

Men's Attitudes Towards Family Planning in a Traditional Urban Centre: An Example from Ilorin, Nigeria

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ABSTRACT This study focused on measuring men's attitudes towards family planning in a traditional urban set up with peculiarity of varied attributes. About 500 men aged 20 and above were randomly sampled within the traditional wards of Ilorin, Nigeria. The study revealed a lot of divergences as regards family planning among men. The level of awareness is vast among different zones in the city, while the transitional zone recorded a high performance level; the core and traditional zones are least in terms of acceptability. Multiple regressions indicated that the religion of the people, the existing family size and levels of education are the best predictors of the varied pattern of acceptability. Recommendations towards better effectiveness were duly presented.

INTRODUCTION

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. In this wise, Geographers have become increasingly alarmed by the precipitous rise in its effects on population growth, not only in Nigeria or the United States of America, but through out the World (Okedare, 2000). The World Health Organisation (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 works and researches have also been done on perceptions and attitudes of people on family planning, but major emphases had always been placed on the role of women and the female gender approaches in many cases. For example, Onokerhoraye (1997: 106, 168) gave detailed analyses of peoples' perceptions on family planning in Benue state, Nigeria. He also examined

a comparative analysis and peoples' perspectives on health care facilities. 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. People and governments around the world understand this. Their work further showed that family planning helps women protect themselves from unwanted pregnancies. Since the 1960s family planning programmes have helped women around the world avoid about 400 million unwanted pregnancies. As a result, many women's lives have been saved from high-risk pregnancies and unsafe abortions (Hatcher et al., 1997: 2; Huezo and Carignam, 1997). However, most available works still point to emphasis being placed on the women fold at the detriment of the men counter part. (Olawepo, 2003). In line with the postulates of the Central Place Theory, health and family planning facilities can be conceived as constituting a hierarchical system (Shanmon and Dever, 1974; Okafor, 1989: 3) with secondary health and family planning facilities occupying an intermediate position. As it is often assumed in the cultural ethics in Nigeria, a large proportion of the men folks feel less concerned about family planning. However, the emergence of responsible parenthood, and the need to protect men folk's sexuality have improved this awareness among them. The questions still remain: *are the male*

counterparts really concerned about family planning in a traditional set up? Do they have any positive influence on their wives' adoption of family planning devices? Are men really involved in adopting family planning devices in this part of the world? These and other questions will be the main focuses of this paper.

It is apparent to have a worldwide view about a problem and to come out with a generalisation that will point towards an applauding solution. Many times this view or intended solution can be acceptable worldwide. However, there are a lot of shortcomings that negate such a generalisation when it comes to the developing world especially in locations with appropriate traditional, cultural and ethical differences like the Nigerian environment (Olawepo, 1998). Recent survey and associated work within the traditional city of Ilorin has afforded the authors the opportunity to examine among others, the attitudes of men towards family planning. In recent years, the Government of Nigeria has intensified efforts to educate the generality of her population on the need for reproductive health in general and responsible parenthood in particular. Various States of the Federation have variability in the extent of the success of such programmes, especially when it comes to the women folk and child related issues.

The main aim of this paper is thus two folds: Firstly, it examines the understanding and perceptions of men about family planning in a traditional urban setting. Secondly, it is to analyse and discuss men's attitudes towards family planning and relate its success or failure to certain underlying factors.

MEN AND THE ISSUE OF FAMILY PLANNING

For quite some times in Nigeria (and in other developing countries), family planning services have been almost directed at women exclusively with little attention paid to men especially on the issues and still reluctantly accepted based on religious beliefs and that family planning and population control are synonymous. Hence the negative attitudes to family planning are expedient. One is not oblivious of the fact that there is a high level of ignorance in the Urban and rural communities especially in the Nigerian society (Olawepo, 1998).

During the past decades, women groups and

development experts have worked to raise the status of women in society and their family now in some places, greater attention is paid to men as well as women. Experts are now asking how men can be more supportive and involved in family life (Population Reference Bureau Incorporated, 1990). Current United Nations (UN) figures show that world wide, about a third of all couples practising family planning rely on methods that require male co-operation, including modern methods such as the use of condoms and male sterilisation.

Danforth (1999) indicated that overwhelming reliance on female methods has led to the assumption on the part of many women and men that contraception is only for women. This resulted in women being the most family planning providers and they do not involve men because of another perception or belief that men want large families to prove their virility.

