

The role of male partner perceptions in the intention to pursue contraception of teenage female adolescents with previous pregnancy experience: A cross sectional multi-setting survey*

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ABSTRACT

Background: There is a dearth of studies that explore the perceptions of male partners of adolescent females towards the intention of pursuing contraception.

Objective: To determine the role of male partner perceptions in the intention to use of contraception among female adolescents to prevent unplanned repeat pregnancies.

Materials and Methods: An urban sample of 102 male partners of female adolescents with previous pregnancy experience coming from the out-patient department and selected barangay health center responded to a two-part questionnaire that explored their perceptions towards contraception. Demographic data and their positive and negative views, attitudes and actual practice of contraception as it affects future intention to engage in family planning methods were determined.

Results: Male sexual partners have positive perceptions towards contraception. Despite this, utilization rate was still low (56.8%). Positively correlated with contraceptive intention include the male partner's advanced age and high level of education. Perceptions that favor strong intention include careful pregnancy planning in the future, not wanting a pregnancy too soon, knowledge of a specific method, its perceived benefits, "shared decision" making, feeling "happy" when contraceptives are offered rather than forced and when a woman lacks trust in him. Forcing contraception by the female adolescent partner was negatively correlated with contraceptive intention.

Conclusion: Shared decision making towards contraception in order to reduce unintended pregnancies should engage the male partner's participation by correcting prevailing misperceptions.

Keywords: adolescent pregnancy, contraception, male partner, perception

INTRODUCTION

At 53 births per 1,000 women aged between 15 and 19, the teenage pregnancy rate in the Philippines is the highest among ASEANS six major economies.^{1,2}

Male partners influence adolescent mothers' contraceptive behaviors.³ Their role in condom use has been well documented, in part because condom use requires partner cooperation.^{4,5} Among the regions, the proportion of youth with early sexual initiation is highest in NCR at 30.6 percent and lowest in ARMM at 15.6 percent.⁶

Studies show that adolescent parents resume sexual activity within two to three months of delivery.⁷ As many as half of adolescent mothers do not consistently use hormonal contraception, and almost two thirds do not consistently use condoms.⁸ Thus, almost 25 percent of adolescent mothers give birth again within 24 months of their first birth.^{9,10}

Men play a powerful and even dominant role in the

reproductive decisions sometimes regardless of their partner wishes or health.¹¹ Therefore, it is important to direct the focus of health programs to advocate for a healthy male sexual behavior. One study has shown that the male partner's desire for pregnancy increases the pregnancy risk index of non-pregnant adolescents by 19.5 times.¹²

One Latino based study¹³ showed that for men, the importance of satisfying sexual needs increased with the numbers of lifetime and recent sexual partners and with inconsistent condom use in the first month of their relationships.

Cohabitation and the belief that condom use builds trust were significant predictors of long-term consistent condom use.¹⁴

The study by Juarez et al.¹⁵ likewise showed that among those with sexual experience, partner opinion predicts condom use, as well as partner use. Intention to use condoms with a regular partner is related to the perception of youth normative behaviors and friends opinion. (See Conceptual Framework Appendix Figure-1)

