Original Research Article

Men's Perception and Practice of Family Planning in Ede South Local Government Area Osun State, Nigeria

ABSTRACT

Background: Majority of men in Sub-Saharan Africa have been observed to have poor family planning (FP) behaviour. The study was carried out to determine the awareness, perception and practice of family planning among men in Ede South Local Government Area (LGA), Osun State, Nigeria.

Methods: The study, carried out between October and December 2010 among men in Ede South LGA, employed a cross-sectional descriptive design. A pre-tested, self-administered, semi-structured questionnaire was used to elicit information from 340 men who were recruited by multi-stage sampling method. The data were analyzed using SPSS version 17.

Result: Ninety-nine percent were aware of family planning. Male condom was the most commonly known while vasectomy was the least known; 89.5% had good perception of FP while 66.1% had good practice. The most commonly used methods were condom (49.5%), withdrawal (22.5%) and oral contraceptives (19.8%). Religion, educational and occupational status significantly predicted perception while religion and educational status significantly predicted practice *(P<.05).*

Conclusion: Men in Ede-South LGA were largely aware of and majority had good perception of FP. However a fewer proportion had good practice of family planning. There is a need to bridge the gap between awareness, perception and practice of family planning.

Keywords: *Men, family planning, perception, practice, behaviour, Nigeria*

1. INTRODUCTION

Family planning services are defined as “educational, comprehensive medical or social activities which enable individuals to determine freely the number and spacing of their children and to select the means by which this may be achieved” [1].

Men are important stakeholders in family planning. As the traditional head of households in our society, they have tremendous influence in decision making as regards reproductive health behaviors such as contraceptive use and utilization of health facilities for reproductive health needs. Their approval, support and actual involvement in family planning is therefore critical in achieving good reproductive health of the entire family [2,3].

Though men play a pivotal role in family planning issues, they have not been too involved. In most developing countries, women carry the burden of responsibility on contraceptive use often with little or no support and sometimes with great resistance from their male partners [4,5,6]. Men’s support or opposition to their partner’s practice of family planning has a strong impact on contraceptive use in many parts of the world including Africa. For example, according to Zimbabwe reproductive health survey done in 1984, 42% of married women stated that it was the husband’s responsibility to decide whether his wife should use family planning method or not [7]. Also in Ethiopia, women at risk of unplanned pregnancies were not using contraceptive methods because of male opposition [8,9]. As a result, there are still so many unplanned, ill-spaced and unwanted pregnancies with the attendant high risks of maternal, infant and child mortalities and increasing poverty [10,11].

Men in Africa resist the use of contraceptives, even among partners, for a variety of reasons of which the major ones are based on cultural, socioeconomic, religious and health issues [12].

Some of the male controlled family planning contraceptive methods include natural methods (periodic abstinence and withdrawal), condoms and vasectomy. While natural methods are

well known to some men and condoms are a bit popular, vasectomy is the least known and least accepted among men in in developing countries [3,13].

The ICPD (1994) in Cairo recommended that “special research should be undertaken in factors inhibiting male participation in family planning”[14]. The Programme of Action (POA) also stated that innovative programmes must be developed to make information, counseling and services for reproductive health accessible to adolescent and adult males [14]. The actualization of this POA is still inadequate in Nigeria. Also, even though the Nigerian Reproductive Health Policy concluded that the inclusion of males in family planning programmes in Nigeria will enhance overall programme effectiveness and so recommended that special attention must be focused on them with respect to reproductive health matters; men are still being neglected in these matters [15,16]. If the needs of men concerning reproductive health education and services are not met then progress towards better health for the entire family cannot be achieved and the present total fertility rate (TFR) of 5.7 and population growth rate of 2.8% cannot be reduced to acceptable levels [17,18,19].

Apart from the fact that most researches conducted about family planning in Nigeria focused on women, there is paucity of studies about family planning in Ede South LGA of Osun State in particular. This study was therefore conducted to determine men’s awareness, perception and practice of family planning in the Local Government Area.

