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Determinants of Male Involvement in Family Planning Services among Male Teachers, South-West Nigeria

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Abstract— *Family planning (FP) is a cost-effective program designed to limit the size of family through spacing and prevention of unplanned pregnancies especially for economic and health reasons. Male involvement explains the participation of men in the family planning decision making process and use of male methods of contraception. This study adopted a descriptive research survey design. 100 respondents were selected using convenient sampling. A self-developed structured questionnaire was used to collect data. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 21. Descriptive statistics of tables and percentages were used to analyze data collected. The finding showed high level of awareness (73%) of family planning among male teachers. Majority (62%) of the respondents have good access to family planning services but majority (74) showed low level of involvement in family planning services. low level of family planning services utilization was recorded among male teachers. Almost all (96%) the respondents showed that male participation is crucial to the success of family planning and support (60%) their wife for modern family planning services, however, 20% did not wish to adopt male family planning methods. Polygamy, cultural belief that men should not use modern contraceptives, religious belief, misconception that family planning services are meant for women alone and limited number of family planning methods available from men were identified as determinants of male involvement in family planning services. in conclusion, male involvement in family planning services was observed to be low among the respondents. Therefore creating awareness about benefits of male involvement in family planning services and effective counseling would improve the level of male involvement in family planning services.*

Keywords— *Determinants, family planning services, male involvement, male teachers.*

I. INTRODUCTION

The decision about child spacing and whether to have children is a basic human right of couples, which was endorsed by the international conference on population and development in 1994 (Fincher, 1994). It is also fundamental rights that parents should control their fertility, limit their family size, and space their children and the only means to achieve this is through family planning utilization (Akinwalere et al., 2015; Wondim et al., 2020). According to Kiranmayee et al. (2021), family planning allows individuals and couples to anticipate and attain their desired number of children, through the timing and spacing of their births. It is a cost-effective program designed to limiting the size of family through spacing and prevention of unplanned pregnancies especially for economic and health reasons (Naz et al., 2015; Aliyu & Alhaji, 2018). However, Male involvement explains the participation of men in the family planning decision making process and use of male methods of contraception (Windom et al., 2020). Reproductive health program and services are commonly targeted at women's reproductive health and their services are exclusively for women, especially in the area of family planning, prevention of unplanned pregnancy, maternal care during pregnancy period, risky abortion and the improvement on safe motherhood (Dewi, 2009). In other words, the role of men in reproductive health and family planning has been always ignored by the family planning programs and most contraceptive methods are designed for women only (Orji & Onwudiegwu 2005; Dewi, 2009).

Nevertheless, reproductive health of couples largely depends on the attitude of male partners towards family planning program as well as their knowledge on reproductive health (Tilahun et al., 2013). Low male involvement in family planning has been one of the major causes of increase childbirth in Nigeria, which contribute to accidental birth among one third of Nigerians (Ogunjuyigbe, 2008). Nigeria is predominantly a patriarchal society and in most communities, men hold the ultimate power in decision making at the family level. As much as many women would like to cease child bearing, many times it is their husbands who determine whether this will occur or not (Kodzi & Casterline, 2010).

The use of any method of FP by women is often influenced by their husbands and men have rarely been involved in either receiving or providing information on sexuality, reproductive health, or birth spacing (Okwor & Olaseha, 2010). Traditionally, men are the heads of households and decision makers in all issues in their respective households as they are major determinants of number of children and FP choices (Adelekan et al., 2014). More so, findings have shown that since men were the decision makers, they were expected to

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initiate discussions on FP and the number of the children the couple want to have (Singh & Darroch, 2009). However, men were perceived as the sole providers for their family needs. Women were not considered decision makers, but implementers of what had been decided by men, without questioning men's decisions (Shattuck et al., 2011).

Furthermore, the high level of awareness about contraception with very low level of utilization has been established in studies in Nigeria (Obisesan et al., 1998; okonofua et al., 1999). Nevertheless, there are several obstacles to adoption of contraceptive utilization in Nigeria which include myths and misinformation about family planning as well as unconfirmed information passed within social networks (Otoide et al. 2001; Orji & Onwudiegwu, 2002; Ankomah et al., 2011). Other reasons for low utilization of FP include fear of complications, lack of understanding of methods, and fear of opposition from the husband (Diamond-Smith et al., 2012). Diamond-Smith et al. (2018) also identified evidence of fear of FP side effects among females and males from India, Nepal, and Nigeria. Evidence shows that male involvement can lead to contraceptive uptake through the pathway of increased spousal communication (Shattuck et al., 2011; Hartmann et al., 2012). However, FP programmes have traditionally focused on women as the primary beneficiaries and men have been considered as the silent partners of the services (Sedgh &Hussain et al., 2014). It is upon this background that this study assesses the determinants on male involvement in family planning services among male teachers in four secondary schools Epe local government area of Lagos State, Nigeria.