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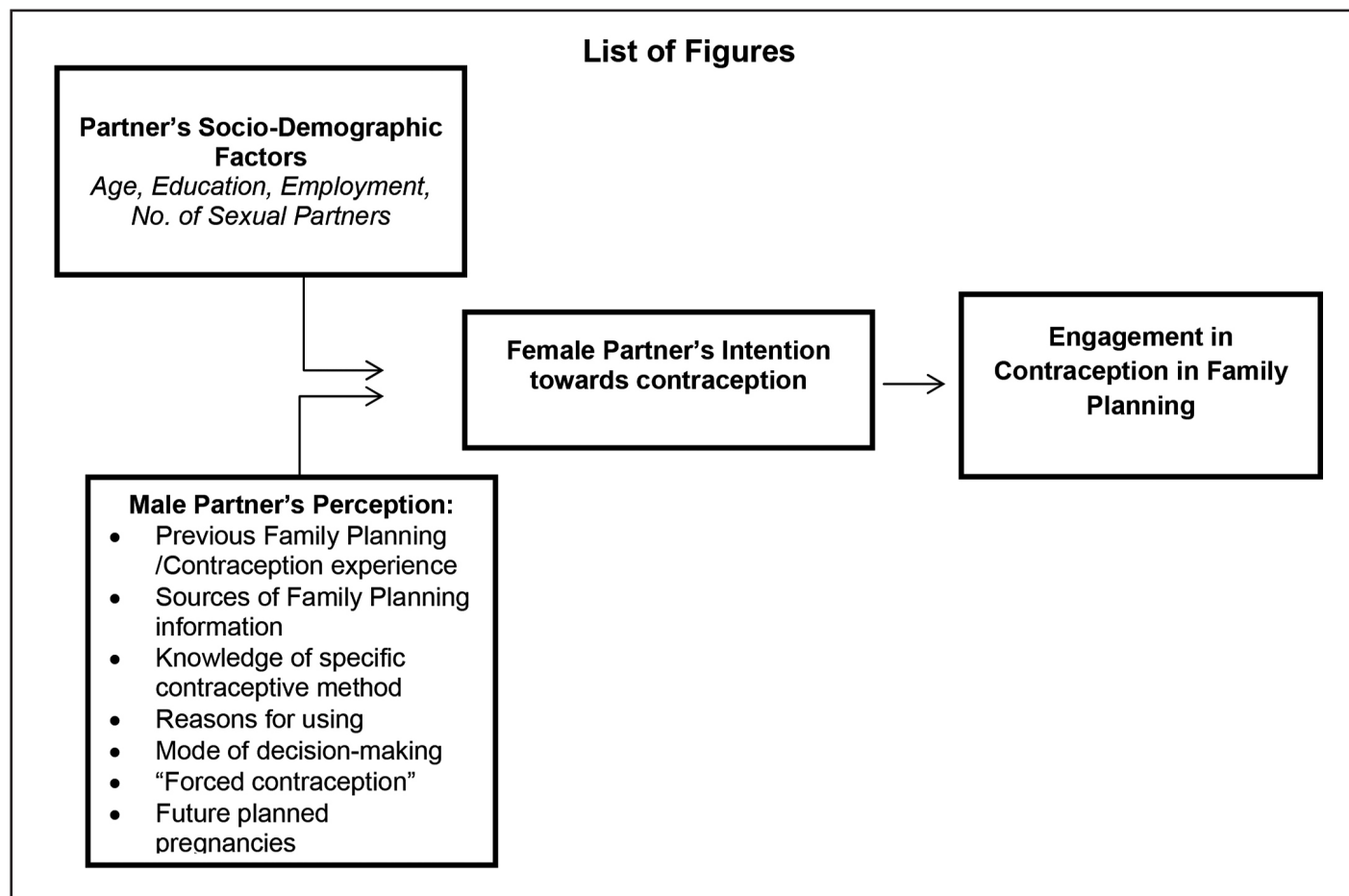


Figure 1. Conceptual Framework of the Study

Unsupportive partners either expressed concerns about the safety and side effects of specific methods or desired another child in the near future.¹⁶

The role of male partners influencing the females' intention to pursue family-planning and contraception is less known in our setting, hence this study.

OBJECTIVES

General Objectives

This study generally aims to determine the role of male partner perceptions in the intention to use contraception among female adolescents to prevent unplanned repeat pregnancies.

Specific Objectives

More specifically the study aims;

1. To describe the socio-demographic profile of adolescent females and their partners
2. To describe male partner's perception concerning contraception in terms of:
 - a. Awareness of the different methods of contraception
 - b. Source of information about contraception
 - c. How the partner influences the use of the

- contraceptive method
3. To determine the actual self-reported utilization rate of contraceptive methods
4. To determine the reasons for utilizing contraception
5. To describe the intention to pursue contraception for future pregnancies
6. To determine the perceived factors before utilizing contraception

MATERIALS AND METHODS

The cross-sectional study was conducted at the outpatient department of a tertiary government training hospital as well as in the selected barangay health centers of a local government unit spanning three months.

We included subjects who were between the ages 13 to 19, seen at the OPD and selected community, with a history of previous pregnancy, informed consent and willingness to participate, excluded are those without a previous pregnancy and refusal to participate. For the adolescent male sexual partner, he was included regardless of age, seen at the OPD or selected community.

We excluded are those non-sexual partners and refusal to participate.