Many works have been done world wide on men's participation in family planning, but there is a dearth of researches on similar issues in Nigeria, especially when it comes to people of traditional background and the rural Communities. According to Demographic Health Survey data from 15 countries most in Africa, it was observed that more men are more likely than women in the same country to report knowledge and use of contraception or if not, using, that they intend to use it (USAID, 1996). It was also indicated that most family planning methods and program efforts are focused on women and men often feel uncomfortable and unwelcome in family planning clinics that are oriented to women. Increasingly however, programs are focusing more on men and addressing their interests and needs. This will encourage women's use of contraception, and improved continuation rates among men.

THE STUDY AREA

Ilorin is a Traditional Urban Centre located on Latitude 8°30" and Longitude 4°35" within the Middle Belt Zone of Nigeria as shown in Figure 1. History indicates that the city came into being around 1600-1700AD and grew rapidly to become the capital city of Kwara State Nigeria in 1967. Ilorin is considered the gateway city to the Northern Nigeria from the South Western part of the country.

The population of Ilorin is recently put at

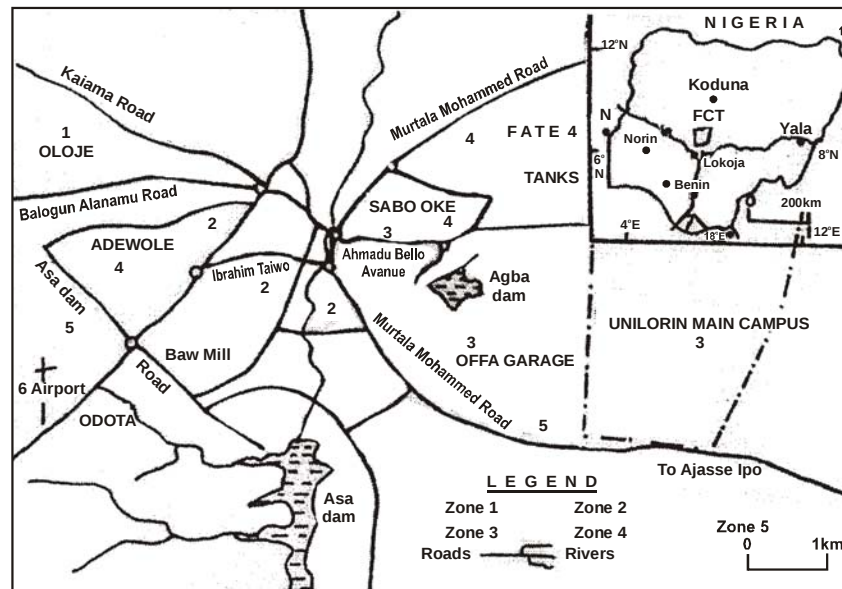


Fig. 1. Map of Ilorin showing selected data sites.

about 572,128 out of which 287,050 are males and 285,128 are females (NPC, 1997) Ilorin is predominantly a Moslem city but majorly influenced by the growth of people of other origins and beliefs especially Christians from the south. The major tribes that are predominant are the Yorubas with underlying traditional cultures of the Fulanis, Hausas and other tribes from different parts of the country. Presently, the city is divided into 20 traditional wards, which are largely outgrown by extensions of modern development at the peripheral locations.

METHODS OF DATA COLLECTION

The method of data collection is via questionnaire administration. A pilot survey of the major wards was conducted, the pre-survey exercise enhanced the acquisition of some pre knowledge about the streets and wards hence, it

was decided that the city would be zoned into five to allow for participation among the people of different culture and the peripheral zones also have the opportunity of being included.

Table 1 shows the zoning system adopted for the purpose of this study. In the process of gathering data, 500 questionnaires were administered with 100 distributed among each zone, targeting men, especially those that are 20 years and above. This is about 0.35% of the total adult male population. This small size was taken in order to obtain a minimum error in generalization and hence, a judgmental approach was strictly adopted. Information sought for include socio-economic characteristics, marital status, level of education, attitudes and perception about family planning and societal influence among others. The data were gathered in the last quarter of 1999 for a period of about eight weeks. In order to explain the background