2. METHODOLOGY

Study setting

Ede South Local Government Area (LGA) is one of the 30 LGAs in Osun State. It is made up of ten wards and covers a land area of about 424 square kilometres. The LGA is made up of both urban and rural areas and comprises of six major towns with its administrative headquarters at Oke-Iresi,

Ede, Osun State. It is bounded in the North and South by Ede North, Ife North and Ayedade LGAs and bounded on the West by Egbedore, Ejigbo and Ayedire LGAs.

The total number of people in Ede South LGA is 76,035 [20]. The people are predominantly Yorubas but other ethnic groups such as Igbos and Hausas also reside in the LGA. The majority of the people are farmers while a few are traders and artisans. There are many public and private primary and secondary schools and two tertiary institutions within the LGA. The major religions of the inhabitants are Islam and Christianity.

This was a descriptive cross-sectional survey conducted among men between the ages of 18 and 70. Assuming a 95% level of confidence, proportion of men using contraceptives of 27% (from a previous study) and a level of significance 5%, the formula for calculating single proportions by Abramson and Gahlinger was used to obtain a minimum sample size of 302 [21,22]. In order to compensate for improperly completed questionnaires, the calculated sample size was increased by 5% but a total of 340 respondents were eventually interviewed.

Respondents were recruited into the study using multistage sampling technique. There were 10 wards in the LGA; simple random sampling was used to select 50% out of these. From each of the selected wards, 5 streets were selected by balloting. From each of the selected streets, systematic random sampling was used to select 7 houses. From each selected house, an eligible respondent who consented was interviewed.

A pre-tested, semi-structured questionnaire, developed in English language and back translated into Yoruba in order to ensure the content validity was used. The questionnaire was pre-tested in Olorunda LGA which was not utilized for this study. It elicited information about the socio-demographic characteristics, awareness, perception and practice of family planning among men. Data were collected through guided self-administration by literate respondents and by interview of non-literate respondents by trained research assistants.

Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 15. In determining the perception of family planning, an 11 -point question was used. Each correct response was scored one while a non- or wrong response was scored zero. Respondents who scored 6-11 were categorized as having good perception; those that scored 0-5 were categorized as having poor perception. In determining practice, a three-point question was used. Each correct response was scored one while a non- or wrong response was scored zero. Respondents who scored 2-3 were categorized as having good practice; those that scored 0-1 were categorized as having poor practice.

Ethical clearance was obtained from LAUTECH College of Medicine Ethics and Research Committee. Permission to conduct the survey was obtained from the LGA authorities. Informed consent was obtained from the respondents, the questionnaires were filled anonymously and confidentiality of information collected was ensured by the researchers.

3. RESULTS

Of the 340 questionnaires distributed, 333 were filled correctly giving a response rate of 97.9%.

Table 1: Most of the respondents were aged 18 to 54 years with a mean age of 35.3 ± 11.7 years. Sixty percent of the respondents were married, 61.9% were Muslims, 82.8% had at least secondary education, 45.0% were skilled workers and 89.5% were Yorubas.

Table 1: Socio-demographic characteristics of respondents (n = 333)

Variable	Frequency	Percentage
Age in years		
18-24	43	12.9
25- 34	160	45.0
35-44	71	21.3
45-54	34	10.2
≥55	35	10.5
Marital Status		
Single	120	36
Married	199	59.8

Divorced/separated/ Widowed	14	4.2
Religion		
Christianity	122	36.6
Islam	206	61.9
Traditional/ others	5	1.5
Educational status		
None	17	5.1
Primary	40	12.0
Secondary	127	38.1
Tertiary	149	44.7
Occupational Status		
Unemployed	45	13.5
Unskilled	60	18.0
Skilled	150	45.0
Professional	78	23.4
Ethnicity		
Yoruba	298	89.5
Igbo	23	6.9
Hausa	7	2.1
Others	5	1.5

3.1 Awareness and sources of information

Three hundred and thirty two (99.7%) of the respondents were aware of family planning. The major sources of information about family planning were the radio 180(54.2%), school 42(12.7%) and friends/relations 38(11.4%). (Table 2)

Table **2: Awareness of and sources of information about family planning among respondents**

