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Men's Awareness, Support and Uptake of Modern Family Planning: A Case Study of Oyo State Nigeria

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Abstract

Amidst the availability of Modern Family Planning (MFP), the prevalence of FP is still low in Africa. Involving men is a critical factor for FP, owing to its benefits, decision making, use and non-use. This study considers the view of men on FP and focused on their perception, support and factors responsible for the use/non-use in Ibadan, Oyo State, Nigeria. A cross-sectional study design among married men in in Oyo State, Nigeria. A total of 452 were interviewed. Questionnaire developed using Open Data Kit. Stata statistical was used for data analysis at p=0.05. The majority were Muslims (61.7%), with highest level of education being secondary education (58.4%); 40.3% between the ages of 41- 50. Awareness was high (98.7%), with radio (77. %) being major sources. Almost all (98.2%, 97.4%, 92.0%) were aware of male condom, injectables and implants; 86.1% expressed supports and accepted its use (82.1%). Reasons for stopping/not supporting included personal choice (50%), side effects (18.9%) and infidelity (5.3%); 19.7% had negative perception, 43.6% negative perceived roles, 31.0% showed low support. Level of education (x2=8.144, p-0.017) and perception; religion and perceived roles (x2=12.089, p-0.002); level of education (x2=7.623, p-0.022) and supports; use and level of supports (x2=62.281, p-0.000) were associated. There was low level awareness, approval for, support and use of MFP. There is a need to develop family and community level strategic SBCC messages to increase awareness, approval, support and acceptance.

Keywords: *Awareness, Modern Family Planning, Married Men, Perception, Supports.*

Introduction

Men have always shown less concern about sexual and reproductive health (SRH) as it has been viewed as primarily a "women's concern" and a female's duty [1]. Women often suggest that their male partner's resistance to family planning (FP) is a significant barrier to uptake and continued use, resulting in the use of MFP being low in African contexts, hence, necessitating the need to involve men to address low contraceptive prevalence rates [2].

It has been postulated that men who have substantial knowledge on SRH are more likely to get actively involved in their wives' FP processes, providing support for contraceptive decisions and this ultimately improves the women's health generally [3]. According to the WHO report [4], Nigeria carries nearly 20% of all global maternal deaths burden. In a 10-year interval between 2005 to 2015, about 600,000 maternal deaths and more than 900,000 maternal near-miss cases were officially recorded in the country aside from the ones not reported. Studies have shown that the implementation of effective FP methods can sufficiently prevent at least 32% of maternal deaths and about 10% of child deaths in countries with high prevalence [5]. Nigeria's

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latest National DHS estimates show a CPR of 17% among married women and 14 percent among all women which is still a far cry from the target, with a general 0.4% annual increase. FP has remained persistently low in Nigeria and the birth rate has increased significantly [6, 7, 8].

Adherence to and the success of the FP strategy is largely dependent on the joint effort of both women and especially the men [9]. Unfortunately, in the average African home, the husband is the head and the authority in the family, hence the need to demonstrate adequate virility. This has been seen in African homes to contribute to low utilization of FP [10]. Similarly, due to 'gender norms', issues relating to homecare, child-care and childbearing have been left solely for women [2]. The failure to adequately plan for and succeed with FP also poses the problem of unwanted pregnancies, degrading mothers' health, and eventually low economic performance in the home. Findings from a study carried out by Wondim et al [11] affirmed that males were involved in FP through spousal communication and approval. Furthermore, being educated, having an educated partner, having a positive attitude towards FP, discussing with the wife and having adequate knowledge about FP were positively associated with male involvement in utilization [11]. In countries like India, Thailand, Pakistan, Philippines and Malaysia, there are records of significant increases in men taking responsibility and taking the lead in FP roles, hence a corresponding decrease in the rate of maternal mortality in the identified countries [12, 2]. On the contrary, studies from Nigeria believe that high fertility honours Allah, that one way to serve God with fertility is to give birth to several children who will worship Him and secure the future of Islam [13, 14] and that God places children in the womb and "until they are given birth to, you do not stop" [15], thus, use of FP hinders the purpose and command of God to multiply and replenish the earth [15]. Similarly, Ijadunola et al [16] found in Ife, South-western Nigeria, that marriage type, education and occupation were responsible for the disposition of fathers to FP and involvement in the SRH of their wives, and decision making and FP patronage was found to be low [16].

