

# SOURCE OF INFORMATION ON FAMILY PLANNING AMONG MARRIED MEN IN EKPOMA, EDO STATE, NIGERIA

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## ABSTRACT

Population in Nigeria is turning into an issue that needs public alertness. Informing men on family planning services and contraceptives is extremely necessary. For this will promote more favorable attitudes and increase their involvement. This study aimed at investigating the source of family planning information for married men. This is a questionnaire base study targeting 350 married men in Ekpoma. Participation was by choice and the collected data were analyzed for descriptive statistics using SPSS (version 16). While 2.0% reported their first source of information as the questionnaire use in this study, 98.0 were familiar with family planning services. The most prevalent single source of information was from television/Radio (34.01%). However, 16.3% got their information from more than one sources. Family planning information in Nigeria should increase to encourage men. However, efforts should be made by concerned bodies to increase information in stickers and encourage peer discussion. Conclusively, places of worship such as churches and mosques should talk about family planning and teach responsible parenthood.

**KEYWORDS:** Family planning, Information source, Married men, Contraceptive, Nigeria.

## INTRODUCTION

Organized family planning activities began in Nigeria in 1958, when the Lagos medical officer of health offered contraceptives to postpartum women at his maternal welfare clinic (Wright, 1968). Caldwell concluded that Nigeria's 1988 population policy played a key role in raising demand and supply for family planning, by increasing government efforts to provide services and educational programs on family planning, and assuring Nigerians (women in particular) that family planning was acceptable behavior

(Caldwell et al, 1992). For quite some time in Nigeria family planning has targeted women (Olawepo and Okedare, 2006) and yet the population growth rate is still an issue that needs public attention (Akpamu et al., 2010). Although for quite a long time, Nigerian reproductive health researchers and service providers has focused mostly on females owing to the conception that males are uninterested, Reports according to Piotrow *et al.*, (1992), De Silva (1993) and Bankole and Singh (1998), show men in developing countries to make most of the

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decisions regarding family formation. Thus, the importance of male to the practice of responsible parenthood cannot be kept secret. Research has also shown that men need information and want to be involved in reproductive matters (PIP. 1994; Osifo et al., 2010).

In most nations, family planning services are dispensed through a variety of service delivery channels in the public and private sectors (Lacey et al, 1997). Confusingly, past studies acknowledged high level of familiarity to family planning in Nigeria (Obionu, 1998; Drennan, 1998). With the present population size and its rate of growth, one will be force to ask if its inhabitants are informed or aware of family planning and contraceptives. Interestingly, previous study shows men in Ekpoma, Nigeria to be aware and involved in family planning (Nwaopara et al., 2009; Osifo et al., 2010). The question now is what is their source of information? For this might give a clue to control the growing population. This study therefore aims at investigating the source of family planning information for married men in Ekpoma, Edo State, Nigeria. The focus on married men is based on the assertion that men in developing countries like Nigeria make most of the decisions regarding family formation.

## **MATERIALS AND METHODS**

Ekpoma the study area propels between latitude 60 40° N 60 45° N and longitude 60 05° E 60 10 ° E (Obabori et al, 2006). The 2006 census estimated its population to be approximately 125,842 (63785 males and 62,057 females) inhabitations (NPC, 2006). The people speak Esan as their tribal language. However, they also understand and speak English. Infact, this area host he state own University; Ambrose Alli University.

This is a cross sectional descriptive study involving three hundred and fifty (350) married male respondents drawn from accessible homes and work places in Ekpoma, be it private or government. The study was conducted in

compliance with the Declaration on the Right of the subject (World Medical Association, 2000). Also, an informed consent was obtained from all subjects and participation in the study was by wiliness of the respondent.

A suitably designed and pre-tested questionnaire was employed for data collection. It sought for information on age, occupation, religion, educational status (section 1), family planning information source (section 2). Data was collected until the required population was reach and extend between June 2009 and September 2009.

All the data collected were then analyzed using SPSS software (version 16) for descriptive statistic and then presented with suitable tables.

## **RESULTS**

Table 1 shows the frequency distribution of socio demographic characteristic of respondent. Although the age range was from 18 and above, however, in analysed result, there was no respondent below 25 years of age. Respondents between the ages of 40 and 49 were the most prevalence (35.2%). They all have one form of education or the other with 18 (5.1%) respondents having primary education, 45 (12.9%) secondary education and 287 (82.0%) tertiary education. Except for 3.1% who were unemployed, others have occupational involvement with 14% indulged in farm work, 22.3% self employed and 60.6% civil servants. Of the total 350 respondents, 92.9% were Christians while 7.1% were Moslem.

