

Predictors of family planning awareness and practice among married men in a semi-urban Nigerian community

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Abstract

Background: Men are powerful decision makers especially in developing countries. Their permission and support are required for women to access family planning services. This study was conducted to assess the predictors of family planning awareness and practice among married men in a semi-urban community in Nigeria.

Methods: This study was a community-based cross-sectional descriptive study conducted in September 2013. A total of 275 ever married men were selected by a multistage sampling technique for the study. All the participating men were presented with a pre-tested semi-structured questionnaire which was interviewer administered.

Results: Majority of the respondents were in the age group 35-44 years (37.5 %), had at least secondary education, were unskilled workers (38.5 %), were in a monogamous marital union (75.6 %) and knew at least one method of family planning (85.5 %). Less than a third of them (20.0 %) were

currently practicing a method of family planning with their wives. The binary logistic regression analysis indicated that age, educational status, socio-economic status and type of marriage of the respondents influenced their knowledge and practice of family planning.

Conclusion: This study further brings to the fore that married men have high level of awareness of methods of family planning but this is not reflected in their approval and practice of family planning. There is need to sensitize and encourage married men to approve and practice family planning in order to reduce the alarming population growth rate in Nigeria.

Keywords: Awareness, practice, family planning, married men

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Introduction

Nigeria is the tenth most populous country in the world and the largest in sub-Saharan Africa, with an estimated population of over 140 million from the 2006 census.^{1,2} Nigeria's population growth rate has been driven by high fertility. The persistence of high fertility has been the subject of considerable investigation during the past decades.^{1,2} Despite the high fertility rate, acceptance and utilization of modern family planning methods is low.³ Family planning has been acclaimed globally as one of the key strategies for promoting maternal, newborn and child health; and for national development.³ Currently, the modern family planning utilization rate is put at 11-13 % and various factors have been advanced for this low utilization rate. Prominent among which is the lack of male involvement in family planning.^{1,2} The Nigerian

population situation has substantial adverse social, environmental and economic effects. Some of these include reduced per capita income, high rural-urban migration, pressure on social services like health and educational facilities, rising unemployment rates, poverty, increasing crime, communal clashes over arable land and fragmentation and degradation.^{1,2} Some of the direct effects of uncontrolled child bearing on the family include high infant and maternal mortality rates and poverty.⁴ The assumption of women's primacy in fertility and family planning practice has led to a general down play and often neglect of men's roles in fertility and family planning.⁵ Men's reproductive motivation to a large extent affects the reproductive behaviour of their wives rather than vice versa.⁶⁻⁸

Men are powerful decision makers especially in developing countries. Their permission and support are required for women to access family planning services. However, population control programmes have neglected this pivotal role of men in family planning decisions and have directed attention towards women only.⁵ For the time period relevant for current policy planning purposes, the willingness of husbands to adopt or allow their wives to practice family planning will determine the pace of fertility reduction in

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Nigeria.⁵ This study was therefore conducted to assess the predictors of family planning awareness and practice among married men in a semi-urban community in Delta State, Nigeria.

Materials and Methods

The study was conducted in Oghara, a semi-urban community in Ethiopie West Local Government Area (LGA) of Delta State in September 2013. Oghara is home to the Delta State University Teaching Hospital, Delta State Polytechnic and Western Delta University. The official language of the people is Urhobo and their major occupation is farming. A minimum sample size of 196 was obtained using the Fischer's formula⁹ with a willingness to practice family planning rate of 15.2 % from a previous study.⁵ Although the computed minimum sample size was 196, a multistage sampling technique was however used to select a total of 275 married men for the study. In the first stage, a simple random sampling technique was used to select one clan (Ogharefe) out of the two clans in Oghara. In the second stage, a simple random sampling technique was used to select three quarters out of the five quarters in Ogharefe. A systematic sampling technique was used in the third stage to select households from which the study respondents were selected. The study instrument was a pre-tested semi-structured interviewer administered questionnaire which elicited information on socio-demographic characteristics of the respondents, their knowledge of family planning methods and practice of family planning.

Data generated was analysed using SPSS version 16.0 statistical software. Statistical analyses included simple frequency tables, chi-square analysis and binary logistic regression. Statistical significance was set at $p < 0.05$. Ethical approval for this study was obtained from the Ethics and Research Committee of the school of public health, Texila American University, Guyana. All participants consented to the study before recruitment.

Results

Characteristics

Two hundred and seventy-five respondents were surveyed. Of this number, 103 (37.5 %) were in the age group 35-44 years, over a third of the respondents (46.9 %) had at least secondary education with most of the respondents (38.5 %) being unskilled workers. Over three quarter of the respondents (75.6 %) were in a monogamous marital union, while 24.4 % of them were polygamous.

Predictors of awareness and practice of family planning

Over three quarter of the respondents (85.5 %) knew at

least one method of family planning, with less than a third of them (20.0 %) currently practicing a method of family planning with their wives. The binary logistic regression analysis indicated that educational status, socio-economic status and type of marriage of the respondents influenced their awareness and practice of family planning as shown in Tables 2 and 3.