To tackle this challenge, the concept of FP, proper child spacing, and care must be taken seriously. There is abundant literature on women's perception and support for FP while there have not been enough studies on men's support and perception of FP. Thus, this study focused on the awareness and support for the use of MFP methods among men in Ibadan, Oyo State, Nigeria. This therefore investigated the following research questions: i) what are the sources of information on MFP methods? ii) what is the level of men's awareness? (iii) what is their perception and iv) what is the level of support of men and what are the reasons for non-support/uptake of MFP among married men in Oyo State? As such, the study identified the source of information on MFP methods among men in Oyo state; it also assessed their level of awareness, level of support and factors responsible for the support.

Materials and Methods

***Description of Study Site*:** Oyo State is located in the South-West geopolitical zone of Nigeria. It was one of the three states carved out of the former Western State of Nigeria in 1976. Oyo State consists of 33 Local government areas and 29 Local Council Development Areas (LCDAs) with a population of more than 5,591, 589 [17].

Description of the Study: The study was a cross-sectional descriptive conducted among married men (18-60 years old) in randomly selected local government areas (LGAs) in Oyo State, Nigeria. A multi-stage systematic sampling was used to select and interview a total of 452 eligible men. Data collection was done using a semi-structured instrument designed in the Yoruba language. The questionnaire was developed using the Open

Data Kit. Validity was ensured through expert consultation and literature review, while reliability was determined through pre-testing and a Cronbach's alpha of 0.64. Research assistants were trained and a quality control manual was provided. Ethical approval was obtained from the Oyo State Ethical Review Committee (HREC/OYOSHRIEC/10/11/22), and informed consent was obtained from participants in both English and Yoruba languages. Participants were given the option to withdraw consent at any time, and confidentiality was maintained throughout the study. Data was analysed using Stata statistical software for descriptive and inferential analysis at p=0.05. Measurement scales included sources of MFP, perception, perceived role, and level of support. A correct perception response received 2 points, and a false/wrong received 0. ***Negative*** perception was scored between 0-10 points and ***positive*** between 11-20 points respectively. The perceived role was assessed and scored using same approach as above: ***negative perceived roles*** were scored between 0-5 points and ***positive perceived roles*** between 6-10 points respectively. As above, ***low supports*** scored between 0-10 and ***high support*** between 11-20 points respectively. Reasons for and not supporting the scale were reported.

Results

Socio-demographic Characteristics

Four hundred and fifty-two (452) married men participated in the study. The majority were Muslims (61.7%), and in a monogamous relationship (80.1%). The highest proportion had secondary education (58.4%); 40.3% were between the ages of 41- 50. The mean age of respondents, at first marriage, number of desired children and average birth interval 44.4±8, 26.5±4.7, 5.7±7 and 3.2±2 respectively (Table 1).

Table 1. Socio-demographic Characteristics of Respondents (N=452)

Socio-demographic Characteristics	**Frequency**	**%**
Name of LGAs		
Ibadan North-East	113	25.0
Egbeda	112	24.8
Ona Ara	114	25.2
Ibadan South-West	113	25.0
Type of LGA		
Urban	226	52.8
Rural	226	52.8
Age (in years)		
25-30	25	5.5
31-40	130	28.8
41-50	182	40.3
51-60	115	25.4
Religion		
Christianity	168	37.2
Islam	131	61.7
Traditional	5	1.11
Marriage Type		
Monogamy	362	80.1
Polygamy	90	19.9
Level of Education		

No formal	2	0.4
Primary	99	21.9
Secondary	264	58.4
Tertiary	87	19.3
Occupation		
Unemployed	1	0.2
Self-Employed	391	86.5
Private Employed	31	6.9
Civil Servant	29	6.4
Monthly Income		
≤₦30,000	45	10.0
₦31,000 -99,999	247	54.7
₦100,000 – 2000,000	111	24.6
₦≥200,000	49	10.8

Sources of Family Planning Information

Awareness of MFP was high (98.7%). Major sources were through radio (77. 0%). Almost all (98.2%) were aware of male condoms and injectables (97.4%). More than 70% and more than 50% were aware of the use of local rings and arm bracelets for the prevention of pregnancy/conception. Some mentioned alternative or traditional methods, such as banana root and ring, herbs, and local beads for women (Table 2).