Sample Size Requirements

From an average consulting population of 100 adolescent females with previous pregnancy as observed in this institution for the past 3 to 4 months, the minimum sample that will be surveyed with a margin of error of only 5% is 80. The sample size is computed using the Slovin's formula. The study utilized an actual sample size of 102.

Where n is the sample size, N is the theoretical population and e is the margin of error

$$n = \frac{N}{1 + Ne^2}$$

Research Instrumentation

The first part of the questionnaire inquired about socio-demographic profile of the female adolescent

$$n = \frac{N}{1 + (100),05^2}$$

$$n = \frac{N}{1 + (100),05^2}$$

$$n = \frac{100}{1 + 0.25}$$

$$n = \frac{N}{1 + (100),05^2}$$

n = minimum of 80 subjects (females and partners)

and male partner. The second part inquired about the intention to pursue contraception for future pregnancies and the perceived factors before utilizing contraception.

Content validity - the current 20-item questionnaire was culled from several questionnaires that explored male partner perception for contraception. One of these is the questionnaire of Otto-Salaj et al.¹⁷ which deals with condom negotiation among males and how these affect intention to pursue family planning.

Translation from English to Filipino and back translation from Filipino to English was done by a proficient Filipino language teacher of the UP Sentrong Wika.

Construct Validity - the following constructs are identified useful for the measurement of outcomes in this study. *Compliance (6-items)* measured the participant's likelihood to use contraceptive (condoms) as influenced by the condom use request. *Positive and negative affect (6-items)* the participant's emotional reaction and liking for the model as influenced by her request. *Participant's perceptions of the model's motivation* for engaging in the request; and *Attributions concerning himself (5-items)* measured the motivations of the participant regarding his reaction to the request.

The questionnaires underwent internal consistency and inter-rater variability measurements using the test-retest methods using the Tagalog translation. The questionnaires had reported internal consistency index of 0.88 (Cronbach's alpha).

All participants were oriented to the main goals of the study and content of the questionnaire. All responses were collated and placed in sealed envelope for encoding and analysis by a blinded statistician.

The present study was approved by the institution's Ethical Review and Technical Panel Board. Responses and identity of the parents were concealed to ensure confidentiality. This research valued the provisions of the Declaration of Helsinki and the World Health Organization's Manual on Good Practice in Health Research. The provisions for respondent anonymity were embodied in the informed consent.

STATISTICAL ANALYSIS

All analyses were conducted using the Statistical Package for the Social Sciences (SPSS Version 17, Chicago Ill. USA). Descriptive statistics include mean and standard deviations and percentages for discrete data. The Pearson Chi-Square test of association was employed to determine the relationship of partner perceptions and female adolescents' intention to pursue contraception. All p-values less than 0.05 were considered statistically significant.

RESULTS

A total of 102 adolescent females were surveyed in this study. No one was excluded from the study after applying the inclusion criteria. (Table 1) The youngest patient was a 14-year old primigravida while the oldest was a 19-year old who had two children. The mean age was 16.9 years old (± 0.71). More than half were primigravidae (67.6%) and primipara (93.1%). The mean interval between pregnancies was 14.3 months (± 1.3). The mean age the adolescent female's father was 49.1 years and the mother was 47.8 years old.

In 70% of cases, the adolescents were living-in with their partners while only 32% were with their parents. Mostly were high school graduates (43.3%)

Demographic Profile of Male Partners

The mean age of male partners during this survey was 24.7 years old (± 5.2). More than half (53%) were above 25 years old already at the time of this survey. The mean age at first coitus was 15.2 (1.7) years. Partners finished college in 43.1% and were employed (53%). (Table 2)

