

FAMILY PLANNING PRACTICE AMONGST MEN IN A NORTHERN NIGERIAN URBAN CENTRE

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Abstract

Many studies carried out on family planning (FP) focused immensely on women neglecting men's role and attitude. Despite Government programmes and facilities to encourage family planning in Nigeria, the uses of such facilities are still low in Zaria LGA. The aim of this study is to assess the role of men in and their family planning practice in Zaria Local Government Area (LGA). A total of 408 respondents were purposively sampled for questionnaire administration and data were analyzed through percentages and Chi square tests. In spite of high knowledge of FP, only 34.2% of the respondents are currently practicing FP. Respondents that ever used FP were slightly higher (38.4%) than those currently current using it. While injectables and oral contraceptive pills were the most used methods by women, condom was the most used method by men. The Chi square analysis (X^2) revealed that marital status and educational attainment with P values of 0.000 and 0.003 respectively, have significant relationship with knowledge of FP. Age, religion and ethnicity with P values of 0.000 each; education and income with P values of 0.003 and 0.032 respectively also have significantly positive influence on FP practice. The conclusion is that due to maternal and child health and socioeconomic issues arising from not practicing planning, FP programme in northern Nigeria should focus on Muslim men as joint decision makers in modern FP practice to improve. This can be achieved through targeted family planning education and promotion of programme to enlighten husbands. Religious leaders must also be involved in clarifying religious misconceptions on issues regarding family planning.

Key words: Attitude, Family Planning, Men, Role, Zaria.

1. Introduction

The end of the last century witnessed increased recognition of the need to involve men in sexual and reproductive health issues and initiatives, and to understand their needs and perceptions in reproductive health matters. The role of men in family planning (FP) decision-making in Nigeria has not always been recognized in the demographic literature. This is evident from the large volume of studies focused on women, seeking to know their family size intentions, FP practice among other issues. Often, information on husbands' attitudes towards family size and contraceptive use is obtained through their wives on whom most researchers have focused their interest. However, such information based on wives' perceptions of their husbands' attitude may indeed differ significantly from men's actual attitudes and perceptions, if reported by them (Isiugo-Abanihe, 2003).

Men play an instrumental role in every aspect of sexual and reproductive dynamics, from the timing of intercourse and contraceptive use to sexually transmitted disease treatment and antenatal care. They also function as 'gatekeepers' to women's sexuality and reproductive health because of many powerful roles they play as husbands, fathers, uncles, religious leaders, doctors, policy makers, local and national leaders (Varga, 2001; Drennan, 1998). This is because men in these societies contribute more resources in running the family, which gives them more authority to control the sexuality of their wives among other matters. Thus, the perceived wishes of the husband may influence the behavior of the wife (Duze and Muhammad, 2006).

In recent years, the Government of Nigeria has intensified efforts to educate the generality of her population on the need for reproductive health and responsible parenthood in particular. However, in spite of the introduction of family planning services as a means of curbing high fertility rates, the population still increases because of the attitude of the people involved. This is noticed especially in men and the role they play in reproduction (Olawepo and Okedare, 2003). From the results of the National Demographic Health Survey (NDHS) of 2008, the North-West zone ranks lowest in male use of family planning methods with 0.1%, the North-East is 0.2%, the North-Central (1.9%), the South-West has the highest (6.1%), the South-East (4.6%), and the South-South (4.4%). There is also an indication that FP practice is generally low in Nigeria with 31.7% in the South-West, 26.2% in the South-South, 23.4% in the South-East. In the North-Central it is 13%, North-East is 4.0% and 2.8% in the North-West (NDHS, 2008).

Zaria LGA, a Hausa society located in northern Nigeria is patrilineal with a strong male influence on many household decisions including those involving reproduction. This makes the attitudes of male towards family planning and contraceptive use a significant factor influencing the overall fertility level in the region. Given the decision-making powers of Nigerian men and the fact that they also control economic resources, it is important to consider their attitudes towards and willingness to use contraceptives to control family size. The objective of this paper therefore is to assess the attitude of men towards family planning in the study area.

