

Family Planning Among Married Men: a pilot study in Abakpa Nike Enugu State Nigeria

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Abstract

The purpose of the paper is to investigate and identify areas of need for the involvement of married men in family planning within the concept of ‘knowledge, attitude and practice’.

A phenomenological approach was used involving literature review and a focused pilot survey on a sample selected from a community within South Eastern Nigeria. Primary qualitative data collected and analysed quantitatively.

Analysis of primary data suggests that married men in the area are generally not involved in family planning. There are also indications of need to target married men specifically in policy framework and in the design of the programmes.

The value of the paper lies in the presentation of primary data on an area with considerable gap in knowledge, thereby constituting a leap board for in-depth studies. However, data presented is part of a year 2000 pilot study. As such further studies of a wider scope would be appropriate.

Introduction

The Nigerian population is the highest in Africa at over 150 million, with a growth rate of 2.9 and a Total Fertility Rate of 5.7 (Population Council, 2011; World Bank, 2009, Federal Government of Nigeria, 2004; National Population Commission (NPC) Nigeria 2009). The NDHS report of 2008 shows that only 14.6% of currently married women aged 15-49 in Nigeria use any method of contraception (Nigerian Population Commission, 2008). This is in spite of the existence of the national policy on population and sustainable development which encourages voluntary limitation of births to 4 children per woman as well as various family planning programmes that have been carried out in the country (Federal Government of Nigeria 2004). Traditionally, most Nigerian cultures are highly patriarchal, value high fertility and male child preference. A report on reproductive motivation and family size preferences among Nigerian men concludes that the characteristic male dominant and patrilineal traditions support large family sizes and that men’s reproductive motivation to a large extent, affect the reproductive behaviour of their wives (Isiugo-abanihe, 1994). These cultural values could have a negative impact on the utilisation of family planning services. Most family planning programmes in the

past have focused on women as the primary target group due to high levels of maternal mortality and morbidity. However, this outlook does not take into consideration the role of men in family planning decision making.

Background Literature to the Study

A national survey carried out to ascertain the interaction between family planning attitudes and use in Nigeria by Odimegwu (1999) showed that while almost 75% of women registered a high level of support for men playing a role in family planning, only about 30% of the men did. Other studies carried out in various sections of the country support this finding, such as Duze and Mohammed (2006) whose work on men in Northern Nigeria shows a highly negative attitude towards family planning. A 1998 study carried out among married women in Ibadan Oyo state of Nigeria, 54% of the women surveyed perceived husband's opposition as a constraint to using a family planning method (Obiesan et al, 1998). Oni and McCarthy (1991) found that men in Ilorin Kwara State of Nigeria, feel they should have a major role in the decision to limit fertility but that the responsibility for actual use of contraceptives lies predominantly with women. Onwuzurike and Ugochukwu (2001) found that 91% of non use of family planning methods among married women in a community in Enugu State of Nigeria was as a result of their husband being against it. An earlier study by Ukaegbu (1977) in rural eastern (present South-Eastern) Nigeria also indicated that among married women who wished to attend family planning clinics, only one third of them would be allowed to attend by their. Bearing in mind the huge population of Nigeria accompanied with a high fertility and growth rate, the end result of all activities surrounding family planning should be towards reducing the population growth. In the light of this goal, male involvement in family planning goes beyond increasing the number of men using male methods of contraception; rather it encompasses all organizational activities aimed at men as a discrete group which have the objective of increasing the acceptability and practice of family planning by both men and women (Touré, 1996).

Based on the introduction and background literature discussed above, the paper presents a pilot carried out to investigate the identified gap in male involvement. The pilot study was conducted within the broad spectrum of primary health care delivery. The major aim was to further investigate male involvement issues within a community that presented some degree of diversity in order to be informative within the limits of the research.

