

## **ROLE OF MEN IN CONTRACEPTIVE USE IN NORTHERN NIGERIA:**

***A Cross-Sectional Study Nkeiruka Ameh, Oladapo Sunday Shittu, Muhammed Adogie Abdul***

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### **ABSTRACT**

**Background:** Men take most or all important decisions in the home in most African societies and this includes contraception. It is therefore important that their role in this issue be investigated in our setting.

**Objectives:** The objectives of this study are to directly determine the role of men in contraceptive use or non-use in the Zaria area of northern Nigeria, to indirectly increase the awareness of contraception amongst men and hopefully improve their contraceptive practice.

**Method:** A descriptive cross-sectional study involving 900 men. Multistage sampling technique was used to select respondents. Trained male interviewers administered the questionnaires. Focus group discussions and an in-depth interview were also conducted.

**Results:** Six hundred and seven (67.4%) of the men knew about contraception. Three hundred and thirty seven (37.4%) may use contraceptives if need be and 230 (25.6%) presently used contraception. If their wife/wives used contraceptives without their permission, 277 (30.8%) would scold her, 165 (18.3%) would beat her, 144 (16%) would divorce her, 128 (14.2%) would report to family members and 106 (11.8%) would do nothing. Focus group discussions and in-depth interview showed a high awareness rate and willingness to discuss contraception, but a reluctance to practice it.

**Conclusion:** There was a high level of awareness but a low level of contraceptive use amongst men in the environment. This has important implications for the success of contraceptive campaigns and programmes. Efforts need to be continued to encourage men in the setting to be more proactive towards contraception. Regular periodic surveys are necessary to help in the planning of educational and campaign programmes.

**Keywords:** Contraception, men, role, awareness, practice, education

### **INTRODUCTION**

Nigeria presently has an estimated population of 140 million people. The annual growth rate for the country is 3.5%, and total fertility rate of 5.8 live births per woman.<sup>1</sup> The country has one of the highest maternal mortality rates (800 maternal deaths per 100, 000 live births) and a low contraceptive prevalence of 15%.<sup>1</sup> These and other serious demographic issues led the Nigerian government to put into effect a national population policy in 1989. This policy called for a reduction in the birth rate through voluntary fertility regulation methods compatible with the nation's economic and social goals.<sup>1</sup> Surveys were carried out and the results revealed that the rate of contraceptive awareness increased from year to year. There was also an increase in the proportion of women who had discussed contraception with their husbands.<sup>2</sup>

because in those days male dependent methods were available.<sup>2</sup> The international conference on population and development (ICPD) held in Cairo in 1994 sought to enhance male responsibility for contraception by expanding services in ways to protect the reproductive health of both men and women and by encouraging greater sensitivity to gender issues.

The aim of this study is to directly determine the role of men in contraceptive use or non-use in the Zaria area of northern Nigeria, to indirectly increase the awareness of contraception amongst men and hopefully improve their contraceptive practice.

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Previously, men were in control of contraception,

## **MATERIALS AND METHODS**

### **Setting**

The setting for the study is Zaria city, part of Zaria Local Government Area of Kaduna State, Nigeria. It is an ancient city inhabited mostly by indigenous Hausa Moslems and a few non-Hausas. Zaria city is traditionally divided into areas known as 'Anguwan'. The Ahmadu Bello University Teaching Hospital, Zaria, Nigeria is located in Zaria and serves the people of this area as primary, secondary and tertiary health centre.

### **Study design**

This is a descriptive cross-sectional study. Structured questionnaires were administered to 1000 men in September 2003. A sample size of 380 was increased by two and half times to increase the power of the study (965 was obtained and rounded off to 1000). Sample size was calculated using the formula  $N = Z^2 \alpha PQ / d^2$  where  $Z\alpha$  is standard deviation at 95% confidence interval (=1.96), P is proportion or prevalence (=0.5), Q is 1 - P (=0.5) and d is precision limit (=0.05).

Trained male interviewers administered the questionnaires. Nine hundred questionnaires were correctly completed. The use of male interviewers was to conform to the culture of the people of the study area, which discourages male-female interaction if such people are not related by birth or marriage.

Five areas in the city were chosen by random sampling from a list of the eleven areas. Questionnaires were allocated equally among the 5 villages and each had 200 questionnaires allocated. In each village the questionnaires were allocated to family heads of every other house. In the chosen houses, only currently married or previously married men were interviewed. Unmarried men were excluded. In any house with more than one family head, the questionnaire was allocated by balloting.

Four focus group discussions, which involved a face-to-face discussion with a group of up to 5 but less than 10 men, were carried out. The discussions were carried out by trained interviewers and centred on the questions in the questionnaires. An in-depth interview was held with a traditional leader in the study area as well. All discussions were in Hausa language, the

predominant dialect in the area.