2. Study area

Located on a plateau at a height of about 2200 feet above sea level in the centre of northern Nigeria, Zaria lies at latitude $11^{\circ} 13''\text{N}$ and longitude $7^{\circ} 68''\text{E}$. Zaria Local Government Area is located in the northern part of Kaduna State, bordered by Makarfi on the northeast, to the east by Soba, to the west Giwa and to the south by Igabi Local Government Areas.

The continentality of its climate is more pronounced during the dry season, especially December to January. The mean daily maximum temperature shows a major peak in April and a

minor one in October. The daily maximum temperature rises gradually from 15.3⁰ C in January and attains its highest value of 36.3⁰ C in April. It drops rapidly to its lowest value in August 26⁰ C and rises again to its secondary peak (34.1⁰C) in October. The natural region in which Zaria lies is termed by plant-geographers the Northern Guinea Savannah zone, a designation which implies a woodland vegetation type characterised by the presence of *Isoberlinia doka*, *Isoberlinia tomentosa* and *Upaca togonensis*, with well developed grass layer of tufted and low ground cover of Andropogoneae. The soil type of Zaria is reddish ferruginous in nature. The lower part of the soil is derived *in situ* from underlying weathered gneiss and still contains pieces of quartz and mica. The upper part is a mixture of the same material together with transported, probably windblown particles (Mortimore, 1970).

The urban area of Zaria is made up of the old walled city, the colonial township, Tudun Wada, Sabon Gari and Samaru village. The old-walled city, known as 'Birnin Zaria' or Zaria-City serves as the political, administrative and market centre. Zaria's economy is primarily based on agriculture. It is an important centre for the marketing and processing of agricultural products. Farming is the major economic activity in which much of the populace of Zaria engage in. The people of Zaria are also involved in commercial activities such as banking transactions, wholesale, retail and petty trading, commercial transportation, hotel and communication services.

Zaria LGA has the second largest population in Kaduna State of 408,198 with 210,900 are males and 196,090 females (NPC, 2009). The indigenous people are generally referred to as 'zazzagawa' or 'zage zagi', and they constitute 'Hausawa' and 'filani. They speak Hausa and Fulfulde - the major languages across northern Nigeria and some sub-Saharan African countries. There are other ethnic minorities such as Yoruba and Igbo among others, who have come as immigrants from the western, eastern and other parts of the country. Islam is the major religion with Christianity and other traditional religions forming a minority group. Despite being an administrative, commercial, transportation and manufacturing centre; it is Zaria's educational function that today most influences its character and gives it distinction as an urban settlement. The most important central place activity of all is education, for which Zaria is the greatest centre of Northern Nigeria (Field Survey, 2010).

The diverse socioeconomic and cultural setting of Zaria provides an adequate rationale for examining men's attitude towards family planning. This will not only provide a basis for comparison with other parts of Nigeria but also an avenue for intervention in ensuring maternal and child health in northern Nigeria.

3. Materials and methods

Zaria LGA has a population of 408,198 (NPC, 2009) with 13 administrative wards. There are six wards within and seven wards outside the city wall. Arranging these wards alphabetically, the even numbered wards were chosen, from within and outside the city wall to ensure geographical spread. This gave a total of six wards which are: Angwan Juma, Kwarbai A, Limancin Kona, Dutsen Abba, Kufena and Tukur Tukur.

A sample of 0.1% of the total population of the study area was taken, giving a total of 408 respondents. The 408 questionnaires were distributed uniformly among these selected wards, with 68 in each ward. The reason for this is due to the non-availability of population figures for each ward from the 1991 and 2006 census results. These copies of questionnaire were administered using purposive sampling technique, which only targeted those respondents who were willing to be part of the survey. Chi square analysis was used to separately and individually

ascertain the relationship between family planning and age, religion, ethnicity, marital status, and educational attainment, type of occupation, and income. Socioeconomic characteristics and other results were presented using descriptive statistics.

