

## The Role of Men in Contraceptive Decision-Making in Fanshekara Village, Northern Nigeria

Mohammed Kabir; Zubairu Iliyasu; Isa S. Abubakar and Badia S. Maje.

Department of Community Medicine, Aminu Kano Teaching Hospital, P.M.B 3452, Kano, Nigeria.

### Abstract

**Context:** Until recently, the role of men in family planning and other reproductive health programmes has been neglected. Reports from other places indicate an increase in the role played by men in these activities. In rural northern Nigeria, the culture and religion are different from what obtains elsewhere and it is important to investigate men's role in reproductive choices. The outcome may be of use in planning reproductive services in similar communities.

**Objective:** To investigate the role men played in contraceptive decision making in a rural northern Nigerian community.

**Study Design/Setting and Subjects:** A cross-sectional community-based study was conducted in Fanshekara village near Kano. Using systematic sampling, 120 married men in a rural area of Northern Nigeria were selected and interviewed using a semi-structured questionnaire.

**Results:** Among the respondents, 65% disapproved of the very concept of contraception. Disapproval was higher among those with low educational attainment. Reasons for the men's disapproval were mainly based on religious and cultural factors. More than two-thirds (68%) of the men felt that family size determination and contraceptive decision-making was entirely their responsibility while 73% had never discussed these issues with their wives. A positive attitude in the husband was significantly associated with current use of contraception ( $\chi^2 = 5.32$ ;  $df = 1$ ,  $p < 0.05$ ).

**Conclusions:** The findings have revealed a need to integrate men into various aspects of reproductive health programmes and to bridge the gap between family planning service providers, and the religious and other community leaders in the northern part of Nigeria.

**Key Words:** Contraception, Decision-Making, Empowerment. [Trop J Obstet Gynaecol, 2003, 20: 24-27]

### Introduction

In the context of rapidly growing populations in many countries, the need for the development of population policies has been recognized throughout the world, and family planning programmes have been initiated in many countries to that effect. Since 1990, the number of reproductive health activities that include men has increased sharply<sup>1,2</sup>. However, the acceptance of many of these programmes is far from optimal. Family planning remains a particularly complex field, with a multitude of personal, political and economic variables influencing its acceptability and success. In the northern part of Nigeria, the situation is compounded by lack of participation of husbands and/or communication with their wives concerning reproductive health matters, especially regarding contraceptive decision-making and use.

The health of mothers and children has always been a subject of global concern, and men have a great influence on these<sup>3,4</sup>. Studies have shown that perinatal, infant, childhood and maternal mortality rates remain high in most developing countries<sup>5,6</sup>. In addition, the likelihood of infants dying before their first birthday has also been demonstrated to be

far greater for infants born less than one year after the end of their mother's last pregnancy than those born after a longer interval<sup>7</sup>.

Numerous studies have demonstrated the increasing risk and high mortality associated with increasing number of births in a woman. In addition, when a woman effectively uses contraceptives, she is less likely to resort to dangerous abortions<sup>8</sup>. Women's situation will improve faster if men discuss reproductive health issues and get more involved in decision-making regarding the health of the family. This is particularly so in a society where men are the sole breadwinners and family heads, and control most events in matrimonial homes. Unfortunately, not much has been done to ascertain the role of men in decision-making concerning contraception in this society. The aim of this study is to describe the role of men in contraceptive decision-making in a rural community near Kano.

**Correspondence:** Dr. Mohammed Kabir, Department of Community Medicine, Aminu Kano Teaching Hospital, P.M.B 3452, Kano, Nigeria.

**E-mail:** [mdkabir@ecnx.net](mailto:mdkabir@ecnx.net)

## Materials and Methods

Fanshekara is a village situated about 15 kilometres west of Kano city and is under the jurisdiction of Kumbotso Local Government of Kano State. Permission for the study was obtained from the Chairman of the Local Government Council and the traditional Village Head. In addition, individual informed consent was obtained from the participants.