Table 1: Characteristics of men and their awareness of family planning methods in Oghara, Nigeria

Characteristics	Frequency	Percentage (%)
Age group (years)		
25-34	76	27.6
35-44	103	37.5
45-54	57	20.7
55-64	24	8.7
65-74	11	4.0
75-84	4	1.5
Educational status		
No formal education	25	9.1
Primary	72	26.2
Secondary	129	46.9
Tertiary	49	17.8
Occupation		
Professional	52	18.9
Skilled worker	51	18.5
Semi-skilled worker	58	21.1
Unskilled worker	106	38.5
Unemployed	8	2.9
Religion		
Christian	235	85.5
Islam	4	0.01
Traditional	36	13.1
Type of marriage		
Monogamy	208	75.6
Polygamy	67	24.4
Know at least one method of family planning	235	85.5
Approve and practicing a method of family planning with the wife	55	20.0
Family planning method ever practice with the wife		
Male condom	40	72.7
Injectables	11	20.0
Implants	1	0.02
IUCD	3	0.05
Oral pills	45	81.8

IUCD: Intra-uterine contraceptive device

Table 2: Predictors of male awareness of family planning in Oghara, Nigeria

Predictor variables	Odds ratio (OR)	95 % C.I
Age group (years)		
25-34	0.138	0.120 - 0.519
35-44	0.146	0.136 - 0.437
45-54	0.120	0.104 - 0.662
55-64	0.091	0.020 - 0.754
65-74	0.833	0.781 - 1.145
75-84	0.333	0.219 - 1.181
Educational status		
No formal education	0.923	0.371 - 1.574
Primary	0.200	0.134 - 0.560
Secondary	0.086	0.036 - 0.579
Tertiary	0.043	0.027 - 0.637
Occupation		
Professional	0.041	0.024 - 0.386
Skilled worker	0.020	0.013 - 0.527
Semi-skilled worker	0.208	0.181 - 0.782
Unskilled worker	0.284	0.095 - 0.820
Unemployed	1	
Religion		
Christian	0.090	0.056 - 0.143
Islam	1	
Traditional religion	1	
Type of marriage		
Monogamy	0.101	0.045 - 0.567
Polygamy	0.370	0.323 - 6.667

Discussion

The role of men in making family planning decision is significant especially in sub-Saharan Africa.^{8,16}

Accordingly, the national population policy in Nigeria advocates that special emphasis should be given to reaching men with messages on social and economic implication of having "too many children".⁴ Majority of the respondents in this study were found within the age groups of 35-44 and 25-34 years respectively. This suggests that most men in the study were still within their active reproductive years. This observation is in keeping with the findings from the 2008 National Demographic and Health Survey which revealed that the population structure in most Nigerian communities reflects a preponderance of young persons with only a small proportion being in the elderly and aged groups; indicative of a population with high fertility.³

Furthermore, this study revealed a high level of awareness related to the methods of family planning among the respondents. Over three quarter of them indicated knowing at least one method of family planning.

This observation corroborates with the findings from previous studies which also revealed a high level of awareness related to the methods of family planning among married men.^{5,8,10}

Table 3: Predictors of male approval and practice of family planning in Oghara, Nigeria

Predictor variables	Odds ratio (OR)	95 % C.I
Age group (years)		
25-34	0.072	0.039 - 0.415
35-44	0.247	0.042 - 0.438
45-54	0.400	0.032 - 0.360
55-64	0.333	0.019 - 0.273
65-74	0.429	0.194 - 2.500
75-84	0.333	0.219 - 1.181
Educational status		
No formal education	0.667	0.471 - 2.584
Primary	0.373	0.184 - 0.780
Secondary	0.187	0.053 - 0.981
Tertiary	0.044	0.027 - 0.416
Occupation		
Professional	0.042	0.034 - 0.203
Skilled worker	0.136	0.044 - 0.946
Semi-skilled worker	0.208	0.043 - 0.929
Unskilled worker	0.451	0.089 - 0.782
Unemployed	0.143	0.087 - 2.876
Religion		
Christian	0.156	0.066 - 0.843
Islam	0.333	0.167 - 1.353
Traditional religion	1.133	0.833 - 3.867
Type of marriage		
Monogamy	0.153	0.102 - 0.567
Polygamy	0.600	0.453 - 5.687

The high level of awareness related to the methods of family planning may not be unconnected with the fact that majority of the respondents had formal education; with over a third of them having at least a secondary education. This study revealed a significant association between the educational status of the respondents and their awareness related to the methods of family planning. Men who are educated have been reported to be more knowledgeable about the methods of family planning than uneducated men.^{11,12} Furthermore, this study revealed an association between the age of the respondents and their awareness related to the methods of family planning. Studies have revealed that the knowledge of family planning methods among men varies with their age. Young men have been reported to be more knowledgeable about the methods of family planning than older men.^{11,12}

