.6
	Four methods listed	47	7.7
	condom and male sterilization	5	0.8
	Total		612

About 97.2% were aware of the presence of some male contraceptives on the market and only 8.7% opposed the marketing of male methods. Few respondents (18.8%) were not aware of any source of information about male contraceptives; 25.7% called for a special television program addressing issues related to male contraceptives.

Majority of the respondents (38.9%) were able to list only condom as a male contraceptive followed by condom and periodic abstinence

(23.3%); condom, periodic abstinence and withdrawal (16.7%); condom and withdrawal (11.6%); periodic abstinence (1.0%); condom and male sterilization (0.8%) and 7.7% listed the four methods available. Almost all of the respondents (99.01%) knew about condom.

The knowledge level was significantly associated with the educational level of the respondents ($p=0.025$).

Attitude Result

Table 9. Attitude was analyzed by the following scoring method

Score	Attitude level	Frequency	Percentage
0-49%	Negative	268	43.8
50%-100%	Positive	344	56.2

The mean score of the attitude level was 3.98. More than half (56.2%) who scored above the mean were considered to have a positive attitude, while,

the rest (43.8%) who scored below the mean score are considered to have a negative attitude towards male contraceptive.

Table 10. Attitude results

Attitude statements		Number	Percentage
If a man uses contraceptive it may cause infertility in men	Agree	253	41.3
	Disagree	280	45.8
	No opinion	79	12.9
If a man uses contraceptives his satisfaction with sex may decrease	Decrease	330	53.9
	Increase	9	1.5
	No change	224	36.6
	No opinion	49	8.0
Male contraceptive use would increase if there was special male planning service.	Agree	410	67.0
	Disagree	133	21.7
	No opinion	69	11.3
Do you agree with the statement that contraception is a woman's business	Agree	126	20.6
	Disagree	471	77.0
	No opinion	15	2.4
Men are as much responsible for planning pregnancies as women	Agree	529	86.4
	Disagree	71	11.6
	No opinion	12	2.0
	No opinion		
Do you agree that a man who uses contraceptive becomes promiscuous?	Agree	214	35.0
	Disagree	349	57.0
	No opinion	49	8.0
Total		612	100

The statement which got the highest percentage of positive answer is that 86.4% believe that women and men have equal responsibility in planning pregnancies. The lowest percentage

(36.6%) of positive response was seen in the statement that male contraceptive use doesn't cause change in sexual satisfaction.

Table 11. Socio demographic characteristics associated with attitude

Characteristics	Attitude			P value
	Positive (%)	Negative (%)	Total (%)	
Age				
16-25	82(23.8%)	76(28.4%)	158(25.8%)	0.292
26-35	102(29.7%)	75(28.0%)	177(28.9%)	
36-45	85(24.7%)	61(22.8%)	146(23.9%)	
46-55	51(14.8%)	46(17.1%)	97(15.8%)	
56-59	24(7.0%)	10(3.7%)	34(5.6%)	
Total	344(56.2%)	268(43.8%)	612(100%)	
Ethnicity				
Afar	2(0.6%)	10(3.7%)	12(2.0%)	0.000
Bilen	5(1.4%)	5(1.9%)	10(1.6%)	
Hedareb	0(0.0%)	2(0.7%)	2(0.3%)	
Nara	0(0.0%)	1(0.4%)	1(0.2%)	
Saho	14(4.1%)	17(6.3%)	31(5.1%)	
Tigre	14(4.1%)	27(10.1%)	41(6.7%)	
Tigrigna	309(89.8%)	206(76.9%)	515(84.2%)	
Total	344(100%)	268(100%)	612(100.0%)	
Religion				
Christian	274(79.7%)	176(65.7%)	450(73.5%)	0.000
Muslim	70(20.3%)	92(34.3%)	162(26.5%)	
Total	344(100%)	268(100%)	612(100.0%)	
Marital status				
Single	147(42.7%)	139(51.9%)	286(46.7%)	0.011
Married	186(54.1%)	118(44.0%)	304(49.7%)	
Divorced	7(2.0%)	11(4.1%)	18(2.9%)	
Widower	4(0.7%)	0(0.0%)	4(0.7%)	
Total	344(100%)	268(100%)	612(100%)	
Educational level				
Illiterate	2(0.6%)	4(1.5%)	6(1.0%)	0.029
Primary school	8(2.3%)	10(3.7%)	18(2.9%)	
Junior	48(14.0%)	49(18.3%)	97(15.8%)	
Secondary	137(39.8%)	121(45.1%)	258(42.2%)	
Post high school	149(43.3%)	84(31.4%)	233(38.1%)	
Total	344(100%)	268(100%)	612 (100.0%)	
Employment Status				
Employed	276(80.2%)	191(71.3%)	467(76.3%)	0.006
Unemployed	68(19.8%)	77(28.7%)	145(23.7%)	
Total	344(100%)	268(100%)	612 (100.0%)	
Children Alive				
None	155(45.1%)	145(54.1%)	300(49.0%)	0.000
1-4	158(45.9%)	80(29.9%)	238(38.9%)	
5+	31(9.0%)	43(16.0%)	74(12.1%)	
Total	344(100%)	268(100)	612 (100.0%)	
Future fertility desire				
Undecided	35(10.1%)	32(11.9%)	67(10.9%)	0.056
Have another	101(29.4%)	55(20.6%)	156(25.5%)	
No more	65(18.9%)	47(17.5%)	112(18.3%)	
No partner /sterile/Infertile	143(41.6%)	134(50.0%)	277(45.3%)	
Total	344(100%)	268(100%)	612 (100.0%)	

Table 11 illustrated except age and future fertility desire all the above socio-demographic characteristics showed strong association with altitude level and contraceptive users.

