Awareness and use of family planning methods among men in Mista Ali District, Jos, Plateau State, Nigeria

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Abstract

Background: Meeting the health-care needs of a rapidly expanding population is one of the biggest challenges facing Nigeria, and contraceptive use, at 16%, is low.
Aims: This study aimed to assess the knowledge and use of family planning methods among men in Mista Ali District, Jos, Plateau State, Nigeria
Methods: A descriptive design was used, and a total of 172 respondents took part in the study. A questionnaire was used to collect data.
Results: 98.8% of the respondents were aware of family planning. The most-heard-of contraceptive method was the male condom (reported by 85.5% of respondents), which was also the most-used method (93.5%). Level of education significantly influenced the use of any family planning method by the men.
Conclusions: A broader range of activities towards educating men should be undertaken.

Keywords: Awareness, Use, Family planning, Methods, Males

Men's engagement in family planning improves programme outcomes and increases gender equality (Family Health International, USAID, and Progress in Family Planning, 2013). However, reproductive health programmes and services in Nigeria are commonly targeted at and offered to women; consequently, population policies were implemented almost exclusively through family planning programmes serving women (Shattuck et al, 2011; Hartmann et al, 2012), and if men were involved, they were involved only in a limited way, often to ensure contraceptive continuation.

Family planning is the conscious effort of a couple to limit or space the number of children they have through the use of contraceptive methods (National Population Commission and ICF International, 2014). Around the world, family planning is promoted as a mechanism to address the reproductive health needs of men and women, as well as rapid population increase. Families can obtain greater prosperity and security for their family through family planning; without frequent pregnancies and caring for large families, individuals can devote more time and effort to receiving an education and earning an income (Bayray, 2012).

Dare et al (2012) assert that the success of any nation depends largely on the quality of life in the family unit, and therefore a well-planned family is the cornerstone of the progress and development of a country.

Male involvement in family planning encourages not only contraceptive acceptance, but also its effective use and continuation.

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Background

Nigeria, with a population of 182 000 000 people, is the most populous country in Africa and the seventh most populous country in the world (Population Reference Bureau, 2015). The provision of health services for such a large population is a challenge as Nigeria's health sector has wide regional disparities in status, service delivery and resource availability (National Population Commission and ICF International, 2014). Nigeria continues to face challenges in improving the reproductive health of the country's population, and such rapid population growth raises various problems for economic growth and development in the country (Obisesan et al, 1998).

The National Demographic Health Survey (NDHS; National Population Commission and ICF International, 2014), completed in 2013, suggests that Nigerian women have, on average, 5.5 children. Around 16% of all women in Nigeria use contraceptive methods, and 15% of married women in Nigeria are reported to be using a contraceptive method: an increase of 2% on the figure obtained from 2003's NDHS. Contraceptive methods used include:

- Traditional methods (5%)
- Injectables (3%)
- Male condoms (2%)
- The oral contraceptive pill (2%)
- Withdrawal (3%).

Although the use of any family planning method has increased since 2003, around 16% are reported to have

an unmet need for family planning: 12% of women have a need for spacing births, and 4% have a need to limit births (National Population Commission and ICF International, 2014). Nearly a quarter of all children are born less than 2 years after their siblings, and this is considered a factor that contributes to Nigeria's maternal mortality ratio, which is as high as 576 deaths per 100 000 live births (National Population Commission and ICF International, 2014).

Unexpected or unplanned pregnancy also poses a major public health challenge to women of reproductive age. More than 200 million pregnancies occur worldwide each year; around 80 million (38%) are unplanned and 40 million (22%) end in abortion (Monjok et al, 2010).

Men often have greater decision-making power over reproduction and sexuality (Worku and Gebresilassie, 2008); therefore, there is a need to explore male involvement in family planning utilisation.

Literature review

Nigeria has a low contraceptive prevalence rate and a 16% unmet need for family planning (National Population Commission and ICF International, 2014). These poor reproductive health indices contribute to high rates of unintended pregnancies and induced abortions.