The high level of awareness related to the methods of family planning observed among the respondents did not however translate to the approval and practice of family planning. The results of this study indicated that less than a third of the respondents approved of and were currently practicing a method of family planning with their wives. This observation is in keeping with findings from previous studies which revealed that better level of knowledge may not necessarily be associated with the approval or practice of family planning by men.^{5,9,13} Additionally, findings from previous studies have also revealed a generally negative disposition of men towards family planning.^{5,8,14} On the contrary, many women are favourably disposed and desire to practice family planning, but cannot do so because of their husbands' disapproval.^{5,8} The view of men are more influential in family planning decision making in developing countries.^{5,8} Men as husbands and heads of households in developing countries control the sexuality of their wives.⁸ Thus women wishing to practice family planning may fail to take the initiative if they understand the negative disposition of their husbands to family planning.^{5,8} What can be inferred from this study therefore, is that family planning programmes targeted solely at women will achieve only limited successes in the study area and similar patrilineal societies.

Educational status, age and occupational status of the respondents were observed in this study to influence their approval and practice of family planning. Evidence from previous studies gives credence to this observation.^{5,15} Education has a significant effect on the approval and practice of family planning. The difference in the practice of family planning in Nigeria have been reported to reflect educational and regional patterns.⁵ Approval and practice of family planning increases with increasing level of education. Education therefore, plays a role in empowering men to make rational decisions and understand that it is possible to control fertility using family planning methods. Being literate has a positive effect on reproductive behaviour of men.^{5,15} Contrarily, high level of illiteracy reinforces the obstacle to rapid change in family planning behaviours.^{10,16}

Monogamous marital union was observed in this study to influence the approval and practice of family planning by the respondents. This observation is in keeping with reports from previous studies which revealed that individuals in monogamous marital unions are favourably disposed towards family planning; and are more inclined to practice family planning than those in polygamous marriage.^{5,16}

This is more particularly so due to competition to bear children among the co-wives.^{5,16}

The findings of this study need to be interpreted in the light of the limitations. The self-report nature of the study leaves room for reporter bias. Secondly, there was no way to verify the practices of the subjects.

This study further brings to the fore that married men have high level of awareness related to the methods of family planning but this is not reflected in their approval and practice of family planning. There need to sensitize and encourage married men to approve and practice family planning in order to reduce the alarming population growth rate in Nigeria.

References

1. Odu OO, Jadunola KTI, Parakoyi DB. Reproductive behaviour and determinants of fertility among men in a semi-urban Nigerian community. *Journal of Community Medicine and Primary Health Care*, 2005; 17: 13-19
2. Federal Ministry of Health. National Reproductive Health Policy and Strategy to achieve quality reproductive and sexual health for all Nigerians. Federal Ministry of Health, Abuja, Nigeria; 2001: 22
3. National Population Commission. Demographic and Health Survey, 2008, Abuja, Nigeria, Calverton, Maryland, USA, November, 2009: 7-10
4. Odaman OM. Some socio-economic and demographic determinants of family planning practice of married women in Ekpoma, Edo State, Nigeria. *Journal of Arts and Humanity* 2005; 10: 153-159
5. Mustapha CD, Ismaila ZM. Male knowledge, attitudes and family planning practices in Northern Nigeria. *Afr J Reprod Health*, 2006; 10: 53-65
6. Eze AC. The influence of spouses on each other's contraceptive attitudes. *Stud Fam Plann*, 1993; 24: 163-174
7. Fakeye O, Babaniyi O. Reasons for non-use of family planning methods at Ilorin, Nigeria; male opposition and fear of methods. *Trop Doct*. 1989; 1: 114-117
8. Isiugo-Abanile UC. Reproductive motivation and family size preferences among Nigerian men. *Stud Fam Plann*. 1992; 23: 211-215
9. Araoye MO. Research Methodology with Statistics for Health and Social Sciences. Nathadex Publishers, Odun-Okun Sawmill, Ilorin, 2003: 115-125
10. Khalifa MA. Attitude of urban Sudanese men towards family planning. *Stud. Fam. Plann*, 1988; 19: 231-243
11. Agyei WKA, Migadde M. Demographic and socio-cultural factors influencing contraceptive use in Uganda. *J Biosoc Sci*. 1995; 27: 47-60
12. Thomas D, Muvand H. The demographic transition in South Africa: Another look at the evidence from Botswana and Zimbabwe? *Demography*, 1994; 31: 2
13. Bongaarts J, Frank O, Lesthaeghe R. The proximate determinants of fertility in sub-Saharan Africa. *Popu Dev Rev* 1984; 10: 511-537

14. Chibalonza K, Chirhamolekwa C, Bertrand TJ. Attitude toward tubal ligation among acceptors, potential candidate and husbands in Zaire. *Stud Fam Plann.* 1989; 20: 273-280
15. Mbizvo TM, Adamchack JD. Family planning knowledge, attitudes and practices of men in Zimbabwe. *Stud Fam Plann.* 1991; 22: 31-38
16. Ezeh A, Michkai S, Hendrik R. Men's fertility, contraceptive use and reproductive preferences. *Demographic and Health Survey Comparative Studies* (Calverton, Maryland: Macro international Inc), 1996; 18