Awareness	**Frequency**	**Percentage**
Aware	332	99.7
Not aware	1	0.3
Total	333	100.0
Sources of information		
Radio	188	56.6
School	42	12.7
Friends/Relations	38	11.4
TV	35	10.5
Place of Work	17	5.1
Hospital	12	3.6

Total	332	100.0

3.2 Perception

Majority of respondents agreed that both sexes should determine what type of family planning to be adopted (87.7%), family planning should be joint decision of men and their partners (85.3%) and it is not against their moral and cultural beliefs (82.9%) while 33.9% and 18.6% respectively agreed that condom doesn't reduce sexual satisfaction and vasectomy is a desirable practice. Overall, about ninety percent of the respondents had good perception while 10% had poor perception. (Table 3)

Table 3: Respondents' perception about family planning (n = 333)

Perception	Disagree	Not Sure	Agree
Both sexes should determine what type of family planning to be adopted	23(6.9)	18(5.4)	292 (87.7)
Family planning should be joint decision of men and their partners	33 (9.9)	16(4.8)	284 (85.3)
It is not against my moral and cultural beliefs	38(11.4)	19(5.7)	276 (82.9)
Modern methods are better than traditional methods	32(9.6)	30(9.0)	271 (81.4)
Family planning is for both sexes	56 (16.8)	18(5.4)	259 (77.7)
Abstinence can be a safe method of family planning	57(17.1)	25(7.5)	251 (75.4)
My religion supports family planning	64 (19.2)	37(11.1)	232 (69.7)
Men should use contraceptives	133 (39.9)	32(9.6)	168 (50.5)
Family planning is not a foreign practice with destructive effect	91(27.3)	81(24.3)	161(48.3)
Condom doesn't reduce sexual satisfaction	163 (48.9)	57(17.1)	113 (33.9)
Vasectomy is a desirable practice	180 (54.1)	91(27.3)	62 (18.6)

3.3 Practice

Only 190(57.1%) of the respondents or their wives were currently using a family planning method. The commonest method currently used by the respondents were male condom 165(49.5%), withdrawal 75(22.5%) and oral contraceptive pill 66(19.8%) while the least were implants 2(0.6%) and vasectomy 2(0.6%). Overall, 66.1% of the respondents had good practice while 33.9% had poor practice of family planning.

3.4 Relationship between socio-demographic characteristics and perception of family planning

Religion, educational level and occupation significantly predicted respondents' overall perception of family planning. When compared, respondents that were Christians, who had higher education and were professionals had better perception of family planning than those who were non-Christians, uneducated and unskilled ($p < 0.05$) (Table 4)

3.5 Relationship between socio-demographic characteristics and practice of family planning

Religion and educational level significantly predicted respondents' overall practice of family planning. When compared, respondents that were Christians and who had higher education had better practice than those who were non-Christians, uneducated and unskilled {$p < 0.05$; Table 5)

Table 4: Relationship between socio-demographic characteristics and respondents' perception of family planning.

Socio-demographic characteristics	Perception		X^2	P-value
	Poor (%)	Good (%)		
Age (years)				
19 and below	0(0.0)	5(100)	*7.60	*.050*
20-29	8(6.8)	109(93.2)		
30-39	9(8.5)	97(91.5)		
40 and above	18(17.1)	87(82.9)		
Marital status				
Single	7(5.8)	113(94.2)	4.38	*.110*
Married	26(31.1)	173(86.9)		
Divorced/separated/widowed	2(14.2)	12(85.8)		
Religion				
Christianity	2(1.6)	120(98.4)	16.21	*.000*
Islam	32(15.5)	174(84.5)		
Traditional/Others	1(20.0)	4 (80.0)		
Educational status				
No formal education	8(47.1)	9(52.9)	*54.04	*.000*
Primary	13(32.5)	27(67.5)		
Secondary	13(10.2)	114(89.8)		
Tertiary	1(0.7)	148(99.3)		
Occupational status				
Unemployed	2(4.4)	43(95.6)	*29.96	*.000*
Unskilled	15(25.0)	45(75.0)		
Skilled	18(12.0)	132(88.0)		
Professional	0(0.0)	78(100)		
Ethnicity				
Yoruba	35(11.7)	263(88.3)		**.298*
Igbo	0(0)	23(100)		
Hausa	0(0)	7(100)		
Others	0(0)	5(100)		