Unintended pregnancies fuel population growth that impedes Nigeria's efforts to meet the social needs of its citizens and achieve national development goals. One of the major reasons for the unmet need for contraceptives is male-partner disapproval of the use of any family-planning method (Darroch et al, 2011).

Although both men and women have responsibilities in reproductive health and family planning, demographic studies on fertility and family planning have focused overwhelmingly on women (Greene and Biddlecom, 2000). If men are excluded from the provision of information, counselling and services, the role they play in couples' reproductive health choices is ignored (Bloom et al, 2000).

Family planning services are educational, comprehensive medical or social activities that enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. Family planning should:

- Provide contraception to help women and men plan and space births, prevent unintended pregnancies, and reduce the number of abortions
- Offer pregnancy testing and counselling
- Assist clients who want to conceive
- Provide basic infertility services
- Provide pre-conception health services to improve infant and maternal outcomes and improve women's and men's health
- Provide screening for sexually transmitted disease (STD) and treatment services to prevent tubal infertility and improve the health of women, men, and infants.

The knowledge of family planning methods is high in Nigeria; 85% of women and 95% of men aged 15–49 years are aware of at least one method of family planning. Among men, the most commonly known methods are the male condom (91%), the pill (65%) and injectables (60%) (National Population Commission and ICF International, 2014). The most popular source of information about family planning among them was the radio (93%) (Ijadunola et al, 2010; Cleland et al, 2011). This supports findings from a study by Orji et al (2003), in which all the men who were interviewed had knowledge of at least one method of family planning.

> *Women in Nigeria have, on average, 5.5 children, and 16% of women use contraceptive methods*

Male involvement contributes not only to contraceptive acceptance, but also to its effective use and continuation (Khan and Patel, 1997). Family planning utilisation among couples in Nigeria is still very low. In a 2011 study, 89% of men approved of their spouse using family planning while 11% objected to it. However, almost two thirds (65%) of the men disapproved of attending family planning clinics with their spouse, while only 26% had ever done so (Cleland et al, 2011).

Several factors are reported to have contributed to the low rate of family planning; these include (Bayray, 2012):

- Difficulty in getting family planning supplies
- Accessing family planning clinics
- Poor involvement of men in family planning
- Male attitudes to contraceptive use, including the fear that family planning will make their wives independent of their control
- Religious reasons
- The view that large families reflect masculinity or spouse faithfulness.

Successful male involvement is critically dependent on addressing the social and cultural norms that impede contraceptive uptake (Greene et al, 2004; Bernstein and Hansen, 2006; Pande et al, 2006). In several studies, cultural standards have been identified as barriers for male involvement (Ogunjuyigbe et al, 2002; Cleland et al, 2011; Ujuju et al, 2011; Bayray, 2012). All respondents believed that one reason for involving men in family planning programmes is that men play a dominant role in decision-making in the family, and most of the respondents stated that men are family heads and exert a lot of influence on women's decisions. In one report, men who accompanied their wives to family planning services were perceived as being dominated by their wives (Cleland et al, 2011). Frequently, men perceive that family planning services are designed and reserved for women, and therefore are embarrassed to find themselves in such 'female' places (Ogunjuyigbe et al, 2002; Cleland et al, 2011; Ujuju et al, 2011). Male methods of contraception account for approximately 14% of all contraceptive use worldwide; prevalence is significantly higher in the developed world, where male-directed methods account for more than 30% of contraceptives (Orji et al, 2003).

