**ORIGINAL RESEARCH ARTICLE**

# Male Involvement in Family Planning Decision Making in Ile-Ife, Osun State, Nigeria

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## Abstract

This study assessed men's awareness, attitude, and practice of modern contraceptive methods, determined the level of spousal communication, and investigated the correlates of men's opinion in family planning decision making in Ile-Ife, Nigeria. Quantitative methodology was employed in this cross-sectional descriptive design using a structured household questionnaire to collect information from 402 male study participants. A multistage sampling procedure was employed. Eighty-nine percent of men approved of the use of family planning while only about 11 percent disapproved of it. Eighty percent of men had ever used contraception while 56 percent of them were current users. Spousal communication about family planning and other family reproductive goals was quite poor. The socio-demographic correlates of men's opinions included religion, marriage type, educational attainment, and occupation ($p<0.05$). The study concluded that male involvement in family planning decision making was poor and their patronage of family planning services was low (*Afr J Reprod Health 2010; 14[4]: 45-52).*

## Résumé

**Participation des hommes à la prise de décision concernant la planification familiale à Ile – Ife, état d'Osun, Nigéria.** Cette étude a évalué la conscience, l'attitude et la pratique chez les hommes à l'égard des méthodes du contraceptif moderne ; elle a déterminé le niveau de la communication conjugale et elle a étudié les corrélats des opinions des hommes par rapport à la prise de décision sur la planification familiale à Ile – Ife**,** Nigéria. On a utilisé une méthodologie quantitative dans ce modèle descriptif transversal à l'aide d'un questionnaire de méage pour collecter l'information auprès de 402 sujets males. Nous avons adopté une procedure d'échantillon à plusieurs étapes. Quatre-vingt-neuf pourcent des hommes ont approuvé l'utilisation de la planification familiale alors qu'il n'y avait qu'à peu près 11% qui n'ont pas approuvé. Quatre-vingt pourcent des hommes ont jamais utilisé la contraception alors que 56% d'eux étaient des utilisateurs actuels. La communication conjugale concernant la planification familiale et d'autres objectifs de reproduction familiale était bien médiocre. Les corrélats sociodémographiques des opinions des hommes comprenaient la religion, le type de mariage, le niveau d'instruction acquise et l'occupation ($p<0,05$). L'étude a conclu que la participation des hommes à la prise de décision concernant la planification familiale était médiocre et leur patronage est d'un niveau inférieur (*Afr J Reprod Health 2010; 14[3]: 45-52).*

**Keywords:** Male involvement, Family planning decision, Spousal communication, Nigeria

## Introduction

One of the most serious problems developing countries still have to solve is their rapid and uncontrolled increase in population.[1] It is well documented that men's general knowledge and attitudes concerning the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive method use greatly influence women's preferences and opinions.[2,3,4] However, fertility and family planning research and programs have ignored men's roles in the past, focusing on women's behaviour,[4] and services are traditionally presented within the context of maternal and child health.[5]

Since, the 1994 International Conference on Population and Development (ICPD), and the 1995 UN World Conference on Women, interest in men's involvement in reproductive health has increased.[4,6] There has also been a shift in objectives of male participation and concerns, from increasing contraceptive use and achieving demographic goals to achieving gender equality and fulfilling various reproductive responsibilities. The large number of

articles[7-10] and the growing number of conferences, research projects, and debates on this subject bear testimony to the importance of this issue, both from the programmatic point of view and as a process for bringing about a gender balance in men's and women's reproductive rights and responsibilities.

In Nigeria the high rate of population growth has been driven by high fertility rates, which have fallen much less rapidly than the crude death rate. The country's total fertility rate has declined only slightly, from 6.3 births per woman in 1981-82 to 5.7 births per woman in 2008.[11] The persistence of high fertility has been the subject of considerable investigation during the past decade.[12] Researchers have suggested various reasons to explain why, despite the high fertility rate, acceptance and utilization of modern family planning methods remain low, currently 11 percent.[11] Factors include poor accessibility of services, the low status of women, high illiteracy rate among the female population, the patriarchal nature of the society, and a general lack of male involvement in family planning.