Table 12. Multivariable (Logistic) Regression Analysis

Age	B	S.E.	Df	Sig.	OR
Age (26-35)	.4925	.242	1	0.042	1.636
Age (36-45)	.4322	.316	1	0.172	1.541
Age (46-55)	.3209	.377	1	0.395	1.378
Age (56-59)	-.9489	.630	1	0.132	.3871
Educational level					
Illiterate	0				1
Primary School	-.068	.641	1	0.916	.9346
Junior	-.220	.276	1	0.425	.8025
Secondary	.255	.195	1	0.191	1.290
Post High school	0				1
Marital Status					
Married	-1.436	.454	1	0.002	.2378
Divorced	-.3052	.670	1	0.649	.7370
Widower	.111	1.34	1	0.934	1.118
Children alive					
1-4	1.258	.452	1	0.005	3.521
5+	.5146	.561	1	0.359	1.673
Constant	-.6615	.189	1	0.000	0.516

Table 12 shows the association between the demographic and behavioral characteristics and male contraceptive usage. Males whose age is 26-35 (OR: 1.6, p= 0.042); married (OR: 0.24, p=0.002) and have children 1-4 (OR: 3.5, p=0.005) were more likely to have a high male contraceptive usage at statistically significant level. On the other hand, although, males whose age is 36-45 (OR: 1.5, p=0.17); secondary (OR: 1.3, p=0.19); widowers (OR: 1.2, p=0.93) and have 5+ children (OR: 1.7, p=0.36) were more likely to have male contraceptive usage, but these relationships were not statistically significant.

Inference for the whole male of reproduction age population of Asmara

The prevalence of male contraceptive users from this study is 0.38. This value falls between (0.34, 0.42) of confidence interval as calculated below. Therefore, the researcher are confident enough to say the estimated sample 0.38 is a representative sample for the total population of males of reproductive age in Asmara since the value of the sample falls between 0.34 and 0.42 ranges.

$$C.I = P + Z * S.E(P)$$

$$S.E(p) = \sqrt{\frac{p(1-p)}{n}}$$

WHERE: C.I= Confidence Interval

P = Estimated value of the sample

$$C.I = P \pm Z^* \sqrt{\frac{p(1-p)}{n}}$$

$$C.I = \frac{0.382 \pm 1.96 \sqrt{0.382 \times 0.618}}{612}$$

$$C.I = 0.382 \pm 1.96 \times \sqrt{0.000386}$$

$$C.I = 0.382 \pm 1.96 \times 0.01964$$

$$C.I = 0.382 \pm 0.0385$$

$$C.I = (0.34 - 0.42)$$

Z=Statistic for a level of confidence(95%)

n= Sample Size

S.E= Standard Error

DISCUSSION

This study showed 38.2% male contraceptive users. This value is higher than the EPHS survey conducted in [5] (27.2%) in Eritrea, [10] (18%), [7] (22.4%), [13] (11%), and [9] (12.3%) but was consistent with a study done by [6] and by [11] (19%).

The preferred method in this study was condom (69.7%). This finding is similar with all of the above paragraph cited studies except [10] where the preferred method was periodic abstinence (50%). The purpose of using condom in this study was for fertility issues and prevention of STDs (65.1%) and 14.7% percent claimed to be using it only to prevent STD infections. This is almost consistent with a study by, [10] where majority (above 60%) were using contraceptives to control their fertility and the minority (22%) were up for male contraceptives to prevent STD infections. In this study only 1(0.4%) has undergone vasectomy and this is consistent with all of the above comparative studies except in a study by [11] where 12% were sterilized.

Respondents were asked about the fertile period of women, 66.1% correctly answered it as half way between her two periods, and this value is higher from EPHS 2010 result which showed that only 25.3% of the respondents knew the correct answer.

The main reason for preferring a male method over a female method given in this study is less side effects (26.5%) similar with a comparative study done by. but in [6] the main reason was easy availability of male contraceptive methods (12.7%).

The most adduced reason for not using a male contraceptive in this study was not currently being involved in sexual intercourse (45.5%), Other reasons from this study which were also reported in the [13] study include desire for more children, difficulty in practicing, spouse usage of a female method, male method decreases sexual satisfaction, and limited male based methods available.

The respondents (46.3%) voiced their willingness or readiness to use a male method in the future than what is reported in [12] by Petro which happened to be 28%. None of those who voiced their willingness to use a male method considered vasectomy as a future planned method of preventing pregnancy.

