

**AFRICAN JOURNAL OF  
MEDICINE**  
and medical sciences

**VOLUME 31, NUMBER 2 JUNE 2002**



**EDITOR:  
B. O. OSOTIMEHIN**

**ASSISTANT EDITOR:  
A. O. UWAIFO**

**ISSN 1116 — 4077**

## Family planning in rural Nigeria: a study among men

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### Summary

Too few family planning studies in Nigeria have focused on the men. This community-based study determined the level of knowledge, attitude to and the practice of contraception among married men in a rural community in south west Nigeria. The study also identified socio-demographic and other variables associated with male contraceptive use. Knowledge was high for any family planning and any modern family planning method (90.9% and 73.3%). High level of knowledge alone was however not sufficient enough to promote a high level of use. The men's attitude was generally positive. Nearly half (47.3%) of respondents reported that they made family planning decisions with their spouses, though the larger majority thought it was the wife's responsibility to go for family planning. Among the men, 55.7% had ever used, while 26.7% were current users of any method. High level of formal education and duration of marriage (10 years and longer) were predictive of ever-used of a FP method while having fewer than 5 surviving children negatively affected the use of FP methods. Current users of any family planning method were likely to be men with high formal education and with two or more surviving female children. The condom was the most utilized method but traditional methods of unproven efficacy, some of which were hitherto thought to be used only by women, were also widely used. Current use of contraceptives by males in this rural community is lower than what is generally reported for the country and the southwest region. It could be further improved when child survival is assured and when there is an improvement in the general level of education in the community.

**Keywords:** *Family planning, male, rural community, contraception, reproductive health*

### Résumé

Aux études sur le planning familial basées sur ses hommes ont été en Nigeria. Cette étude, de communauté rurale déterminait le degré de connaissance, d'attitude et d'utilisation des contraceptifs chez les hommes mariés dans la communauté rurale du sud-ouest du Nigeria. L'étude a aussi identifié la variable sociodémographique et d'autres variables associées à l'utilisation des contraceptifs chez les hommes. Toutes les méthodes et les méthodes modernes de planning familial étaient très connues (90.9% ET 73.3%). Le haut niveau de connaissance de planning familial seul par contre n'était pas suffisant pour promouvoir le niveau élevé positif en général. Environ la moitié (47.3%) des répondants disaient avoir fait un planning familial avec leurs épouses, bien que la large majorité pensait que cela était de la responsabilité de la femme. Chez les hommes, 55.7% avaient eu à utiliser et 26.7% l'utilisaient. Le niveau d'éducation et la durée de mariage (10 ans et plus) était

un facteur pour prédire l'utilisation d'une méthode de santé familiale. Les familles avec un niveau élevé d'éducation qui utilisaient les méthodes de planning familial et avec deux ou plusieurs enfants. Le condom était la contraception la plus utilisée. Les méthodes de contraception traditionnelle avec une efficacité élevée et d'autres qui étaient dangereuses étaient utilisées uniquement par les femmes et étaient les méthodes les plus utilisées. Le taux d'utilisation des contraceptifs par les hommes dans cette communauté rurale est très faible par rapport au taux rapporté dans le pays en général et dans la région du sud-ouest. Cette situation pourrait s'améliorer si les enfants survivaient beaucoup plus et si il y a une amélioration en général du niveau d'éducation,

### Introduction

An estimated 100 million or about one married woman in every 5 are said to have unmet needs for spacing or limiting births in developing countries [1]. In Nigeria, about 22 percent of married women of reproductive age in the 1990's were found to have unmet needs [2]. Married men in other sub-Saharan African countries, namely Ghana and Kenya were found to have high levels of unmet needs for family planning that were comparable to, although slightly lower than those of women in the respective countries. Studies have highlighted the need to examine and foster husband/wife spouse communication on family planning matters, as this was likely to bring about a lowering of fertility rates [3].

Contraceptive knowledge in Nigeria is said to be generally low. However in the last decade, there is sufficient evidence to show that there has been an increase in knowledge among women [4]. In addition, there has been an improvement in contraceptive use since the 1990 Nigeria Demographic and Health Survey (NDHS) when only 6 percent of women were reportedly using any method [4]. In the 1999 NDHS Survey, 15.3 percent were currently using any method, while 8.6 percent were using any modern method [5]. Traditional methods continue to play a major role in fertility regulation and fertility appears to have dropped significantly in Nigeria in the last decade [5]. Total fertility rate (TFR) according to the National Population Commission report for 1999, was 5.2 (4.5 for urban and 5.4 for rural Nigeria) [5]. In the 1990 NDHS Survey, TFR was reported as 6.2, suggesting a recent decline of about one child per woman [4,5]. Furthermore, a decline for both wanted and actual fertility rate since 1990 was observed in the country. This fall according to the NDHS 1999 report is due to the harsh economic realities rather than the use of family planning service [5].

