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Genderized Perspectives on Contraceptive Use: An Exploratory Study of Persons Living with HIV in Rural Kenya

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Abstract: **This study set out to investigate gender differences in contraceptive use and preference among persons living with HIV and AIDS (PLWHAs). The study was conducted in a rural setting in the South-western part of Kenya. The study revealed that women have a higher rate of attendance of ART and reproductive health clinic than their male counterparts. This study also found that women demonstrated a higher level of knowledge regarding contraceptive methods, compared to men. Finally, the study reveals that while more women in the study area preferred implants over any other contraceptive method, most of them nonetheless utilize injections more than implants. This could be as a result of the influence of their male sexual partners, most of whom prefer the injection. The study further reveals that men preferred condoms mainly because of the influence of the clinical officers' advice and their ready availability.**

Key Words: **Genderized Perspectives, Contraceptive use, Persons Living with HIV; Contraceptive Preference**

I. INTRODUCTION

Approximately 37.9 million people are living with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) world over, with sub-Saharan Africa contributing approximately two-thirds of this population (UNICEF, 2018). Out of these, an estimated 1.6 million are in Kenya, 50% of whom are reported to be on ART (UNAIDS, 2018). There is general consensus that the ART suppresses the progression of HIV, and generally improves health and wellbeing, including sexual and reproductive wellbeing and health (Hancock 2016 and Magala *et al.,* 2017). Studies also reveal that a large proportion of PLWHAs in Africa are of reproductive age (WHO, 2019). The implication of the aforementioned is that a majority of PLWHAs are likely to be sexually active and hence, the matter of their reproductive health and rights arises.

Sexual and reproductive health and rights are a fundamental concept, enshrined in international legal instruments such as the Covenant of Economic, Social and Cultural Rights (1966), the Convention on the Elimination of all forms of Discrimination against Women (1979), and the Sustainable Development Goals (2015), among others. At the regional level, the Abuja Declaration on HIV and AIDs, Tuberculosis (TB) and other related Diseases (2001), the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, otherwise known as the Maputo Protocol (2003), and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (2009) have also addressed the issue of reproductive health and rights.

The international legal instruments place upon nation states, Kenya included, the obligation of putting in place measures aimed at upholding and protecting the reproductive health and rights of all citizens. To this end, Kenya has recognized reproductive health and rights and incorporated them into law through the constitution of Kenya (2010) and the Sexual offences Act (2006); and also in policies such as the National Reproductive Health Policy (2007), National Reproductive Health Strategy (2009-2015; 2016-2021), the Adolescent Reproductive Health and Development Policy (2003), the National Condom Policy and Strategy (2009-2014), the Contraceptive Policy and Strategy (2002-2006), the Contraceptive Commodities Procurement Plan (2003-2006), and the Contraceptive Commodities Security Strategy (2007-2012), among many others.

One such right to sexual and reproductive health rights of all peoples is the use of contraceptives. Contraceptive use not only provides couples with the means to timed childbearing, but also improves the health and wellbeing of women and their families (Yaya *et al.,* 2018). It also enables women to exercise choice and control over their sexuality and fertility (WHO, 2019), reduces maternal and peri-natal morbidity and mortality (UNFPA, 2019), reduces the risk of sexually transmitted infections (STIs) including HIV (WHO, 2019), and increases women's access to opportunities in education, employment and even political and social participation (Yaya *et al.,* 2018). The need for contraceptive use is even more crucial among PLWHs because it is a more cost effective way of reducing further transmission, including mother to child transmission (MTCT), compared to prophylaxis with antiretroviral drugs (WHO, 2019; Wekesa and Coast, 2015). Mochache *et al.,* (2018) also aver that contraceptive

utilization has both direct and indirect benefits which are not limited to maternal health especially when preventing pregnancies that pose risks to mother and child's survival. In such a case, maternal and infant deaths, pregnancy-associated complications, unsafe abortions and even deaths are averted. It can also help delay first pregnancy among adolescent girls as well as averting related teenage pregnancies.

Contraceptives use is also important in preventing unplanned pregnancy. According to WHO (2018). In 2017 alone, there were 67 million unplanned pregnancies globally, something that could have been prevented with correct and consistent use of contraceptives (Njuguna *et al.,* 2017 and Damien *et al.,* 2018).