The family unit in Nigeria is essentially patriarchal and patrilineal, with all the important decisions taken by the male head while the woman's fundamental social role is to bear and raise children and engage in productive tasks within the household.[13] Wives are usually socially and economically dependent on their husbands. A study of reproductive motivation conducted in four Nigerian cities and a large semi-urban settlement by the developmental agencies revealed that men wanted more children than women did, as children were believed to give status to men; often it was the men who decided whether to have another child.[14] Oni and McCarthy working in Ilorin, Nigeria, also found that even though virtually all men in their sample knew of at least one method of contraception, they were less knowledgeable about where to obtain contraceptives. They also thought that women should take responsibility for using contraception, but that men should control the decision making.[15]

Available studies show that in many developing countries males often dominate in making important decisions in the family, including those concerned with reproduction, family size, and contraceptive use. Men are also recognized to be responsible for the large proportion of ill reproductive health suffered by their female partners.[16] Male involvement helps not only in accepting a contraceptive but also in its effective use and continuation.[6] Spousal communication on contraception and reproductive goals suggests that the couple has an egalitarian relationship. Studies have shown that couples who discuss the number of children they desire or the use of family planning are more likely to use a contraceptive and achieve their reproductive goals than those who do not.[6]

In Nigeria, unfortunately, data on the knowledge and use of modern contraception among men and on male participation in reproductive health are generally scanty,[4] and the existing studies are rather similar in focus and limited in scope. While Oni and McCarthy[15] assessed the baseline level of knowledge, attitude, and practice of adult males in Ilorin, Nigeria, Oyediran et al.[4] examined the variables that determined ever-married men's level of contraceptive knowledge and use in Imo and Ondo States.[6] Further work is needed to explore such concerns as the reproductive health needs of Nigerian men themselves, perceptions of their responsibilities in family formation and reproductive health, their motivators for accepting responsibility for contraception, and characteristics of service centers/providers that influence the behaviour of men and their reproductive goals and outcomes.

The present study was aimed at determining the extent of male involvement in family planning decision making among couples in Ile-Ife, Nigeria. The objectives were to assess men's knowledge, attitude, and practice of modern contraceptive methods; determine the level of spousal communication about family planning decision making; and investigate the correlates of men's opinion about their roles in family planning decision making.

## Methods

### Study Location

The study was conducted in Ile-Ife, headquarters of Ife Central Local Government Area in Osun State, Southwest Nigeria. The community is semi-urban with a population of approximately 200,000 people.[17] The inhabitants largely belong to the Yoruba ethnic group, although there are few residents from other tribes. There is a federal university in Ile-Ife, the Obafemi Awolowo University, and its sister institution, the Obafemi Awolowo University Teaching Hospitals Complex. This hospital serves as a referral centre for the community and also for about six neighboring states in the southwestern part of Nigeria. There is also a public secondary health care facility (the State Hospital, Sabo), a mission hospital (the Seventh Day Adventist Hospital), and a number of primary health care facilities. A few private maternity homes and hospitals also form part of the health care facilities utilized by the community. Almost all these

health care facilities provide family planning services.

### Study Design

The study was cross-sectional and descriptive in design, employing both quantitative and qualitative research methods.

### Study Population

Study participants were males of reproductive age (15-59 years)[11] and family planning providers from selected health facilities

### Sample Size Determination

Sample size of respondents for the household interviews was estimated using the Computer Programme for Epidemiologists (PEPI), version 3.01, employing the sample size formula for estimating single proportions as described by Armitage and Berry, and cited in Gahlinger and Abramson (1999).[18]

From the Nigeria Demographic and Health Survey (NDHS) 2008 figures, the estimate of true proportion of the knowledge of modern family planning methods among men was 90 percent.[11] Employing a standard normal deviate of 1.96 at 95 percent confidence level and a maximal allowable difference from true proportion of 3 percent (0.03), a sample size of 402 was obtained for men.