The study was cross-sectional and the sample size of 120 married men for the study was determined using an appropriate statistical formula<sup>9</sup>. The 305 households in the village were numbered and the required number of married men was selected using a systematic sampling technique with a sampling interval of one in three. The study instrument was a semi-structured questionnaire administered by the interviewer. It had been previously translated into the Hausa language and back translated into English language by two independent translators for consistency. The instrument was pre-tested in an adjacent village (Kumbotso). The data collected included socio-demographic details, awareness and knowledge of contraception, approval of or otherwise of contraception, and participation in decision-making regarding the use of contraception.

### Statistical Analysis

The data were analysed in the form of simple percentages, range and median, as appropriate, using the Epi-Info 6.0 statistical software package. The Yates corrected chi-square test was used to test for the significance of associations. A *p*-value of less than 0.05 was considered significant.

## Results

### Socio-Demographic Characteristics

The age of the respondents ranged from 22 to 60 years with a median age of 38 years. The modal age group was 34-44 years. Thirty percent of the respondents had no formal education while 70% had formal education. Junior civil servants were in the majority constituting 45% of the working populace, others being petty traders and farmers. The family structure of the respondents showed the majority were in polygamous unions. These are shown in Table 1.

### Role of Men in Contraception

Table 2 shows that, even among the respondents that approved of contraception, none of them was using any of the male methods of contraception, including condoms. In addition, none was contemplating the option of voluntary surgical contraception (vasectomy) after attaining the desired family size. A majority of those that approved of contraception

**Table 1**

### Socio-Demographic Characteristics and Perception of Contraception

Variables	Number (%)
<b>Socio Demographic Details</b>	
<b>Age</b>	
<25	5 (4.2)
25 – 34	27 (22.5)
35 – 44	52 (43.3)
45 – 54	21 (17.5)
55 or more	15 (12.5)
<b>Educational Level</b>	
No Formal Education	36 (30.0)
Primary	50 (42.0)
Secondary	28 (23.0)
Tertiary	6 (5.0)
<b>Occupation</b>	
Senior Civil Servant	7 (5.8)
Junior Civil Servant	54 (45.0)
Businessman	6 (5.0)
Farmer	19 (15.8)
Petty Trader	21 (17.7)
Others	13 (10.7)
<b>Family Structure</b>	
Polygamous	73 (60.8)
Monogamous	47 (39.2)
<b>Perception of Contraception</b>	
<b>Awareness of Contraception</b>	
Aware	108 (90.0)
Not Aware	12 (10.0)
<b>Approval of Contraceptive Use</b>	
Approve	55 (46.0)
Disapprove	65 (54.0)
<b>Discussion of Contraception With Wife</b>	
Yes	32 (26.7)
No	88 (73.3)
<b>Opinion of Respondents' Wives on Contraception</b>	
Approve	48 (40.0)
Disapprove	72 (60.0)
<b>Respondents' Views on Who Makes Decisions About Contraceptive Use</b>	
Husband	82 (68.3)
Wife	Nil
Both Partners	38 (31.7)
Extended Family	Nil

opined that their role stops at granting permission to use contraceptives, giving transport money and purchase of drugs/contraceptive supplies for their wives. They perceived contraception as women's business since they bear the problems associated with pregnancy.

**Table 2**  
**Attitude to Men's Role in Contraception and Current Contraceptive Practice**

Variable	Number (%)
<b>Appropriate Role</b>	
None	65 (54.0)
Only Gives Permission to Spouse	35 (29.3)
Gives Permission, Transport Money & Buys Contraceptive Supplies	20 (16.7)
<b>Practice of Male Method</b>	
Condom	Nil
Vasectomy	Nil
Coitus interruptus	Nil

**Impact of Men's Attitude on Contraceptive Use**

Table 3 shows that out of the 55 families where the husband approves of contraceptive use, 22% of such couples are current users of contraception. In contrast, only 6% of the couples currently use contraceptives among families where the husband disapproves of its use. The association between husband's positive attitude towards contraception and use of contraceptives in the family was significant at 5% level. (Yates corrected  $\chi^2 = 5.32$ ;  $df = 1$ ,  $p < 0.05$ )

**Table 3**  
**Impact of Men's Attitude on Current Use of Contraceptives**

Husband's Attitude	Current Use of Contraception		Total N (%)
	Yes n (%)	No n (%)	
Approves of Contraception	12 (21.8)	43 (78.2)	55 (100)
Disapproves of Contraception	4 (6.2)	61 (93.8)	65 (100)
<b>Total</b>	<b>16 (13.3)</b>	<b>104 (86.7)</b>	<b>120 (100)</b>

\* Yates corrected  $\chi^2 = 5.32$ ;  $df = 1$ ,  $p < 0.05$ .