Male condom use for contraception in Nigeria is still reported as low especially in south west Nigeria [5-9]. Studies in this region have also shown that women, who are frequently targeted in family planning surveys, tend to underreport male condom use [10]. The condom is important not only as a contraceptive device but also for its useful role in reducing the

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spread of sexually transmitted infections including HIV/AIDS. Not enough recent data are available however on male contraception particularly in rural Nigeria. Fertility appears to be changing within communities in sub-Saharan African, but epidemiological studies showing such changes, particularly in Nigeria, are few. Following the International Conference on Population and Development (ICPD) held in Cairo, attention has been drawn to men who are the major reproductive health decision makers in families. The need to carry them along has been aptly highlighted, yet too few reproductive health studies target men [11]. Improving male participation encourages marital harmony and ensures efficient contraceptive use, and these promote a lowering of fertility [3,10,12].

This community-based study was carried out to assess the level of awareness, attitude to, and practice of contraception among married men in a rural community in Nigeria. This information is urgently needed when addressing the role of men in fertility control in this community.

## Materials and methods

### Study area

The study area Igboora, is a rural town located in the south western part of Nigeria. The population is estimated at 55,000. The majority of inhabitants are small-scale farmers with secondary attachments to trades and craft. Few white-collar jobs are available.

### Study population

The target for this study includes married men who live in Igboora. They were selected following multistage sampling.

### Sampling procedure

Igboora is divided into 335 compounds within six homogenous blocks, which for the purpose of this study serve as clusters. A cluster was selected by simple random sampling for this study. All households with married men within the selected cluster were listed and every fifth household was visited and married men within these households interviewed. Using a standardized structured, precoded questionnaire with open and close-ended questions, socio-demographic and information related to contraceptive knowledge, attitude and practice were obtained from each of the respondents. Determinants of contraceptive use were examined and the following socio-demographic and other variables were considered: the age of men, number of living male and female children, number of living children of both sexes, type of marriage, religion, level of education, age of wife, sex preference and duration of marriage.

Data were entered into the computer using the EPI INFO version 6.04 software and then exported to SYSTAT for regression analysis [13,14].

## Results

### Demographic data

A total of 300 respondents were interviewed. Table 1 shows the characteristics of the men in the study sample by age, occupation, level of education and type of marriage. Nearly half of the men were small-scale farmers and most were in monogamous unions.

### Knowledge about any FP method

Knowledge about any family planning method was generally high and 272 (90.9%) knew of at least one method. Knowledge was higher in the younger men (under 40 years) when compared

with older men, 40 years and above, (92.2% vs 80.6%). The difference was however not statistically significantly ( $P > 0.05$ ).

**Table 1:** Demographic characteristics of respondents by type of marriage

	Polygamy No. (%)	Monogamy No. (%)
<i>Age in years</i>		
25 - 29	28 (31.8)	58 (68.2)
30 - 34	20 (24.4)	62 (75.6)
35 - 39	30 (42.8)	40 (57.2)
40 - 44	35 (66.0)	18 (34.0)
45 - 49	1 (100)	-
50 - 55	2 (100)	-
55 +	2 (50.0)	2 (50)
Unknown	-	2 (100)
Total	118 (39.3)	182 (60.7)
<i>Level of Education</i>		
Nil formal	58 (49.6)	59 (50.4)
Primary	30 (39.5)	46 (60.5)
Secondary	11 (26.2)	31 (73.8)
Post second no. univ.	7 (20.6)	27 (79.4)
University	8 (32)	17 (68.0)
Unknown	4 (66.7)	2 (33.3)
Total	118 (39.3)	182 (60.7)
<i>Occupation</i>		
Farmer	58 (47.2)	65 (52.8)
Blue collar worker/ civil servant	5 (26.3)	14 (73.7)
Traders	15 (29.4)	44 (74.6)
Self employed service men		
Artisans	1 (20.0)	4 (80.0)
Unemployed	32 (37.2)	54 (62.8)
Unknown	7 (87.5)	1 (12.5)
Total	118 (39.3)	182 (60.7)

Knowledge was highest among the traders 18 (94.7%) and farmers 114 (91.9%) followed by the group which included artisans, vulcanizers, service men 78 (89.6%) and the civil servants 50 (84.7%). The lowest rate was seen among the unemployed 4 (80%). There was no significant difference in level of knowledge between men with low and high levels of formal education (91.7% vs 90.1%,  $P = 0.65$ ). Men with knowledge about family planning methods were more likely to have ever-used and to be current users of any family planning method than those who had no knowledge ( $\chi^2 = 8.0$ ,  $P = 0.05$ , and  $\chi^2 = 6.58$ ,  $P < 0.01$ , respectively). Significantly fewer men, 220 (73.3%) had knowledge of any modern family planning method, compared with those who had knowledge of any FP method ( $\chi^2 = 26.69$ ,  $P < 0.0001$ ).

