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Knowledge and Attitude as determinants of Practice of Family Planning among Married Men in Aleshinloye Market, Ibadan

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Abstract

This study examined knowledge and attitude as determinants of practice of family planning among married men in Aleshinloye Market, Ibadan. Descriptive survey design method was used for the study. Purposive sampling method was used to select participants for the study while a single questionnaire tagged "Knowledge and Attitude as determinants of Practice of Family Planning among Married Men Questionnaire (KAPFPMQ)" was used to collect relevant data. Two null hypotheses were tested at 0.05 level of significance, using Pearson Moment Correlation. The study established that there was a significant relationship between knowledge and family planning practice among married men ($r = .891, n = 150, P < .05$). Also, it was also revealed that there was a significant relationship between attitude and family planning practice among married men at Aleshinloye market ($r = .867, n = 150, P < .05$). Based on the above findings the study recommends that government should create more awareness to educate the general populace as knowledge about the subject matter is important in its acceptance and change in attitude.

Keywords: Knowledge, Attitude, Practice, Family Planning, Married Men

Introduction

The population growth in developing countries after the World War II reached historically unprecedented rates. Falling mortality due to medical discoveries and the rising fertility turned population growth into a second population explosion; the first population explosion took place when the industrial revolution started in England in the late 18th century (Bongaarts, 2009). This rapid population growth has been identified as a problem by national government as well as the international society (UNFPA, 2011). However, the problem of population growth may not only be seen from an economical point of view. The high fertility rates, which account for the rapid population growth, short intervals pregnancy and many pregnancies and deliveries, pose a large burden on maternal and infant health. Inadequate periods to recover strength between each pregnancy, as well as many deliveries, all associated with different levels of risk, are factors that makes high fertility rates a threat to women's health. Moreover, infant health is also plagued by the short interval between births, because short birth interval is associated with increased risk of pre-term births, low birth weight and infant mortality (Norton, 2005).

Since that period the population growth has been treated as a problem, and issues surrounding reproduction, family planning has been identified as the solution to control fertility rates against the rapid population growth. Subsequently, family planning has been expanded in many developing countries by the government, international organizations and

non-governmental organizations (NGOs). The role of family planning is important, not only to reduce fertility rates by providing contraceptives, but also to expand the understanding that all women have a right to control their fertility. The main activities of family planning programs are provision of contraceptives and education related to reproductive health, especially to women (Greene et al, 2000). General school education to women is also expected to have an effect on fertility rates. For example, educated women get married at a later age than non-educated women, and therefore have better access to contraceptives than non-educated women (Bongaarts, 2009). Family planning may also encompass sterilization as well as pregnancy termination. It also includes raising a child with methods that require significant amount of resources namely: time, social, financial and environmental. Family planning measures are therefore designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources.

It is important to note that men equally have an importance role to play in reproductive health as their influence on family planning decision-making and behaviour also affect reproduction (Lumayo, Nyamwange and Ndaita, 2018). As reported by studies such as Ngethe (2013), many family planning programs focused mainly on women. Even though men are increasingly being involved by reproductive health programs, the view of men still seem to be that they are peripheral and problematic because of their level of knowledge on it (Greene et al, 2000). For

example, Short and Kiros (2002) studied fertility preferences and demands for contraception in Ethiopia. The authors reported a gender difference between husbands and wives in fertility desires and found out that husbands were more pronatalist than their wives. It should be noted that men's intimate involvement in sex and reproduction cannot be disputed, although, most population-based studies on family planning focused exclusively on the fertility behavior of women, while paying little attention to men's roles in their study of the implications of population growth and fertility rates (Greene and Biddlecom, 2000).

The issue of family planning all over the World has attracted attentions due to its importance in decision making about population growth and development issues. The World Health Organization (1971) defined Family Planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about unwanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in the family. Onokerhoraye (1997) also defined family planning as the provision of birth prevention information services and appliances. It also involves teaching men and women about their bodies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion or sterilization. Various studies have also been carried out on knowledge and attitudes of people on family planning, however, emphases had always been placed on the role of women and the female gender perspectives in many cases. For example, Onokerhoraye (1997) gave detailed analyses of peoples' knowledge and attitude on family planning in Benue state, Nigeria. In spite of the introduction of family planning services as means of curbing fertility rate, the population still rises because of the attitudes of the people involved. This is noticed especially in men and the role they play in reproduction.