Interestingly, ninety eight (98.0%) percent of the respondent were aware of family planning and contraceptives amongst which 34% claimed their source of information to be through electronic media specifically television/radio only. Those who claim not aware of family planning reported the questionnaire used in this study as their source of information (see table 2). In addition, those who reported being aware, 16.3% claim to haved be informed through more than one source (see table 3).

**Table 1:** Respondent's socio demographic characteristics

<b>Socio demographic</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age:</b> 20 – 29	13	3.7
30 – 39	111	31.7
40 – 49	123	35.2
50 – 59	77	22.0
60 and above	26	7.4
<b>Education:</b> Primary	18	5.1
Secondary	45	12.9
Tertiary	287	82.0
<b>Occupation:</b> Unemployed	11	3.1
Farmer	49	14.0
Self employed	78	22.3
Civil servant	212	60.6
<b>Religion:</b> Christians	325	92.9
Moslem	25	7.1

**Table 2:** Respondents with single source of information

<b>Source of information</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Tv/ Radio	119	34.0
Clinic	68	19.4
Friends	63	18.0
News paper/ stickers	28	8.0
Church	8	2.3
Questionnaire of this study	7	2.0
<b>Total</b>	<b>293</b>	<b>83.7</b>

**Table 3:** Respondents with multiple sources of information

<b>Source of information</b>	<b>Frequency</b>	<b>Percentage</b>
Two of the above	29	8.3
Three of the above	22	6.3
Four of the above	0	0.0
Five of the above	0	0.0
All of the above	6	1.7
<b>Total</b>	<b>57</b>	<b>16.3</b>

## DISCUSSION

From the results of this study, none of the respondents were below the age of 25 and this might be due to the current economic constraints or desire for higher education as reported by Eguavoen (2007). It was also observed that education, employment status and religious status appear not to be typical of Nigeria as a whole but represent the fact that southerners are more of Christians and are believed to be more educated. Moreover, the city under study is a university town and a local government headquarters with concentrations of both private and government owned primary and secondary schools. Hence, the desire for education is expectedly higher and most residents in such towns or cities like Ekpoma hosting institutions or industries are usually more favoured for employment.

Interestingly, 98% were aware of family planning and contraceptives. Enquiry about the source of contraceptive is a standard part of family planning surveys that assess knowledge, attitudes, and practices, and these surveys are commonly used in Nigeria and elsewhere (Chaya et al, 1997; Khalifa, 1992). The underlying proposition is that knowing where users obtain different contraceptive methods is useful for planning service delivery (Ladipo, 2005). This study revealed electronic media specifically television/Radio (34%) to be the major source of information for family planning, contraceptives and reproductive matters. This however agrees with the study of Lacey et al., (1997). In addition, Clinic (19.4%) and friend's discussion (18.0%) were also favorable. However, clinic may not be an encouraging site to meet men probable because men do not join their wife/ wives to the clinic during visit to Program that involves reproductive matters. Peer groups discussion may not also be favorable probable because of cultural factors that discourage discussion of reproductive matters. Alternatively, places of religious worship are alternative dissemination strategies to reach men and their spouse in disseminating family planning information in both rural and urban areas. Although in this study only 2.3% reported their source of information as place of religious worship (church). This suggests the need to include religious leaders to achieving male involvement to reproductive health as their involvement may reaffirm family planning as acceptable behaviors to the congregation.

Report has shows the numbers and types of places where individuals and couples can receive family planning in developing

countries to increase tremendously and that services and supplies can now be obtained from public facilities and community outreach programs (Lacey et al, 1997). The findings of this study suggest that different information source on family planning are needed to reach married men. Furthermore, easy accessibility to source of information such as place of worship may popularize the need to practice responsible parenting and family planning. However, in most communities in Nigeria discussion of reproductive issues to an extend is unacceptable. People can begin to see it as important when such issues are discussed in the church and mosque.

Conclusively, the church and mosque should be seen as a target point to achieving population control, reducing unsafe abortion, maternal mortality and morbidity. Family planning researchers and service providers, the Government and others involve in family planning and population control should find a way of informing religious leaders of their importance to reversing the trend of population growth, rate of abortion and women mortality and morbidity due to pregnancy.

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