

Attitude and Behaviour of Married Males towards Family Planning Uptake of their Spouses in Ado-Ekiti, Nigeria

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Abstract:

Objective - To determine the attitude and behaviour of married males towards family planning uptake of their spouses in Ado-Ekiti, Nigeria.

Study design -This is a descriptive cross-sectional study design which utilized a semi-structured, self-administered, questionnaire.

Participants -Four hundred and three voluntary participants who were married males, residing within Ajilosun area of Ado-Ekiti metropolis.

Method - Across-sectional study was employed in this research to enable any desired data to be collected at one point in time using a semi-structured questionnaire administered to participants who also consented to the survey.

Results – There were 403 returned and analyzable questionnaires out of 410 questionnaires administered. The modal age group was 41 -50 years (35.0%). A total number of 23(5.7%) respondents only had primary education, 179(44.5%)secondary education, 161(39.9%)tertiary, while 40(9.9%)had no formal education. The majority of respondents, 202(50.1 %), desired to have 1 -4 children, while 121(30.0%)opted for 5-8 children. Only a smaller fraction, 38(9.4%), depends on God for the size of their family. Although most of the respondents in the study, 265(65.5%), admitted that decisions on family planning practice should be jointly reached by both spouses, 198(49.1 %)reminded their wives to use contraceptives, but only 58(14.4%) attended family planning clinics with their wives.

Conclusions – This study highlighted that a far greater number of respondents desired small sized family and also encouraged their wives to use their chosen contraceptives, but majority were not very willing to attend Family planning clinics with their spouses. Strategies to encourage married males to adequately key into family planning programmes should be devised.

Key words: Attitude, Behaviour, Contraceptives, Family planning, Family size.

Introduction

In this part of the world, it is generally believed that family planning facilities are set up to control the parity of women without men having any direct involvement in the available techniques. However, with the increasing awareness and availability of various family planning techniques, it remains uncertain how married males play supportive roles in order to encourage their spouses in the uptake of family planning programmes (FPPs). It was noted by Awonuga et al. (2014)that men play critical roles in women's ability to seek health care, and various reproductive health programmes are likely to be more effective when men are involved in varying degrees.

In most parts of Nigerian society, men have been adjudged to be beyond the scope of family planning programmes. It is believed that FPPs are targeted primarily at women who are deemed to be at the centre of reproductive health and family planning (Awonuga et al., 2014). Nevertheless, in order to reduce maternal mortality and morbidity due to frequent child bearing, the women's spouses have to be involved in the uptake of FPPs. This is more so,in developing countries, where women heavily depend on their spouses for many decision-making owing to their relatively limited personal control over their lives(Raju and Aeds, 2002).

One of the major health issues facing governments in developing countries is how to address maternal mortality and morbidity resulting from childbirth. Nigeria, a country in the sub-Saharan Africa, is faced with the challenges of high rate of unwanted or unplanned pregnancy which poses major health challenge to women of reproductive age. Statistics has shown that averagely about 210 million pregnancies occur worldwide, with 80 million unplanned, out of which 46 million end in abortion (WHO, 2010).

Nigeria is the most populous country in Africa, with an estimated population of over 150 million people (Ulker et al., 2012). The country has one of the highest mortality rates in sub-Saharan Africa and the second highest number of maternal mortality in the world. One of seven women (14%) has attempted abortion while 10% ended in unwanted pregnancy (Monjok et al., 2010). Notwithstanding the efforts made by the Nigerian government to tackle this problem, the uptake of modern contraceptives in Nigeria remains grossly insufficient (FOS, 1997; Haub and Yangishila, 1992; PRB, 2002). Researchers have suggested investigating the attitude and behavior of married males towards their spouses FPP uptake as a way forward (Awonuga et al., 2014).

Medicam Report (2004) indicated that men essentially play critical roles in women's ability to seek health care. Regrettably, they are not adequately informed about their spouses' reproductive health needs which serves as a means of getting them involved in FPP. Again, it is believed that when men and women are well-informed about their individual and collective health needs, they are more likely to be proactive and also receive needed services. Similarly, Medicam Report (2004) observed that since men are partners in reproduction and sexuality, their reproductive health and behavior have positive impact on women's reproductive health, children's wellbeing, and the society at large.

The objective of this study, therefore, is to determine the attitude and behaviour of married males towards family planning uptake of their spouses in Ado-Ekiti, Nigeria, and also seek to know their roles in their spouses' FP practices.

Methodology

STUDY SETTING:

This study was carried out at randomly selected houses at Ajilosun area of Ado-Ekiti.

