

Factors Influencing Male Involvement in the Uptake of Family Planning in Abeokuta South Local Government of Ogun State, Nigeria

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Abstract

Background: Family Planning is not solely women based; male involvement can be intensified by putting certain conditions in place.

Objective: To determine the factors influencing male involvement in the uptake of family planning in Abeokuta South Local Government.

Methods: A cross-sectional study carried out on 350 married males above 18 years of age, selected by multistage sampling method from fifteen wards in Abeokuta South Local Government.

Results: The results revealed that respondents' knowledge about family planning is 97.7%, there was a significant positive relationship between level of information and male involvement in family planning ($r = .307, p < .05$). The variable motivation ($\beta = .341, t = 5.669, P < .05$) was found to be a better predictor of male involvement in family planning in Abeokuta South Local Government than knowledge ($\beta = .263, t = 4.825, P < .05$) although other factors such as sex of children ($\beta = -1.225, t = -2.716, P < .05$) and family influence ($\beta = -3.545, t = -3.418, P < .05$) also have significant influence on male involvement in family planning.

Conclusion: Male involvement in family planning is relatively on the average, more effort can be put towards increasing active participation. Although, the participants had adequate information (mean score 17.07 and St.D of 6.32 on a 26-point) and showed positive motivation towards the uptake of family planning (mean score of 34 and St.D of 6.7 on a 41-point rating scale), their intention to be involved in family planning can be worked upon to increase active participation by males.

Keywords: Family Planning, Male Involvement, Contraceptive, Contraceptive Prevalence.

Introduction

For over two decades, gender equity has been widely recognized as one of the major prerequisites for better health and has been integrated in global development goals. There was a shift at the 1994 International Conference on Population and Development, in Cairo, with a global action which called for a broader and more rights-based health agenda that included both women and men to address harmful gender norms and values, Reproductive Health for all, and shared responsibility for Family Planning (United Nations, 2014; United Nations Population Information Network, 1994).

However, global Family Planning Initiative concentrate primarily on women, with less attention to men (Hardee, Croce-Galis, & Gay, 2016). Although some FP programs include men as an integral part of their intervention strategy,

men are more commonly involved as gatekeepers or decision makers for women's health or as "add-ons" in activities that focus on providing information and services to women (Geleta, Birhanu, Kaufman, & Temesgen, 2015; Raj, Ghule, Ritter, et al., 2016).

The World Health Organization 2013, defined Family Planning (FP) as the process in which individuals and couples anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

World Health Organization (WHO) Technical Committee in 2008 recommended a birth spacing interval of at least 24 months for couples planning for another pregnancy towards

reduction in unfavourable maternal and infant outcomes, this was corroborated by USAID & MCHIP, and 2008 who actively stated that the role of men in couples' contraceptive choices cannot be ignored either. Due to the patriarchal society present in many Sub-Saharan African countries, men's perceptions regarding contraceptive are the primary influences over couples' behaviors (Omideyi, Akinyemi, Aina, Adeyemi et al., 2011). Studies have noted that women identify their fear of partner's reaction or disclosure as a barrier to contraceptive uptake and use [Teye, 2013]. One study found that male partners' disapproval for contraceptive use was as high as 84%, (Duze et al., 2006) and another study concluded that as many as 50% of women said that they would immediately discontinue use of a family planning method if their husband disapproved (Nte, Odu et al, 2009). The societal importance of large families also poses an extreme challenge to regular uptake and use of modern contraceptives (Eaton, 2003).

Globally in 2015, less than 50 per cent demand for family planning was achieved with modern contraceptives. Mothers within the postpartum period were among women with the highest unmet need for family planning worldwide (WHO, 2012). Currently, the unmet need for cohabiting or married couples in Nigeria stands at 28.9% in which 16% have unmet need for spacing and 12% have unmet need for limiting although family planning awareness is very high (NDHS, 2013).

According to National Nutrition and Health Survey (NNHS, 2018), the prevalence of any contraceptive, modern contraceptive and traditional contraceptive method use among all the women in the reproductive age, whether in union/married or not, was 22 percent, 14 percent and 8 percent respectively. Among the women who were in union/married, 25.5 percent used any contraceptive method – 17.3 percent used modern contraceptive and 8.3 percent used traditional contraceptive method. It is worrying that 74 and 84 percent of the women in union/married and unmarried respectively do not use any contraceptive method at all. The results compare to the NNHS 2014 but show reduction from the 2015 results when the estimated prevalence rate for contraceptive use reported a rise from 23 to 30.5 percent among the married women aged 15-49 years.