### Attitude to family planning

The men's attitude to family planning was generally positive with 231 (77.0%) of men describing family planning as acceptable within the community, while a higher proportion 258 (86%) wanted more couples to have family planning instructions. On who makes family planning decision, 142 (47.3%) men said both the husband and wife make the decision, 92 (30.7%) said the husband alone while 40 (13.3%) said the wife alone. Twenty-six (8.7%) reported that they had not made such decision.

On the question of who should go for family planning, the large majority 149 (49.7%) of men agreed that it was the wife responsibility while only 47 (15.7%) thought it was

solely the husband's responsibility. The rest of the men 21 (6.8%) did not think that couples should use family planning methods. Men of Islamic faith were more likely to hold the wife responsible for family planning compared with the Christians (52.4% vs 43.9%) though the difference was not statistically significant ( $p>0.05$ ). The Christians were no more likely than Moslems and traditionalist to approve of family planning (FP) (76.9% vs 77.2%,  $p>0.05$ ).

**Ever-used FP methods**

Among the men, 167 (55.7%) had ever-used any FP method. Of these men, 130 (77.8%) used it with the wife/wives while 37.2% used it in extra-marital relationships (multiple responses). Ever-used reduced though not significantly with increasing age ( $\chi^2=4.71, P=0.09$ ) and more Christians than Moslems had ever-used any method. The difference was not statistically significant ( $P>0.05$ ).

When data were analyzed by level of education, ever-used FP increased significantly with increasing levels of education ( $\chi^2=11.9, P<0.01$ ). Significantly more monogamous than polygamous men had ever-used a method (60.1% vs 43.5%) ( $\chi^2=7.76, P<0.01$ ). There was no difference found in ever-use among men with or without a sex preference ( $p>0.05$ ). Men with fewer children (up to 4) had higher rates of ever-use than men with more children (5 and above) (62.2% vs 44.7%,  $\chi^2=9.97, P<0.01$ ). While 38.1% reported that their wives had ever-used any FP method, by the respondents' assessment, ever-used was higher among men than their spouses.

**Current use of family planning method**

Eighty out of the 300 (26.7%) men were currently using a modern or traditional FP method (any method). Following bivariate analysis, the older men, 35 years and above were more likely than their younger counterpart to be using a method ( $\chi^2=6.27, P=0.01$ ). Men with high education (secondary level and above) were also more likely than those with low education to be using a method ( $\chi^2=11.14, P<0.001$ ). Duration of marriage, age of wife, sex preference, total numbers of surviving children were not statistically significant ( $P>0.05$ ).

**Family planning methods used by the Men**

The condom was the most widely used method utilized by nearly two-thirds of the current users of any family planning method. This was followed by traditional and natural methods. Methods overlapped as the men tended to use both modern and traditional methods together (Table 2).

**Table 2:** Family planning methods currently used by men

Family planning method <sup>1</sup>	No. (n) (%) of current users	current users as % of all respondents (n/300)
Condom	50 (62.5)	16.7
Ring*	23 (23.8)	7.7
Natural FP methods including abstinence	18 (22.5)	6.0
Incision and other traditional methods**	14 (17.5)	4.7

<sup>1</sup> - methods overlap

\* traditional method worn on the male finger

\*\* other methods include waistbands, soaps, soups, armlets which are believed to prevent pregnancy in the partner when used by the men.

**Factors associated with making a choice of a FP method**

When the current users were asked to indicate why they chose to use a particular method, the overwhelming majority of current users 75(93.8%) said they wanted a method which was effective in preventing pregnancy and/or infection, 10(12.5%) said they wanted a method with few side effects and 8 (7.5%) knew of only one method and did not have a choice. Six (5.7%) said the method was chosen to promote marital enjoyment and only 1(0.9%) said he chose the method, which was easy to use. Multiple responses were given for this question.

**Logistic regression analysis**

In order to remove the effect of confounding variables and to see which socio-demographic and other factors independently and significantly affect contraceptive use, the data were subjected to multivariate analysis. The dependant variables with dichotomous responses were ever-used and current use of any family planning method. High level of formal education and duration of marriage 10 years and longer were predictive of ever-used of a FP method. Having fewer than 5 surviving children negatively affected the use of FP methods by the men. Current users of any family planning method were likely to be men with high formal education and with 2 or more surviving female children. Age, duration of marriage, religion, sex preference, number of male children were not in this study significant (Table 3).

