

## 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:** The mean age of the respondents was  $35.3 \pm 11.7$  years; 60% were married and 99% 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%). There was a statistically significant association between Religion, educational and occupational status and FP practice and a statistically significant association between religion, educational and FP 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

**Comment [DOJ1]:** Include the mean age and marital status of your respondents

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

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

34 Though men play a pivotal role in family planning issues, they have not been too involved. In  
35 most developing countries, women carry the burden of responsibility on contraceptive use  
36 often with little or no support and sometimes with great resistance from their male partners  
37 [4,5,6]. Men’s support or opposition to their partner’s practice of family planning has a strong  
38 impact on contraceptive use in many parts of the world including Africa. For example,  
39 according to Zimbabwe reproductive health survey done in 1984, 42% of married women  
40 stated that it was the husband’s responsibility to decide whether his wife should use family  
41 planning method or not [7]. Also in Ethiopia, women at risk of unplanned pregnancies were  
42 not using contraceptive methods because of male opposition [8,9]. As a result, there are still  
43 so many unplanned, ill-spaced and unwanted pregnancies with the attendant high risks of  
44 maternal, infant and child mortalities and increasing poverty [10,11].

45 Men in Africa resist the use of contraceptives, even among partners, for a variety of reasons  
46 of which the major ones are based on cultural, socioeconomic, religious and health issues  
47 [12].

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

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

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

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

## 69 **2. METHODOLOGY**

### 70 *Study setting*

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

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

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

81 This was a descriptive cross-sectional survey conducted among men between the ages of 18 and 70.  
82 Assuming a 95% level of confidence, proportion of men using contraceptives of 27% (from a  
83 previous study) and a level of significance 5%, the formula for calculating single proportions by  
84 Abramson and Gahlinger was used to obtain a minimum sample size of 302 [21,22]. In order to  
85 compensate for improperly completed questionnaires, the calculated sample size was increased by  
86 5% and a total of 340 respondents were eventually interviewed.

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

92 A pre-tested, semi-structured questionnaire, developed in English language and back translated  
93 into Yoruba in order to ensure the content validity was used. The questionnaire was pre-tested  
94 in Olorunda LGA which was not utilized for this study. It elicited information about the socio-  
95 demographic characteristics, awareness, perception and practice of family planning among  
96 men. The questionnaire was self-administered by the literate respondents while the non-literate  
97 ones were interviewed by trained research assistants.

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

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

### 110 3. RESULTS

111 Of the 340 questionnaires distributed, 333 were filled correctly giving a response rate of  
112 97.9%.

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

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

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

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

117

118 **3.1 Awareness and sources of information**

119 Three hundred and thirty two (99.7%) of the respondents were aware of family planning. The  
 120 major sources of information about family planning were the radio 180(54.2%), school  
 121 42(12.7%) and friends/relations 38(11.4%). (Table 2)

122

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

<b>Awareness</b>	<b>Frequency</b>	<b>Percentage</b>
Aware	332	99.7
Not aware	1	0.3
Total	333	100.0
<b>Sources of information</b>		
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

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 Total 332 100.0 

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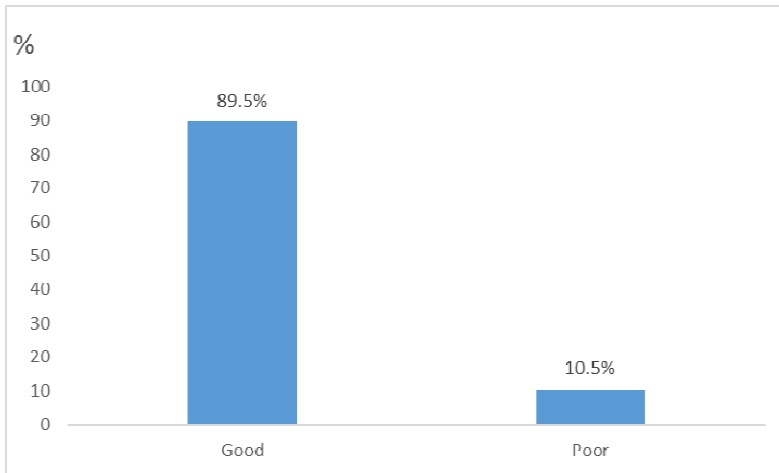
126 **3.2 Perception**

127 Majority of respondents agreed that both sexes should determine what type of family  
 128 planning to be adopted (87.7%), family planning should be joint decision of men and their  
 129 partners (85.3%) and it is not against their moral and cultural beliefs (82.9%) while 33.9%  
 130 and 18.6% respectively agreed that condom doesn't reduce sexual satisfaction and vasectomy  
 131 is a desirable practice. Overall, about 89.5% percent of the respondents had good perception  
 132 while 10.5% had poor perception (Figure 1)