The Study area

The chosen study area was Abakpa-Nike, which is located in Enugu East local government area of Enugu State in South Eastern zone of Nigeria. It is part of the urban section of the Nike community. The boundaries of Nike community are Mbulu Ijodo to the East, Ogui Nike to the South, Nike Uno to the west and Mbulu Iyiukwu to the North. The topography is undulating and the soil is good for farming. Commonly grown crops are yams and vegetables. The population of Abakpa Nike area was 90619 as at 1991 with males making up 41% of the population and

females 51% of the population. The major ethnic group in the community is Igbo and the languages spoken are Igbo, English and Pidgin English. The major communication media available in the community are radio, television, newspapers and magazines, with the radio being the most popular of the communication media. The major religion practiced is Christianity of many denominations. The occupations practiced in the community are farming, trading, civil service, artisans of different trades e.g. carpentry, mechanics, electricians, and daily paid labour.

Methodology

Method of data collection and analysis

Data was collected by the use of a semi-structured questionnaire, designed in English (see Appendix). It has 4 sections as follows: general, knowledge, attitude and practice sections. The general section gives background characteristics of the respondent e.g. occupation, religion, level of education etc. The knowledge section comprises 5 statements with options of true or false, the attitude section also has 5 statement with options of agree, disagree and not sure. The practice section has 5 major questions on practice of family planning with questions 12, 13 and 14 having sub questions. The questionnaire was self-administered by the respondents. Those that were illiterate were interviewed orally and their responses recorded. The respondents were interviewed at their work places. This method was used for ease of data collection as well as affording a sense of privacy to the respondents. Simple percentage tables were used to analyse the data.

Sampling

The study population comprised married male traders, secondary school teachers and daily paid labourers were used for this study. The three groups were chosen because they represent a cross section of the society based on level of formal education. Labourers are mostly those with no education or some primary education, traders comprising mostly those with some level of secondary education, while secondary school teachers have some tertiary education.

For the study sample teachers were selected from the three secondary schools in the area namely Abakpa girls Secondary School, National Grammar School Nike and Command Day Secondary School Abakpa-Nike. Traders were selected from the Abakpa market and Labourers at the 'Ogbommanu' section of Abakpa-Nike were also selected.

Data Analysis

Sample Statistics

A total of 90 married men were interviewed as follows: 30 secondary school teachers 30 traders and 30 labourers. Majority of the respondents were Christians (88.8%) while traditional religion practitioners, Muslims and other religions comprised 11.2%. Catholics made up 73.8% of the while Christians while the remaining 26.2% comprised Anglicans and other denominations. Those that had one wife were 95.6%, childless respondents were 12.1%, respondents with 1-3 children were 53%, while those with 4 or more children were 31(34.4%). Following, analysis of data is presented according to line of enquiry; under the following headings: Knowledge of family planning; attitude towards family planning; practice of family planning; attendance of health centre for family planning services; and suggestions for involving men in family planning.

Knowledge of Family Planning:

The respondents showed a good knowledge of family planning methods. However 57.7% believe that all artificial methods of family planning cause permanent sterility.

Table 1: Respondents Knowledge of Family Planning

Statement	True		False	
	%	Number	%	Number
Family planning is a means of controlling and spacing the number of children born in a family	100	90	0	0
There are natural and artificial methods of family planning	94.4	85	5.6	5
All artificial methods of family planning cause permanent sterility	57.7	52	41.1	37
Family planning is necessary for the good health of the family	95.6	86	4.4	4
Family planning involves preventing pregnancy only	37.7	34	61.1	55

Attitude towards family planning

Table 2: Respondents' Attitude to Family Planning

Statement	Agree		Disagree		Not Sure	
	%	Number	%	Number	%	Number
Only wayward women use contraceptives	13	12	73.3	66	13.3	12
Birth control is a sin	14.4	13	73.3	66	11.1	10
A man should not count his children	32.2	29	63.3	57	4.4	4
Birth control is the woman's	20	18	75.5	68	4.4	4

business						
Family size does not have any effect on the well being of the family	21.1	19	72.2	65	6.6	6

74.4% of the respondents disagreed with the statement ‘Birth control is the woman’s business’. Majority (63%) also disagree that only wayward women use contraceptives. Of the 12 respondents that agreed with the statement, 50% were labourers. Only 14.4% (13) of the respondents agreed that birth control is a sin and Catholics made up 61% of this group.