Table 1. Socio-Demographic Profile of Adolescent Females

| Characteristic | No. | % |
|--|-------------|------|
| Mean age (SD) | 16.9 (0.71) | -- |
| Gravidity | | |
| 1 | 69 | 67.6 |
| 2 | 33 | 32.4 |
| Parity | | |
| 1 | 95 | 93.1 |
| 2 | 7 | 6.9 |
| Interval between pregnancies in Mean (SD) months | 14.3 (1.3) | -- |
| Mean age of (SD) | | |
| Father | 49.1 (3.6) | -- |
| Mother | 47.8 (3.9) | |
| Living in with | | |
| Partner | 70 | 68.6 |
| Parents | 32 | 31.4 |
| Education | | |
| High school graduate | 44 | 43.3 |
| High school | 24 | 23.5 |
| College graduate | 18 | 17.6 |
| College | 8 | 7.8 |
| Elementary graduate | 5 | 4.9 |
| Elementary | 3 | 2.9 |
| Education of Mother | | |
| College | 71 | 69.6 |
| High school graduate | 22 | 21.6 |
| College graduate | 8 | 7.8 |
| High school | 1 | 1.0 |
| Education of Father | | |
| College | 47 | 46.1 |
| College graduate | 43 | 42.2 |
| High school graduate | 12 | 11.8 |
| Combined monthly income of parents | | |
| 15,001-20K | 52 | 51.0 |
| 10,001-15K | 37 | 36.3 |
| 5,001-10K | 8 | 7.8 |
| 20,001-25K | 3 | 2.9 |
| Not specified | 2 | 2.0 |

More than half reported that the present female partner is their first sexual partner (51%). Previous partners ranged from two (68%) to more than four in two cases (4%).

Medical and Social History of Adolescent Females

In terms of the nutritional status, majority were with normal body mass index (88.2%). (Table 3). No one

Table 2. Socio-Demographic Profile of Male Partners

| Characteristic | No. | % |
|---|------------|------|
| Mean age (SD) | 24.7 (5.2) | -- |
| Age class | | |
| 16-18 | 15 | 14.7 |
| 19-21 | 20 | 19.6 |
| 22-24 | 13 | 12.7 |
| ≥ 25 | 54 | 53.0 |
| Mean age at first coitus (SD) | 15.2 (1.7) | -- |
| Education | | |
| College graduate | 44 | 43.1 |
| College | 25 | 24.5 |
| High school graduate | 23 | 22.5 |
| High school | 6 | 5.9 |
| Vocational | 4 | 3.9 |
| Employed | | |
| Yes | 54 | 53 |
| No | 48 | 47 |
| Presently the first sexual partner | | |
| Yes | 52 | 51 |
| No | 50 | 49 |
| Previous sexual partners | | |
| 2 | 34 | 68 |
| 3 | 14 | 28 |
| >4 | 2 | 4 |

reported smoking, alcohol or illicit drug use.

Only twenty (19.6%) reported the use of contraceptives for family planning while the majority have not (80.4%). The decision to use contraceptives was a shared decision in the majority (95%).

The top three sources of contraceptive information were friends (16.6%), television (15.9%) and health worker (15.1%).

All females intend to use a contraceptive method in the future. The first choice as future contraceptive was an injectable hormones (46.1%). Majority admitted that their pregnancies were not planned (94.1%).

Male Partners' Perception on Contraception

Of the male partners surveyed, only 84 (82.4%) knew about contraception (Table 4).

Among those who knew, majority cited the internet as the primary source of contraceptive information (20.6%), followed by a friend (19.4%) and the television (12.6%)

Familiarity was highest with the condom (24.2%) followed by oral contraceptive pills (18.9%), withdrawal (18.3%).

Table 3. Medical and Personal-Social History of Adolescent Females

| Characteristic | No. | % |
|--|------------|------|
| Body Mass Index | | |
| Normal | 90 | 88.2 |
| Undernourished | 8 | 7.8 |
| Overweight | 4 | 3.9 |
| Co-morbid illness | | |
| Asthma | 10 | 9.8 |
| UTI | 1 | 1.0 |
| Heart disease | 1 | 1.0 |
| None | 90 | 88.2 |
| Mean Age at first coitus | 17.6 (1.1) | -- |
| Prenatal Consultation | | |
| Hospital | 47 | 46.1 |
| Health center | 40 | 39.2 |
| Private clinic | 12 | 11.8 |
| None | 3 | 2.9 |
| Lifestyle | | |
| Alcohol | 0 | -- |
| Smoking | 0 | -- |
| Illicit drugs | 0 | -- |
| Used contraceptives | | |
| No | 82 | 80.4 |
| Yes | 20 | 19.6 |
| Decision to use contraceptives | | |
| Me and male partner | 19 | 95 |
| Me alone | 1 | 5 |
| Partner alone | 0 | -- |
| Intention to use contraceptives in the future | | |
| Yes | 102 | 100 |
| No | 0 | -- |
| Source of previous contraception information | | |
| Friends | 102 | 16.6 |
| Television | 98 | 15.9 |
| Other health worker | 93 | 15.1 |
| Doctor | 87 | 14.2 |
| Internet-social media | 70 | 11.4 |
| Boyfriend | 59 | 9.6 |
| Magazines | 50 | 8.1 |
| Relatives | 38 | 6.2 |
| Neighbor | 17 | 2.7 |
| Parents and co-siblings | 0 | -- |
| FP method of choice to be used in the future | | |
| Injectable | 47 | 46.1 |
| Oral pills | 38 | 37.2 |
| IUD | 17 | 16.7 |
| Withdrawal | 0 | -- |
| Condom | 0 | -- |
| Vasectomy | 0 | -- |
| Diaphragm | 0 | -- |
| Tubal ligation | 0 | -- |
| Pregnancy/ies is/are | | |
| Not planned | 96 | 94.1 |
| Planned | 4 | 3.9 |
| Did not specify | 2 | 2.0 |