Table 2. Sources and Awareness (N=452)

Sources of Information	**Yes (%)**	**No (%)**
Radio	349 (77.2)	103 (22.8)
Television	100 (22.1)	352(77.9)
Social-Media	70 (15.5)	382 (84.5)
Friends and Family	190 (42.0)	262 (58.0)
Health Workers	223 (49.3)	229(50.7)
Facility (Church, Mosque, School, etc.)	28 (6.2)	424 (93.8)
MFP aware of		
Female Sterilization	242 (53.5)	210 (46.5)
Male Sterilization	169 (37.4)	283 (62.6)
IUD OR Copper -T	317 (70.1)	135 (29.9)
Injectables	440 (97.4)	12 (2.7)
Implants	416 (92.0)	36 (8.0)
Pill	363 (80.3)	89 (19.7)
Male Condom	444 (98.23)	8 (1.8)
Female Condom	359 (79.4)	93 (20.6)
Emergency Contraception	285 (63.1)	167 (37.0)
Standard Days Method	208 (46.0)	244 (54.0)
Rhythm Method	222 (49.1)	230 (50.9)
Withdrawal	395 (87.4)	57 (12.6)
Use of Rings	324 (71.7)	128 (28.3)

Use of Bracelets on the arm	229 (50.7)	223 (49.3)
Others*	8 (1.78)	444 (98.2)

**Others include Banana root and ring, exclusive breastfeeding, herbs, local beads for women, and traditional drugs.*

Perception of the Use of MFP

The majority (83.9%) approved its use, and over 80.3% believed they are efficient in preventing pregnancies; 46.7% opined their use could lead to infertility, have significant side effects (49.1%) and those women are saddled with pregnancy-related issues (31%) and its use is against their religion/belief (26.1%) (Table 3).

Table 3. Perception on the Use of MFP (N=452)

S/N	Perception Items	Agreed (%)	Undecided (%)	Disagreed (%)
1.	Women are burdened with pregnancy hence they should be the one preventing it not men	140 (31.0)	21 (4.7)	291 (64.4)
2.	Couples' discussion on method of contraceptives is embarrassing	28 (6.2)	15 (3.3)	409 (90.5)
3.	MFP use leads to infertility	211 (46.7)	89 (19.7)	152 (33.6)
4.	MFP are efficient ways of preventing pregnancies	375 (83.0)	42 (9.3)	35 (7.7)
5.	It is against my religion for men to use contraceptives	118 (26.1)	27 (6.0)	307 (67.9)
6.	Men are busy looking for money hence do not have time to think about contraceptives	139 (30.8)	23 (5.1)	290 (64.2)
7.	The process of acquiring contraceptive is often embarrassing	26 (5.8)	20 (4.4)	406 (89.8)
8.	Contraceptives have significant side effects	222 (49.1)	76 (16.8)	154 (34.1)
9.	I approve the use of MFP	379 (83.9)	24 (5.3)	49 (10.8)
10.	MFP are expensive	31 (6.9)	69 (15.3)	352 (77.9)

Perceived Roles of Men in FP Decisions

Almost half (45.6%) vested the decisions about RH of the women on men and that men should decide the family size (46.2%). However, only 52.4% said men should not decide on the adoption of MFP nor decide method (s) to use (67.9%) or what to do when unwanted pregnancy occurs (50.9%) (Table 4).

Table 4. Perceived Roles of Men in Family Planning Decisions (N=452)

S/N	Practice Items	Agreed (%)	Undecided (%)	Disagreed (%)
1.	Men should decide the family size	209 (46.2)	17 (3.8)	226 (50.0)
2.	Men should decide on the adoption of family planning	196 (43.4)	19 (4.2)	237 (52.4)
3.	Men should decide which FP method to use	117 (25.9)	28 (6.2)	307 (67.9)
4.	Men should decide what to do when unwanted pregnancy occurs	206 (45.6)	16 (3.5)	230 (50.9)
5.	Decisions on reproductive health should be a mutual agreement	389 (86.1)	14 (3.1)	49 (10.8)

Support Provided for MFP Uptake

The majority (86.7%) expressed general support for FP programs; 84.7% acknowledged

its advantages; 82.1% accepted its use in their families, discussed (77.0%) and provided financial support towards uptake/management (70%). The majority (70.8%) are currently using/have adopted some form of FP methods, with very few stopping the use (6.9%). Of those using (*n*=320), hormonal injections (37.2%), male condoms (27.2%) and implants (21.3%) were the most prevalent method.