### Sampling Technique

The 402 men were selected from 402 households through a multistage sampling technique. Ife central LGA of Osun State consists of 400 enumeration areas (EAs). These EAs were the first stage sampling units. Ten percent (40) of the EAs were selected through a random sampling procedure. For all selected EAs, all the constituent households (second stage sampling unit) were listed. The final stage involved systematic random sampling. From each EA household listing, a first household was randomly selected, and one eligible male respondent was interviewed from this household, and subsequently from every other $K^{th}$ household until 10 eligible male respondents were recruited in the EA. The K factor was derived from the formula K= N/n, where N is the total number of households and n=10. Two of the EAs, however, had 11 male respondents recruited from them.

### Data Collection Techniques

A structured household questionnaire was used to collect information on socio-demographic characteristics of the study participants, their awareness and knowledge of family planning methods and uptake of modern contraceptives. Other information elicited included men's roles in communication about contraceptive choices, contraceptive decision making, family size, and child spacing.

*In-depth interviews (IDIs):* Facilities selected for interviews with family planning providers included the only tertiary health facility, the two available secondary health facilities, 30% of Primary Health Centers (PHC) and 20% of private health facilities in Ile Ife. One IDI was conducted per facility with a family planning provider. Eight family planning providers were interviewed (6 females and 2 males).

### Data Processing and Analysis

Only 400 male questionnaires were valid for analysis. Data were field edited by the field workers. Quantitative data entry and analysis were achieved using the SPSS version 11 software. Discrete variables were summarized using frequency tables and percentages. The correlates of men's opinions concerning their roles in family planning decision making were explored through multiple logistic regression analyses, and adjusted odds ratios and confidence intervals were provided. Men who were undecided were removed from the multiple logistic regression models.

## Results

### Sample Demographics

The age distribution for men ranged between 18 and 59 years, with more than two-thirds of them in their fourth and fifth decades of life. Almost 85 percent of the men were in monogamous unions, the others in polygamous unions (Table 1). Almost 3 percent of men had never been to school, while about 80 percent had attained secondary or higher levels of education.

*Awareness of family planning methods*

Virtually all (99.8 percent) respondents 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 percent). Awareness of natural methods (withdrawal method, postpartum abstinence, and safe period) was also quite high (at 92.7 percent, 92 percent, and 89.4 percent, respectively) (Table 2). The most popular source of information about family planning among them was the radio (93 percent). Friends and television were also quite popular (88.7 percent and 82 percent, respectively). Health workers and the print media were the least mention-

**Table 1:** Socio-demographic characteristics of male survey respondents, Ile-Ife

| Characteristics | Frequency (percent) N=400 |
|---|---|
| **Age (Years)** | |
| <30 | 39 (9.8) |
| 30-39 | 146 (36.5) |
| 40-49 | 141(35.2) |
| 50-59 | 74 (18.5) |
| **Marriage type** | |
| Monogamy | 338 (84.5) |
| Polygamy | 62 (15.5) |
| **Education** | |
| No formal | 11 (2.8) |
| Primary | 63 (15.7) |
| Junior secondary | 25 (6.2) |
| Senior secondary | 147 (36.8) |
| Tertiary | 154 (38.5) |
| **Religion** | |
| Traditional | 3 (0.7) |
| Catholic | 27 (6.7) |
| Protestant | 56 (14.0) |
| Islam | 93 (23.3) |
| Other Christian | 221 (55.3) |
| **Occupation** | |
| Artisan | 154 (38.5) |
| Civil servant | 115 (28.8) |
| Trading | 76 (19.0) |
| Professional | 28 (7.0) |
| Farming | 18 (4.5) |
| Student | 9 (2.2) |