Hatcher et al. (1997) opined that family planning is now seen as human right basic to human dignity. Their work further showed that family planning helps women protect themselves from unwanted pregnancies. Since the 1960s family planning programs have helped women globally to avoid about 400 million unwanted pregnancies. This has saved many women's lives particularly from high-risk pregnancies and unsafe abortions (Hatcher

et al., 1997; Huezo and Carignam, 1997). However, most of these studies placed emphasis on the women fold at the detriment of the men counterpart (Olawepo, 2003). Child bearing and contraceptive use are among the most important reproductive health decision that many families have to make (Gertner, 2009). Family decision and choices are most likely to take these decisions based on accurate, relevant information, and that are medically appropriate, that is, when they are informed choices (Bosveld, 1998). Since the 1994 International Conference on Population and Development in Cairo (ICPD), international family planning has slowly given way to a different paradigm. International family planning has expanded from its emphasis on the delivery of clinical services to married women of reproductive age. This emphasis has made important contributions to the health and well-being of women and their families. But in recent years, the limitations of this model have increasingly been recognized, and a new, more comprehensive approach to reproductive health formulated.

Several changes have therefore occurred. First, family planning programs are now expanding beyond their traditional contraceptive focus to address the prevention and treatment of sexually transmitted infections, the reduction of maternal morbidity and mortality, counseling and treatment of sexual problems. The second change is that programs now have a mandate to serve the needs not only of married women, but adolescent boys and girls, men, and unmarried women of all ages. The third important shift has been a move toward a broad, development-oriented concept of health that moves away from a narrow focus on service delivery and acknowledges the social relationships that constrain health more fully. Reproductive health goes beyond the health sector, and is more than a women's health issue. Involving men has been a prominent part of the shift from family planning to the broader reproductive health agenda. Men obviously make up a significant new clientele for programs. They constitute an important asset in efforts to improve women's health. And efforts to involve them in ways that transform gender relations and promote gender equity contribute to a broader development and rights agenda. While international family planning programs were essentially about women's health, reproductive health as it has now been formulated goes beyond health to broader development issues. The use of any family planning method depends on the person's knowledge of the different family planning methods available and the willingness of both spouses to participate in the

family planning program.

Family planning services have also traditionally viewed women as their primary clients since, it is women who become pregnant and thus face the health risks associated with pregnancy and childbirth. Therefore, most contraceptive methods are designed for women. This approach, however, has been shown to be limited in terms of improving family planning services and increasing contraceptive use. Studies have shown that the limited impact of many family planning programs particularly in many developing countries can be attributed to the continued neglect of men as equal targets of such programs (Agyei and Migadde, 1995; Cbipfakacha, 1993; Terefe and Lanon, 1993; McGinn *et al*, 1989a; Khalifa, 1988). The role of men in making family planning decision is becoming significant especially in sub-Saharan Africa. Therefore, the present study is based on how the knowledge of married men could be enhanced and their attitude improved thereby helping them to embrace family planning practice.

Statement of the Problem

Studies have revealed that many factors are responsible for the increase in population growth and several efforts have also been made to put it under check among which family planning is one. Furthermore, the issue with family planning in Nigeria is of great concern as people's perspectives about the practice of family planning have made it difficult for them to practice it. Family planning is available to help individuals and couples to choose if and when they will have a child (family planning) or to choose the number of children they want to have (family limitation). The choice of the type of family planning to be taken depends on a complicated mixture of social, cultural and psychological influences. Many family planning programs have focused mainly on women with little attention to men, who in most cases play a major role in taking a decision. This study therefore examined how knowledge and attitude of married men affected their practice of family planning.