Reasons for Supporting/Not Supporting MFP

The need for birth spacing (55.0%), because of the economic situation (45.6%), to avoid unwanted pregnancies (41.6%) and to achieve a desired family size (33.4%) dominated the major reasons for supporting MFP (*n*=320). Reasons for not supporting/ non-use of included personal choice (50%), concerns about side effects (18.9%) and infidelity from a spouse (5.3%) (*n*=132 for those not supporting MFP). When categorised, 19.7% had *negative perception* while 80.3% had *positive perception* with a mean value of 13.8±4 (Figure 1.0). Similarly, 43.6% had *negative perceived roles* while 56.4% had *positive perceived roles* with a mean value of 5.3±2 (Figure 1.0). In addition, 31.0% had *low support* while 69.0% had *high support* with a mean value of 12.3±5 (Figure 1.0). A significant association existed between level of education (X^2=8.144, *p*-0.017) and perception; religion and perceived roles (X^2=12.089, *p*-0.002); marriage type and perceived roles (X^2=6.550, *p*-0.010). Level of education (X^2=7.623, *p*-0.022) and support of MFP; use and level of support provided by men (X^2=62.281, *p*-0.000) were significantly associated.

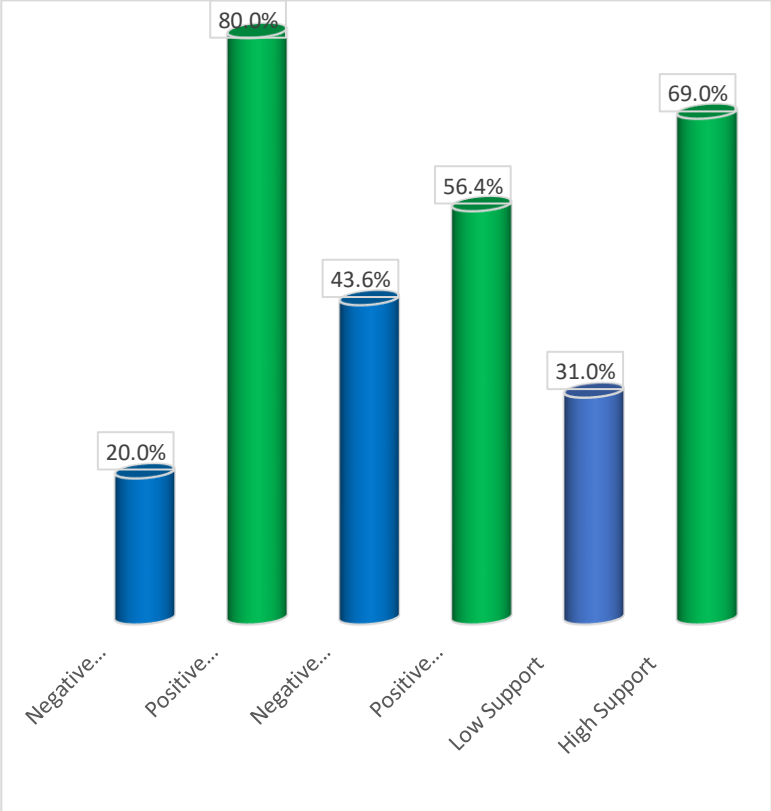

Figure 1. Categorised Value of Perception on the Use of FP, Perceived Roles of Men in FP Decisions, and Level of Support for FP Uptake.

Discussion

***Sources of information on MFP methods*:** The awareness of MFP methods was high among the participants. This is in tandem with some studies conducted in Nigeria which concluded that nearly all men were aware of FP, as a majority of them were aware of some common methods of FP [18,19]. In contrast, Sabale, Suryarao and Kodla [20] in India

showed that men have little knowledge about FP. The high awareness of MFP could be associated with the developmental organization's interventions on FP in Nigeria, through various strategies including the media. The major sources of information were radio, hospitals/health workers and friends and family. A related study also identified these sources as major media by respondents [21]. The fact that the major sources of information on MFP methods were through the media (including radio and social media) could the attributed to the current high access to such platforms in Nigeria. In addition, hospital and health workers were also a notable source which could be a result of their involvement in many multiple community interventions on MFP in the state in the past few years.