In view of the importance of contraceptive use among PLWHAs, governments, including that of Kenya, have implemented interventions to scale up the uptake of the same. With the support of the World Health Organization (WHO), the government of Kenya has ensured that contraceptives are available in public health facilities (WHO, 2017). However, despite this, the uptake of contraceptives among PLHWAs in Kenya was still at 69% in 2019 (WHO, 2019) despite concerted awareness campaigns by various actors, including government of Kenya, non-governmental organizations (NGOs) and faith based organizations (FBOs).

There is general consensus that preference of use of contraceptives is influenced by a myriad of factors, and that these factors vary from one setting to another. One study conducted in Taso, Uganda for instance, reported that demographic factors play an important role in the choice of a contraceptive (Egessa, 2010). Another study conducted among women attending ART and family planning (FP) clinics in South Africa identified socio-cultural factors, in addition to health provider factors as being influential (Oni *et al.,* 2013). In Kenya, studies by Njuguna *et al.,* (2017) and Ochako *et al.,* (2017) identified socio-economic factors as being key determinants of contraceptive use and preference in urban areas. Ochako *et. al.,* (2017) and Bongomin *et. al.,* (2017) also found that contraceptive preference is influenced by the environment, availability, knowledge, health officers, peer, relative advantage against other methods and demographic factors.

It should be noted that among the available contraceptive methods there is none that is generally accepted by all to provide effective prevention on STDs and pregnancy without side effects. This is even more relevant in the cases of STDs such as HIV infection where transmission can only be prevented by the use of a barrier method that is acceptable to users. A barrier method type of contraceptive commonly known and used is condom, whose use has been well documented and currently the most effective option when used consistently by those who would like to protect themselves from untimely pregnancies related risks and STDs (Wilson *et al.,* 2003; Adilo, 2017). Preference of condom among majority is due to the fact that it can be used in combination with other methods to enhance their effectiveness. For instance, a study on population in the United States in March 2010 found that that if women who use one highly effective contraceptive method added a second one which is a condom, then approximately 80% of unintended pregnancies and abortions among these women could be prevented (Pazol *et al.,* 2010). The use of condoms has increased immensely due to publicity it has had from public health centres, non-governmental agencies to the media. Condoms are also easily accessible and readily available (Pazol *et al.,* 2010). The use of condom is not only popular in the United States of America, in Africa counseling and education on reproductive health has emphasized on the use of condoms and thus its popularity and preference among people living with HIV. In Lusaka, Zambia, 99% of those who participated in a study on contraceptive use among individuals using antiretroviral therapy, used condoms and because of their double ability in terms of pregnancy prevention and protection against infection of STDs. Moreover, apart from their double protection factor the users also highlighted its ready availability in hospitals and shops (Hancock *et al.,* 2016). The use of male condoms was mostly preferred by the respondents involved in a study conducted in Busia, western Kenya due its dual course and easy use (Mulongo *et al.,* 2017)

Other modern contraceptive methods popular among PLWH include contraceptive pills, IUD and sterilization (male and female). These methods do not protect from STD/HIV infection, but their use and knowledge amongst expected users had been popularized in health canter by the government through health officers. But these methods were less commonly used by those who had desire to have more children (Landolt *et al.,* 2011). In India, the use of vasectomy and tubal ligation was found to be common among due to its convenience (Singh, 2016). In Kenya, it is unpopular due to the belief among majority potential users that it is irreversible choice and its use raises serious ethical questions more so when it is conducted forcefully on HIV-positive persons without undergoing formal procedures as reported in some countries (Mallet and Kalambi, 2008). Curtis, Mohllaje and Peterson (2006), supports the above statement by adding that sterilization is a better option for older individuals who are no longer have desire to have children but not plausible option to the adolescents who may still have the desire to have children.

IUCD acts as one of the most popular reversible long acting contraceptive method that has been used in the world for sometimes now. A study conducted in Zambia in 2007 reported support on the use of IUCD and highlighted that it is safe and effective method of contraceptive in HIV-positive women (Stringer *et al.,* 2007). The method just like sterilization lacks the pill's burden and need for regular application and adverse events associated with hormonal components in the HC methods. Vasectomy is one method for men that is also regarded effective but may be irreversible in case of areas where experts involved are few. In addition Gold and Johnsons (2008), in their study supported the use of

IUCD among the HIV-positive population due to its effectiveness and safety. In addition, limited evidence shows that IUCD use by HIV-infected women has not been associated with increased risk of infection-related complications nor with HIV cervical shedding. The fact that copper-bearing IUCDs may increase menstrual bleeding, and subsequently the risk of anaemia, has to be taken into account in case of HIV positive women. Some authors have raised caution in advising IUCD use for women at risk of STIs and pelvic inflammatory disease (PID), such as sex workers or other women in a context of high STI prevalence.