133 **Table 3: Respondents' perception about family planning (n = 333)**  
 134  
 135

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 (77.8)
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(48.4)
Condom doesn't reduce sexual satisfaction	163 (48.9)	57(17.1)	113 (34.0)
Vasectomy is a desirable practice	180 (54.1)	91(27.3)	62 (18.6)

136



137

138 **Figure 1: Overall perception of family planning among respondents**

139 **3.3 Practice**

140 Two hundred and eight (62.5%) of the respondents have discussed family planning with their  
 141 female partners/spouses; 190(57.1%) of the respondents or their spouses/partners were  
 142 currently using a family planning method while 262(78.7%) of them chose their ideal family  
 143 size as 1-4 children. Overall, 66.1% of the respondents had good practice while 33.9% had  
 144 poor practice of family planning (Table 4). The commonest method currently used by the  
 145 respondents or their partners/ spouses were male condom 165(49.5%), withdrawal 75(22.5%)  
 146 and oral contraceptive pill 66(19.8%) while the least were implants 2(0.6%) and vasectomy  
 147 2(0.6%).

**Comment [DOJ2]:** show these on a table to outline the 3 questions asked as mentioned in the methods, or preferably, you may want to do a summary table to include the overall perception and practice scores.

148 **Table 4: Respondents' practice of family planning (n = 333)**

149

Family Planning Practice Statements	Yes	No
Has ever discussed family planning with spouse or partner	208(62.5)	135(37.5)
Respondent or spouse is currently using family	190(57.1)	143(42.9)



planning

Ideal family size

1-4

5 and above

262(78.7)

71(21.3)

Overall practice of family planning

Good practice

Poor practice

220(66.1)

113(33.9)

150

151 **3.4 Relationship between socio-demographic characteristics and perception of family**  
152 **planning**

153 There was a statistically significant association between respondents' age group, religion,  
154 educational and occupational levels and their overall perception of family planning. When  
155 compared, respondents that were Christians, who had higher education and were  
156 professionals had better perception of family planning than those who were non-Christians,  
157 uneducated and unskilled ( $p < 0.05$ ) (Table 5). Though age group is positively associated  
158 with perception, there is no upward or downward trend.

159

160 **3.5 Relationship between socio-demographic characteristics and practice of family**  
161 **planning**

162 There was a statistically significant association between respondents' age group, religion,  
163 educational level and their overall practice of family planning. When compared, respondents  
164 that were Christians and who had higher education had better practice than those who were  
165 non-Christians, uneducated and unskilled ( $p < 0.05$ ; Table 6). Though age group is positively  
166 associated with practice, there is no upward or downward trend.

167

168 **Table 5: Relationship between socio-demographic characteristics and respondents'**  
 169 **perception of family planning.**

Socio-demographic characteristics	Perception		X <sup>2</sup>	P-value
	Poor (%)	Good (%)		
<b>Age (years)</b>				
18-24	0(0.0)	43(100)	23.17	.000
25-34	15(10.0)	135(90.0)		
35-44	4(5.6)	67(94.4)		
45-5	4(11.8)	30(88.2)		
55 and above	12(34.3)	23(65.7)		
<b>Marital status</b>				
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)		
<b>Religion</b>				
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)		
<b>Educational status</b>				
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)		
<b>Occupational status</b>				
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)		
<b>Ethnicity</b>				
Yoruba	35(11.7)	263(88.3)		.298
Igbo	0(0)	23(100)		
Hausa	0(0)	7(100)		
Others	0(0)	5(100)		

Comment [DOJ3]: put an asterisk here

Comment [DOJ4]: move the asterisk to the p-value

170 Likelihood Ratio Chi-square and Fisher's Exact test were used

171

172

173 Table 6: Relationship between socio-demographic characteristics and respondents' practice  
 174 of family planning

Socio-demographic characteristics	Practice		X <sup>2</sup>	P-value
	Poor (%)	Good (%)		
<b>Age (years)</b>				
18-24	20(46.5)	23(53.5)	21.21	.000
25-34	38(25.3)	112(74.7)		
35-44	19(26.8)	52(73.2)		
45-54	15(44.1)	19(55.9)		
55 and above	21(60.0)	14(40.0)		
<b>Marital status</b>				
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)		
<b>Religion</b>				
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)		
<b>Educational status</b>				
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)		
<b>Occupational status</b>				
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)		
<b>Ethnicity</b>				
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)		

175 Likelihood ratio Chi-square and Fisher's Exact test were used

#### 176 4. DISCUSSION

177 This study assessed the awareness, perception and practice of family planning among men in  
 178 Ede South LGA, Nigeria. Awareness of family planning was almost universal among the  
 179 respondents. This is in keeping with the reports of some other studies conducted both within  
 180 and outside Nigeria in which about 99% of the men were aware of family planning [3,23].