**Table 2:** Types of family planning methods known to male residents of Ile-Ife

| Family Planning Methods (n=399)* | Frequency | Percent |
|---|---|---|
| Condom | 391 | 98.0 |
| Withdrawal method | 369 | 92.7 |
| Oral pill | 367 | 92.0 |
| Postpartum abstinence | 366 | 92.0 |
| Hormonal injections | 365 | 91.5 |
| Safe period | 365 | 89.4 |
| Traditional methods (rings, charms) | 322 | 80.7 |
| IUCD | 301 | 75.4 |
| Female sterilization | 228 | 57.1 |
| Male sterilization | 189 | 47.4 |
| Diaphragm/Jelly | 73 | 18.3 |
| Implant | 46 | 11.5 |
| Lactational amenorrhea method | 7 | 1.8 |
| Billings method | 4 | 1.0 |

**Excludes respondent who was not aware of any family planning method*

**Table 3:** Reported sources of information regarding modern family planning methods

| Source of information | Frequency n=399* | Percent |
|---|---|---|
| Radio | 371 | 93.0 |
| Friends | 354 | 88.7 |
| Television | 327 | 82.0 |
| Health workers/Health facility | 55 | 13.8 |
| Books/Journals | 9 | 2.3 |

**Excludes respondent who was not aware of any family planning method*

ed sources of information about family planning (Table 3).

*Men's attitude and practice about self/spousal use of family planning*

Eighty-nine percent of men approved of their spouses using family planning while only 11 percent of them objected to it. However, almost two-thirds (65.2 percent) of the men disapproved of attending family planning clinics with their spouses, while only 26 percent of them had ever done so. The popular reasons given by men for approving of family planning use by their spouses were birth spacing (71 percent) and achievement of desired family size (20 percent). The most popular reason given for disapproving of family planning use was religious dictates (44 percent) (Table 4). Although more than 80 percent of the men surveyed had used family

**Table 4:** Reasons for respondents' approval/disapproval of spousal use of family planning methods, Ile-Ife

| Variable | Frequency n=357 | Percent |
|---|---|---|
| **Reasons for approving spousal use of family planning** | | |
| Space birth | 255 | 71.4 |
| Achieve desired family size | 72 | 20.1 |
| Avoid unwanted pregnancy | 15 | 4.2 |
| Promote child health | 7 | 2.0 |
| Improve quality of child care | 7 | 2.0 |
| Marital bliss | 1 | 0.3 |
| **Total** | **357** | **(100)** |
| **Reasons for disapproving spousal use of family planning** | | |
| Religion | 19 | 44.1 |
| Side effects | 14 | 30.5 |
| Encourage infidelity | 9 | 20.8 |
| Reason unstated | 2 | 4.6 |
| **Total** | **44** | **(100)** |

**Table 5:** Respondents' opinions about men's role in reproductive health decision making, Ile-Ife, 2006 (n =400)

| Opinion regarding selected reproductive health issues: | Agree Frequency (percent) | Disagree Frequency (percent) | No response Frequency (percent) |
|---|---|---|---|
| Men should decide the family size | 177 (44.3) | 216 (54.0) | 7 (1.8) |
| Men should decide on the adoption of family planning | 116 (29.0) | 275 (68.8) | 9 (2.3) |
| Men should decide which FP method to use | 37 (9.3) | 351 (87.8) | 12 (3.0) |
| Men should decide what to do when unwanted pregnancy occurs | 135 (33.8) | 257 (64.3) | 8 (2.0) |

planning methods at some time, less than 60 percent of them were current users of any family planning method. Seventy-seven percent of the men reported the condom as the family planning method ever used by their families.

*Spousal communication about family planning decision making*

Consistently, 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. Furthermore, 35 percent of men reported never discussing family planning issues with their spouses in the year preceding the survey. However, 49 percent of men reported discussing family planning at least once or twice during the same period.