ETHICAL CLEARANCE:

Necessary basic procedure was observed in obtaining ethical clearance. Also, written consent (in form of a 'ticked consent') was obtained from the participants after due explanation of the survey and assurance of anonymity and confidentiality.

STUDY DESIGN:

The study was a descriptive, cross sectional survey which was carried out among participants who were married males; residing within Ajilosun area of Ado-Ekiti metropolis. The target population was estimated to be 7,507.

EPISTEMOLOGICAL APPROACH:

The research was a quantitative study which assumes positivism. It is known that positivism shapes reality to be objective, and also, combines a deductive approach with precise measurement of quantitative data to predict human behaviour (Neuman, 2000).

INCLUSION CRITERIA:

Voluntary males who are currently married and fall within the age range of the study.

EXCLUSION CRITERIA:

Children and women were excluded. Also, elderly males who were too feeble to take part in the research by reason of ill health. Those with severe psychiatric illness were also excluded.

SAMPLE SIZE ESTIMATION:

The desired sample size was determined using Cochran's Formula for a population >10,000 (Araoye, 2004):

$$n = Z^2 pq/d^2$$

Since the target population was (7,507) < 10,000, the study sample estimate (nf) was obtained by using the following formula:

$$nf = n/1 + (n)/(N)$$

Where:

nf = the desired sample size when population is <10,000

n = the desired sample size when the population is > 10,000

N = Estimate of target population.

Also, 15% attrition rate (85% response rate) was assumed. The final adjusted sample size (na) used was calculated thus:

na = minimum sample size/response rate.

The study required an estimated 410 respondents.

DATA COLLECTION:

The researcher and trained assistants distributed the questionnaire and collected data within the month of December, 2014. The content of the questionnaire was carefully translated into local language to participants who were unable to read English without altering the meaning of each question.

Results

There were 403 returned and analyzable questionnaires out of 410 questionnaires administered. Table 1 is a representation of respondents' socio-demographic characteristics. The modal age group in this study was 41 -50 years (35%). A total number of 23(5.7%) respondents only had primary education, 179(44.5%) secondary education, 161(39.9%) tertiary, while 40(9.9%) had no formal education. The men were predominantly Christians, 277 (68.7%), with higher number of them in monogamous union, 358 (88.8%), while polygamy accounted for only 45 (11.2%).

Table 2 reveals the desired number of Children by respondents. The majority of them, 202(50.1 %), desired to have 1 -4 children, while 121(30.0%) opted for 5-8 children. Only a smaller fraction, 38(9.4%), depends on God for the size of their family. Although most of the respondents in the study, 265(65.8%), admitted that decisions on family planning practice should be jointly reached by both spouses (Table 3), 198(49.1 %) reminded their wives to use contraceptives, but only 58(14.4%) attended family planning clinics with their wives (Table 4).

Additionally, on the aspect of family planning behavior and awareness of spouses' menstrual cycle (Table 4), 282 (70.0%) were aware of their spouses' 'fertile period while an even larger proportion, 320 (79.4%), were aware of their spouses' monthly menstrual periods. Again, 240 (59.6%) had had discussion with their wives on the number of children they desired, while 162 (40.2%) had never done so (Table 4). A large proportion of respondents, 342 (84.9%) do not go to family planning clinics with their spouses. Only 58 (14.4%) attend family planning clinics with their spouses. Table 4 also indicated discussion on the use of FP methods and those that reminded spouses to use contraceptives.

Most respondents in this study, 222 (55.0%), did not attend family planning clinics because they deemed FP as principally a woman's affair. Moreover, they admitted that they lack the time to do so (Table 5).

Table 1: Socio Demographic Characteristics of Respondents

Variables	Frequency	Percentage
Age Group(years)	N= 403	
21 – 30	40	9.9
31 – 40	132	32.8
41 – 50	141	35.0
51 – 60	60	14.9
> 60	30	7.4
Religion		

Christianity	277	68.7
Islam	119	29.5
Traditional	5	1.3
Others	2	0.5
Educational Level		
Primary	23	5.7
Secondary	179	44.5
Tertiary	161	39.9
Others	40	9.9
Family Types		
Monogamy	358	88.8
Polygamy	45	11.2

Table 2: Respondents desired number of children

Number of children	Frequency	Percentage
N=403		
1 – 4	202	50.1
5 – 8	121	30.0
9 – 12	16	4.0
Greater than 12	2	0.5
Depends on God	38	9.4
Personal	16	4.0
As many as possible	8	2.0

Table 3: Respondents' opinion on who should decide on the use of FP method(s)

Who should decide	Frequency	
	N= 403	Percentage
Husband	76	18.9
Wife	22	5.5
Both husband and wife	265	65.8
I don't know	40	9.9

Table 4: FP behavior and awareness of spouse's menstrual cycle with roles played by spouses.