Likelihood Ratio Chi-square** * Fisher's Exact test**

Table 5: Relationship between socio-demographic characteristics and respondents' practice of family planning

Socio-demographic characteristics	Practice		X^2	P-value
	Poor (%)	Good (%)		
Age (years)				
19 and below	4(80.0)	1 (20.0)	*9.11	*.020*
20-29	37 (31.6)	80 (68.4)		
30-39	29 (27.4)	77 (72.6)		
40 and above	43 (41.0)	62 (59.0)		
Marital status				
Single	41 (34.2)	79 (65.8)	1.76	*.420*
Married	65 (32.7)	134(67.3)		
Divorced/separated/ widowed	7 (50.0)	7 (50.0))		
Religion				
Christianity	26 (21.3)	96 (78.7)	*17.47	*.000*
Islam	83 (40.3)	123 (59.7)		
Traditional/others	4 (80.0)	1 (20.0)		
Educational status				
No formal education	11 (64.7)	6 (35.3)	13.80	*.030*
Primary	19 (47.5)	21 (52.5)		
Secondary	43 (33.9)	84 (66.1)		
Tertiary	40 (26.8)	109 (73.2)		
Occupational status				
Unemployed	13 (28.9)	32 (71.1)	7.20	*.059*
Unskilled	25 (41.7)	35 (58.3)		
Skilled	57 (38.0)	93 (62.0)		
Professional	18 (23.1)	60 (76.9)		
Ethnicity				
Yoruba	104 (34.9)	194 (65.1)	2.26	*.521*
Igbo	6 (26.1)	17 (73.9)		
Hausa	1 (14.3)	6 (85.7)		
Others	2 (40.0)	3 (60.0)		

***Likelihood Ratio Chi-square**

4. DISCUSSION

This study assessed the awareness, perception and practice of family planning among men in Ede South LGA, Nigeria. Awareness of family planning was almost universal among the respondents. This is in keeping with the reports of some other studies conducted both within and outside Nigeria in which about 99% of the men were aware of family planning [3,23]. However some studies reported a lower percentage of awareness [24]. The most popular

sources of information about family planning were the radio, the school and friends while the least was the hospital. Likewise, the most popular source of information about family planning in most other studies was the radio. In these studies however, the other popular sources reported differed from those recorded here and also differed from study to study [3,23].

In Nigeria and in some other developing countries, the radio is a very effective means of communication for all and sundry. There are now a lot of radio stations in most cities and towns which transmit numerous educational programs in different local languages to their listeners. In addition, people across different wealth quintiles are able to afford transistor radios some of which are now attached to cellular phones; such that people have access to vital information even as they go about their daily duties. Health managers and policy makers should key into the widespread availability of the radio even in the remotest places to further enlighten, educate and teach people about heath related matters and particularly the men, about family planning issues [19,25].

The commonest methods known were condoms, oral contraceptive pills and withdrawal.This is similar to the reports of studies conducted in Ife and Olorunda LGAs in which condom and oral pills were the most popularly known [3,4].

A high proportion of the respondents in this study had good perception about family planning. About eight out of ten of the respondents were of the perception that family planning is not against their moral and cultural beliefs; modern methods are better than traditional methods and the decision to use family planning and the method to be adopted should be a joint one between men and their partners. About seven out of ten stated that it was not against their religion. However, about half of the respondents felt that condom reduces sexual satisfaction and vasectomy is not a desirable practice. The respondents view about the condom is corroborated by the reports of some studies conducted in Western Kenya

and Malawi in which respondents felt that condoms were an issue in contraception because they interfere with sexual pleasure, they are not really accepted within marriage but good for extramarital affairs, and could be left in the woman's body. Condom use was considered a 'double loss' of both possible conception and pleasure [12,13].