According to Sakara, Namog, & Badu-Nyarko, (2015), male knowledge of family planning method is as high as 80% yet their participation in family planning is low. Low male involvement in family planning in Africa has a negative impact on contraceptives acceptance level (Nukunya, 2003). Vouking, Evina, & Tadenfok, (2014) stated that male involvement in family planning services is confronted with various challenges and very few interventions are geared towards solving these challenges. There is the need therefore for male support and cooperation in relation to initial access to family planning uptake. Even though there are literatures full with the studies on family planning use among Nigerian women (S. K. Eliason, Bockarie, & Eliason, 2018; Morhe et al., 2017; Asamoah, 2015; Adofo, 2014) there is no or very little on male involvement in family planning.

While there have been few published evaluations of interventions that seek to address the promotion of male involvement in family planning, evidence indicates that most men in Nigeria have a positive attitude towards family planning but obstacles to their participation have not been established fully. If we have to improve contraceptive prevalence rates in Nigeria, we need to look into those factors that hinder male participation in Family Planning.

Despite high unmet need for contraceptive uptake among women and the detrimental effect of poor pregnancy spacing worldwide, little studies have been carried out on male involvement family planning. In light of this, the main purpose of this study is to determine the major factors influence in male involvement in family planning in Abeokuta South Local Government of Ogun State.

The specific objectives are;

1. To access the level of knowledge of family planning among male involvement in uptake of family planning in Abeokuta South Local Government Area of Ogun State.
2. To evaluate the level at which motivational belief influence male involvement in uptake of family planning in Abeokuta South Local Government Area of Ogun State.
3. To determine the likelihood of a behavioural change (self-efficacy) among males in Abeokuta South Local Government Area of Ogun State?

4. To determine which of the variables best predicts the factors that influence male involvement in uptake of family planning in Abeokuta South Local Government Area of Ogun State?

Studying male involvement, therefore, is important to understand the multiplicity of forces shaping reproductive decisions among women and men (Clark et al. 2008). Men are more interested in family planning than often assumed but need communication and services directed specifically at them.

The outcome of this study may enhance the understanding of family planning and reproductive health issues in the Abeokuta South Local Government Area of Ogun State. In addition, findings from this study will serve as a primary source of information for future studies regarding male involvement in uptake of family planning especially in Abeokuta South Local Government Area of Ogun State.

Methodology

Study Area

This study will be carried out at the Abeokuta South local government area of Ogun State.

Abeokuta South is a Local Government Area in Ogun State, Nigeria. There is a total of 14 wards in this local government.

Sample size determination

Random sampling technique was employed in selecting the participants for this study.

Sample size was determined using Cochran's formula for computation sample size (1963):

$$n = \frac{Z^2(pq)}{e^2}$$

Where n = Sample size

Z = 1.96 the standard normal deviation which corresponds to the 95% confidence level

p = expected contraceptive prevalence which is 26% = 0.26

q = 1-P which is probability of the event not occurring 1-P = 1- 0.26 = 0.74

e = 0.05 which is the desired level of precision.

Substituting in the formula

$$\frac{1.96^2 \times 0.26 \times 0.74}{0.05^2}$$

$$n = 295.65$$

For this study, the sample size is 296.

Where non-response rate is 10% of the sample size $n \div (1-10\%)$

$$296 \div (1-0.1) = 296 \div 0.9 = 329 \text{ male respondents}$$

The sample size to be used for this study was rounded up to 350 male respondents which included the minimum 10% attrition rate which may be due to absenteeism.

A multistage sampling technique will be used to select the participants from the fifteen wards in Abeokuta South Local Government Area of Ogun State, Nigeria.

Instrument for Data Collection

Data was collected using a self-developed, semi-structured questionnaire. The variables of the questionnaire were ranged in a way that it tallied with the research objectives by providing responses to the research questions. The instrument will have four sections, written in English language which is the major communication language among respondents. The sections are;

Section A: Socio-demographic data, Section B: Knowledge on Family Planning

Section C: Motivational belief that influences family planning uptake, Section D: Behavioral change (self-efficacy) towards family planning.

The reliability of the questionnaire was tested by using 10% of the calculated sample size having similar characteristics as the study populace for pilot test.

Findings from the pretest was used to scrutinize and reset the items of the instrument for necessary adjustments before the main administration of the instrument to the target population.

The Cronbach's Alpha coefficient analysis was used to test internal consistency of instrument to confirm its reliability.

Ethical approval was obtained from Babcock University Health Research and Ethics Committee (BUHREC).