**Table 3:** Adjusted odds of ever-used and current use of any family planning method

Variables	Ever-used OR* (95% Confidence limit)	P value	Current use OR* (95% Confidence limit)	P value
<b>Age (yrs)</b>				
< 35	0.85 (0.39-1.86)	0.686	0.44 (0.17-1.1)	0.09
35+	1.0		1.0	
<b>Education</b>				
High	2.9 (1.38-5.87)	0.004	3.4 (1.46-8.0)	0.004
Low	1.0		1.0	
<b>No. of surviving children</b>				
0-4	0.37 (1.20-9.8)	0.009	0.56 (0.23-1.33)	0.19
5 and more	1.0		1.0	
<b>Duration of marriage</b>				
10 yrs and more	3.4 (1.20-9.8)	0.021	2.9 (0.69-1.25)	0.14
< 10 yrs	1.0		1.0	
<b>No. of surviving female children</b>				
2 or more	0.95 (0.45-1.99)	0.897	2.5 (1.005-6.04)	0.049
<2	1.0		1.0	
<b>No. of surviving male children</b>				
< 2	0.61 (0.26-1.45)	0.267	0.41 (0.14-1.16)	0.895
2 or more	1.0		1.0	
<b>Sex preference</b>				
Nil	1.08 (0.57-2.07)	0.811	1.13 (0.5-2.5)	0.76
Yes	1.0		1.0	
<b>Religion</b>				
Christian	1.0	0.113	0.51 (0.22-1.18)	0.117
Non-Christian	0.56 (0.27-1.14)		1.0	
<b>Age of first wife</b>				
25 and above	1.0	0.259	1.17 (0.72-1.87)	0.518
< 25	0.79 (0.52-1.19)		1.0	
<b>Type of Marriage</b>				
Monogamous	1.0	0.202	0.68 (0.29-1.63)	0.395
Polygamous	0.63 (0.38-1.28)		1.0	

\*Quasi - maximum likelihood adjusted.

## Discussion

Contraceptive awareness in this rural community is relatively high with over 73 percent of men having knowledge about any modern family planning method. This is similar to the 73.0 percent that was reported for rural Nigeria by the NDHS in 1999 but much lower than the regional rate [5]. Current use of any method in this rural town was 26.7 percent and this is also lower than the national and regional rates (31.8 and 53.3 percent) respectively [5]. The reported current use of condom by the men in this study is however much higher than what is reported by women suggesting that women may not be in the best position to report condom use in their partners. This was observed in the 1999 NDHS study [5], and is in agreement with what had earlier been reported [10]. On the other hand, some of the men who used condom, used it exclusively when with girlfriends and not with the wife. This may offer an explanation as to why the married women underreport the use of male condoms in their spouses. Paradoxically, the proportion of men using family planning in this community was higher than what has been reported for women, and men in this community may be using the methods because of their extramarital relationships. More studies are required in this regard. The men were also using traditional methods, some of which were hitherto thought to be used only by women.

From the data presented, male dominance in decision-making was not so pronounced as most men made family planning decisions with their wives. This appears to be new and highlights the fact that changes are occurring even in the rural areas of this country. What is worrisome is that most men still feel that it is the woman's responsibility to go for family planning.

Knowledge and the use of contraceptive methods are important when discussing fertility regulation. It is generally known that the practice of family planning is affected by the knowledge of the methods and places where these can be obtained. In this study, knowledge about modern FP method was high and significantly associated with improved practice. However, the majority of men in this community with high knowledge did not practice contraception and high level of knowledge alone is not enough to improve practice. The effect of higher formal education cannot be overestimated and improving the general level of education within the community would perhaps improve the utilization of family planning methods. This is further highlighted in the multivariate analysis, which shows that current users were more likely to be men with high education. In addition, practice can be further improved when child survival is assured. The national reproductive health policy must recommend and communicate the implementation of child survival strategies, not just the improvement of neonatal care as is currently recommended. This must be done in order to see a significant improvement in the use of family planning services. Failure to address child survival will undermine efforts at improving utilization of some reproductive health services. In addition, the men who had fewer than 5 children were less likely to use a family planning method. This may explain why the

younger men and their wives were less likely to have ever used and be current users of a FP method. Desired family size continues to be much higher than replacement level in this region of Nigeria [4,5,12].

Finally, current use of contraceptives by men in this rural community is lower than what is generally reported for the country and the region. Though the condom was the most widely used method, traditional methods of unproven efficacy were also commonly used in this community.

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