*Correlates of men's opinions about their roles in family planning decision making*

Men's opinions about their roles in family planning decision making were assessed on a three- tier scale of agree, undecided, and disagree. Generally, more male respondents disagreed than agreed that men should make decisions about selected family planning issues in the family. Forty-four percent of men agreed that men should determine family size while 54 percent disagreed; 29 percent agreed that men should make the decision about when to adopt family planning while 69 percent disagreed; 9 percent of men agreed that men should decide which family planning method to adopt while 88 percent disagreed; 34 percent of men agreed that men should decide what to do about an unwanted pregnancy while 64 percent disagreed. The multivariate analysis in Table 5 controlled for age, religion, marriage type, educational attainment, and occupation of men, and assessed the association of these variables with men's perceived opinions of their roles in family planning decision making. The following were the findings:

Family size

Compared with Protestants, Muslim men were less likely to agree that men should determine family size [OR=0.39, (95 percent CI=0.24-0.64); p<0.001]. Likewise, polygamous men compared with those in monogamous relationships were less likely to agree that men should determine family size [OR=0.37, (95 percent CI =0.18-0.72); p<0.05]. However, men who attained post-secondary education were more likely to agree that men should determine family size compared with men who attained only secondary education [OR=3.06, (95 percent CI=1.56-6.01); p<0.001]; and male traders were also more likely to agree that men should determine family size compared with male artisans [OR=2.21, (95 percent CI=1.17-4.18); p=0.05] and other occupational groups. Age did not affect male respondents' opinions about men deciding family size.

Adoption of family planning

Men in their fifth decade, compared with those in their fourth decade, were less likely to agree that men should make decisions on adoption of family planning [OR=0.49, (95 percent CI=0.27-0.88); p<0.05] (Table 6). Likewise, polygamous men, compared with those in monogamous relationships, were less likely to opine that men should decide about adoption of family planning [OR=0.36, (95 percent CI=0.18-0.72); p<0. 05]. Muslim men, compared with Protestant Christians, were less likely to agree that men should decide whether families should adopt family planning [OR=0.48, (95 percent CI=0.29-0.79); p<0.001]. Furthermore, men who attained post-secondary education were more likely to agree that men should decide the adoption of family planning compared with men who attained secondary school education only [OR=3.17, (95 percent CI=1.47-6.82; p<0.05]. Similarly, male traders were more likely to agree that men should decide adoption of family planning compared with

**Table 6:** Odds ratios (OR) and (95 percent confidence intervals {CI}) from multiple logistic regression analyses assessing the association between men's socio-demographic characteristics and their opinions on the role of men in family planning decision making