## **RESULTS**

### **Demographic characteristics**

The age of the interviewed men was 21 – 65 years: 345 (38.2%) were aged 31 – 40 years, 287 (32.0%) 41 – 50 years, 153 (17.0%) 51 – 60 years and 115 (12.8%) 21 – 30 years.

The ethnic tribe distribution showed that 708 (78.7%) of the respondents were Hausas, 81 (9.0%) Fulani, 57(6.3%) Yoruba, 8 (0.9%) Ibos and 46 (5.1%) were other minor tribes. Eight hundred and sixty three (95.9%) of the men were Muslims and 37 (4.1%) Christians. Four hundred and sixty six (51.8%) were in a monogamous marriage while 434 (48.2%) were polygamous.

Two hundred and sixty two (29.1%) were educated up to secondary school level, 229 (25.4%) primary school level, 215 (23.9%) uneducated, 113 (12.6%) had Arabic education and 81 (9.0%) had tertiary education.

Three hundred and forty five (38.3%) were artisans such as welders, laundry men, drivers, mechanics and carpenters, 178 (19.8%) each were businessmen and civil servants respectively, 141 (15.7%) farmers and 58 (6.4%) unemployed.

### **Knowledge of contraception**

Six hundred and seven (67.4%) of the men knew of the existence of modern contraceptive methods and 293 (32.6%) did not. All the men who knew of the existence of modern contraceptive methods mentioned all the common methods.

Their sources of information about contraception included the mass media (radio, television, newspapers and magazines) 383 (63%), information from friends 72 (12%), hospitals 66 (11%), schools 52 (8.4%), worship places 28 (4.4%) and family members 7 (1.2%).

Table 1 shows the views of the 607 men on the effects of contraception. A little over one-third (228, 38.5%) felt that it had only beneficial effects while 176 (29.0%) felt that it had both adverse and beneficial effects.

### **Attitude to contraception**

Five hundred and sixty three (62.6%) of the men would not use any form of contraception while 337 (37.4%) would use it. The reasons given for non-use of contraception included, adverse effects 222 (39.4%), not yet ready (because they had not attained desired family size) 221 (39.3%) and perceived high failure rate 120 (21.3%).

The reasons given for use of contraception were: child spacing 284 (84.3%) and to ensure a healthy family 53 (15.7%).

Five hundred and sixty five (62.8%) men would not allow their wife/wives to use contraceptives while 335 (37.2%) would. Table 2 shows their possible reaction to their wife/wives use of contraceptives without their permission: 277 (30.8%) would scold her, 165 (18.3%) would beat her and 144 (16%) would divorce her, 128(14.2%) would report to a family member, 106 (11.8%) would do nothing, 65(7.2%) would do a combination of the above and 15(1.7%) did not respond.

### **Practice of contraception**

Two hundred and thirty (25.6%) of the men had practiced contraception while 670 (74.4%) had never done so. Of the 230 who had practiced contraception, 83 (36%) used periodic abstinence, 37 (16.3%) allowed their wife/wives to use injectables, 30 (13%) used condom and 3 (1.3%) used withdrawal method (Table 3).

### **Religion and contraception**

Four hundred and fifty one (50.1%) of the men felt that their religion permitted the use of contraceptives, 419 (46.6%) religion opposed it, 11 (1.2%) religion both permitted and opposed it, while 19 (2.2%) did not know the view of their religion about contraceptive use.

### **Focus group discussions (FGD)**

The FGD provided further insight into some of the findings of the community survey. The opinion expressed by the men in the different groups of the FGDs were essentially similar in most of the places visited, the men were very co-operative and freely expressed their opinions. All the FGD

were held in Hausa, which is the predominant language.

Contraception was not a new concept to most of the men. One of the men described contraception “as a foreign practice imported into the country only to control the birth rate”. Another man described it as “A method designed to destroy the family structure”. Another respondent described it “as a method of preventing what they call 'gwarne' in Hausa, which is a woman becoming pregnant while she is still breastfeeding”.

They all knew about the existence of condom, bilateral tubal ligation, vasectomy, injectables and pills. They introduced traditional methods, which involved the use of herbs, 'guru' (a device worn around the waist by the female) and 'zobe' (a ring which can be inactivated by touching a corpse). They felt local herbs were cheaper, had no side effects, did not involve a third party and had a low failure rate. One of them cited an example of his friend who had failure of a contraceptive method with a resulting pregnancy. After the delivery of the baby that friend had to go for local herbs.

Those of them who needed to space their children where using various methods while a few used condoms for prevention of sexually transmitted infections.