**Reasons for Disapproval of Contraception**

Of the reasons given for disapproval of contraception by the respondents, 84.6% were based on moral, religious or cultural grounds while 4.6% thought it was harmful.

**Discussion**

In investigating men's perception in this study about their role in contraceptive decision-making, a high disapproval rate and a low approval rate were obtained among the respondents. Furthermore, even among those that approved of contraception, none was practising any of the male methods of contraception. This is not surprising given the respondents perception of their religious standpoint. According to the observation in northern Nigeria<sup>10</sup>, religion more than personal or traditional belief appears to weigh heavily against family planning practice. Therefore, the findings of a low approval rate in Fanshekara which is a predominantly Muslim community further illustrates the significance of religious beliefs in family planning practice. A study in Burkina Faso<sup>11</sup> revealed a high level of knowledge of modern contraceptive methods but considerable opposition to their use among Muslims on religious grounds.

These findings are, however, in contrast to recent studies in other societies, which show that many men know and approve of contraception as opposed to the common stereotype of men as uncooperative and uninterested in family planning<sup>12</sup>. According to Demographic and Health Surveys<sup>13</sup>, more than 70% of men in eight of twelve countries surveyed, approve of contraceptive use and in six of the countries, 90% approve. The level of approval varied by men's residential, socio-economic and educational status. According to the same survey, urban men are more likely to approve of contraception than their rural counterparts. The high disapproval rate among the rural men in this study thus supports this assertion. Another study<sup>11</sup> demonstrated a significant difference in approval of contraceptive use among educated and illiterate respondents. Family planning is more readily and widely accepted among the educated. More than sixty percent of the respondents had a polygamous family structure. A possible reason for this may be a desire for more births in remarriages and hence a low rate of contraception approval can be expected in these situations.

Most men in this study felt that the husband has the sole responsibility of making decisions on contraception issues. A study in Sierra Leone found

that men strongly influence women's choices and that many men resist family planning<sup>14</sup>. However, based on a recent Demographic and Health Survey<sup>13</sup>, men think they should share responsibility of contraceptive decision-making and use with their wives.

Up to 73% of the respondents had never discussed the issue of contraception with their wives. This lack of communication and its negative effect on contraceptive use was also reported in a study from Kenya<sup>15</sup>. This is in contrast with findings from Zimbabwe<sup>16</sup> where family planning is usually discussed between couples and is mostly a result of joint decision-making by the partners. According to Demographic and Health Survey data in studies conducted in six African countries<sup>13</sup>, it was reported that women who approved of family planning were more likely to use modern contraceptive methods if they discussed it with their husbands than those who approved of but did not have the privilege of this discussion. In a study of monogamous couples in Ghana, 35% of the wives and 39% of the husbands reported discussing family planning during the

previous year. Contraceptive use was higher among these couples that discussed the subject<sup>17</sup>. Forty percent of wives approved of contraception in this study while 60% did not. It is of interest to note that these figures are not very different from those of their husbands who returned a 54% and 46% disapproval and approval rates respectively. This similarity could be due to strict obedience of the women to their husbands in conformity with the dictates of the Islamic faith, which predominates in the study area. As reported by Terefe and Larson<sup>18</sup> it is obvious that involvement of husbands is a very important factor in contraceptive use.

From the foregoing it becomes obvious that more efforts should be made to integrate men into various aspects of reproductive health programmes. Appropriate strategies need to be put in place to bridge the communication barrier between the family planning providers on the one hand and religious and other community leaders on the other. Finally, the importance of education for all has to be emphasized, as this is the most effective way to understand the benefits of modern developments.

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