4. Results and discussion of findings

4.1 Knowledge of family planning

About 97.7% of respondents reported they have been told or have heard of family planning heard of FP. This corroborates the finding of the NDHS (2008) report where 72% of all women and 90% of all men know of at least one FP method. Umoh's *et al* (2012) study in Uyo also had similar result where knowledge of FP by respondents was 92.6%. The wide spread in knowledge of FP may be related to education, intensive campaign in the media (as the Nigerian government is putting immense effort in providing information about FP programmes, thus people are becoming more exposed to FP issues), and the state of the economy (harsh economic conditions) etcetera. Chi square analysis show that marital status and educational attainment with P values of 0.000 and 0.003 respectively, have significant relationship with knowledge of FP.

Knowledge of family planning is a key variable in any discussion of fertility regulation and in the evaluation of FP programmes. Acquiring knowledge on FP is an important step towards gaining access to and using a suitable contraceptive method in a timely and effective manner.

4.2 Sources of information on family planning

Table 1 reveals the sources of information on family planning where 41.6% of respondents got information on family planning from radio and television. Exposure to mass media in family planning campaign increases contraceptive use; this is not surprising because the most effective and fastest means of communicating with people is through the use of mass media. The second major source of information is medical personnel such as doctors, nurses or midwives accounting for 32.4%. This corroborates the Nigerian Demographic Health Survey {NDHS} (2008) finding which showed that the radio is the most frequent source of FP messages for both men (59%) and women (40%) age 15-49 years. One-quarter of women and one-third of men reported seeing a FP message on the television.

Table 1: Distribution of Respondents by Sources of information on Family Planning

Sources of information	Number of respondents	Percentage
Radio / television	144	41.6
Medical personnel	112	32.4
School/institution	36	10.4
Friend	24	6.9
Family member	16	4.6
Magazine/newspaper	12	3.5
Others	2	0.6
Total	346	100

Source: Authors' survey, 2010

This is true regardless of age, residence, region, education or economic status. Newspapers and magazines are the least sources of FP messages for both men and women with 9% and 21% respectively. This finding is similar to that of Odimegwu (1999) and NDHS (2003).

4.3 Attitude towards family planning

Information on the attitude of respondents towards FP is very useful in the development of family planning policies because it indicates the extent to which further education and publicity are needed to gain general acceptance of FP. And if there is widespread disapproval of FP, this can be a barrier to the adoption of FP methods. When couples have a positive attitude towards FP, they are more likely to adopt a FP method.

4.4 Approval and disapproval of family planning

The study reveals that 53.6% of the respondents approved of FP. This indicates that more than half of the respondents support the use of FP methods similar to finding of Mamman (1992).

All the respondents were asked about their attitude towards FP. It is vital to know the reasons for respondents' approval of FP in the study area in order to understand what motivates people to use FP methods. Table 2 reveals that 29% of the respondents approve of FP methods because they want to promote the health conditions of their wives; only 3.7% of the respondents said due to support for FP by either husband or wife. Husbands have great influence on women's ability to use FP methods, particularly in Northern Nigeria where wives are not allowed to use FP methods in some hospitals without approval from their husbands. During the IDI, a male respondent said:

“Definitely FP is prohibited in Islam, but in our day to day life, it will be better to minimize the number of children in order to take care of them in a good way”.(44 year old Malam Jibril, Limancin kona)

Table 2: Distribution by Reasons for Approval of Family Planning

Reasons for approval of FP	Frequency	Percentage
Promote family's health	55	29.0
Want to have the number of children one can properly cater for	33	17.4
Harsh economic condition	28	14.7
Child spacing	22	11.6
Reached the desired number of children	18	9.5
Complications during pregnancy and child birth	11	5.8
Spousal approval	7	3.7
Others	16	8.4
Total	190	100

Source: Authors' survey, 2010

Reasons for the disapproval of FP in the study area are important because they explain why people shun the practice of FP. This will be of great help in finding solutions to the long lasting objection of FP programmes. Table 3 shows that contradiction with religious belief (39.5%) is the strongest reason because people here are Muslims and Islam is against FP. Not surprising too, the Catholic Christians strongly abhor FP, just as Muslims and they believe one commits a heinous sin by practicing FP. Lack of interest in FP with 32.1% is the next reason.