Practice of family planning

Discussion of family planning: 77.8% (70) of the respondents discuss family planning with their wife. Of these 25 were labourers, 24 teachers and 21 traders.

Use of family planning methods: 63% were using a method of family planning. However, of these, no respondent indicated vasectomy as the method and only 31% of those using any method indicated condom as the method they use. Overall, 36% of the respondents do not use any method of family planning. While 36.6% of the respondents indicated that neither they nor their wives use any family planning method. Of these 33.3 have four or more children. Some of the reasons given can be seen in table 3 and 4 below:

Table 3: Reasons for respondents not using any family planning method

Statement	%	Number
It is against my religion	27.27	2
I am looking for a male child	6.06	1
I want more children	9.09	3
I don’t want	12.12	4
I don’t know	9.09	3
Others	12.12	4

Table 4: Reasons respondents’ wives do not use any family planning method

Statement	%	Number
She will follow other men	2.6	1
It will make her barren	15.4	6
Wife wants more children	12.8	5
No child yet	25.6	10
Husband uses condom	10.2	4
Doesn’t know how	7.7	3
Against Belief	5.1	2
I don’t want	5.1	2

Not necessary	2.6	1
I use natural method	5.1	2
Depends on God	2.6	1

Attendance of health center for family planning services:

67.2% of the respondents do not go to a health center to request for family planning services. Of these, 12.5% did not give any reason, some reasons for not requesting for family planning services from health centers are given in table 5 below.

Table 5: Reasons for not requesting for family planning service from Health Centers

Statement	%	Number
Men do not go for family planning	8.9	5
I am not aware that men go for family planning	10.7	6
No child yet/not yet	14.3	8
Religious beliefs	7.1	4
I do not want to/ I do not need it	17.9	10
I read about it	3.6	2
I use natural	3.6	5
Others	3.6	5

Suggestions for involving men in family planning:

66.7% of the respondents gave various suggestions on how men can become more involved in family planning. Table 6 outlines some of these suggestions.

Table 6: Suggestions for involvement of men in family planning

Statement	%	Number
By going to hospitals, health centers/ seeking expert advice	25.5	23
Raise awareness	7.8	7
Education, seminars, symposiums and workshops	10	9
Through churches, community leaders and men's societies	4.4	4
Using condom	3.3	3
Read about it	2.2	2
Others	13.3	12

Discussion

The study showed a high level of knowledge and a positive attitude towards family planning. However gaps in knowledge can be seen where 37.7% answered true in the response to the statement that all artificial methods of family planning cause permanent sterility. The implication is that men may prevent their wives from using any artificial method of family planning to space their children for fear of the wife becoming infertile. There also seems to be a misconception that family planning involves prevention of pregnancy only because 57.7% answered true to the statement that family planning involves preventing pregnancy only. This outlook could also result in men refusing any form of family planning before reaching their desired number of children. Such a situation could lead to maternal and child mortality and morbidity due to ill health of the wife arising from unspaced child bearing.

With regard to the practice of family planning, 20% of the respondents indicated use of condom as the methods they use while no respondent indicated having undergone vasectomy. The results indicate that family planning services are associated with women only as about 20 % do not utilize family planning services for the reasons that 'men do not go for family planning' and lack of awareness that men can also utilize family planning services.

The research further highlights the willingness of men to become more involved in family planning through the suggestions made. These suggestions include, men going to the hospital, raising awareness and education as well as outreaches through churches, community leaders and men's societies. The fact that about 60% of the men suggested various ways that men can become more involved in family planning is an indication that married men would play a more active role in the practice of family planning if their needs are addressed in family planning programs.