Specifically, condoms were widely recognized, mentioned and used as a method of FP, offering protection against unwanted pregnancies and STIs. This may be attributed to the availability of condoms at supermarkets, pharmacy shops and related outlets in the state. Conversely, some participants mentioned alternative or traditional FP methods. Methods such as banana root and ring, herbs, and local beads for women, indicate a diverse range of methods beyond MFP methods are used at the community level. This therefore calls for research to explore various traditional FP methods used in such communities for possible intervention.

Perception of MFP methods: Although majority of the respondents had a positive perception of MFP methods as they believed they are efficient in preventing pregnancies. However, few had negative perceptions which are hinged on some reasons, including the belief that MFP causes infertility, has significant side effects, failure, societal stigmatization, prolonged bleeding, weight loss or gain, and abdominal swelling. This reflects previous findings by Kabagenyi et al. [2] which showed that men were reluctant to support the use of MFP methods due to fear of the harmful side effects and wife's infidelity [2, 22, 23, 8, 24, 25, 26]. Studies across Africa have revealed that negative perceptions about MFP use among men are reasons for their lack of support for spouses to use MFP methods [27, 28]. This could therefore explain the reason why some participants expressed mixed feelings and apprehension regarding MFP, as they raised concerns about misuse and improper use by women, and disappointing results such as infertility. This issue of infertility is therefore not new as many previous studies have reported it [29, 30, 31]. Hence, current findings, therefore, serve as further evidence for comprehensive health education and social behavioural change (SBC) intervention, and individualized counselling on varied contraceptive options to address apprehensions and promote informed decision-making in FP use in the targeted communities.

Lastly, the current study showed that education was identified as the only factor associated with the high perception of MFP practices. This is contrary to a previous study by Semachew Kasa et al., (2018) which showed age was associated with perception of MFP. The difference may be due to cultural differences since the latter research was conducted in Ethiopia.

Perceived roles of men in FP decisions: It is a good thing to note that the majority of participants expressed those decisions on reproductive health (RH) should be a mutual agreement between the couples. This expression therefore reflects their level of support for MFP methods. Hence, engaging them more could increase MFP uptake [32]. However, some participants perceived that some decisions such as decisions about the family size, adoption of FP and method to use should centre on men. This therefore reflects some level of gender inequality and the dominant behaviour of men in the community. However, some also expressed their view that the use of MFP should be solely the responsibility of the woman and not the man.

As a result of this, health education among men on gender issues regarding the use of FP could help to address issues foster understanding and ensure mutual consent in decision-making.

The current study also showed major factors associated with supporting positive roles of men which include family type (monogamy) and religion (being a Christian). A possible explanation for these is that men with one wife may likely discuss family size and FP with their wives, hence regarding themselves to have roles to play compared with those who have more than one wife. Also, Christianity frowns at polygamy which is permissible in the Islamic religion.

Level of support for MFP methods: Although the majority of the participants supported the use of MFP methods, however, some had low support. A significant factor for the support of MFP methods in the current was education. Contrary to other previous studies, age was not significantly associated with the support of MFP methods. For example, Kebede et al [33] showed in their study that is in a younger age group (≥35) influences the utilization and support of MFP methods. In another study, Kamal et al [34] mentioned that men's age is associated with their involvement in FP and RH.

For those who had low support for MFP methods, reasons responsible for non-use included perceived infidelity surrounding the use of MFP methods. This finding also reflects the reasons for the negative perception regarding MFP methods unveiled in the current study which is in tandem with some other previous studies [29, 31, 30].