Table 4. Prevailing Perceptions of Male Partners of Adolescent Females Concerning Contraception

| Characteristic | No. | % |
|---|-----|------|
| Knew about contraception | | |
| Yes | 84 | 82.4 |
| No | 11 | 10.8 |
| Not sure | 7 | 6.9 |
| Source of contraception information | | |
| Internet | 72 | 20.6 |
| Friend | 68 | 19.4 |
| Television | 44 | 12.6 |
| Doctor | 44 | 12.6 |
| Girlfriend | 28 | 8.0 |
| Magazines | 25 | 7.0 |
| Other health worker | 23 | 6.0 |
| Parents | 12 | 3.0 |
| Relative | 11 | 3.0 |
| Neighbor | 10 | 2.8 |
| Radio | 7 | 2.0 |
| Co-sibling | 3 | 0.8 |
| Others | 2 | 0.5 |
| Knowledge of a specific contraceptive* | | |
| Condom | 89 | 24.2 |
| Pills | 66 | 18.9 |
| Withdrawal | 64 | 18.3 |
| Tubal ligation | 51 | 14.6 |
| Vasectomy | 40 | 11.5 |
| Injectable | 30 | 8.6 |
| IUD | 20 | 5.7 |
| Diaphragm | 8 | 1.8 |
| Reasons for using the contraceptive | | |
| Readily available/easily bought | 44 | 25.5 |
| Easy to use | 38 | 22.1 |
| Prevention against STDs | 34 | 19.7 |
| Effective against pregnancy | 33 | 19.1 |
| Recommended by a friend | 23 | 13.6 |
| Decision to use contraceptives | | |
| Me and female partner | 51 | 50 |
| Me alone | 20 | 19.6 |
| Influenced by a friend | 1 | 0.9 |
| Did not specify | 30 | 29.5 |

The decision for contraception was a shared decision in 50%.

Partner Influence during Contraception

The female partner can positively influence the male partner to use a contraceptive method when she says it is needed (69.6%). To use a condom when it is offered to the male partner was self-reported in 70.5%.

Table 5. Partner Influence Concerning Contraception Among Adolescent Females

| Characteristic | No. | % |
|--|-----|------|
| Influence of female partner to use contraceptives | | |
| If the female partner says so | 71 | 69.6 |
| Whether or not the partner says so | 20 | 19.6 |
| If the partner says so even if I don't need it | 11 | 10.8 |
| I will refuse a condom (any method) if offered to me | | |
| Agree | 72 | 70.5 |
| Disagree | 29 | 28.4 |
| Did not specify | 1 | 1.1 |
| Personal feelings if offered a contraception (condom) | | |
| Happy | 91 | 89.0 |
| Anxious | 5 | 5.0 |
| Angry | 3 | 3.0 |
| Did not specify | 3 | 3.0 |
| If female partner offers a condom | | |
| I would like her more | 96 | 94.3 |
| I might not be able to have sex at all | 4 | 3.9 |
| I would like her less | 1 | 0.9 |
| Did not specify | 1 | 0.9 |
| Perception if she forced the issue of contraception | | |
| I wouldn't trust her anymore | 90 | 38.7 |
| She is thinking of both of us | 78 | 33.6 |
| She cares more about me. | 51 | 21.9 |
| She only cares about herself | 6 | 2.5 |
| She must have been having sex with someone else | 5 | 2.1 |
| She doesn't trust me. | 2 | 1.2 |
| Actions taken if contraception is forced | | |
| A need to seek for another partner | 90 | 88.2 |
| I would go along with it because I care for her | 12 | 11.8 |
| Having sex is important than using or not using condoms | | |
| Agree | 99 | 97.1 |
| Disagree | 3 | 2.9 |

**Exists as multiple responses*

Majority of the male partners felt that they would be happy if a family planning method was offered to them (89%). This would mean liking the female partner more (94.3%), however four male respondents were

concerned that this could be a reason that sex would not happen (Table 5).