Many women prefer using injectable as they can easily be administered or used without partner's knowledge. (Harrington *et al.,* 2013). Oral Contraceptive Pill such as emergency pills come in line as some other methods of family planning, they are supposed to be taken within 72 hours after having unprotected sex. Egessa (2010) also highlights other traditional methods such as abstinence, use of herbs and rhythmic sexual intercourse to be among other family planning options for the PLWH.

Purpose of the Study

The aim of this study is to investigate gender perspectives on preference and use of contraceptives among PLWHAs in rural areas, with a specific focus on Nyamarambe Division in Kisii County.

Study Objectives

The specific objectives of the study were to:

1. Identify the gender distribution of PLWHAs attending ART clinic at the selected health facilities;
2. Establish the gender differences in knowledge of contraceptive methods; and
3. Determine the gender differences in preference and use of contraceptive methods.

II. RESEARCH DESIGN

The study was conducted in Nyamarambe Division, Gucha South sub County, Kisii County in Kenya. Kisii County is situated on the Western part of Kenya, and borders Migori, Homabay, Narok and Nyamira counties to the West, North, South and East respectively. Although the study area is predominantly rural, it is well served with three public health facilities that offer integrated reproductive and HIV services, where this study was conducted.

This study employed cross sectional descriptive research design using mixed method approach, in which both qualitative and quantitative data were applied. The target population were all 1,096 PLHWAs of reproductive age (15 to 49 years), who were attending ART clinic in the three public health facilities in the study area. The sample size for this study was 107 based on Fisher *et al.,* (1998). The sample was selected using the cluster, quota and systematic random methods. In the first step of sampling, three health facilities were purposively selected to form clusters. The second step involved allocation of proportionate quotas to each of the selected health facilities based on number of PLWHAs. Finally, a sampling frame was drawn for each site, from which the 137 respondents were selected using the systematic random sampling method. The study also purposively selected key informants, who included reproductive healthcare service providers drawn from, selected the health facilities.

Data for this study was collected using a semi-structured questionnaire, focus group discussions and key informant interviews, and complemented by secondary data from desktop review. Qualitative data were analysed thematically, and presented in narrative form. On the other hand, quantitative data were analysed descriptively using the Statistics Package for Social Sciences (SPSS) and presented in tables and figures. Considering the sensitive nature of the topic, all ethical principles such as confidentiality, informed consent, anonymity and respect were strictly adhered to.

III. RESULTS AND DISCUSSIONS

Gender Distribution of PLWHAs attending ART Clinics

The researcher sought to establish the demographic characteristics of the respondents and Figure 1 summarizes the demographic findings.

Table 1: Gender distribution of respondents

Demographic Characteristics		Gender	
		Female (%)	Male (%)
Age in Years	15-19	01 (0.93)	00
	20-24	06 (5.60)	02 (1.87)
	25-29	10 (9.34)	03 (2.80)
	30-34	19 (17.75)	03 (2.80)
	35-39	23 (21.49)	05 (4.67)
	40-44	21 (19.62)	08 (7.48)
	45-49	06 (5.607)	00
Total		86 (80.37)	21 (19.62)

Results in Table 1 show that only approximately one fifth (21%) of the respondents were male. This is an indication that attendance of ART clinic is disproportionate in relation in favour of females. While it is anticipated that slightly more females than males will attend ART clinics because the prevalence of HIV in Kenya is higher among females than males (5.2% and 4.5% respectively) (Ministry of Health, 2018), this does not account for the huge discrepancy in attendance of ART clinic. The difference between attendance statistics in this study, and the national prevalence rates, is acutely disproportionate. The results of this study are also markedly incongruent with the findings of related studies on ART clinic attendance conducted in Kathmandu, Nepal, where the different was very small, at 52% male and 48% were female (Pokharel *et. al.,* 2018) and one conducted by Wekesa and Coast (2015) where male were few compared to

female respondents but the study population higher than the population of this study.

The results in Table 1 could be an indication that the uptake of ARVs is lower among men than women, which could greatly hamper Kenya's efforts towards achieving the global 90-90-90 targets, in which every state should ensure that 90% of people living with HIV (PLWH) know their status; 90% of PLWH regularly access treatment; and 90% of PLWH on treatment have suppressed their viral loads (UNAIDS, 2014).