There can sometimes be discordance between women's and men's desire for children, including the desired number and the timing of women's pregnancies and births. In Nigeria, consistently, less than a quarter of men individually initiated discussions on issues such as when to achieve pregnancy,

Characteristics	Frequency ($n=172$)	%
Age		
20–30	29	16.9
31–40	68	39.5
41–50	40	23.3
51–60	24	14.0
61–70	11	6.4
Education level		
Primary education	32	18.6
Secondary education	57	33.1
Tertiary education	78	45.3
No education	5	2.9
Religion		
Christian	154	89.5
Muslim	18	10.5
Ethnicity		
Afizare	129	75.0
Igbo	9	5.2
Fulani	5	2.9
Berom	7	4.1
Ngas	7	4.1
Other	15	8.7

when to avoid pregnancy and the use of contraceptives in the year prior to this study (Ijadunola et al, 2010; Cleland et al, 2011). Partner communication about sex, desired family size and contraception may be poor or non-existent. In the absence of discussion, both men and women may fail to achieve their childbearing goals. Orji et al (2003), in their study, found that the majority of respondents had difficulty discussing family planning with their spouse because they felt contraceptive use was a sign of promiscuity.

Communication is important if family planning is to be effective, as male partners may significantly influence the use of any method used by their spouses, control the resources required to access these methods, and even encourage attendance in health facilities to obtain these methods.

Aims

This study aimed to:

- Assess the awareness of contraception among males in Mista Ali District
- Assess the use of contraceptives among males in Mista Ali District.

Research hypothesis

The study used the null hypothesis 'there is no significant association between the level of education and contraceptive use among men in Mista Ali District'.

Methods

Research design

A descriptive survey design was used for the study.

Study area

Mista Ali is a district in the Bassa local government area in the north of Plateau State, Nigeria. It has an area of 1743 km^2 and a population of 186 859 at the 2006 census. Plateau, a state named after its geographical landscape, is in the middle belt of Nigeria. It has 17 local government areas with Jos as its state capital. It covers an area of 30 913 km^2 and has a population of 3.5 million people (National Population Commission and ICF International, 2014). The major language spoken in Mista Ali is Bugi. Other languages spoken are Naraguta, Fulani, and Hausa. The majority of residents are involved in farming and trading. A primary health-care centre and government secondary school are located in Mista Ali District.

Population of study

The study population comprised married men aged between 18–74 years. Married women and unmarried males were excluded from the study.

Sample size and sampling procedures

A multi-stage sampling technique was used. A simple random sampling technique was used to select Bassa out of all the local government areas. Mista Ali District was selected from the districts in Bassa, also using a simple random sampling technique. There is a total of 540 houses in the district, which, when divided by the calculated sample size of 190, gave a sample interval of three, hence married men were selected systematically from every three-house interval.

Data collection

Data were collected using a questionnaire. The researcher met the men in their houses in the evening, with the help of three research assistants. The questionnaire was given to the men to complete. An interpeter explained the questions to those men who were illiterate, and assisted them to complete the questionnaire.

The questionnaire consisted of two sections: Section 1 included questions aimed at assessing the sociodemographic characteristics of the respondents, while Section 2 asked 33 questions aimed at assessing male involvement in the use of family planning services. Data collection lasted 1 month.

Data analysis

Data were analysed using frequencies and percentages and were presented as tables and using figures. The hypothesis was tested using a chi-square test.

Ethical consideration

Ethical clearance was obtained from the local government authorities. Permission was also granted by the district head of Mista Ali before the study commenced. Informed consent was sought from the respondents and they were assured the utmost confidentiality and de-identification of data.

Results

Table 1 shows that the majority ($n=68$, 39.5%) of the respondents were between the ages 31 and 40 years. The mean age was 34 years. Many of the respondents had studied to secondary level while five (2.9%) had not gone to school at all. The dominant ethnic group was Afizare at 129 (75%), and 154 (89.5%) of the respondents were

Christian, while 18 (10.5%) were Muslim.

When asked about family planning, 170 (98.8%) said they had heard about it, while 2 (1.2%) said they had not (*Table 2*). The source of this information for the majority ($n=46$, 26.7%) of the respondents was the radio, followed by health-care staff ($n=31$, 18.0%). The least commonly cited source of information was their spouse ($n=14$, 8.1%).