Data Analysis

Data collected was examined and analyzed using Statistical Package for Social Science (SPSS) version 22.0. The variables were computed and scores were assigned due to the rating scale for each variable. Frequency distribution was used in evaluating the demographic characteristics of respondents. Analysis of Variance (ANOVA) was used in testing for null hypothesis; Multiple Regression

will be used in testing for null hypothesis, Correlation was used in testing for null hypothesis and Cronbach’s test of reliability will be used to test the research instrument’s reliability score.

Theoretical and Conceptual Framework

Application of information, motivation and behavioural skills.

Information-motivation-behavioral skills model

The recently developed information–motivation–behavioural skills model (IMB model) (Fisher and Fisher, 1992) borrowed elements from earlier work to construct a conceptually based, generalizable, and simple model to guide thinking about complex health behaviours.

This includes not only behavior-related information but also myths/heuristics that permit automatic or cognitively effortless behavior-related decision-making (Fisher, Fisher, & Harman, 2003).

Conceptual Frame work

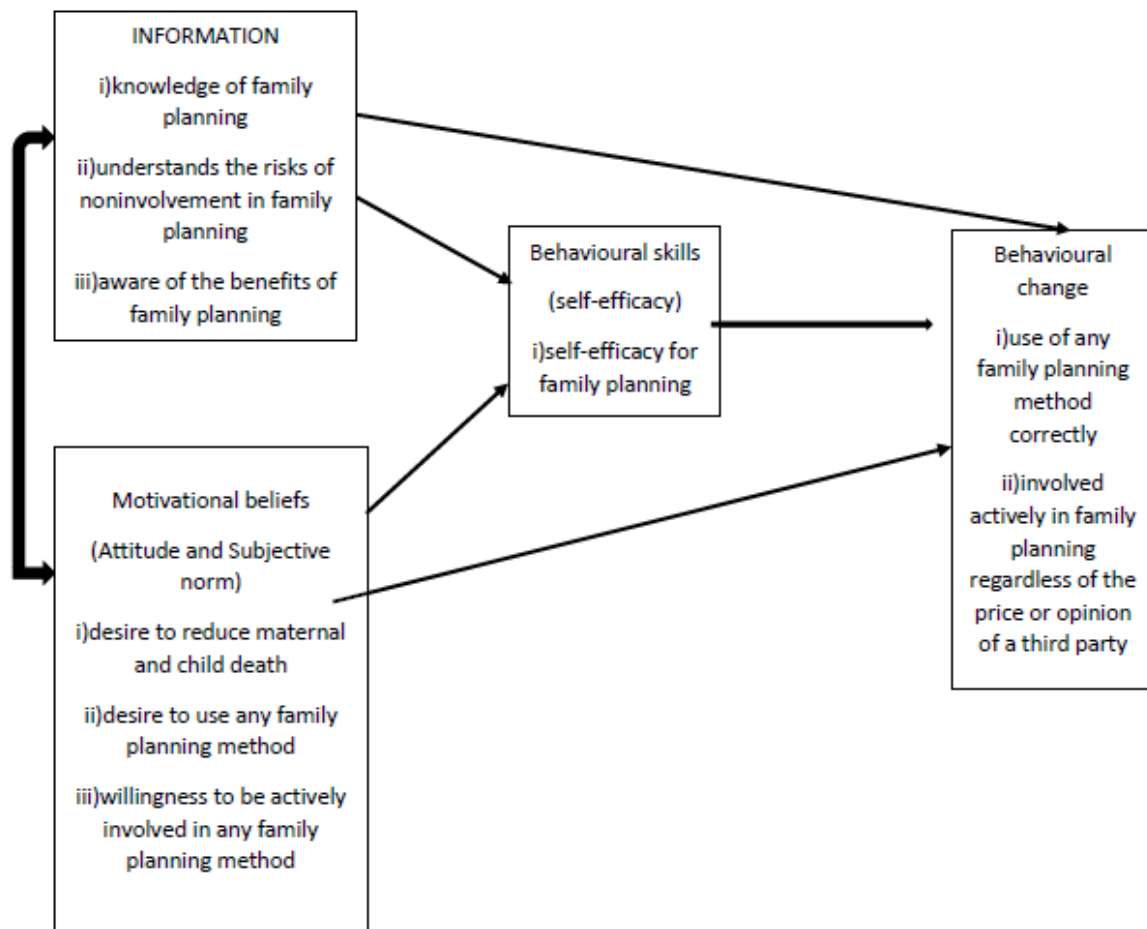


Figure 1. Conceptual Frame work

The conceptual frame work for this study is designed to determine the “motivation” to be actively involved in family planning, while assessing the extent to which motivational beliefs and information are associated with behavioral intention. In my conceptual framework, the motivation to be actively involved in family planning is determined by the level of information and motivational beliefs (attitude and subjective norm) regarding the use

of available family planning methods. The constructs of information and motivation were both borrowed from the Information, motivation and behavioral skill model, to assess the likelihood of adherence to family planning method use.