The perception of most of the respondents that decision making about family planning use and method adopted should be a joint one contrasts with the reports of studies conducted in Nigeria, Uganda and India. While some felt that family planning and fertility issues are entirely in the woman's domain; do not really concern men and as such they need not worry about it; some felt that discussing topics such as contraception is unnecessary and is a waste of precious time [4,23,26]. In a South African study on the other hand, men felt that decisions about the number of children to have is solely that of men and so should not be discussed with women who have limited decision-making powers [9].

Overall, about nine out of ten respondents had good perception. This is higher than the finding in a Nigerian study in which just about two-thirds of the respondents had a positive perception [4]. It would have been wonderful if this high perception of family planning can translate into high practice but it is often not the case as seen in this study and previous other researches where high perception, knowledge or approval does not translate into practice [3,27].

Though majority of the respondents felt that family planning should be a joint decision of both sexes; only four out of ten of them ever discussed family planning with their wives. This is similar to that reported among men in Ife but slightly lower than that reported in Olorunda [3,4]. Communication about family planning is important as inter-spousal communication is a crucial matter that has a strong positive effect on the continuous use of family planning [3,4].

In this study, about seven out of ten respondents had ever used a family planning method. The most commonly used were male condom, withdrawal and oral contraceptive pills while

the least ever used was vasectomy. This is lower than that of the Ife study but higher than that reported in the Ilorin and Olorunda studies [3,4,27].

Slightly over half of the respondents or their wives were currently using a family planning method. The commonest methods currently used by the respondents were the same as those ever used by them ie male condom, withdrawal and oral contraceptive pill but a lower proportion of respondents were using them as at the time of the study ie some people that were previously on these methods had stopped or changed to other methods as the case may be. This finding is similar to the Ife, Ethiopian and Indian studies in which slightly over half and about three-fifth of the respondents were current users [3,24,28] but higher than those of the Ilorin and Olorunda studies in which less than a fifth of the men were currently using contraceptives [4,27]. In most of these studies (with exception of Olorunda), condom was the commonest method being used while vasectomy was the least. Overall, about two-thirds of the respondents had good practice.

Religion and educational status significantly predicted respondent's perception and practice of family planning. When compared, respondents that were Christians and who had higher education had better perception and practice of FP than those that were non-Christians, and uneducated. Religion as a predictor of respondents' perception and practice of family planning as found in this study is corroborated by studies conducted in Ghana, Senegal, Pakistan and the United States of America [25,29,30,31]. Though the Quran does not prohibit birth spacing or limiting the number of pregnancies, some Muslims feel that family planning is infanticide, others feel that the larger the number of Muslims and their population, the larger their power, while yet others view it as a practice imposed by the West to reduce their number [29,30]. It may not be the religious affiliation per see that brings about the poor perception and practice of family planning; rather, it may be how fundamental and conservative people's religious identifications are. People who are more conservative

generally display lower support for family planning irrespective of their religion as some conservative Christians have also been found to have poor perception of family planning, but for different reasons [31].

Education also significantly predicted respondents' perception and practice of family planning. More respondents with tertiary education had better perception and practice of family planning than those with other levels of education or no education at all. This findings is also corroborated by studies conducted in Tanzania, Turkey, Ghana, North Central Nigeria and Uganda [25,27,32,33,34]. Those who were educated in this study could have been more exposed to family planning education than the rest and were therefore in a better position to overcome the forces of ignorance and tradition which tends to make peoples' perception and practice of family planning poor. It has also been documented that education contributes to the reduction of child mortality and therefore fertility; since people no longer feel the need to have additional children as an insurance against child death and therefore practice family planning better.

5. CONCLUSION

Almost all the men in Ede South LGA, Osun State Nigeria, were aware of and majority of them had a good perception and practice of family planning. However, there were gaps between their awareness, perception and practice. The factors which significantly predicted their perception were religion, education and occupation while the factors which significantly predicted their practice were religion and education. Public enlightenment and other forms of advocacy about family planning targeted at men should be intensified in order to bridge the gap between their awareness, perception and practice.

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