181 However a study conducted in Ethiopia reported 75% level of awareness [24]. The most  
182 popular sources of information about family planning were the radio, the school and friends  
183 while the least was the hospital. Likewise, the most popular source of information about  
184 family planning in most other studies was the radio. In these studies however, the other  
185 popular sources reported differed from those recorded here and also differed from study to  
186 study [3,23].

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

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

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

206 about the condom is corroborated by the reports of some studies conducted in Western Kenya  
207 and Malawi in which respondents felt that condoms were an issue in contraception because  
208 they interfere with sexual pleasure, they are not really accepted within marriage but good for  
209 extramarital affairs, and could be left in the woman's body. Condom use was considered a  
210 'double loss' of both possible conception and pleasure [12,13].

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

219 Overall, about nine out of ten respondents had good perception. This is higher than the  
220 finding in a Nigerian study in which just about two-thirds of the respondents had a positive  
221 perception [4]. It would have been wonderful if this high perception of family planning can  
222 translate into high practice but it is often not the case as seen in this study and other previous  
223 researches where high perception, knowledge or approval did not translate into practice  
224 [3,27].

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

230 In this study, about seven out of ten respondents had ever used a family planning method.  
231 This **proportion** is lower than that of the Ife study but higher than **those** reported in the Ilorin  
232 and Olorunda studies [3,4,27]. The most commonly used **methods by the respondents or their**  
233 **spouses/partners** were male condom, withdrawal and oral contraceptive pills while the least  
234 ever used was vasectomy. **Vasectomy was probably unpopular because it is both a surgical**  
235 **and permanent method. Moreover, some men might fear that it can mark the end of their**  
236 **sexual lives which is unacceptable to most African men.**

237 Slightly over half of the respondents or **their spouses/partners** were currently using a family  
238 planning method. The commonest methods currently used by **them** were male condom,  
239 withdrawal and oral contraceptive pills. This finding is similar to the Ife, Ethiopian and  
240 Indian studies in which slightly over half and about three-fifth of the respondents were  
241 current users [3,24,28] but higher than those of the Ilorin and Olorunda studies in which less  
242 than a fifth of the men were currently using contraceptives [4,27]. In most of these studies  
243 (with exception of Olorunda), condom was the commonest method being used while  
244 vasectomy was the least. Overall, about two-thirds of the respondents had **good** practice.

**Comment [DOJ5]:** discuss this further

245 **They discussed family planning with their spouses or female partners, were current users of**  
246 **family planning and their ideal family size was four children or less.**

247 **Religion and educational status were significantly associated with respondents' perception**  
248 **and practice of family planning.** When compared, respondents that were Christians and who  
249 had higher education had better perception and practice of FP than those that were non-  
250 Christians, and uneducated. Religion being **significantly associated** with respondents'  
251 perception and practice of family planning as found in this study is corroborated by studies  
252 conducted in Ghana, Senegal, Pakistan and the United States of America [25,29,30,31].  
253 Though the Quran does not prohibit birth spacing or limiting the number of pregnancies,  
254 some Muslims feel that family planning is infanticide, others feel that the larger the number

255 of Muslims and their population, the larger their power, while yet others view it as a practice  
256 imposed by the West to reduce their number [29,30]. It may not be the religious affiliation  
257 per se that brings about the poor perception and practice of family planning; rather, it may  
258 be how fundamental and conservative people's religious identifications are. People who are  
259 more conservative generally display lower support for family planning irrespective of their  
260 religion as some conservative Christians have also been found to have poor perception of  
261 family planning, but for different reasons [31].

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

## 273 5. CONCLUSION

274 While almost all the men in Ede South LGA, Osun State Nigeria, were aware of family  
275 planning, only a majority and a sizeable proportion of them had good perception and practice  
276 of family planning respectively; denoting gaps between their awareness, perception and  
277 practice. Religion, education and occupation were significantly associated with perception  
278 while religion and education were significantly associated with practice. Public

279 enlightenment and other forms of advocacy about family planning targeted at men should be  
280 intensified in order to bridge the gap between their awareness, perception and practice.

281

282

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