Results

The Information (knowledge) on family planning has an aggregate mean is 35.6603 and

the standard deviation as 14.871831. Overall, the mean score for level of information is 35.6603 on a 42-point rating scale. On the average, the participants have good information about family planning.

The aggregate scale value of motivational belief influencing male involvement in uptake of family planning is (mean=24.9284; St.D=

9.70047). This is also revealed in the two components of motivational belief on male involvement in uptake of family planning, that is the Attitudinal beliefs towards uptake of family planning (Mean= 17.0685; St.D= 6.32435) and Subjective norm beliefs associated with the uptake of family planning (Mean= 7.8599; St.D= 3.37612).

Table 1. Correlation Matrix for the relationship between knowledge and male involvement in family planning

		Knowledge	Family Planning
KNOWLEDGE Mean:39.0114 St.D= 7.22340	Pearson Correlation	1	.307**
	Sig. (2-tailed)		.000
	N	350	350
Family Planning Mean: 29.8171 St.D: 7.29295	Pearson Correlation	.307**	1
	Sig. (2-tailed)	.000	
	N	350	350
**Correlation is significant at the 0.01 level (2-tailed).			

Results from Table 1 above were significant ($r = .307$, $p < .05$). This shows that there is a significant relationship between knowledge (mean= 39.0114; St.D= 7.22340) and the male involvement in family planning (mean=

29.8171; St.D= 7.29295). Hence, the null hypothesis is rejected. This implies that an increase knowledge about family planning will improve the uptake of it.

Table 2. Correlation Matrix for the relationship motivational belief and male involvement in family planning

		Motivational	Family Planning
Motivational Mean: 33.6190 St.D: 6.69911	Pearson Correlation	1	.407**
	Sig. (2-tailed)		.000
	N	350	350
Family Planning Mean: 29.8171 St.D: 7.29295	Pearson Correlation	.407**	1
	Sig. (2-tailed)	.000	
	N	350	350
**. Correlation is significant at the 0.01 level (2-tailed).			

Results from Table 2 were significant ($r = .407$, $p < .05$). This shows that there is a significant relationship between motivational belief (mean= 33.6190; St.D= 6.69911) and the male involvement in family planning (mean=

29.8171; St.D= 7.29295). Hence, the null hypothesis is rejected. This implies that the motivational beliefs significantly determine the male using family planning.

Table 3. Multiple Regression Summary on factors influencing male involvement in family planning

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	28.319	4.732		5.985	.000
	Age as at last birthday	-.125	.504	-.015	-.248	.804
	Educational level	.210	.604	.024	.347	.729
	Religion	-1.312	.732	-.114	-1.791	.074
	Marital Status	-2.973	2.802	-.057	-1.061	.289
	Number of wife	-.408	1.104	-.033	-.370	.712
	Number of children	-.140	.353	-.042	-.395	.693
	Sex of children	1.400	.468	.177	2.990	.003
	Employment Status	.613	.419	.079	1.463	.144
	Average monthly income	.439	.476	.062	.922	.357
	Wife's employment status	.429	.464	.051	.924	.356
	Family Influence	-1.584	.785	-.109	-2.018	.044
	Educational level of wife	-.140	1.015	-.012	-.138	.891
		Knowledge	.263	.055	.306	4.825
	Motivation	.341	.060	.386	5.669	.000

a. Dependent Variable: UPTAKE FAMILY PLANING

From the table it could be deduced that age ($\beta = -.867$, $t = -1.672$, $P > .05$), educational level ($\beta = .720$, $t = 1.157$, $P > .05$), religion ($\beta = -.641$, $t = -.870$, $P > .05$), marital status ($\beta = -1.209$, $t = .384$, $P > .05$), number of children ($\beta = .113$, $t = .476$, $P > .05$), employment status ($\beta = -.181$, $t = -.302$, $P > .05$), income ($\beta = .318$, $t = .056$, $P > .05$), wife's employment status ($\beta = .542$, $t = 1.305$, $P > .05$) and wife's educational level ($\beta = -.870$, $t = -.937$, $P > .05$) have no significant influence on the male use of family planning since their significant levels are greater than .05. However, from the table, sex of children ($\beta = -1.225$, $t = -2.716$, $P < .05$), family influence ($\beta = -3.545$, $t = -3.418$, $P < .05$), Knowledge ($\beta = .263$, $t = 4.825$, $P < .05$), and Motivational belief ($\beta = .341$, $t = 5.669$, $P < .05$) have significant influence in determining family planning usage by the male. The table further revealed that the variable, sex of children, and family influence have a higher negative influence in determining male involvement in family planning.