1. To assess the level of male awareness about family planning among male teachers in secondary school;
2. To identify the respondents' level of utilization of family planning among male teachers in secondary school;
3. To identify the factors militating against male involvement in family planning among male teachers in secondary school.

II. Material and Methods

This research study employed a descriptive research survey design. Convenient sampling technique was used to select male teachers aged 25-60 years from four selected secondary schools in Epe Local Government Area, Lagos State. A total number of 100 participants were selected for the study.

Study design: Descriptive Research Survey Design
Study location: This was in four secondary schools, Epe Local Government Area, Lagos State.
Study Duration: January to June 2019
Sample size: 100 Respondents
Sample size calculation: Sample size was determined using Taro Yamane formula. 91 was actually obtained 10% attrition rate was added to make 100
Subject and selection method: Convenient sampling technique was used to select 100 participants within the age of 25-60 years in four selected Junior and Secondary Schools.
Instrumentation: The design involves assessment of determinants of male involvement in family planning methods through the use of questionnaire, which was administered to men within the age range of 25-60 years in some selected Junior and secondary school of Epe Local Government Area. A self-developed structured questionnaire consisting of four (4) sections was used to collect data.

Section A: This section focused on demographic characteristics of the respondents.
Section B: This section focused on level of male awareness about family planning. This section contains 12 items, the highest possible score is 12 while the lowest possible score is 0. The score between 1-5 is considered low awareness while the score between 6-12 is considered high.
Section C: This elicited information on male accessibility to family planning services. This section contains 8 items, the highest possible score is 8 while the lowest possible score is 0. The score between 1-3 is considered poor access while the score between 4-8 is considered good access.
Section D: This elicited information on male involvement in family planning services.
Section E: Level of utilization of family planning methods
Section F: Determinants of male involvement in family planning services

Inclusion criteria:

1. Willingness to participate after gaining verbal consent
2. Men aged 25-60 years

Exclusion criteria:

Those were not present at the time of collecting data and those that are not willing to participate

Procedure methodology

Letter of introduction was obtained from Nursing Department Ladoke Akintola University and permission to collect the data was taken from Epe Local Government Area where the secondary schools for the study were located. Also permission was sought from the principals of the secondary schools used for the study. The subjects were clearly informed about the study in order to gain their consent. The personality of the respondents was respected and their confidentiality, privacy and anonymity of the information given was maintained since there was no name, address, or signature indicated on the questionnaire.

Statistical analysis:

Firstly, the entire structured questionnaires were checked for completeness. Data generated were coded and entered into Epi data; the statistical analysis program used for data analysis (Statistical package for service solution (SPSS), version 21). Descriptive statistics such as frequency counts, percentage, tables, mean score and standard deviation were used to analyze demographic data of respondents and research objectives.

III. Result

Table 1 reveals the socio-demographic distribution of the respondents. Above one-third (34%) of the respondents were between age 41-50 years with mean age of 40.01 $\pm$ 10.8. Majority (90%) were married, more than half (60%) were Christians, majority of the respondents (90) were Yoruba, highest proportion (86%) of the respondents were from

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monogamy family structure, more than half (60%) had about 3-5 children alive, about two-third had higher degree level of education and more than half earned above 70,000 naira per month.

TABLE 1: Demographic characteristics of the respondents

Variables	F (%)
Age	
20-30	18 (18)
31-40	30 (30)
41-50	34 (34)
51-60	14 (14)
61 and above	4 (4)
Total	**100 (100)**
Mean	**41.01 +10.8**
Marital status	
Single	6 (6)
Married	90 (90)
Divorced	2 (2)
Window	2 (2)
Total	**100 (100)**
Religion	
Christianity	60 (60)
Islam	40 (40)
Total	**100 (100)**
Ethnicity	
Yoruba	90 (90)
Hausa	2 (2)
Igbo	8 (8)
Total	**100 (100)**
Family structure	
Monogamy	86 (86)
Polygamy	12 (12)
Others	2 (2)
Total	**100 (100)**
Number of living children	
None	10 (10)
1-2 children	20 (20)
3-5 children	60 (60)
5 children and above	10 (10)
Total	**100 (100)**
Educational level	
Primary school certificate	0 (0)
Secondary school certificate	0 (0)
OND	30 (30)
HND	4 (4)
BSc	66 (66)
Total	**100 (100)**
Monthly Income	
30,000-49,000 naira	20 (20)
50,000-69,000 naira	28 (28)
70,000 and above	52 (52)
Total	**100 (100)**

TABLE 2: Level of awareness about family planning

Variables	F (%)
Awareness of family planning	
High	73 (73)
Low	27 (27)
Total	**100 (100)**

Table 2 reveals a very high level of awareness of family planning as majority 73(73%) of the respondents reported that they are aware of family planning services including modern methods of family planning and benefits of some methods of modern family planning.