Male partners said that they would not trust their partners if the contraception issue was forced by her (38.7%) which might lead to leave her (88.2%). Twelve respondents (11.8%) said that they would go along because they cared for their female partner.

Seventy-eight respondents (33.6%) said that pursuing contraception would only mean that their female partner was concerned about their welfare as a couple.

Majority (97.1%) agreed that having sex was much more important than having to use or not to use a condom.

Actual Contraceptive Utilization by Male Partner

During first coitus a total of 58 male respondents (56.8%) reported using one method, while 41 (40.2%) denied having so. (Figure 2)

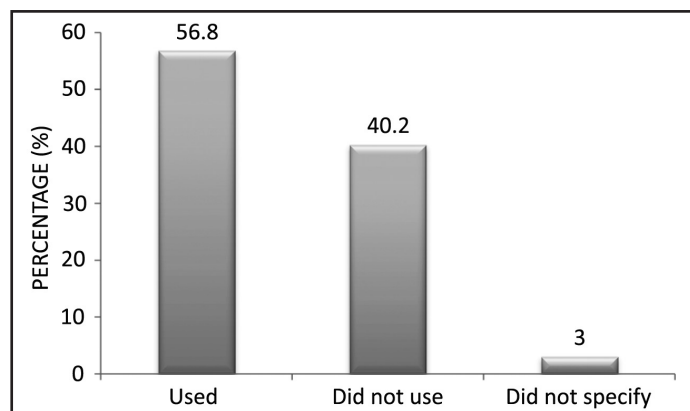


Figure 2. First-Time Contraceptive Utilization Rate of Male partners of Female Adolescents

Actual use of the condom was reported in 78.7%, while oral contraceptive pills for the female partner in 17.5% and withdrawal in 3.8%. (Figure 3)

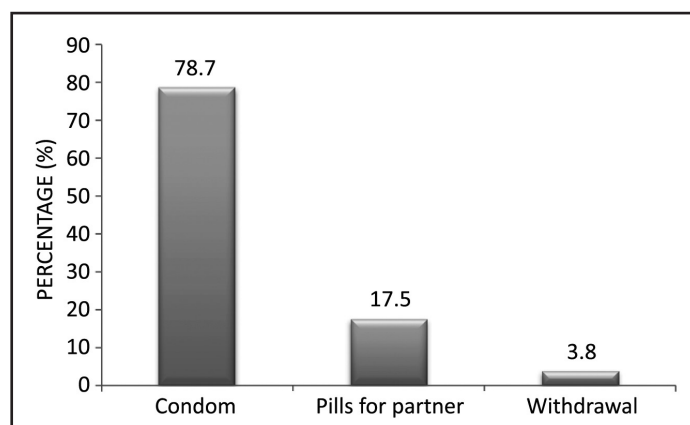


Figure 3. Specific Contraceptive Utilization by Male Partners

Reasons for Contraception

The most common reason or concern for using a contraceptive method was that it was readily available (25.5%) and easy to use (22.1%). Other reasons include protection from sexually transmitted diseases (19.7%), effective against pregnancy (19.1%) and that it was recommended by a friend (13.6%). (Figure 4)

Intention to Pursue Contraception

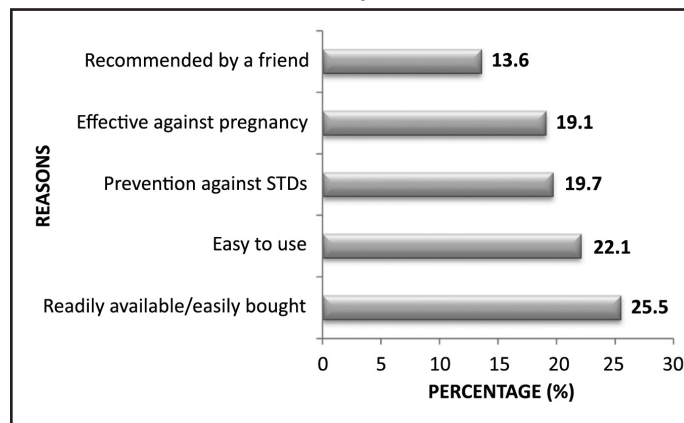


Figure 4. Cited Reasons for Contraception by Male Partners

Majority of the male partners (93.1%) intend to pursue contraception in the future. The common cited reasons include the need to plan the next pregnancy (53.6%). (Table 6)