Qualitative data from FGDs and key informant interviews (KIIs) revealed that most male PLWHAs are reluctant to visit ART clinics because of stigma, suggesting that in the study area, male PLHWAs experienced more stigma than their female counterparts. This revelation mirrors the results of previous studies, which found gender differences in stigma perception among depressive patients in Pakistan (Khan, Kausar, Khalid, & Farouq, 2015); in problem gamblers (baxter, Salmon, Dufresne, Carasco-Lee, & Matheson, 2016); and even at the workplace (Chung, 2018). Qualitative data further revealed that in some instances, some of the female PLHWAs collect anti-retro-viral drugs (ARVs) for their husbands, who keep away from the clinics because they are afraid of being stigmatized. As expressed by one of the key informants who was a healthcare service provider:

> *"...there are very few instances of some clients collecting drugs for their husbands. Although this is not allowed, sometimes we have to decide which is the lesser evil: allowing this, or having the husband completely fail to take the drugs..".*

Table 1 further indicates that for both males and females, attendance at ART clinic improves with age, with lower numbers reported in younger respondents. This is a worrying trend, given that this segment of the population is likely to be sexually active, and to have multiple sexual partners. However, data from the Ministry of Health (2018) shows that young adults aged below 24 years have a 2.61% infection rate.

Level of Contraceptive Knowledge

Having established the gender distribution of respondents, the study sought to identify the respondents' level of knowledge on contraceptives. Respondents were asked to freely list the contraceptive methods known to them, the multiple response results of which are presented in Table 2.

Contraceptive Type	Female Respondents		Male Respondents		Total Cases
	f (%)	R	f (%)	R	f (%)
IUCD	75(87.2)	4	08(38.1)	5	83(77.6)
Injection	81(94.1)	3	09(42.9)	4	90(84.1)
Male Condom	86(100)	1	21(100.)	1	107(100)
Pills	81(94.1)	3	19(90.5)	2	100(93.5)
Implant	83(96.5)	2	11(52.4)	3	94(87.9)
Tubal Legation	59(68.6)	5	05(23.8)	6	64(59.8)
Vasectomy	13(15.1)	8	00(0.00)	-	13(12.1)
Emergency Contraception	11(12.8)	8	00(0.00)	-	11(10.3)
Abstinence	42(48.8)	6	01(4.76)	7	43(40.2)
Withdrawal	13(15.1)	8	00(0.00)	-	13(12.1)
Female Condom	10(11.6)	9	00(0.00)	-	10(9.34)
Tubal Ligation	15(17.4)	7	00(0.00)	-	15(14.0)

Note: f=Frequency; R=Rank known to Respondents

Data in Table 2 shows that the level of knowledge on contraceptive methods is fairly high among PLWHAs in the study area. More than three quarters of the respondents were able to list at least five methods, with the condom, implants, injection, IUCD, and pills being the most commonly known methods among female respondents. Among male respondents, the order was slightly different, with the condom, pills, implants, injection and IUCD being the most known in that order.

A closer scrutiny of the data in Table 2 reveals a gender difference in knowledge of specific contraceptive methods other than the male condom, which all respondents easily identified. As seen in Table 2, more than four fifths (84.26%) of female respondents listed at least five contraceptive methods, compared to only one third of their male counterparts who were able to list at least five methods. Further to this, female respondents were familiar with more methods than male respondents, as shown in Table 2, which reveals that female respondents mentioned five methods which none of their male counterparts. The five methods that were listed by female respondents only include tubal ligation, vasectomy, abstinence, withdrawal, and the female condom.

This discrepancy could partly be attributed to the fact that other than the male condom and vasectomy which target men, and withdrawal and abstinence which cut across the gender divide, all the other methods are targeted at women, creating the impression that contraception use is a woman's thing. Indeed, qualitative data from FGDs with male respondents disclosed that most men in the study area view contraceptive use as a preserve of women. One of the male FGD discussants asserted:

> "*...there is no need for me to know all those methods, yet I cannot use any of them...*".

This explanation does not however account for the fact that none of the male respondents mentioned vasectomy, which specifically targets men, or abstinence and withdrawal, which target both men and women.