Literature Review

A study conducted by Tizta, Gily, Stanley, Wondwosen, Marleen and Olivier (2013) revealed that the concept of family planning was well known to respondents: 760 (94%) women and 795 (98%) men responded ever having heard of it. As such, there

was no statistical difference between the sexes ($p = 0.6585$). Studies by Cleland, Ndugwa and Zulu (2011). In the Nigerian study, almost (99 %) of men were aware of the existence of modern contraceptives, and most of them were aware of at least two modern methods. Awareness of the condom was highest (98 %) (Ogunjuyigbe, 2002). The most popular source of information about family planning among them was the radio (93 %) (Ijadunola, Abiona, Ijaduola, Afolabi, Esimai and Oloforun, 2010). Bongaarts & Bruce (1995) in their study found that a lack of knowledge of married men on family planning sources and methods are the key variables in determining contraceptive use. It has also been established that the more people know about and accept modern contraceptives, the more they will use them. Lutz (2003) found that limited knowledge of contraceptive methods among couples particularly the husband was associated with unmet need and limited choice of contraceptives.

The study on knowledge assessment by Ujuju, Anyanti, Adebayo, Muhammad, Oluigbo and Gofwan (2011) revealed that most of the male respondents (75%) reported having knowledge on concepts and benefits of family planning methods. About 62 % of male respondents listed two or above family planning methods, while only 14 % of them able to list all the family planning methods used by men, 50 % only one method mainly condom, while 30 % did not know about the family planning methods to be used by men. Adebayo *et al* (2011) found that the concept of family planning was well known to respondents: 760 (94%) female and 795 (98%) male responded ever having heard of it. In a study conducted among 1622 respondents by Tizta *et al* (2013), 91% (1479) were in favour of family planning. Male respondents were asked specifically whether they would support their wives to use family planning. Of the 811 male respondents, 751 (93%) answered positively and 22 (3%) negatively. This finding was corroborated during the focus group discussions with married men. Studies by Cleland, Ndugwa and Zulu (2011) assessed men's attitude and practice about self-use of family planning in Nigeria (Cleland J.G., *et al*, 2011). In Nigeria, 89% of men approved of their spouses using family planning while only 11% of them objected to it. However, almost two-thirds (65 %) of the men disapproved of attending family planning clinics with their spouses, while only 26% of them had ever done so. Ogunjuyigbe (2002) found above 90% of male respondents have supported and approved using and choosing family planning methods in Ethiopia, but none of them practiced terminal methods.

In Nigeria, Ijaduola et al, (2010) found that less than a quarter of men individually initiated discussions on such issues as when to achieve pregnancy, when to avoid pregnancy, and the use of contraceptives in the year prior to the study. Ogunjuyigbe (2002) found more than half (56 %) of men, in Ethiopia reported no discussion with their wives on related issues of family planning use and believed that it is a natural process and need not to be discussed. However, 44 % believed that discussion on these issues should be always initiated in the family. Similarly, 78 % of them reported that decision was generally taken jointly with wife, while 21% felt that all decision related to family planning should be taken by wives alone. Another 12 % felt that elder family members and relatives, external power should take decisions on family planning issues.

Generally, Cleland et al (2011) found more male respondents disagreed than agreed that men should make decisions about selected family planning issues in the family. Forty-four per cent of men agreed that men should determine family size while 54% disagreed; 29% agreed that men should make the decision about when to adopt family planning while 69% disagreed; 9% of men agreed that men should decide which family planning method to adopt while 88% disagreed; 34% of men agreed that men should decide what to do about an unwanted pregnancy while 64% disagreed. Studies have also shown that knowledge of family planning in sub-Saharan Africa varies from country to country. Urban residents have more knowledge of family planning methods than the rural residents. In the same vein, young people are more likely to be knowledgeable than older people, and educated men are also more likely to be knowledgeable than uneducated men Thomas & Muvand (1994) and Agyei & Migadde (1995).

In his study, Bukmans (2001) that attitude adopted by the family particularly the man had a significant effect on the use of family planning method. Thomas & Muvand (1994) and Agyei & Migadde (1995) also found that negative attitude as a result of low literacy level and prevailing religious, political and cultural beliefs of the people in the country affected the use of family planning methods. A number of surveys carried out suggest that husbands are actively involved in making family planning decisions. According to Mbizvo & Adamchack (1991) the inclusion of men in Zimbabwe has affected the success of the family planning program. The authors stated that many women who desire to use family planning were unable because of the unfavorable attitudes of their spouses. They concluded that in about 78 percent of the decision to use contraceptives, men were involved while wife's involvement was reported in

about 46 percent of the decisions.