For those who reported spouse usage of a hormonal method, the popular female methods reported were injection and pills 42.9% and 41.8% respectively. This result is supported by all of the above mentioned studies except in Nigeria [9]. where hormonal contraceptive use was not reported.

Socio-demographic and behavioral characteristics associated with the use of male contraceptives

An association was established in this study between male's age and contraceptive use suggesting a bell shape curve where the usage peaked in the age group 26-35(34.6%) and eventually dropped down to 1.7% in the age group of 56-59. This is evidenced in the study conducted by [10] and [7] where the highest usage recorded was in the age group 25-34. In contrary, a study conducted in Northern Nigeria by [2], the peak age range of practice was 36-40. Not only the peak age of usage but the association established in this study is evidenced in all of the above studies including Nigeria's study in 2010 by [9].

In this study single men were found to be the highest (51.7%) male contraceptive users. In contrast, a study conducted by [7] showed that 59.1% of the users were married and in [10], 60% of the users were married.

In association with educational level the contraceptive usage was found to be higher in Secondary and above accounting for 85.1%. This result was higher than the study conducted in [2] which revealed that 37% and [11], accounting for 42% were from secondary and above schooling. This study and the above mentioned studies showed

a significant association between the prevalence and educational level.

Men who had secondary or higher education had odds ratio (OR: 1.3) of using contraceptive compared to those with no education. This result is congruent with the study conducted by [7] which showed an odds ratio of (OR=2.13).

Religion as one of the socio demographic factors which is presumed to have an influence on the practice of Contraceptive. Most of the users in this study were Christians (77.4%). This is supported by related study by [10], in which Christians accounted for (89.7%). However, no significant association was established in both studies.

Considering employment status, this study couldn't demonstrate any significant association between the current contraceptive practice and employment status of the respondents. Most of the users were employed accounting for 80.3%. This is inconsistent with a study done by [7] and in a study conducted by [10] as they showed a significant association.

This study further showed that the number of living children was an important factor influencing the use of contraceptives among the respondents. The magnitude of the practice showed a decline with an increase in number of children at a significance of 0.02. This correlates with the study done by [10]

This study revealed that single males have higher odds of contraceptive usage than those couples who wanted additional children. Males with no partner account for 47.3% of the users in this study which was higher than the study conducted by [7] in which they accounted for 43.1% of the users. Although no significant association was established in this study, a significant association exists in the study conducted by [7].

Knowledge discussion

This study revealed a good knowledge (77.6%) among the respondents which was a bit higher than the study by Petro in [12] (66.7%) and Mustapha and Ismailia, in Nigeria, [2] (63.6%). All the credit goes to the continuous information given through mass Medias and the improved understanding of males about the need and purpose of the methods. The study clearly shows that almost all of the respondents (99.01%) knew about condom, this is evidenced in similar study conducted by [10],

where 96% knew about condom as a method of male contraceptive. This is congruent with the study done by [10] in which condom was the most known method followed by withdrawal. Knowledge about vasectomy was limited in this study (8.5%) as increased knowledge (48%) was reported in a study [10].

Virtually almost all of the respondents (97.2%) knew about the presence of a male contraceptive in the market, a value higher than in a study by Petro in [12] (69.3%) and lower number of respondents who opposed its marketing was seen in this study compared to the above mentioned study (8.7% and 60% respectively). This is attributed to the vivid effect of male contraceptives specifically condom seen in preventing unwanted pregnancy and STD infection which in turn is improving quality of life.

Knowledge level of the respondents was significantly associated with their educational level. This is supported by the study conducted by Petro in [12] where men with at least a secondary level of education had a good knowledge level.

Attitude discussion

Majority of the respondents in this study were in favor of male contraceptives as 56.2% had a positive attitude. This result is higher than the study conducted by [6] of 35.7% which showed a value of 35.7% as having favorable attitude.

From this study it's evident that men see a number of reasons to favor a male contraceptive as a higher percentage of respondents believe that male contraceptive service would increase if there was special male planning service available (67.0%) than the study conducted by Petro in [12] (52%).

Similar proportion of respondents, 86.4% in this study and 86% by [12] believe that men and women have equal responsibility in planning pregnancies. As a significant association was established between educational level and attitude, it's believed that the higher number of respondents with a higher level of education resulted in a positive attitude.

Testing the hypothesis

Using Pr-test method the hypothesis was tested and the P-value was 0.00 at 95% confidence level. Since $P < 0.05$, the H_0 was rejected and the H_1 was accepted.

CONCLUSION

Findings of this study confirmed male contraceptive users were 38.2%. Condom use has gone up markedly while vasectomy usage was extremely very low. The respondents' age, educational level, marital status and having children alive were significantly associated with male contraceptive usage. Majority of the respondents had a positive attitude and good knowledge toward male contraceptives.

Recommendation

Male centered family planning services are very essential in having rich access for male

contraceptive methods. Educating males by different means of communication is highly recommended to increase the prevalence of male contraceptive users. Condom promotion should be encouraged to maintain the preference of choice and beyond.

Limitations of the study

The data was collection tool questionnaire that could not be possible to confirm the respondents' actual practice of using male contraceptive methods since it's not experimental.

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