The male condom was the most widely known contraceptive method; 147 (85.5%) of the respondents had heard about it. The contraceptive pill was known by 136 (79.1%) respondents, while the least-known method was the intrauterine contraceptive device ($n=8$, 4.7%). However, 141 (82.0%) of the respondents were aware that males could be involved in family planning.

Table 3 shows that 62.8% ($n=108$) of the respondents had used a contraceptive, and the male condom was the most commonly used contraceptive ($n=101$, 93.5%); 66.9% ($n=115$) of the respondents were aware that their spouse was using a contraceptive method; 69.2% ($n=119$) of the respondents discuss family planning with their spouse, while a decision on the type of contraceptive used is mainly made by the male partner ($n=92$, 53.5%).

In supporting their spouse in family planning, 55.2% ($n=95$) remind their spouse to use contraception; 52.3% ($n=90$) of respondents initiated the idea of family planning; and 51.2% ($n=88$) promote attending a family planning service. Only 46 (26.7%) respondents said they attend the family planning clinic with their spouse.

The calculated chi-square of 11.06 is higher than the table value of 7.81 at 0.05 level of significance, which implies that there is a significant association between the level of education and the use of any contraceptive method (*Table 4*), and therefore the null hypothesis is rejected.

Discussion

Knowledge of different contraceptive methods is the key to choosing the contraceptive method and using it (Jabeen et al, 2011; Adeyinka et al, 2014). The findings of this study reveal that there is a high level of knowledge of family planning among the respondents, which concurs with the NDHS of 2013—which showed that most men in Nigeria are aware of at least one method of family planning—and the study by Ijadunola et al (2010)—where virtually all respondents (99.8%) were aware of the existence of contraceptives and most of them were aware of at least two methods.

Knowledge varies with age and place of residence (Duze and Mohammed, 2006); the differences are most pronounced in West Africa (including Nigeria). Urban residents have more knowledge of contraceptives than rural residents; young people are more knowledgeable than older people; and educated men are more knowledgeable than uneducated men. These ideas were reflected in the findings of this study: the majority of respondents had up to tertiary education and the majority were between 20 and 40 years of age. Findings from this study revealed that the source of information for the majority of respondents was the radio; this finding follows Kamal et al (2013), who revealed that male involvement in contraceptive used was higher among 63.2% of couples who had media exposure than those who were not exposed.

Characteristics	Frequency ($n=172$)	%
Heard of family planning		
Yes	170	98.8
No	2	1.2
Source of information		
Radio	46	27.1
Health-care staff	31	18.2
Television	26	14.7
Newspaper	20	11.6
School	18	10.6
Friends	17	10.0
Spouse	14	7.7
Methods heard of		
Male condom	147	85.5
Pills	136	79.1
Tubal ligation	62	36.0
Periodic abstinence	57	33.1
Implants	50	29.1
Withdrawal	48	27.9
Female condom	47	27.3
Injectables	44	25.6
Vasectomy	24	14.0
Traditional methods	22	12.8
Intrauterine contraceptive device	8	4.7
Awareness of male involvement in family planning		
Yes	141	82.0
No	31	18.0

Characteristics	Frequency ($n=172$)	%
Ever used any family planning method		
Yes	108	62.8
No	64	37.2
Types of family planning methods used	($n=108$)	
Male condom	101	93.5
Traditional (abstinence, beads and herbs)	6	5.6
Vasectomy	1	0.9
Use of contraception by spouse		
Yes	115	66.9
No	43	25.0
No answer given	14	8.1
Discussed family planning with spouse		
Yes	119	69.2
No	53	30.8
Decided type of contraception to be used by spouse		
Male partner	92	53.5
Female partner	39	22.7
Both	39	22.7
Family planning service provider	2	1.2
Ways of supporting spouse in family planning		
Remind spouse to use contraception	95	55.2
Initiate the idea of family planning	90	52.3
Sponsor family planning service	88	51.2
Attend family planning clinic	46	26.7

Level of education	Yes	No	Total
No education	4	1	5
Primary education	14	18	32
Secondary education	32	25	57
Tertiary education	58	20	78
Total	108	64	172

x^2= 11.06, df = 3, table value = 7.81, level of significance = 0.05

The media appears to play an important role for receiving information about family planning methods and for male involvement in family planning.