TABLE 3: Accessibility to family planning services

Access to family planning services	F (%)
Good access	62 (62)
Poor access	38 (38)
Total	**100 (100)**

Table 3 reveals that more than half 62 (62%) of the respondents have access to family planning services.

TABLE 4: Male involvement

Variable	F (%)
High level of involvement	26(36)
Low level of involvement	74(74)
Total	**100 (100)**

Table 4 reveals that almost two-third (74%) of the respondents showed low involvement in family planning services while 26(26%) showed high level of involvement.

TABLE 5: Level of Utilization of family planning methods

Level of Utilization	F(%)
High	10(10)
Low	90 (90)
Total	100(100)

Table 5 reveal that majority 90 (90) of the respondents have never utilized family planning services while 10 (10%) indicated that they have used family planning services.

TABLE 6: Determinants of male involvement in family planning

Variable	Agree	Disagree
	F (%)	F (%)
Inadequate awareness of male methods of family planning	94 (94)	6 (6)
Number of living children	70 (70)	30 (30)
Age of the husband	70 (70)	30 (30)
Occupation of the husband	70 (70)	30 (30)
Social network	70 (70)	30 (30)
Financial constraints	60 (60)	40 (40)
Gender of children	76 (76)	24 (24)
Fear of unknown	78 (78)	22 (22)
Polygamous family setting	90(90)	10(10)
Culture belief that men should not use family planning	62 (62)	38 (38)
Misconception that family planning services are only meant for women	84 (84)	16(16)
Religion belief that encourage marrying more than one wife	90 (90)	10 (10)
Discouragement from wife	80 (80)	10 (10)
Because of financial constraint	60 (60)	40 (40)
Limited number of family planning available for men	80 (80)	20 (20)

Table 6 shows that majority 94 (94%) agreed that inadequate awareness of male methods of family planning militate against male involvement in family planning services as well as age of the husband 70 (70%), Occupation of the husband 70 (70%), desired number of children 70 (70%), social network 70 (70%), financial constraint 60 (60%),

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gender of children 76(76%), fear of unknown 60(60%)and polygamous family settings 90 (90%). More so, majority 62 (62%) and 84 (84%) of the respondents agreed that cultural belief that men should not use family planning and misconception that family planning services are meant for women respectively while 90 (90%) agreed that religion belief that encourages marrying more wives, discouragement from wife 90(90%), financial constraint 60(60%), and limited number of family planning methods available for men 80(80%) are factors militating against male involvement in family planning services.

TABLE 7: Relationship between demographic characteristics and male involvement in family planning services

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.632	.149		4.252	.000
	Age	-.057	.077	-.138	-.736	.464
	Marital status	.021	.069	.019	.296	.768
	Religion	-.208	.089	-.232	-2.345	.021
	Ethnicity	-.131	.119	-.114	-1.102	.273
	Family structure	.049	.117	.046	.414	.680
	Number of children alive	.170	.069	.303	2.458	.016
	Educational level	.284	.061	.590	4.622	.000
	Monthly income	.238	.089	.427	2.686	.009
a. Dependent Variable: Male involvement						

Table 7 shows a relationship between demographic characteristics and male involvement in family planning services. There is a statistical significant relationship between religion (P-value = 0.021), number of children alive (p-value = 0.016), educational level (p-value = 0.000) and monthly income (p-value = 0.009) while age (P-value =0.464), marital status (P-value =0.768), ethnicity (P-value =0.273) and family structure (0.680) are not statistically significant at p-value of 0.05 level of significance.

TABLE 8: Relationship between level of awareness and male involvement

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.288	.125		10.281	.000
	Level of awareness	.356	.093	.360	3.826	.000
a. Dependent Variable: Male involvement						

Table 8 showed a significant relationship between level of awareness of male teachers and male involvement with p-value less than 0.05 level of significance.