Sources of Contraceptives Information

Considering the gender difference in the level of knowledge, this study endeavoured to find out the source of information on contraceptives in general, whereby respondents were asked to freely list the places or institutions where they obtained information on contraceptives. The results of the multiple responses are shown in Table 3.

Table 3: Source of Contraceptive Information

Source of Information	Female Respondents		Male respondents		Total Cases
	f (%)	R	f (%)	R	f (%)
School	73(84.9)	1	20(95.2)	1	93(86.9)
Clinic	67 (77.9)	2	03(14.3)	6	70(65.4)
Friends	56(65.1)	4	05(23.8)	4	61(57.0)
Media	58(67.4)	3	16(76.2)	2	74(69.2)
Reading	07(8.14)	6	04(19.0)	5	11(10.3)
Spouse	33(38.4)	5	7(33.3)	3	40(37.4)
TOTAL	86		21		107

Note: f=Frequency; R=Rank

As can be gleaned from Table 3, maternal health clinic is the main source of information on contraceptives. More than three quarters (77.9%) of the female respondents cited reproductive clinic as the source of information on contraceptives. This could partly explain the gender difference in contraceptive knowledge as highlighted in Table 2 and the subsequent discussion. In various studies such those conducted in Busia, Ethiopia, Togo and Nepal where majority of the users had learnt about the use of contraceptives in respective health centres they had attended for counselling and treatment (Mulongo *et al.*, 2017; Worke *et al.*, 2016; Yaya *et al.*, 2018 and Pokharel *et al.*, 2018). Qualitative data from FGDs and KIIs revealed that while attendance of maternal health clinic is mandatory for pregnant women. In the study area, men rarely accompany their female partners to maternal health clinic. Considering that maternal health clinics are the main source of information on contraceptives, it therefore follows that the poor attendance of the clinics by men could contribute to their low level of knowledge on the same.

It is instructive that a large proportion of the male respondents (95.23% and 80.95%) listed school and media respectively, as their main source of information. This could also be a contributory factor to their demonstrated limited knowledge of different types of contraceptives, considering that the depth of information covered by these two sources is quite basic. It is equally noteworthy that reading was the least mentioned source of contraceptive information.

Contraceptive Preference and Use of Contraceptives

The study then set out to find out contraceptive preferences and use in the study area. To do this, respondents were asked to first state the one contraceptive method they prefer most. In stating their most preferred method, respondents were asked to state the method they would prefer their partner to use, where necessary. They were then asked state the method that they actually use. In doing this, the study sought to compare respondents' preferred contraceptive method (the ideal) to the actual method being actually used. The results are displayed in Table 4.

Table 4: Respondents' preferred contraceptive method

Contraceptive Method	Female Respondents				Male Respondents			
	Preferred		Actual		Preferred		Actual	
	f (%)	R	f (%)	R	f (%)	R	f (%)	R
IUCD	12(14.0)	3	069(80.2)	3	02(9.52)	4	00(0.00)	-
Injection	15(17.4)	2	39(45.3)	1	08(38.1)	1	00(0.00)	-
Male Condom	10(11.6)	4	06(6.98)	3	03(14.2)	3	06(28.5)	1
Pills	5(5.81)	6	03(3.49)	5	01(4.76)	5	00(0.00)	-
Implant	33(38.4)	1	28(32.6)	2	05(23.8)	2	00(0.00)	-
Tubal Legation	2(2.33)	8	00(0.00)	-	00(0.00)	-	00(0.00)	-
Vasectomy	00(0.00)	-	00(0.00)	-	00(0.00)	-	00(0.00)	-
Emergency Contraception	3(3.49)	7	02(2.33)	6	00(0.00)	-	00(0.00)	-
Abstinence	6(6.98)	5	00(0.00)	-	02(0.00)	6	00(0.00)	-
Withdrawal	00(0.00)	=	02(2.33)	7	00(0.00)	-	01(4.76)	2
Female Condom	00(0.00)	=	00	-	00(0.00)	-	00(0.00)	-
Total	86				21			

Note: f=Frequency; R=Rank

Results in table 4 expose an interesting outcome: while the male condom is the most known contraceptive method as shown in Table 3, it does not feature prominently among the most preferred ones, appearing at third and fourth among favourite male and female respondents respectively. Similarly, the male condom is ranked sixth among the methods in actual use among female respondents, in as much as it is ranked first among their male counterparts. This information is even more interesting considering that the male condom is considered to be the best method for PLWHAs because it not only prevents pregnancy, but also protects from sexually transmitted infections. Furthermore, the male condom is more readily available and affordable, compared to other methods, because the condoms are distributed free of charge at each of the three health facilities where this study was conducted. The results of this study contradict the findings of Wekesa and Coast (2015), who reported a high preference of the male condom as the favourite contraceptive method among PLWHAs in the informal settlements of Kenya's capital 15.3% (???).