The majority of respondents had used a contraceptive, and the most commonly used contraceptive was the male condom. This could be because the male condom is easy to use, of low cost and readily accessible. Greene et al (2004) estimate that 6–9 billion condoms are distributed in Sub-Saharan Africa each year for family planning and STD prevention, but many more are needed to protect the population from unplanned pregnancies.

Most of the respondents were aware that their spouse was using a contraceptive method and the majority of the respondents discussed family planning with their spouse.

Family planning is a process that usually involves a discussion between a woman, a man and a trained family planning service provider that focuses on family health and the desires of the couple to either limit or space their family; this makes spousal communication very important in the utilisation of any contraceptive method.

There have been few published evaluations of interventions to promote male involvement in family planning, although evidence indicates that male involvement can lead to contraceptive uptake through the pathway of spousal communication.

Less than a quarter of men individually initiate discussions on issues such as when to conceive, when to avoid a pregnancy and the use of contraceptives; however, 49% of men reported discussing family at least once or twice during the study period (Ijadunola et al, 2010).

The results of the present study agree with Kamal et al (2013), whose findings showed a higher male involvement rate in couples with higher spousal communication. In the majority of cases, decisions on the type of contraceptive to use are made by the male partner. This could be because the majority of the respondents used condoms, which are relatively cheap and accessible and do not have any health implications.

One way to achieve greater support by males in family planning is to encourage spousal communication. Findings from this study suggest that key strategies in improving male support in family planning are males reminding their spouse to use contraception and males initiating the idea of family planning. This can be achieved only with increased spousal communication. Although discussion between a husband and wife about contraceptive use is not a precondition for the use of contraception, its absence may be a serious impediment to contraceptive use. The poor attendance by males at family planning clinics could owe to Nigerian family planning services' focus on women, hence men feel they are the 'odd one out' when they attend the clinics. Health-care workers must be trained to attend to both males and females and make the family planning clinics more welcoming to males so that males feel more comfortable attending the clinics with their spouses.

In conformity with the findings of this study, Ijadunola et al (2010) reported that sociodemographic characteristics, such as educational attainment, influence male perception and males' beliefs of contraceptive use: well-educated men were more likely to accept their role in decision-making in reproductive health.

Conclusion and recommendations

The study was conducted to assess male involvement in family planning use in Mista Ali District of Jos, Plateau State, Nigeria. Men were revealed to be highly knowledgeable about some family planning methods (the male condom); however, knowledge of some other family planning methods, such as the intrauterine contraceptive device, is very low, therefore there is a need to broaden the knowledge of other family planning methods. This will help men to make informed decisions with or on behalf of their spouse. The male condom was the most commonly used family planning method by respondents. Use of family planning is heavily influenced by education, so there is a need to educate the population on the importance of family planning, the advantages and disadvantages of each method, and their mechanism of action. This education will broaden male understanding and encourage men to make well-informed decisions for themselves and their spouses.

There are three approaches in involving men in family planning: involving men as clients, as partners or as agents of positive change. In view of these findings, family planning policies, programmes and activities in Nigeria should consider the third approach—men as agents of positive change, which involves undertaking a broader range of activities, and working with men as sexual partners, fathers and community members. **AJM**

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Key Points

- Around the world, family planning addresses the reproductive health needs of men and women, as well as rapid increases in population
- Male awareness and utilisation of family planning is paramount to achieving these reproductive health needs
- A study in Nigeria found about 95% of men aged 15–49 years are aware of at least one method of family planning
- Males in this study were knowledgeable about the male condom; however, there was a low level of knowledge of other methods like the intrauterine contraceptive device
- Use of family planning is highly influenced by education, so there is a need to educate the population on family planning and undertake a broader range of activities, and work with men as sexual partners, fathers and community members