

BARRIERS TO MEN'S INVOLVEMENT IN FAMILY PLANNING IN OKADA, EDO STATE**Osarugue Uyi^{1*}, Stella Folajole Usifoh², Jeffrey Saitu Soni² and Aisha Bako¹**¹Department of Clinical Pharmacy and Pharmacy Practice, College of Pharmacy, Igbinedion University Okada, Nigeria.²Department of Clinical Pharmacy and Pharmacy Practice, Faculty of Pharmacy, University of Benin, Benin City, Nigeria.***Corresponding Author: Dr. Osarugue Uyi**

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ABSTRACT

Birth control is key in managing family sizes and improving women's quality of life. We aimed to study the barriers to men's involvement and assess the extent to which the availability of male contraceptives influence men's contribution to birth control. A descriptive, observational study was carried out to determine the barriers to men's engagement in birth control. Respondents included male Okada community residents who were above 18 years and sexually active. A two (2) section questionnaire containing closed and open-ended questions comprising demographic data and measure of the barrier to family planning were used to obtain data. Data obtained were statistically analyzed. Of the respondents, 98 (28%) were between 21-30 years, 303 (86.6 %) had knowledge of birth control, 324 (92 %) stated that they have discussed their intended number of children with their partner and 242 (69.1%) were currently using a family planning method. Two hundred and two (52%) agreed that the available family planning method was good while 218 (69.3%) stated that the main barrier was the desire for more children. Three hundred and four (86.9%) disagreed that socio-cultural factors practices influenced their participation in family planning and 283 (80.9%) of the respondents agreed that family planning could be improved through couple counseling. Men's involvement in birth control is evident with condom use. However, the main barrier to their participation is the desire for more children.

KEYWORD: Family Planning, Barriers, Men's involvement, Okada.**INTRODUCTION**

Birth control gives room for singles and the married to plan and decides their family sizes. This is made possible by the use of birth control practices as well as treating cases of sterility. Child spacing and control in the number of pregnancies helps to improve a woman's health and well-being as well as each pregnancy outcome.^[1]

Studies have shown that effective participation of men in maternal health care and family planning has resulted in a positive impact.^[1-4] These include a drop in HIV spread to newborns, prevention of unwanted pregnancies, reduction in maternal mortality; reduction in neonatal and infant mortality, promotion of child spacing, slowing population growth, reduction of unsafe abortion by adolescents and women, provision of quality education for children, especially in developing countries.^[5-8] It has also helped in promoting educational and employment opportunities for women who are able to delay child initiation.^[9] Hence, according to a Partnership for Maternal, Newborn and Child Health report (2010),

every woman has the right to safe voluntary birth control practice.^[9]

Involving men in birth control practices especially in the third world has a great influence on their partner's decision of reproductive healthcare, choices, and behaviour, as the decision on the family size as well as the family planning method women use predominantly lies with their male counter partner.^[10-13]

Although men's duty with regards to reproductive health is very important, some barriers have been studied to impede the use of birth control services among men.^[14-15] Myths, limited male contraceptive options, lack of adequate knowledge about the available contraceptive methods, misconception, and unconfirmed information passed within social media regarding the effects of the available methods also pose major barriers to men's involvement. India and Nepal men avoid sterilization (vasectomy) because of the misconception of it resulting in impotency and altering their ability as the breadwinner.^[16-19] The fear of the side effects such as infertility associated with family planning among

couples was also identified in studies carried out in India, Nepal, and Nigeria.^[20] Poor inter-spousal communication on the issues of birth control and the choice of family size have also been noted as a major factor affecting continuous birth control practices in some developing countries like Nigeria.^[21-23] Evidence, suggests that men's participation in birth control practices will improve discussion about birth control between couples.^[24-25]

Another barrier is that most family planning programs especially the family planning clinics focus on women as the primary benefactors. Men however lack access to the service as they are not involved in their responsibility on reproductive health and child spacing.^[12,16] Hence, family planning programs have been traditionally seen as a woman business^[26] and the men as an inactive member of the service.^[27]

Cultural and religious reasons have also posed a barrier to men's involvement in family planning. Studies in Southern Ethiopia show that the preference of a male child for inheritance and the belief that children are rewards from God hinder the involvement of men in contraceptive practices. The belief that bearing children makes a woman more calm and submissive to her husband also exists among their men.^[16] Studies in a part of Nepal and Ethiopia show that men disagreed with their spouses' contraception practices due to the ideology they have that contraceptives will make their wives more attractive and promiscuous. These thus hinder the contribution of men to contraception in such areas.^[16] Irrespective of the good knowledge regarding contraception, studies show insignificant involvement among men in Nigeria.^[28,29] This study thus seeks to determine the hindrances to men's participation in birth control in the Okada community, Edo State, Nigeria.