Among those who would not want to pursue contraception, the common cited reasons were the fear of possible side effects (40%), wanting to have a child again soon (20%), against personal beliefs (20%) and unable to afford one (20%).

Factors Affecting Intention to Pursue Contraceptive Methods for Family Planning

Among the factors that positively or favored the intention of pursuing contraception in the future were advanced age of the male partner, a higher education of level (college), male partner's perceived benefits of contraception, perception that contraception must be a shared decision, and feeling of being happy when contraceptives were offered, when the male feels that the woman lack trust in him, not getting the woman pregnant soon and that the male perceives that pregnancies must be planned (Positive coefficient, values, all p-values <.05). (Table 7)

Factors which negatively influenced the intention to pursue contraception in the future were parity of >1, if the male partner was unemployed and when the male perceives that contraception must be forced. (Negative coefficient values, all p-values <.05)

Table 6. Male Partner's Intention to Pursue Contraception

| Characteristic | No. | % |
|--|-----|------|
| Use contraceptive method/s in the future | | |
| Yes | 95 | 93.1 |
| No | 7 | 6.9 |
| Reasons for positive intention | | |
| I want to plan for the next pregnancy | 51 | 53.6 |
| I don't want to get my girlfriend to pregnant soon | 36 | 37.8 |
| I never want a baby again | 8 | 8.6 |
| Reasons for the negative intention | | |
| Fear of side effects | 2 | 40 |
| I want to have a child again soon | 1 | 20 |
| Against my personal beliefs | 1 | 20 |
| I can't afford it | 1 | 20 |

DISCUSSION

The focus of this study was to determine the male partners' intentions concerning the contraception of their adolescent female partners. It is worth to note that the sample comes from an urban setting with the majority of pregnancies as unplanned or unintended as reported by both the male and female respondents. Recent unintended pregnancies were also related to pregnancy order and to the financial and professional situation at the time of conception.¹⁸ Religion was not a specific criterion for inclusion since the catchment area where this study is conducted were predominantly Roman Catholics.

Our initial results show a varied set of male perceptions that would positively or negatively affect the intention to use specific family planning methods in the future.

A high likelihood of engaging in contraception was noted when the male partner was advanced in age, with high level of education was educated about the benefits of contraception. Adequate contraceptive knowledge has been shown to reduce the odds of expecting to have unprotected sex in the subsequent three months after the educational intervention.¹⁹ Since most young male partners in this study cited commonly known methods like pills, condom and withdrawal that have been commonly advertised which are also claimed by them as readily available, there is still a need to further educate them regarding the different advantages and disadvantages of

Table 7. Factors Affecting Intention to Pursue Contraception

| Factors | Correlation Coefficient | p-value |
|---|-------------------------|-------------|
| Advanced age of male partner | 0.66 | .001 |
| Parity (>1) | -0.55 | .021 |
| College education of male partner | 0.78 | .001 |
| Unemployment status of male partner | -0.34 | .033 |
| Previous coitus with contraception | 0.44 | .08 |
| Male's source of information on contraception | 0.23 | .076 |
| Knowledge of a specific contraceptive method | 0.87 | .001 |
| Actual use of a contraceptive method | 0.55 | .67 |
| Perceived benefits of contraception | 0.65 | .024 |
| Male perceives a "shared decision" is needed | 0.67 | .023 |
| Male perceives that contraceptives must be forced | -0.78 | .001 |
| Male partner is happy if contraceptives are offered | 0.81 | .011 |
| Male feels that the woman lack trust in him | 0.71 | .001 |
| Not getting a woman pregnant soon | 0.56 | .044 |
| Male perceives pregnancies must be planned | 0.88 | .001 |

**significant association if p-value is <.05*

each contraceptive method within the context of their relationship. The study of LeGuen et al. showed that men's high awareness of contraceptive practices and their use of some cooperative methods reveal their involvement in contraceptive practices within the context of relationships.