Table 1: The zoning grouping of Ilorin metropolis

Zones	Areas	Locations
Zone 1	Core Area	Balogun Fulani, Ojagboro, Abayawo Idiape, Itakure, Oloje etc
Zone 2	Old Sectoral Region	Muritala, Taiwo, Post Office, Unity etc
Zone 3	New Sectoral Region	Gaa Akanbi, Amilegbe, G/Offa, Sawmill, University, Sabo Oke etc.
Zone 4	Transitional Zone	GRA, Fate, Tanke, Adewole
Zone 5	Peripheral Zones	Asa-dam, Airport area, Polytechnic, Zango, G. Alimi, Ita Alamu & Olorunsogo

information affecting decision making as regards men's attitudes, a multiple regression analysis was employed to ascertain the determinants of men's attitude and how it affects the acceptance of family planning, Okafor (1980, 1983) and Joseph and Phillips (1984) had identified the factors that affect the utilization of family planning facilities as well as the participation levels. These can be measured spatially within a given environment. These include the personal characteristics of consumers such as age, sex, income, occupation, and education among others. All these factors not only affect the utilization of facilities, they also determine the level of need for health care facilities (Onokerhoraye, 1997: 44). Joseph and Phillips (1984) have also argued that even when optimal conditions exist in terms of service distribution and proximity, utilization may not occur. Some attributes of the service such as cost of care, intake policy and specialization may restrict access for some people or some conditions, and thereby constraint utilization. On the other hand, some of the attributes of consumers as well as geographical distance may aid or inhibit utilization. It is on this prefix that our factors were identified. In this wise, a multiple regression equation was proposed:

$$Y_1 = a + b_1x_1 + b_2x_2 + b_3x_3 + \dots + b_{12}x_{12} + e$$

Where

Y_1 = % of men who practice family planning

X_1 = No of children per family

X_2 = No of wives

X_3 = Levels of Education

X_4 = Age of respondents

X_5 = Accessibility to information

X_6 = Types of occupation

X_7 = Economic Status

X_8 = Age at first sexual practice

X_9 = Religion/Culture

X_{10} = Access to Medical Facilities

X_{11} = Family size

X_{12} = Sate of origin

The above variables were carefully selected, taking into consideration, the peculiarity of our study area as well as the background information on them as factors that are likely to affect men's attitude, especially within a plural society in which some people have acquired modern traits while others stick to the traditions.

ANALYSIS AND DISCUSSION

(i) *Perception and Awareness:* This study

looked into men's attitudes towards family planning as affecting them and their spouses as well as general acceptability among men. From the survey carried out on men in Ilorin metropolis, a large proportion of the people are aware of family planning methods and its implications. It was observed that zones 1 and 5 i.e., traditional areas and the peripheral areas are least aware of all the zones with over 84% and 80% of the respondents claiming ignorance or felt unconcerned about family planning issues. While this response was obtained here, other zones fare better with greater percentage of awareness (over 65%). This may be attributed to the fact that accessibility to information in the zones with greater percentage of awareness is high. More so, people in the traditional and core areas are less informed due to the non-secularity of the locations. The tradition and cultural ethics act as catalysts to the low level of awareness of family planning. The highest percentage of awareness among men is seen in zone 4 with about 92% of the respondents indicating some sort of awareness.

In all, about 68% of our respondents wanted family planning information. The implication of this is that, contrary to popular belief many men are interested in the issue of family planning.

(ii) *Men's Attitudes and Family Relation:*

Whether young men choose to delay childbearing and pursue other things may depend upon the type of opportunities available to them. It is evident from these findings that despite the influence of culture and religion, positive attitude of men towards family planning can improve family relations. About 25.5% of our respondents indicated that family planning especially as related to their wives had enabled them to have more leisure time and spend much time with each child and their wives. Among the elite especially in zone 3 and 4, which are outside the traditional core region, about 57% of our respondents named family planning as an important factor in quality of life and of this, 38% felt that their conjugal relations had improved since acceptance of family planning into their homes.

On the other hand, in some area of this traditional Urban Centre where family planning is not socially accepted, women who use contraceptives can face difficult consequences. Some women may fear disdain from relatives and friends, or ridicule in the community. These assertions were supported by 65% of our

respondents in the core traditional locations while the remaining 35% are from the other zones.

The respondents were further asked what number of children is quite ideal in a family. The response was quite encouraging, considering the economic situation of the country especially in areas like zones 3 and 4 i.e. new sectoral region and the transitional zones, more men think that having about 3 to 4 children is ideal. Few of them also think that there is need to curtail the number of children due to economic reasons. However about 30% of our respondents felt that children are gifts from God, and they are considered a mark of social status, an investment for parents and old age security. This was commonly identified in zones 1 & 2 i.e. traditional areas (Ojagboro, Ita Alamu and Itakure areas) and the old sectoral region (Kuntu, Baboko, Agbo Oba, etc.), although most of them still enjoy cordial family relationship.