Table 3: Distribution of Reasons for Disapproval of Family Planning

Reasons for Disapproval	Number of Respondents	Percentage
Contradicts religious belief	64	39.5
Not interested	52	32.1
The desire for many children	18	11.1
Unwanted side effects	7	4.3
Spousal disapproval	5	3.1
Promotes promiscuity	4	2.5
Cultural abomination	4	2.5
Others	8	4.9
Total	162	100

Source: Author's survey, 2010

Utilization of FP shows that 38.4% of the respondents have ever used one of the FP methods and 56.5% have not used FP at all. This result does not agree with that of Umoh *et al* (2012) in their study of fertility intentions of women in Uyo where 52.6% of respondents have used FP. The disparity might be because the study focused on women only or perhaps due to socio-cultural differences among the respondents in Uyo and Zaria.

However, only 34.2% of the respondents are currently using a FP method. This reveals that the utilization of FP is low, even though many respondents have high preference for modern methods of FP. The result corresponds with Ekpo's (2011) finding in Kaduna where 32.0% of respondents were currently using FP methods against 59.1% who were not using any FP method. It is very important to know that there is a wide gap between knowledge and use of FP methods. The study also reveals that age, religion and ethnicity with P values of 0.000 each; education and income with P values of 0.003 and 0.032 respectively also have significantly positive influence on FP practice.

Considering the wide gap between the proportion of population that has ever heard of FP 97.7% on the one hand, and the proportion that has ever used (38.4%) or is currently using (34.2%), some doubts may be cast on the reliability of the responses on the question under review. It is suspect that some of those who reported having heard of FP perhaps find it difficult to admit having ever used or currently using a method. Generally, questions on the practice of FP seem to attract a high degree of 'no' response. Given the moral and religious backgrounds of many respondents, a sense of guilt normally surrounds the practice of FP.

4.5 Respondents that have ever used and currently using FP methods *

Family planning may be used by couples to either space births or limit family size. Contraception is used to space births when there is an intention to delay a possible pregnancy. In this survey, the use of modern FP methods exceeds that of traditional means of FP both in ever and current uses (Table 4). This might be because modern FP methods have more of female methods than male methods, which are sometimes regarded as a reason why FP is only women's concern.

The table 4 also shows that injectables, oral contraceptive pills, and condoms are the most patronized modern methods of FP. For current use, the injectables has the highest patronage with 29.0%, followed by oral contraceptive pills (22.3%), condom (17.4%). Solomon *et al* (2010) in

their study in northern Nigeria also revealed that injectables was the most used FP method with (50%), followed by pills (21%) and the least used were LAM, herbs and condom with 2.3% each

Table 4: Distribution by Ever Use and Current Use of Family Planning by Methods

Response	Ever Use		Current Use	
	Number	Percentage	Number	Percentage
Abstinence	14	10.3	8	6.6
Withdrawal	18	13.2	10	8.3
Condoms	31	22.8	21	17.4
Oral contraceptive pills	36	26.5	27	22.3
Injectables	22	16.2	35	29.0
Intra Uterine Contraceptive Device (IUCD)	4	2.9	9	7.4
Diaphragm	1	0.7	1	0.8
Tubectomy	0	0.0	1	0.8
Herbs	6	4.4	3	2.5
*LAM/Breastfeeding	4	2.9	6	5.0
Vasectomy	0	0.0	0	0.0
Ring	0	0.0	0	0.0
Total	136	100.0	121	100

Source: Authors' survey, 2010

*LAM=Lactational Amenorrhea Method

4.6 Future Use of Family Planning

Intention to use FP methods in the future is an important indicator of the changing demand for FP because it reveals the extent to which non users plan to use FP methods in the future. Respondents who were not using any FP method at the time of the survey were asked about their intentions to use FP in the future. Figure 8 reveals that 26.8% (56) of the respondents said they would want to use FP methods in the future. This corresponds with the result of NDHS (2008) report where only 21% of non users intend to use a FP method in the future.