METHOD

A descriptive, observational study was used to determine the hindrances to men's participation in birth control from May to June 2018. The study was carried out in Okada, Ovia North East Local government area which has an area of 2,301km square and population projection of about 203,500 and the total number of males was 80,433 as of 2016.

The study included males aged 18 years and above who are sexually active and residents of the Okada community. Females and males aged 18 years and below or above who were not sexually active were excluded from the research. 350 respondents were selected for the study using the Cochran formula. The Convenience method was used to select the respondents. A semi-structured interviewer-based questionnaire containing closed and open-ended questions, which was pretested and validated was used. Qualitative data was collected through an in-depth interview with target male respondents to avoid ambiguity in questions and also to achieve accurate answers. Analysis of the data obtained

was carried out using a statistic package for social sciences (SPSS) software.

RESULT

About 350 men responded to the questionnaire provided. It was observed that the largest population of respondents who were 191 (54.6%) was of age range 21-40yrs. A larger population of the respondents 228 (65.1%) were Christians followed by Muslims 105 (30%) and the least population 17(4.9%) were traditionalists. The survey showed that 169 (48%) of the respondents were married while 167 (44%) were single. 197 (56%) of the respondents obtained tertiary education. Thus, indicating that most of the respondents were educated. Also, 221 (63.1%) (206/ 63%) of the respondents were gainfully employed, 93 (26.6%) were students, 19 (5.4%) were retirees and 17 (4.9%) had no job as seen in Table 1. below.

Table 1: Socio –demographic data of Respondents n = 350.

Variables	Frequency N (%)
Age (years)	
Less than 20	17 (4.9)
21 – 30	98 (28)
31 – 40	93 (26.6)
41 – 50	40 (11.4)
51 – 60	42 (12)
61 – 70	33 (9.4)
71 – 80	27 (9.7)
Religion	
Christianity	228 (65.1)
Islam	105 (30)
Traditional	17 (4.9)
Marital Status	
Married	169 (48.3)
Single	167 (44.7)
Separated/divorce	14 (4.0)
Co-habiting	0 (0)
Educational status	
Primary	47 (13.4)
Secondary	75 (21.4)
Tertiary	197 (56.3)
None	31 (8.9)
Employment status	
Student	93 (26.6)
Civil servant	33 (9.4)
Business man	95 (27.1)
Senior staff	15 (4.3)
Junior staff	0 (0)
Self employed	78 (22.3)
Unemployed	17 (4.9)
Private sector worker	0 (0)
Retired	19 (5.4)

The result from Table 2. below shows that a good majority (86.6%) of the respondents have heard of family planning with 92.6% of the respondents stating that they have talked about the issue of their desired family size

with their spouse. A high percentage (86%) of the respondents agreed that they know the various family planning methods, while 242 (69.1%) stated that they are currently using one method. The majority (86.9%) of the

respondents disagreed that cultural factors pose a barrier to men's participation in birth control practices. An average (58%) of the respondent also stated that the available family planning method was adequate.

Table 2: Knowledge and Perception of males concerning family planning n =350.

S/N	Questions	Yes	Percentage (%)	No	Percentage (%)
1	Have you ever heard of family planning?	303	86.6	47	13.4
2	Have you and your partner ever discussed the number of children you would like to have?	324	92.6	26	7.4
3	Do you know the various method of family planning?	301	86	49	14
4	Are you currently using any family planning method?	242	69.1	108	30.9
5	Do you think there are adequate enough methods for men?	203	58	147	42
6	Are there any cultural factors practiced in your community that influence the participation of men in family planning?	46	13.1	304	86.9

The result from Table 3. shows that most (86.9% and 80.9%) of the respondents obtained information about family planning from friends and social media respectively and most of them understand it as a means of child spacing, prevention of pregnancies, and regulating intervals between pregnancies. However, 6.3% of the interviewees viewed contraception as a means of preventing sexually transmitted diseases.

The participants also had good knowledge of the various birth control practices. However, the male condom and withdrawal method was the method mostly known and used. The results also showed that only a few (2.57%) of the respondents were aware of tubal ligation and none of them have used this method.

Table 3: Source of information, understanding, awareness and use of FP methods n =350.