The actual use of a contraceptive by the male partner was not a strong factor for future intention. This is so because the reasons for using a contraceptive differ from setting to setting. For example, condom use was associated with the prevention of STDs/HIV for non-cohabiting men, but men who live with their female partner seemed to use condoms mainly as a contraceptive method. The present socio-economic settings favor the use of more traditional methods associated with a high failure rate. Withdrawal appears to be associated with low level of education and financial difficulties.²⁰ We then reiterate that a high knowledge of a contraceptive method favored a high intention to involve the male in future pregnancy planning.

In this study, we found that the male's perceived "shared-decision" approach towards contraception was favorable in having a high intention to pursue family planning in the future. The male partner's limited involvement in this shared decision could stem from a variety of reasons which include perceived side effects of female contraceptive methods which disrupt sexual activity, limited choices of available male contraceptives, perceptions that reproductive health was a woman's domain due to gender norms and traditional family planning communication geared towards women, preference for large family sizes which are uninhibited by prolonged birth spacing, and concerns that women's use of contraceptives will lead to extramarital sexual relations.²¹

One local survey in Cebu City showed that most of the time, men's decisions prevail over those of their spouses when it comes to important family planning issues such as whether to practice family planning or not and the choice of family planning method to use.²² In our study, the issue of forcing contraceptive use among males reflects the male egoistic dominance over the female in major decision-making and was found to be negatively correlated with family planning intentions.

We also highlight that the male partner's perception of a woman's lack trust would be favorable in engaging contraception. The need for young women to be respected, valued and her rights heard during family planning could be the explanation for this. If the female adolescent anticipates a refusal for condom or any contraceptive use, this will motivate the male partner to reconsider contraception. There exists a gender difference in emotional relationships and physical sexual behaviors before the first coitus.²³ Males engage in pre-coital physical behaviors and first sex at younger ages than females.

The present analysis also demonstrates that a "positive feeling" which comes from being consulted by the female partner regarding when to and not to use contraception is a strong factor that would favor a high intention to engage in future contraception. For similar reasons cited above, this vitality of always involving the male partner during the adolescent female's contraceptive education is worth to note. Reproductive health making decisions were shown to be more positive among young, urban-based males with high education.²⁴

This sample of male partners have differing perceptions regarding contraception as evidenced by a difference in the reasons cited for the positive and negative intention. Although the majority explained the potential benefits of contraception for family planning, the actual utilization rate was still low (56.8%). A high knowledge on contraception must be translated into practice.²⁵

CONCLUSION

- In this study, male sexual partners have positive perceptions towards contraception.
- Positively correlated with contraceptive intention include the male partner's advanced age, high level of education.
- Perceptions that favor strong intention include careful pregnancy planning in the future, not wanting a pregnancy too soon, knowledge of a specific method, its perceived benefits, "shared decision" making, feeling "happy" when contraceptives are offered rather than forced and when a woman lacks trust in him.
- Forcing contraception by the female adolescent partner was negatively correlated with contraceptive intention.
- Other factors that do not favor strong intention include parity and unemployment.
- Despite strong intention to practice contraception in the future, the actual contraceptive utilization rate was low (56.8%).

LIMITATION

The current frame of mind among male partners was assessed in this study rather than the whole experience (including the past practices of family planning/contraception). Since more than half of the sample were aged 25 and above, the male partners' perception may have differed when they were interviewed during their teen years. Second, how these perceptions about contraception affect the actual utilization is best studied in a longitudinal study. Thirdly, how family and other environmental milieu enhance the male partner's perception towards birth control still remains to be explored. Lastly and in-depth analysis using confidential interview techniques are much needed to explore the reasons behind the negative reasons towards birth control.

RECOMMENDATIONS

Maintaining a high intention to pursue family planning must be encouraged in adolescent couples via timely, accurate and individualized education of the benefits of birth control for family planning. There is still a need to further analyze in-depth the reasons for these perceptions as it affect intention using more qualitative techniques. It is hoped that the institution conduct regularly these educative efforts across a wide array of settings. We recommend that adolescent reproductive health must include the male partner regardless of his age and that the actual engagement of a specific method be monitored. ■

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