IV. Discussion of Findings

The findings from the study revealed a very high level of awareness of family planning as majority of the respondents were aware of family planning services including modern methods of family planning as well as their benefits. This findings are in tandem with the result of Ezeanolue et al. (2015) that men's awareness of, and support for, use of modern contraceptives were significantly associated with their female partners' desire to use contraception. This result was also supported by Msovela et al (2020) that majority of men had knowledge of family planning in terms of awareness of various methods of contraceptives as well as where the services can be accessed which positively influences men using family planning services with their partners. Ezeanolue et al (2015) reported that men who had knowledge of the sources of family planning services were significantly more likely to use contraception. Moreso, in a study conducted in Uganda, men primarily reported knowledge of contraceptives due to their partners' experience of side effect partners' knowledge from health providers and mass media campaigns and partners' knowledge from their peers (Thummalachetty et al., 2017).

The findings from the study also revealed good access to family planning services and low level of male partners' involvement in family planning. The findings from the study is in line with the result of Balogun et al. (2016) who highlighted the fact that male partners involvement in family planning services was low and was attributed to paying for contraceptives and transportation to the clinic. This result is in line with the result of Adelekan et al (2014) that majority of men had never been involved in family planning with their wives which was associated with multiple decision-making roles of men in reproductive health particularly family planning with profound influence on women's health. However, Kamran (2015) stated that when men are fully involved and support their wives women compliance with contraception will not be hampered by other factors like costs of contraceptives and transportation to family planning centre. In other words, male partners' involvement is central to compliance of women with modern family planning methods (Balogun et al., 2016). Therefore, effective communication about family planning is critical and interspousal communication is the key factors that influence the utilization of family planning among couples (Adelekan et al., 2014).

The result further revealed that majority of the respondent have never utilized modern contraceptives nor allowed their wives to utilize it. This may be attributed to perceived side effect, desired for more children or misconception that women who utilize family planning have tendency to be promiscuous. This result corroborate the report that men generally approved of women's' contraceptive utilization but only few would allow their own spouse to utilize contraceptives (Adelekan 2014). In other words, male partners' involvement in terms of approval can be an important determinants of family planning utilization by women and moreso, men's acceptance of family planning requires knowledge about appropriate family planning methods, more communication between partners, fostering awareness and mutual sharing of concerns for partners' (Adelekan 2014).

The findings from the study also revealed that inadequate awareness of family planning methods, age and occupation of the husband, desired number of children, financial constraint, gender of children, types of family, gender of children and cultural belief are determinants of male involvement in utilization of family planning services. In line with the

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findings from the study, Mohammad (2013) stated that male are more likely to be involved in family planning if they were educated, engaged in skilled works, acquainted with high knowledge of family planning and reproductive health, favourable spousal communication, older age of husband and wives as well as having completed their desired number of children. Astrid (2018) also reported that five domain determine male involvement in family planning including health behaviour motivation, gender relations, health behavioural skills, health behavioural information, gender relationship and socio-economic factors like financial constraints. According to Manortey (2020) marital status, employment status, and knowledge of family planning were positively associated with male involvement in family planning as well age old age.

The findings from the study also revealed a significant relationship between demographic characteristic and male involvement in family planning. This result is in line with result of Manortey (2020) which revealed that male with older age are more likely to be involved in family planning compared with younger age group, also male with secondary and higher levels of education are more likely to be involved in family planning compared with men with no formal education and primary levels of education. Moreso, Apanga (2015) reported that male who are married are more likely to be involved in family planning. In addition, marital status, employment status, knowledge about family planning as well as educational levels are significantly associated with male involvement in family planning (Manortey, 2020). Generally, Shahjahan et al. (2013) reported that higher educational level, number of living children, paid employment status, long marital duration and access to medial were important correlates of males' involvement in reproductive health services including family planning.

Furthermore, the findings from the study revealed a significant relationship between level of awareness and male involvement in family planning. This result is in tandem with the result of Manortey, (2020) that revealed a positive association between male knowledge of family planning and their involvement. Sharma (2018) also reported that lack of knowledge about family planning is a challenge and huge determinants of male involvement in family planning. However, accessibility of information plays a big role in the level of knowledge of male partners which consequently influence their involvement in family planning (Dral et al., 2018).

V. Conclusion

Male involvement is a significant determinant of family planning initiative and utilization among couples. The result of this study revealed a high level of awareness of family planning and access to family planning services but low involvement in and utilization of family planning services were observed among the male partners. The result further revealed a significant relationship between socio-demographic factors, level of awareness and male involvement in family planning. Therefore, there is need to intensify in public awareness programs on effective implementation of male involvement in reproductive health services including family planning to identify determinants of male supportive activities in family planning initiatives and utilization.

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