In comparison to the NDHS of 2008, the following observations are further made. There are indications, that although knowledge of contraceptive methods is generally high, more men than women (90% of all men and 72% of all women) know at least one method of contraception. Likewise knowledge of modern contraceptive methods is consistently higher for men than women, when assessed by background characteristics of age, residence, zone, education and wealth quintile. Furthermore, the report shows that more men than women were exposed to family planning messages on different media. However, the data also reveals that 12% of married women (who are non menopausal and not infecund / subfecund) currently not using any family planning method do not do so because their husband/partner is opposed to it (NPC, 2009). Implications of observations drawn from the comparison above are further deliberated on below.

In most Nigerian cultures traditional decision making systems are largely patriarchal. Thus considering the above observations; men seem to be a largely untapped, but probably more effective population for family planning programmes. Based on the study as presented, men are indicated as being knowledgeable and willing to participate in family planning. This suggests the possibility of men utilizing and supporting their wives in the practice of family planning beyond

the general notion. Since women have been targeted thus far in family planning efforts, any measure of success with men could produce a compounded effect.

In conclusion, the assertions above, being deductions based on a limited study, would require in-depth study on a wider scope to further the argument. More data on the men population through channels such as NDHS would assist in advancing the research. Enriching the line of enquiry for surveys on the men population would assist in further analysis. Thus certain variables that accommodate the types of support men from cultures in this region would be willing to give to family planning could be brought to light.

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APPENDIX

QUESTIONNAIRE ON MALE INVOLVEMENT IN FAMILY PLANNING

Note: All information given here will be treated as confidential and will be used for improving family planning services in future.

General:

- I.Occupation: (a) trader (b) Labourer (c) Teacher
II.Level of education: (a) Nil (b) Primary (c) Secondary (d) Tertiary
III.Religion: (a) Christian (b) Muslim (c) Traditionalist (d) Other
IV.Christian denomination: (a) Catholic (b) Anglican (c) Others
V.No of wives: (a) one (b) More than one
VI.No of children: (a) 0 (b) 1 (c) 2 (d) 3 (e) 4 (f) Above 4
VII.Sex of children: (a) Male..... (b) Female.....

KNOWLEDGE:

Please answer True or False to the following statements

1. Family planning is a means of controlling and spacing the number of children born in a family.
(a) True (b) False
2. There are natural and artificial methods of family planning
(a) True (b) False
3. All artificial methods of family planning cause permanent sterility.
(a) True (b) False
4. Family planning is necessary for the good health of the family.
(a) True (b) False
5. Family planning involves preventing pregnancy only.
(a) True (b) False

ATTITUDE

Please indicate whether you agree or disagree with the following statements.

- 6. Only way ward women use contraceptives
(a) Agree (b) Disagree (c) Not sure
- 7. Birth control is a sin
(a) Agree (b) Disagree (c) Not sure
- 8. A man should not count his children
(a) Agree (b) Disagree (c) Not sure
- 9. Birth control is the woman's business.
(a) Agree (b) Disagree (c) Not sure
- 10. Family size does not have any effect on the well being of the family
(a) Agree (b) Disagree (c) Not sure

PRACTICE

Please answer the following questions.

- 11. Do you discuss family planning with your wife/wives?
(a) Yes (b) No
- 12a. Are you using any method of family planning?
(a) Yes (b) No
- 12b. If yes what method are you using?
(a) Condom (b) Vasectomy (c) Natural
- 12c. If no why not?
(a) It is against my religion.
(b) I am looking for a male child
(c) Any
other.....
- 13a. Is/are your wife/wives using any method of family planning
(a) Yes (b) No
- 13b. If yes what method is she using?
(a) Natural (b) Coil (c) Implant (d) Injectable (e) Pills (f) other

13c. If no why not?

- (a) She will follow other men.
- (b) It will make her barren
- (c) Any other.....

12. Do you go to a health facility to request for family planning services?

- (a) Yes
- (b) No

13. If no why not?

- (a) Men do not go for family planning
- (b) Only female staff work at the health centers
- (c) I am not aware that men can also go for family planning
- (d) Others.....

14. How can men become more involved in family planning?

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