	YES	NO	Not my business
	No (%)	No (%)	No (%)
Are you aware of your spouse's fertile Period	282(70.0)	98(24.3)	23(5.7)
Are you aware of your spouse's monthly menstrual periods	320(79.4)	44 (10.9)	39(9.7)
Discussion of spouse on desired number of children	240(59.6)	162(40.2)	1 (0.3)
Discussion on the use of FP methods with spouse	243(60.3)	154(38.2)	6 (1 .5)
Do you remind your spouse to use contraceptives	198(49.1)	163(40.5)	42(10.5)
Do attend FP clinic with your Spouse	58(14.4)	342(84.9)	3(0.7)

Table 5: Reasons for respondents not attending family planning clinics

Reason	Frequency	Percentage
It is a woman's affair	222	55.0
It is against my religion	22	5.5
I have no time	106	26.3
I feel uncomfortable because men are not seen in FP clinic	27	6.7
The staff in FP clinic do not encourage the men to come	14	3.5

Discussion

Synergistic efforts from married couples are deemed a better way of improving family planning or reproductive health. Not until recently, family planning service providers and researchers had focused almost exclusively on women of reproductive age. Men were often seen as being uninteresting and uncooperative in family planning programmes. Reproductive health programmes, particularly as they relate to family planning, have been reported likely to be more effective when married men are involved in some way (Mistick et al., 2003). Again, globally, reports have indicated that men play critical roles in women's drive towards seeking health care.

In this study, the modal age group was 41 -50 years (35.0%) which was closely followed by 31 - 40 (32.8%). These age groups correspond to the active working age of married males in a suburban area like that of this study. The ratio of Christian to Muslim faithful is about 2:1 . The setting for this study is mainly dominated by Christians. Religion tends to have impact on people's choice and uptake of family planning programmes. In addition, majority of respondents practiced monogamy (88.8%) in comparison to polygamy (11.2%). This is likely to have a religious undertone. Christians believe and practise monogamy in most settings in this part of the world. Also, high level of monogamy may be due to the social problems associated with polygamy coupled with the presently prevailing unfavourable economic situation in Nigeria (Awonuga et al., 2014).

Most of the respondents were well educated. Over 80% of respondents had at least secondary school education. This is similar to the study done by Duze and Mohammed (2006) which reported about 75.3% . This study was carried out in the northern part of Nigeria. Education is an important factor in making choices, and also in deciding on health related issues.

In another aspect of this study that determined the number of children desired by the respondents, 50.1 % desired to have between 1 -4 children. This is followed by the desire to have 5-8 children (30.0%), while 'as many as possible' that used to be a common slogan during Nigerian era of oil windfall was only 2.0% .The decision to have a fewer number of children may be largely attributed to socio-economic constraints and, probably, due to public enlightenment on the benefit of family planning. Olawepo and Okedare (2006) and Puri et al. (2004) in similar studies revealed that the desired family sizes of most men were found to be averagely three.

Importantly, a drive towards ensuring and maintaining smaller family sizes tends to move married couples into seeking ways of availing themselves for FPPs. Notwithstanding, a large number of respondents in this study believed that FPPs are women's affair. On the affirmative, close to half of the respondents still reminded their wives to use contraceptives and majority were aware of their wives' fertile period. Olawepo and Okedare (2006) reported similarly; they noted that many men encouraged their wives to practice family planning contrary to the popular belief that many men are opposed to their wives' use of family planning methods owing to fear of sexual promiscuity.

It is not uncommon to witness situations in Nigeria where married males solely decide on core family issues including family sizing. This is in consonant with the findings reported by Duze and Mohammed (2006) that family planning decisions are solely made by men. Oladeji (2008) also made a similar observation. On the contrary, majority of the respondents in this study (65.8%) indicated that both husbands and their wives should be involved in family planning decisions.

Conclusion

This study has revealed that contrary to previous reports, majority of married males residing at Ajilosun area of Ado-Ekiti, Nigeria, were supportive of their spouses' family planning practices. Majority of them were also aware of their spouses' menstrual circles, and decisions on family planning issues were jointly made in conjunction with their spouses. Nevertheless, the men were not attending family planning clinics with their spouses for differing reasons.

Recommendation

In encouraging family planning uptake by married couples, it is recommended that FPP and facilities should be made more men-friendly in order to discourage the wrong perception that it is a woman's affair. Additionally, operators of the scheme should ensure a very high level of confidentiality to encourage those who are willing to get involved in FPP.

This study is not without limitations. It is a quantitative study; therefore, using a qualitative research method will further uncover more reasons why married males were not very willing to attend family planning clinics with their spouses.

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