Hypotheses

In order to achieve the objectives, the study answered the following research hypothesis

- i. There is no significant relationship between knowledge of married men and practice of family planning.
- ii. There is no significant relationship of attitude of married men and practice of family planning.

Methodology

The research design adopted for this study is the descriptive research design of correlational type. This is due to the fact that the study was aimed at describing the variables and their relationships as they occurred. The population for the study consists of married men in Aleshinloye Market, Ibadan. Purposive sampling technique was used to select the respondents due to the nature of the study. A total of 150 respondents were selected for the purpose of this study.

The instrument was self-constructed by the researcher and is tagged "Knowledge and Attitude on Practice of Family Planning among Married Men Questionnaire (KAPFPMQ)". It is divided into five (5) sections, namely section A, B, C and D. Section A comprises 6-items measuring the demographic characteristics of the respondents. Section B contains 5-items measuring knowledge of family planning. Section C contains 5-items that measures men attitude towards family planning. Section D contains 8-items measuring family planning practice.

The responses in sections B, C and D were constructed in a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The instrument was validated experts in related field, which in turn helped to remove ambiguities in the questionnaire. The data generated through pre-testing were further subjected to factor analysis. A cronbach alpha method was used to test the internal consistency of questionnaire which yielded reliability values of 0.87. The data collected were analyzed using Pearson Product Moment Correlation to test the hypotheses at 0.05alpha level.

Results and Discussions

Hypothesis 1: There is no significant relationship between knowledge and practice of family planning among married men.

Table 1: Pearson correlation showing the relationship between Knowledge and practice of family planning among married men

Variable	Mean	Std. Dev.	n	r	P	Remark
Knowledge	29.6583	7.1028	150	.891	.000	Sig.
Practice of family planning	29.3237	5.8553				

Sig. at 0.05level

Table 1 above shows that there was significant relationship between knowledge and practice of family planning ($r = .891$, $n = 150$, $P < .05$). The result does not give support to the hypothesis. Therefore, the null hypothesis is rejected.

This result is in support of the finding of Bongaarts & Bruce (1995) that a lack of knowledge of married men on family planning sources and methods are the key variables in determining contraceptive use. It has been established that the more people know about and accept modern contraceptives, the more they will use them. Similarly, Lutz (2003) finding corroborates the above result that limited knowledge of contraceptive methods among couples particularly the husband was

associated with unmet need and limited choice of contraceptives. This finding is also in support of the finding of Adebayo et al, (2011) that reported the concept of family planning was well known to respondents: 760 (94%) female and 795 (98%) male responded ever having heard of it.

Hypothesis 2: There is no significant relationship between attitude and practice of family planning among married men.

Table 2: Pearson correlation showing the relationship between attitude and practice of family planning among married men

Variable	Mean	Std. Dev.	n	r	P	Remark
Attitude	28.6978	6.5711	150	.867	.000	Sig.
Practice of family planning	29.3237	5.8553				

Sig. at 0.05level

Table 2 above shows that there was a significant relationship between attitude and practice of family planning among married men ($r = .867$, $n = 150$, $P < .05$). The result does not give support to the hypothesis. Therefore, the null hypothesis is rejected.

The above result is in support of the finding of Bukmans (2001) that attitude adopted by the family particularly the man had a significant effect on the use of family planning method. Similarly, the above result gives support to the findings of Thomas & Muvand (1994) and Agyei & Migadde (1995) that negative attitude as a result of low literacy level and prevailing religious, political and cultural beliefs of the people in the country affected the use of family planning methods. His is also in support of the study of Tizta et al (2013) that reported that 91% of the male respondents were in favour of family planning.

Conclusion

Men play an important role in family planning issues and should therefore be taken into consideration when designing family planning program. As individuals, men can also use family planning methods and encourage their partners. Men should therefore be attentive to the needs of the wives and be concern for the family. Government and other stakeholders in the issue of family

planning should also increase awareness through health education. Creating awareness can also influence public attitudes and encourage the use of family planning methods.

Recommendations

Based on the findings of this study the following are recommended:

- Government should intensify more efforts to educate and sensitize the general populace as knowledge about the subject matter is important in its acceptance and subsequent change of attitude.
- Family planning personnel and programs should not be limited to women alone, men should also be included, without considering this role in their program planners may be failing to acknowledge the influence men can have over their partner's ability to use family planning.

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