Discussions

In this study, the information, motivation and the behavioral intention to be involved in the uptake of family planning by male were assessed.

The results showed that, 97.7% of the respondents had adequate knowledge of family planning. This finding is consistent with the report that men have better access to information and are more knowledgeable on variety of family planning methods because they prefer seeking all this information from health care providers compared to women (Shisoka & Litali, 2015).

Also similar to a study conducted by Duzé & Mohammed (2016) reported generally high levels of male awareness of FP with 63.6% of the respondents indicating knowing at least one method and another findings from Nigeria, that friends were a major source of family planning information among married women of

reproductive age at 33.8% (Egede *et al.*, 2015) differs from findings in this study.

Akafuah *et al.*, (2008) indicated that male knowledge about FP was influenced by the level of education, religion, type of marital relationship and exposure to mass media which is also similar to my findings because 101(31.4%) of respondents gathered information from social media and 102(29.1%) gathered information from radio and television adverts.

On the other hand, male perception of family planning is an important factor that has the potential to influence knowledge of male on family planning methods.

Male involvement is not limited to the use of family planning methods but also it is the attitude, encouragement and support that men give to their partners towards the use of FP (Shisoka & Litali, 2015).

In this study, the respondents' motivation to be involved in uptake of family planning was assessed, which was divided into attitude and subjective norm.

Out of the 350 respondents assessed, 293(83.7%) feel that family planning should not concern women only. Also, 299(85.4%) feel it doesn't make them feel less of a man if they are involved in family planning and 299(85.4%) also see the need to support their wife/partner financially when she accesses family planning services. In summary, the participant's attitude towards uptake of family planning was above average with a mean score 17.07 and St.D of 6.32 on a 26-point rating scale. This is similar to the findings from a study conducted in Jos, Nigeria in 2015 where attitudes toward the use of contraceptives were generally positive, although there is considerable variation by socioeconomic status.

Under the subjective norm component, 307(87.7%) disagree that their friends will make mockery of them if involved in family planning while 109(31.1%) of the participants are of the opinion that their religious leader doesn't recommend male involvement in family planning the subjective norm associated with male involvement in family planning was a little above average with a mean score of 7.86 and St.D of 3.37 on a 15-point rating scale.

Thus, in this study, the participants were motivated to be involved in family planning, as their motivation was above average with a mean

score of 34 and St.D of 6.7 on a 41-point rating scale.

On the participants' behavioral skill intention to be involved in family planning, 327(93.4%) agree to be involved in family planning if it makes their spouse healthier, 224(64%) agree to discuss family planning methods with friends and 230(66%) will continue the use of a family method plan irrespective of people's opinions/views.

Overall, the participants expressed a good behavioral skill intention with an average mean of 30 and St.D of 14.11 on a 48-point rating scale towards uptake of family planning.

In this study, there was a significant positive relationship between level of information and male involvement in family planning ($r = .307$, $p < .05$).

The variable motivation ($\beta = .341$, $t = 5.669$, $P < .05$) was found to be a better predictor of male involvement in family planning in Abeokuta South Local Government of Ogun State, Nigeria than knowledge ($\beta = .263$, $t = 4.825$, $P < .05$) even though there were other factors such as sex of children ($\beta = -1.225$, $t = -2.716$, $P < .05$) and family influence ($\beta = -3.545$, $t = -3.418$, $P < .05$) that also have significant influence on male involvement in family planning.

One of the major reasons for high fertility and low acceptance of FP is the prevalence of gender preference among couples.

As sons are believed to be the carrier of lineage, women tend to stop childbearing only after giving birth to the desired number of sons. It was revealed from the study of Mahli *et al.* (2005) from India that the percentage of women at each parity using contraception tends to increase based on the number of sons, this suggests the preference for sons.

Conclusion

Although male involvement in family planning is relatively on the average, more effort can be put towards increasing active participation. Even though, the participants had adequate information (a mean score 17.07 and St.D of 6.32 on a 26-point) and showed positive motivation towards the uptake of family planning (a mean score of 34 and St.D of 6.7 on a 41-point rating scale), their intention to be involved in family planning can be worked upon

in order to increase active participation by males.

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