Variables	Frequency N (%)
Source of information	
Newspaper	73 (20.9)
Social media	283 (80.9)
Friends	304 (86.9)
Family	194 (55.4)
Hospital	176 (50.3)
Understanding of Family Planning	
Child spacing	93 (26.6)
Prevention of pregnancy	132 (37.7)
Few children	27 (7.7)
Regulating intervals between pregnancy	76 (21.7)
Prevention of Sexually Transmitted Diseases	22 (6.3)
Awareness	
Male condoms	309 (88.2)
Female condoms	43 (12.3)
Withdrawal method	318 (90.9)
Oral pills	145 (41.4)
Vasectomy	29 (8.2)
Male sterilization/IUCD coil	183 (52.3)
Implant	166 (47.4)
Breast feeding	128 (36.5)
Tubal ligation/tying of the tubes	9 (2.57)
Method used	
Male condom	169 (48.3)
Female condoms	7 (2)
Withdrawal method	78 (22.3)
Oral pills	40 (11.4)
Vasectomy	9 (2.6)
Male sterilization/IUCD coil	10 (2.9)
Implant	5 (1.4)

Breast feeding	32 (9.1)
Tubal ligation/tying of the tubes	0 (0)

From fig. 1 below, most of the respondents agreed that the major hindrance to men’s participation in contraception lies in the desire to have more children. Other factors such as Religious or Traditional beliefs,

lack of information and knowledge of contraceptives, inaccessibility to family planning services and poverty also pose a barrier.

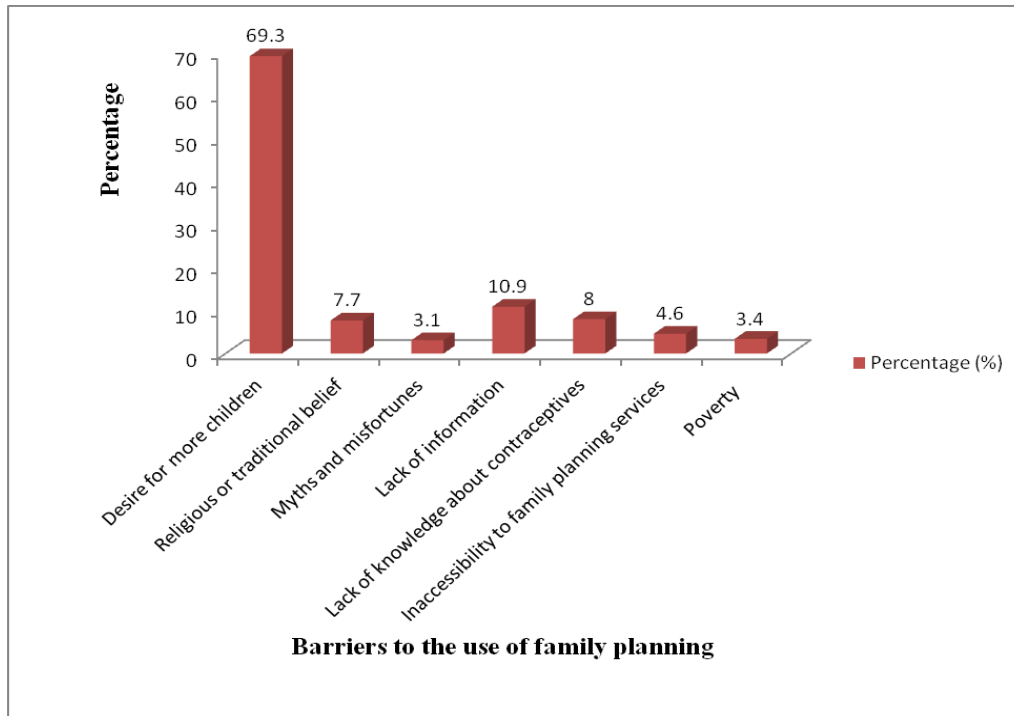


Fig. 1: Chart showing Barriers to the use of family planning among men.

Fig. 2 below shows that men’s participation in contraception could be improved majorly through couple counseling. Other ways include providing adequate information to dispel myths, increase in the number of

family planning clinics for easy access, carrying out outreaches on the use of family planning and providing cost- effective contraceptive methods.