4.7 Spousal Discussion on Family Planning

The degree of spousal communication between couples determines how much the couple can open up to talk about sexually related matters especially FP. Although discussion between a husband and wife about the use of FP methods is not a precondition for adoption, its absence may be an impediment for use. Inter spousal communication is thus an important intermediate step along the path to eventual adoption, and especially continuation of contraceptive use. Lack of discussion may reflect a lack of interest, hostility to the subject, or customary reticence in talking about sex-related matters (NDHS, 2003).

To gain insight into inter spousal communication on FP, currently married respondents in this survey were asked whether they have ever discussed FP issues with their spouses in the past. Around 46.3% (164) of the respondents claimed to discuss FP with their spouses and 48.6%

(172) do not. Spousal communication on FP matters in the study area is encouraging. Responses on spousal communication from discussants during the FGD were thus:

“Men should discuss FP matters with their wives and also attend FP counseling together with their wives. (27 year old Samuel, Kufena)

“My advice to men is that they should seek the opinions of their wives on FP matters, because they are directly affected by its side effects”. (40 year old Mr. Solomon, Kufena)

4.8 Reasons for not discussing family planning with spouse

Table 5 shows the distribution by respondents' reasons for not discussing FP with their spouses where 70.3% said it is due to religious objection of FP.

Table 5: Reasons for Not Discussing Family Planning with Spouse

Reasons	Frequency	Percentage
Religious objection	121	70.3
Cultural taboo	19	11.0
Spousal disapproval	4	2.3
Not of mutual interest	18	10.5
Others	10	5.8
Total	172	100

Source: Authors' survey, 2010

5. Conclusion

Although a good proportion of respondents approve of and discuss FP with their spouses, the small proportion of respondents currently using FP as discovered in this study does not indicate a positive attitude towards FP. It is imperative to change people's attitude towards large family size due to its inherent advantages. Involving men and obtaining their support and commitment to family planning is of crucial importance in Nigeria, given their elevated position in the African society.

6. Recommendations

Many sub-Saharan African countries are still decades away from attaining lower fertility levels. It is not possible to legalize abortion for everyone in a country like Nigeria where FP stirs a lot of controversies. However, women are losing their lives to illegal and unskilled abortion due to unwanted pregnancies. This is a huge problem, but FP offers hope because it prevents women from having unplanned pregnancies. However, if FP programmes are to accelerate the process of demographic change in Nigeria and Africa at large, then they would require the following:

- i. Religious leaders must be involved in clarifying religious misconceptions on issues regarding family planning.
- ii. Greater political will from national leaders, which includes more commitment in implementing FP programmes and not just population policies on paper.
- iii. Government should encourage western education particularly the girl-child education in

- Muslim dominated areas like Zaria LGA. This will empower women to make rational decision and enhance the effective utilization of FP.
- iv. Government should provide jobs and increase the income levels of Nigerians, which could improve their standards of living and make people desire smaller family sizes.
 - v. Men should be encouraged to ginger spousal communication especially on FP matters, where both can come up with reasonable mutual decision on reproductive health issues. This will help facilitate transition to lower fertility.
 - vi. Husbands should be made to see the need to support their wives by giving them permission to visit FP clinics as well as organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic visits.
 - vii. Government and non-governmental organizations should provide a holistic knowledge (appropriate method of choice, correct use, side effects and the benefits of use) of FP methods among Nigerian men considering the country's varied cultural context.

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