(iii) The Sexual and Reproductive Lives of Young Men: In this part of the country, both men and women marry or have children at tender ages. It is common to find youngsters being married while still in school, especially in the traditional core, where culture and religion have domineering influence. Age at marriage is one of many aspects of young men's live currently in transition.

Overall, marriage before age 25 is less common than it was generation ago, but there is sectoral variation. Compared with levels ten years ago, early marriage among young men has declined in much of Ilorin community and in the core traditional locations. However girls are still marrying at young ages. When asked about the age of their first marriage, about half of 20 – 30 year old men in zones 1, 2 and 3 are married, and in many other locations outside the traditional urban centres, but with lineage relating to Ilorin 45% of 20-35 year old men are married.

It is noted that due to civilisation, premarital sexual activity is common across the zones in the study area, and it is reported to be on the rise in all zones. In many locations, it was observed that young men are under strong social and peer group pressure to engage in premarital sex. Although the marriage age is on the increase, the age of puberty for young men has fallen, giving young people more years at "risk" of having pre-marital sex. About 85% of our respondents indicated that they had sex before they reached the age of 20 and two third of this had this just before they were married. This

survey shows that the percentage of men having pre-marital sex by ages 20-25 without the accompanying precaution either from their sex partner or themselves is on the rise. Serious risks and consequences accompany such an increase in pre-marital sex.

(iv) Acceptability and Participation in Family Planning: It is often wrongly assumed that men are either not interested or concerned about family planning or are opposed to it. This study indicates that men are really interested, not only allowing their wives but actually participating in its practice. In order to measure men's perception, questions relating to methods of family planning were asked. From this survey, it was observed that about 92% of all men ages 20 and above know of at least one method of family planning, the use of condom being the most widely recognised. Interestingly, male sterilization (vasectomy) and withdrawal are among the least known methods among men. In the same vein, 62.8% of our respondents indicated they have used a method at onetime or the other and thus approved the use of family planning techniques by themselves and their spouses. However, about 58% are currently practising it. Those that were not using any contraception gave various reasons for not practising it. Such reasons include infertility on the part of their spouses, some wanted to have more children, lack of knowledge, religious reasons or just plain opposition to family planning among them or their wives.

During this survey, it was discovered in most of the zones, some would not talk about their sexual life as talking openly about sex and desire remain a taboo in many cultural contexts in Ilorin community. Often the language of sex is an area of contention. Challenging the boundaries of acceptability raises a number of uncomfortable issues. The authors found it even harder to discuss sex with older men and its consequences on their wives. Despite these, the responses from 'younger men' indicate that a large proportion is in support of family planning. The spread of acceptability levels however, varies from one location to the other. Those in zone 3 and 4 i.e. new sectoral region and transitional zones are about 56% and 48% respectively. The lowest acceptability regions especially among men are in zones 1 and 5 i.e. the core traditional area and the peripheral zones. Among those who support male contraception, 50% think the use of condom

should be encouraged, 21.6% feel men should rather abstain from sexual relation (except for child bearing), 18% indicated the use of withdrawal method and 2% are in support of vasectomy especially if it is reversible.

Another opinion was sought for, as who should rather go for family planning in a family. The response was quite interesting as there were variations in men's opinions. In zone 1 (traditional area) 44% prefer themselves rather than their wives, 36% in zone 2 (old sectoral), 48% in zone 3 (new sectoral zones), 22% in zone 4 while that of zone 5 (peripheral) is 42%. However in all, about 65.2% prefer their wives to practice it. This is because they felt it is women's business while others indicate that they have no time for such, moreover they can not see themselves going for vasectomy even after all the desired children have been raised. They rather want their wives to go for tubal ligation especially after many years of marriage among polygamous families.

However, a large proportion of people in zones 1, 2 and 3 (about 68%) are against the practice whether among males or females. Their reasons include the consequences of such moves as being against God's wish, it exposes men and women to sexual promiscuity as well as exposing people to 'evils' of modernization which brought little or no respect to sexual issues and traditional values.

(v) Factors Affecting Family Planning Among Men: To explain possible reasons for the variability in the levels of acceptability of family planning methods, twelve variables were identified as noted earlier. In the multiple regression analysis, the dependent variable is the percentage of acceptance rate, while the independent variables are the various factors.