| Characteristic | Men should determine family size (n=400) | Men should decide on adoption of family planning (n=400) | Men should decide the type of family planning method (n=400) | Men should decide what to do with unwanted pregnancy (n=400) |
|---|---|---|---|---|
| | 0R (95 percent CI) | 0R (95 percent CI) | 0R (95 percent CI) | 0R (95 percent CI) |
| **Age group (yrs)** | | | | |
| 20-29 | 1.36(0.60-3.05) | 1.05(0.41-2.66) | 1.15(0.24-5.42) | 1.61(0.65-3.98) |
| 30-39 (ref.) | 1.00 | 1.00 | 1.00 | 1.00 |
| 40-49 | 0.87(0.51-1.49) | 0.49(0.27-0.88)* | 0.58(0.24-1.39) | 0.70(0.40-1.21) |
| 50-59 | 1.36(0.69-2.69) | 0.89(0.41-1.90) | 0.92(0.30-2.84) | 0.67(0.33-1.32) |
| **Religion** | | | | |
| Catholic | 2.29(0.89-5.90) | 1.83(0.61-5.53) | 0.62(0.17-2.25) | 1.87(0.68-5.14) |
| Protestants (ref.) | 1.00 | 1.00 | 1.00 | 1.00 |
| Islam | 0.39(0.24-0.64)*** | 0.48(0.29-0.79)** | 0.56(0.26-1.20) | 0.48(0.30-0.79)* |
| **Marriage type** | | | | |
| Monogamy (ref.) | 1.00 | 1.00 | 1.00 | 1.00 |
| Polygamy | 0.37(0.18-0.74)* | 0.36(0.18-0.72)* | 0.30(0.12-0.75)** | 0.50(0.26-0.97)** |
| **Education** | | | | |
| Non formal | 0.78(0.16-3.79) | 0.63(0.14-2.86) | 0.96(0.12-7.33) | 1.49(0.31-7.07) |
| Primary | 0.84(0.43-1.62) | 1.14(0.59-2.20) | 1.83(0.63-5.27) | 1.04(0.55-1.97) |
| Secondary (ref.) | 1.00 | 1.00 | 1.00 | 1.00 |
| Post Secondary | 3.06(1.56-6.01)*** | 3.17(1.47-6.82)* | 1.82(0.61-5.44) | 2.77(1.38-5.55)** |
| **Occupation** | | | | |
| Artisan (ref.) | 1.00 | 1.00 | 1.00 | 1.00 |
| Professional | 1.08(0.52-2.23) | 1.84(0.83-4.06) | 1.35(0.43-4.25) | 1.34(0.65-2.79) |
| Traders | 2.21(1.17-4.18)* | 2.31(1.15-4.65)* | 2.67(0.81-8.82) | 1.74(0.91-3.33) |
| Unemployed | 0.80(0.12-5.42) | 0.86(0.12-6.04) | 0.39(0.01-4.00) | 1.05(0.14-7.55) |
| Farmers | 0.28(0.07-1.11) | 0.44(0.14-1.39) | 0.39(0.10-1.45) | 0.24(0.07-0.84)* |

*p<0.05 ** p<0.01; ***p<0.001 (ref.) = Reference group

artisans [OR=2.31, (95 percent CI=1.15-4.65); p<0.05].

Choice of family planning method

Polygamous men, compared with those in monogamous relationships, were less likely to agree that men should decide on the type of family planning method to be adopted by the family [OR=0.30, (95 percent CI=0.12-0.75); p<0.01].

Decision if unwanted pregnancy occurs

Muslim men, compared with their Protestant counterparts, were less likely to agree that men should decide what to do when unwanted pregnancy occurs [OR=0.48, (95 percent CI=0.30-0.79), p<0.05]. Polygamous men, compared with monogamous men, were also less likely to agree that men should decide what to do when unwanted pregnancy occurs [OR=0.50, (95 percent CI=0.26-0.97); p<0.01]. Similarly, male farmers, compared with artisans were least likely to agree that men should decide what to do when unwanted pregnancy occurs [OR=0.24, (95 percent CI=0.07-0.84); p<0.05]. However, men who attained post-secondary education, compared with less educated men, were more likely to agree that men should make decisions on what to do if unwanted pregnancy occurs [OR=2.77, (95 percent CI=1.38-5.55); p<0.01] (Table 6).

*Family planning providers' perceptions of men's attendance at family planning clinics*

All family planning providers interviewed corroborated men's low patronage of family planning services but reported to be favorably disposed to men attending their services. The providers were all of the opinion that cultural beliefs, societal perception that family planning was a women's affair, and religious misconceptions were the main reasons for men's poor patronage.

# Discussion

The level of awareness of modern family planning methods by men was quite high in this study. The pattern was similar to that found in the 2008 Nigeria NDHS, in which nine out of every 10 currently married men and women knew of at least one modern family planning method in the southwestern

region of the country.[11] Lawoyin et al.[19] buttressed this point further in their study of family planning in rural Nigeria, which revealed that, generally, knowledge was high for any family planning method (91 percent), while knowledge for any modern family planning method was also high (73 percent); high level of knowledge alone was, however, not sufficient to promote a high level of use.