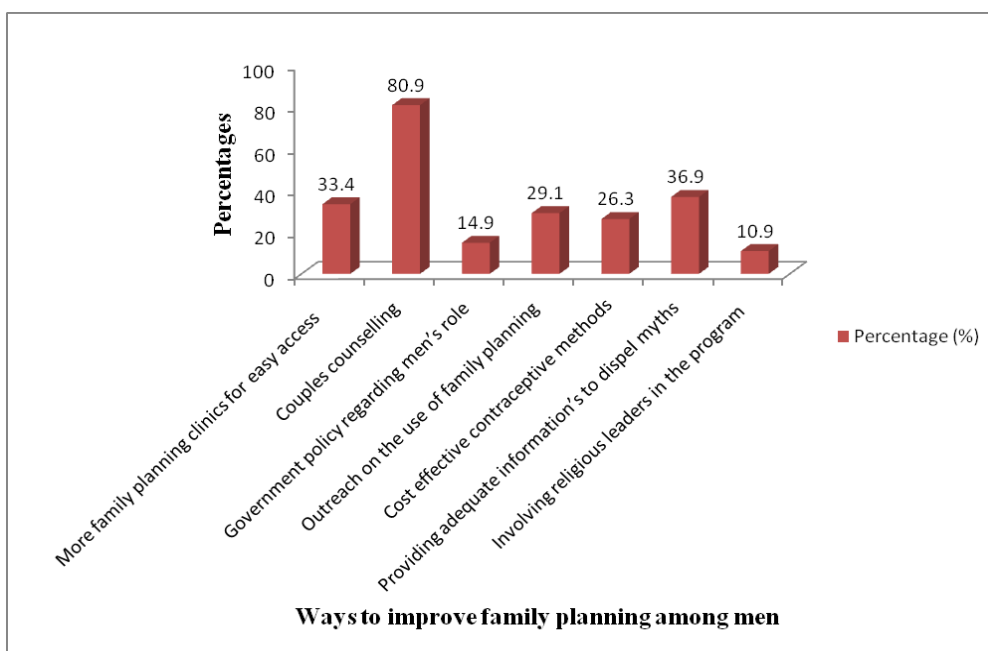


Fig. 2: Chart showing ways to improve family planning among men.

DISCUSSION

From the result obtained, a good percentage of the participants were young active men with a good distribution of them married and single which provided a broader view of their responses to the subject matter. From the study carried out, the men agreed that for family planning to work effectively, it involves the couple's participation. This can be seen by the high percentage of men who have discussed the number of children they will like to have with their spouses. This result is contrary to the study that men are not interested in matters concerning reproductive health^[30] and are silent partners.^[27, 31]

69.3% of the respondents agreed that the main barrier was that men desire to have more children. This is similar to a study in South Ethiopia where men desire more kids in order to secure their families as well as gain a higher societal rank.^[16] 58% of the respondents agreed that the available family planning methods were good enough. This is evident in the use of condoms and withdrawal methods by a large percentage of the respondents. However, 42% stated that the available family planning methods were not good enough. This means that a good number of the respondents are not satisfied with the family planning methods available. This is observed by the very small percentage of the respondents who used vasectomy and male sterilization as means of contraception. Also worthy of note is the fact that none of the respondents used tubal ligation. These results agree with the study that men avoid vasectomy due to the belief they have, that it causes impotency and alter their ability as the breadwinner and their wives feel it will alter the manly nature in their husbands.^[16] This may be responsible for some of the barriers to family planning among men.

It was also observed that the majority (80%) of the respondents obtained information about family planning from friends and social media. This may be responsible for the myths, inadequate knowledge about the available contraceptive methods, misconceptions and unconfirmed information about the various family planning methods as obtained from some studies.^[17,19]

The study also showed that 86.9% of the respondents disagreed that socio-cultural practices influenced male participation in Okada. This contradicts the studies from Southern Ethiopia regarding cultural and religious barriers to family planning.^[3] From the study, 86.6% of the participants have knowledge of contraception, of which 92 % of these stated that they have talked with their partner on the issue of their desired family size and 69.1% are currently using a contraceptive specifically male condoms. This thus agrees with the studies that involving men in family planning will improve discussions regarding birth control practices between couples.^[24, 25]

Men's participation in sexual health and contraception plays a key role in achieving a positive impact in any Sexual and Reproductive Health (SRH) programme. This is because in a developing country like Nigeria, it is a socially accepted custom and doctrine that men are the figurehead that decides on the practice of birth control by their spouses as well as determine the size of the family. Excluding men from SRH services will alter the desired contribution needed for the practice of contraception by their spouses. Men's participation will also aid married partners to plan and achieve their desired family size as well as adequate birth control practices thus achieving population control.

CONCLUSION

This study reveals that the main barrier to birth control practices in Okada is the desire for more children. Lack of information, dissatisfaction with the available contraceptive methods and inaccessibility to the services were also discovered to contribute to the reduced male participation in contraceptive use. However, restructuring in family planning programs is needed to encourage men's participation.

RECOMMENDATIONS

Sexual and Reproductive Health (SRH) campaign programmes should be organized by Government and non-governmental health agencies such as Reproductive health society. These include a collaboration between medical professionals, clerics, public figures, parents and the media. Contributors and Collaborators are to guarantee adequate supply, ease of access and continuous promotion of birth control practices. Frequent outreach programs on the advantages of birth control practices should be promoted. The role and duties of men in contraceptive use should be included in birth control programs. Thus, promoting a successful intervention for improving men's participation in birth control.

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