Most felt contraception had both adverse and beneficial effects and that their religion either allowed or opposed it. They had mixed reactions as to how they will handle their wife or wives' use of contraceptives without their permission. Their reactions were similar to those of the findings from the questionnaire.

### **IN-DEPTH INTERVIEW**

The in-depth interview was held with a traditional leader of one of the communities in the selected areas. He was a 60 years old trader who was educated up to primary 7 and a Muslim. He explained contraception to be a way of enabling one to have as many children as one can afford to educate and to protect the health of the mother and allow her time to engage in other activities.

He was using condoms and his wives were using injectables. His sources of information were his friends, the mass media and his wives. He commented that condoms “may not give sexual satisfaction to the partners and if it burst may result to pregnancy while the injectables prolonged vaginal bleeding for 2 to 3 weeks”.

He believes the beneficial effects of contraception outweighed its adverse effects and that his religion permitted its use. If his wives use contraceptives without his permission he will report to family members. At the end, he commented that he had enjoyed the discussion.

## DISCUSSION

Nigeria is the most populous country in Africa but has a low rate of contraceptive use.<sup>3</sup> In a report from Ilorin, Nigeria, male opposition was reported as one of the top ranking reasons for non-use of contraceptives by women.<sup>4</sup> In the present survey, there was a high level of awareness amongst the men but surprisingly, the level of practice of contraception was low. This is similar to one report from Kano, northern Nigeria.<sup>5</sup> The high level of awareness may not be unrelated to the close proximity of the Ahmadu Bello University Teaching Hospital to Zaria city (the study setting) and most of the men must have had contact with the hospital for one reason or the other. A visit to the hospital may well expose them and their wives to the many posters on contraceptives displayed in several locations in the hospital.

Some of the reasons given by the men for not practicing contraception are similar to findings from Burkina Faso but in contrast to other Islamic countries where religion was not cited as reason.<sup>6,7</sup>

The strong reaction of many men in this survey, to use of contraceptives by their wife/wives without permission has also been noted in other sub Saharan African countries.<sup>5</sup> Clandestine use of contraceptives by women has been estimated to be 6% - 20% and this may lead to domestic violence, divorce and various degrees of marital discord.<sup>8,9</sup>

Those men who practiced contraception perceived it as being necessary to space their children and to allow their wives rest, as well as giving economic

freedom. They also used local herbs and some of them rated herbs higher than orthodox methods. Some of the men used condoms for preventing sexually transmitted diseases. This is remarkable in view of some of the suspicious comments about contraception with a discussant in one of the FGDs, describing it as 'a method aimed at destroying the family structure'. This type of view calls for more public enlightenment on the benefits of contraception.

The availability of information on the extent of male involvement in reproductive decisions is poorly explored and men have been referred to as 'the forgotten 50% of family planning'.<sup>9</sup> From the present survey, there is a high level of awareness but low level of practice of contraception. To cite an example of how men can be more involved in contraception, the sign post at the entrance of some family planning clinics which says 'men are not allowed' should be replaced by 'men are welcome here'. This was tried in one Latin American country and it encouraged some men to follow their wives to the contraceptive/family planning centres/clinics.<sup>5</sup>

Religious and other community leaders should be invited to contraceptive awareness programmes so they can pass the message to their followers and help change the suspicion about contraception.

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**Table 1:**  
**Effects of contraception as perceived by 607 men who had knowledge of contraception**

Perceived effects	No. (%)
Beneficial	228 (38.5)
Beneficial and adverse	176 (29.0)
Adverse	125 (21.5)
No effects	5 (0.8)
No response	63 (10.2)
<b>Total</b>	<b>607 (100)</b>

**Table 2:**  
**Reaction of 900 men to use of contraceptives by their wife/wives without permission**

Reaction	No. (%)
Scold her	277 (30.8)
Beat her	165 (18.3)
Divorce her	144 (16.0)
Report to a family member	128 (14.2)
Do nothing	106 (11.8)
Combination of any of the above	65 (7.2)
No response	15 (1.7)
<b>Total</b>	<b>900 (100)</b>

**Table 3:**  
**Type of contraception practiced by 230 men**

Type of contraception	No. (%)
Periodic abstinence	83 (36.0)
Allowed wife to use injectable	37 (16.3)
Condom	30 (13.0)
Allowed wife to use Pills	9 (3.9)
Intrauterine contraceptive device	7 (3.0)
Withdrawal method	3 (1.3)
Vasectomy	3 (1.3)
Allowed wife to do tubal ligation	3 (1.3)
Allowed wife to use Norplant	3 (1.3)
Combination of any of above	52 (22.6)
<b>Total</b>	<b>230 (100)</b>