Among men in Ile-Ife, the condom was the most common family planning method ever used. This finding was in keeping with the findings of Orji and Onwudiegwu[20] and the 2008 Nigeria NDHS, which both showed that the male condom was also the most common modern method ever used by married men. No male respondents had been sterilized. This might be partly due to the fact that none of the facilities in Ile-Ife where the study was conducted provided male sterilization services to their clients and partly because the cultural norm of the society is not in favour of male sterilization.[21]

In agreement with our findings, Orji and Onwudiegwu[20] reported that religion was found to influence the attitude of married Nigerian men toward family planning. When men have a positive attitude towards family planning, use of effective contraceptive methods will be facilitated.[21] Inter-spousal communication is an important intermediate step along the path to eventual adoption and sustained use of family planning. Men's report of the level of spousal communication about family planning and other reproductive health issues was quite poor in this study. Although discussion between a husband and wife about contraceptive use is not a precondition for adoption of contraception, its absence may be a serious impediment to use.[11] Lack of discussion may reflect a lack of personal interest, hostility to the subject, or a customary reticence in talking about sex-related matters.

A multivariate analysis of the effect of socio-demographic characteristics of the male respondents on their opinions concerning the role of men on decision making with regard to such reproductive health issues as the adoption of family planning, type of family planning method to adopt, and determination of family size revealed that age of the respondents hardly influenced their opinions and perceptions. More significantly, the religion, marriage type, educational attainment, and occupation of the men tended to influence what they perceived and believed. Specifically, well-educated men were more likely to attribute roles for reproductive health decision making to men, while men in polygamous relationships and Muslim men were less likely to attribute such roles to men.

These analyses clearly show that the customary institutions, such as marriage and religion, continue to dominate the perceptions, beliefs, and opinions of men concerning family planning and other reproductive health decision making and must be taken into consideration when planning male-directed interventions. Furthermore, the study underscores the importance of extending partnerships for male involvement in family planning and reproductive health to men's professional groups.

Findings from the literature revealed that family planning information and services in Africa are not targeted towards men; services are instead traditionally presented within the context of maternal and child health.[5] A technical report by United Nations Population Fund stated that most reproductive health/family planning service delivery systems are almost entirely oriented to women and provide little or no information about male contraceptive methods. Health workers are sometimes poorly trained in counseling men about safer sexual practices and male methods, and may communicate negative rumors about them.[9] This focus on women has reinforced the belief that family planning is largely a woman's business, with the man playing a peripheral role.[22]

One way to achieve greater participation of men is for the family planning providers to act as both motivators of men and their confidants. In the present study, all the family planning providers interviewed buttressed the position that men play meager roles in matters of reproductive health and that they rarely attended family planning clinics. The service providers, though largely females, expressed a favourable disposition to men attending their clinics and always welcomed them. They reported, however, that men visited family planning clinics only to obtain condoms or in response to requests sent to them by the providers through their wives. All but one service provider encouraged the hiring of male service providers on the premise that it would increase the proportion of male clients who patronize family planning services. The literature revealed that some conventional family planning clinics have hired male staff and offered hours convenient for men, as well as additional reproductive health services for men. In Colombia, Profamilia serves men at its women-oriented family planning clinics as well as in clinics for men only.[23]

This seemingly positive attitude of the family planning service providers in Ile-Ife is yet to be tested, as the clinics are rarely patronized by men. It is only with the patronage of men that one can assess the field attitudes, practices, and competencies of the providers to handle male clients and their specific needs.

A limitation of our study is the fact that the achieved sample size falls slightly short of the number needed to detect a difference of 3 percent from the true proportion of men who were aware of modern family planning methods with an alpha of 0.05 and power of 0.8. The reader is advised to

exercise caution in interpreting the statistical significance of the findings. However, because relatively few studies focus on men, we believe the results offer helpful information about Nigerian male involvement in family planning.

## Conclusion

Awareness of family planning methods among men in this study was almost universal. However, this did not translate into actual use of these methods or patronage of family planning services. In addition, male involvement in family planning decision making was poor. The correlates of men's opinions on the role of men in family planning decision making were religion, marriage type, educational attainment, and occupation. There is an urgent need to increase male involvement in family planning decision making if family planning uptake in the country will improve.

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