In all twelve cases, three variables were found to be significant at the specified tolerance level of 0.05 entry into the model. These are x_9 (religion of respondents) x_3 (level of education) and x_{11} sizes of families of respondent. The multiple

regressions in Table 2 suggest several findings. First, x_9 (religion) appears to be best predictor of factor affecting men's attitude towards family planning in our study area with a correlation of 0.75 and r^2 of 0.5625. This indicates that about 56.25% of its variance is associated with the variation in acceptability. It is interesting to note that most Christians in zones 2,3,4 and 5 support family planning especially to discourage promiscuity. On the other hand the core areas are mostly Moslems who are not very receptive to family planning. This was noted mostly in Oja Gboro, Ago, Abayawo, Isale Koto, Eruda and Oloje to mention a few. Despite this, many women still practice it and high receptability is noted in places like Adewole, GRA and Agbo-Oba especially among younger married women with approval from their husbands. Religion is a very strong 'pull factor' among the traditional areas. Although Islam opposed it to a certain extent, the level of individual family involvement in their religion determines their practice of some form of family planning.

X_3 (levels of education) also appears to be very important with a joint correlation of 0.86 and r^2 of 0.7396. This suggests that about 73.96 of the joint variance in acceptability among males is explained by the two variables. About 17.71% to additional explanation is offered by x^3 (educational levels) with a correlation co-efficient of 0.11. The level of education relates positively to levels of acceptability as education offers better understanding among the people. It was observed that more educated men had better access to information on sexuality, sexual behaviour, responsible parenthood and the importance of child spacing. This was commonly noticed in the GRA and peripheral zones, which are mostly dominated by the elite.

Family size is also positively related to acceptability among men in our study area with a joint correlation of 0.81 and r^2 of 0.7921. This indicates that about 79.21% variance of the three

Table 2: Factors affecting planning acceptance among men in Ilorin

List of variables	Parameter Estimates	Standard error	R	R^2	% of contribution
Intercept	8.4261	2.4200			
X_9	0.45839	0.08185	0.75	0.5625	56.25
X_3	0.65218	0.11204	0.86	0.7396	73.96
X_{11}	1.046244	0.5177	0.89	0.7921	79.21

Source: Computer output from the original data set.

variables is jointly associated with difference in receptability of family planning among men in our study area. Family size however added a mere 5% to the two earlier variables, that is religion / culture of the people as well as educational level. Here those with fairly large families tend to accept family planning in all zones but one. This might be as a result of economic recession which has exposed those with large family to serious problems (as in feeding, up keeping and education costs) and other economic related problems, thus they are more interested in planning against further child bearing. This is common among the core areas mostly dominated by the indigenes where men even if they did not practice family planning expected their wives to 'take care of themselves' and see that pregnancy 'does not occur'

Further for the whole study area, the three variables accounted for about 79.21% of the variance in acceptability of family planning among males, while the remaining nine variables are not significant in determining differences in the levels of acceptability of family planning and men's attitudes towards it in Ilorin metropolis. Their co-efficients are too low to offer any meaningful explanation of their varied pattern. These three factors are closely related to what could be termed the culture of the people. Our regression equation could thus be written as:

$$Y = 8.4261 + 0.45839X_9 + 0.65218X_3 + 1.046244X_{11} \\ (R^2=0.79; SE=2.42)$$

This means that the more one is associated with religion and culture, the less the possibility of accepting family planning in a cultural setting like Ilorin. On the other hand the more educated one is, and the larger the family size the more likelihood of acceptability of family planning and thus the possibility of positive attitudes among men, within a particular setting like Nigeria, and in other developing countries.

CONCLUSION

This study has afforded us the opportunity to measure men's attitudes towards family planning in a traditional urban city with peculiarity of varied attributes. The study revealed a lot of divergences as regards family planning among men. The level of awareness is vast among the different zones while the transitional zones recorded high awareness and acceptability, the core and traditional zones are

least in terms of acceptability. The multiple regressions indicated that of all the twelve variables chosen to explain the varied pattern of acceptability only three were significant to explain this. The religion of the people, level of education and the family size appeared to be the best predictor in the study area. Apart from the drawbacks to acceptability of family planning service and the issue of the status of children who are considered as mark of social status, family planning is making great progress among the people.

In view of this, it is strongly recommended that family planning programme should be intensified to improve people's knowledge of contraception and reduce their fear of methods. Men and women need better information about the usage of contraceptives and what side effects to expect once they do adopt a method. Family Planning Programmes should also provide health education to adolescents (men and women) including information on sexuality, responsible parenthood, sexual behaviour, reproduction and family planning, sexually transmitted diseases and gender roles. The Government could make health services adolescent-friendly by involving men and ensuring confidentiality, privacy and respect, and by providing the high quality information necessary for informed consent especially in traditional environment like ours.

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