A further enquiry was made into this apparent discrepancy between knowledge and preference regarding the male condom. Qualitative data from FGDs and KIIs disclosed that while the condom is the most publicised contraceptive method, it is perceived to deter enjoyment of sexual intercourse, since it is seen as acting as a barrier between the sexual organs during intercourse. Furthermore, qualitative data revealed that the male condom is associated with sexual intercourse outside relationships. Thus, the male condom is seen as a tool for infidelity, and sexual partners use it only when they engage in sexual activities outside their relationships. This is especially so in instances where both spouses in a marriage are HIV positive. One FGD discussant asseted:

> *"... Since my spouse and I are both HIV positive, there is no need to use condoms. But if the couple is discordant, then they can use the male condom to protect the uninfected partner...."*

Indeed, two of the male respondents and one of their female counterparts who stated that they use the male condom were in a discordant marriage, while the rest were not married. The revelation that most of the respondents do not use condoms could be a set-back for HIV programming targeting PLWHAs in the study area, since according to Wamalwa *et al.* (2015), all PLHWAs are encouraged to use condoms during every sexual encounter, regardless of the HIV status of their partners.

Table 4 further reveals that while all male respondents have a preferred contraceptive method, less than one third actually use a contraceptive method other than withdrawal. Even then, the only contraceptive method used by make respondents is the condom.

Among female respondents, it is noteworthy that while the hormonal implant is the most preferred method, hormonal injection is more prevalent in terms of actual use. Incidentally, the hormonal injection is the method most preferred by male respondents. Female respondents expressed preference for the hormonal implant because it was duration convenient since it lasts for between three and six years, as opposes to the injection whose duration starts from just six months. Qualitative data however revealed that despite this preference, married women end up using the injection instead of implant because their spouses prefer the former. This study therefore found that male partners influence contraceptive choice, since married women consult their husbands on which contraceptive method to use. Asked why they prefer the hormonal injection to implants, male respondents revealed that the hormonal implant is believed to reduce chances of conception in the event that the user decides to conceive.

Nevertheless, despite the apparent preference for hormonal methods, all the respondents, both male and female, cited similar concerns about the hormonal interventions. The first concern was related to side effects. There was a general consensus among the respondents, as expressed FGDs, that both the implant and the injection have side effects that range from excessive bleeding, reduced libido, weight gain, loss of appetite, nausea, headache, and possible loss of fertility, among others (Pokharel *et al.*, 2018, Jalang'o *et al.*, 2017, and Mulongo *et al.*, 2017).

As revealed in table 4, some contraceptive methods are neither preferred nor used in the study area. These include tubal ligation, vasectomy and the female condom. Only two female respondents were reported as using withdrawal method, while abstinence was mentioned by two male respondents as a preferred method, by was not being practised by any of the respondents. Regarding tubal ligation and vasectomy, there was general consensus among respondents that a method perceived to be more or less permanent is undesirable. Reasons for not preferring or utilizing the female condom largely revolved around unfamiliarity and inaccessibility.

IV. CONCLUSIONS

It is clear from the study's findings that women have a higher rate of attendance of ART and reproductive health services clinic than their male counterparts. This study also found that women demonstrated a higher level of knowledge regarding contraceptive methods, compared to men. Finally, the study reveals that while more women in the study area preferred implants over any other contraceptive method, most of them nonetheless utilize injections more than implants. This could be as a result of the influence of their male sexual partners, most of whom prefer the injection. The study further reveals that men preferred condoms mainly because of the influence of the clinical officers' advice and their ready availability.

V. RECOMMENDATIONS

The study recommends the following to address the challenges realised from the study:-

1. Increased sensitization of the male gender on the importance of attending clinics for family planning services with their partners regardless of their HIV status and at the same time encourage HIV positive males to attend ART services in order to learn and live a healthy life
2. More campaigns should be encouraged towards informing men of the existing modern contraceptives both for male and female and this should be done in main stream media, social networks and health institutions
3. The ministry of health of the national and county governments should provide numerous contraceptive methods and train health workers on their importance to enhance use among people living with HIV.

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