Use of MFP Methods: While we had many respondents who are currently using MFP methods, some have stopped using it while others are not using any method at all. Comparing the high perception of MFP methods to the level of use, there is a disparity as the level of perception did not translate into use. This therefore reflects a recent study conducted by Amu, Akinwumi and Odu [35] which showed that near-universal awareness and excellent perception did not translate into good FP utilization among women in Osun State, Nigeria. Although previous studies have shown several factors were associated with the use of MFP methods including age [36, 37, 38], however, there was no factor identified with the use in the current study. This current finding is therefore in tandem with Ezeanolue et al [28] who affirmed that there is no significant association between men's age or employment and of use of MFP methods, thus indicating that men's age and employment are not a predictor of MFP use. On the types of contraceptive uptake, hormonal injections, male condoms and implants were the most prevalent. This therefore re-established the finding by Mulatu et al [3] which showed that hormonal contraceptive implants were the most utilized method. On the contrary, male sterilization is not being used by any of the respondents. This may be attributed to the poor attitude toward this MFP method among the respondents as discussed earlier.

Factors responsible for the support of men for MFP: The fact that the need for birth spacing tops the list of reasons for the use of MFP is not a surprise. This was followed by a need to achieve a desired family size and avoid unwanted pregnancy. Another important reason is the economic situation. The recent harsh economy in the country could be responsible for this, as those who fall into this category might not have achieved their desired family but had to limit the number of their children due to the harsh economic situation. Some participants also expressed that MFP has important health benefits for women as it would ensure their health and safety. It was also expressed that the use of MFP methods has a positive impact on women's physical and mental well-being as it allows couples to enjoy intimacy without worrying about unwanted pregnancies and promotes overall health by spacing childbirths and reducing the stress associated with frequent pregnancies.

A major reason for the non-use of MFP methods was to avoid contraceptive side effects. Several studies have emphasized the issue of side effects [26, 22, 25]. Concerns about MFP side effects which are often intermixed with myths and misinformation have served as key barriers to FP decision-making, support and use among men [39, 25]. The issue of side effects as a reason for non-use might have arisen from the low knowledge of FP methods among the participants. Hence, this serves an important reason to carry out SBC activities in such communities to increase the knowledge of the men on MFP methods. To support this, Hutchinson et al. [13] recommended that SBC programs could help to improve contraceptive use.

Another shocking reason is the belief that the use of MFP makes young and married women become promiscuous. Although previous studies have also found out about this misconception. For example, Nmadu et al. [40] reported that one of the limiting factors to male acceptance of MFP is the misconception that FP promotes promiscuity among women. Also, Adanikin, McGrath and Padmada's [41] findings asserted that men, especially older men with no formal education perceived that women who use FP may become promiscuous. This information could be classified as a rumour and therefore requires infodemic management activity to debunk this at the community level.

Education was identified as a major factor for positive perception and support for MFP methods although, there were no other identified factors relating to its use. This implies that despite having a high level of support and positive perception of MFP does not translate to its use. Hence, SBC activities could play a major role in improving its use. One important finding was that the level of use of FP methods increases with the level of support. This therefore provides an insight into possible strategies for community-level intervention, by improving the level of support for MFP methods in the community through various channels. Given the high level of influence held by religious leaders in Nigeria's socio-political [42], such intervention could target religious and community leaders. Previous studies have documented those religious/community leaders are crucial for increasing contraceptive uptake in Nigeria [42].

Recommendations

There is a need to further community interventions that focus on the benefits of modern family planning while also highlighting the major drawbacks of the traditional FP methods used in the targeted communities. Appropriate social behaviour change intervention targeting men should be carried out in the targeted communities to educate men more about various contraceptive options to address apprehensions regarding contraceptive side effects and promote informed decision-making regarding the choice of MFP. In addition, there is a need for strong advocacy for the support of MFP among religious and community leaders to increase awareness, perception and adoption of modern family planning.

Conclusion

Findings showed a high rate of awareness, approval, and support for and use of MFP. However, most still opined those decisions about women's RH issues and unwanted pregnancy should be vested in the man, and that contraceptives have significant side effects and could cause infertility. There is a need to develop family and community-level strategic SBCC messages, engage relevant stakeholders such as religious and community leaders etc. that will help increase the level of awareness, support for and acceptance, and to ensure men see the decisions of FP as a shared role between couples. This will also help debunk the reported myths, misconceptions, fears and reasons for non-use or lack of support for modern family planning. Else, the current level of support may dwindle among men in Oyo State.

Conflict of Interest

None.

Limitations of the Study

This included participation bias, low response rates, and the potential influence of media or economic conditions on participants' opinions. The study accounted for these limitations by adding attrition percentage, variables on sources of information, and reasons for supporting FP, as well as acknowledging the inability to define direct causation.

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