The Role of Men in Family Planning: An Examination of Men's Knowledge and Attitude to Contraceptive Use among the Yorubas

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Abstract

This study examines the role of men in family planning with particular emphasis on men's sexuality, knowledge and attitude to contraceptive use among the Yorubas. Data for the study were obtained from a survey conducted in three states of South Western region of Nigeria in 1998. The study shows (i) that men play important roles in decisions pertaining to reproductive matters among the Yorubas; (ii) that knowledge of contraceptive use is high among men in the areas, however, usage is generally low. The study has some policy implications. The first is the need for health education programmes to bring to the consciousness of men the impact of small family size. The second policy implication brings about the need to design effective information, education and communication strategies to reach men in every part of the federation on the need to actively participate and allow their wives to use contraceptives.

Résumé

Dans cet article, l'auteur étudie le rôle de l'homme dans le planning familial en mettant un accent particulier sur la sexualité, les connaissances ainsi que l'attitude des Yorubas de sexe masculin face à l'utilisation de la contraception. Les données utilisées dans cette étude proviennent d'une enquête menée en 1998 dans trois Etats de la région sud-ouest du Nigeria. Les résultats obtenus à l'issue de l'analyse de cette enquête ont montré que chez les Yorubas: i) les hommes jouent un rôle important dans la prise de décision concernant les problèmes de reproduction ; ii) la connaissance de l'utilisation de la contraception est élevée chez les hommes de cette région même si l'utilisation elle-même est généralement faible. Au plan politique, ces résultats ont les implications suivantes : la nécessité de mettre en place des programmes d'éducation à la santé destinés à sensibiliser les hommes sur l'impact des familles de petite taille, la nécessité d'élaborer des stratégies d'information, de communication et d'éducation qui trouvent les hommes partout où ils sont pour qu'il utilisent eux-mêmes et qu'ils permettent à leurs épouses d'utiliser la contraception.

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Introduction

The role of men in fertility and family planning in sub-Saharan Africa is becoming increasingly important in the context of raising contraceptive prevalence and reducing level of fertility. Fertility studies in the recent past, however, have been dominated by findings almost exclusively from women (Mbizvo and Basset, 1995; Bankole, 1995; Ottenbarg, 1995; Danforth and Jezowski, 1994; Raimi, 1994; Orubuloye, 1993; Adamchak and Adebayo, 1987). Regrettably, policies and programs based on such findings have not had expected success in increasing contraceptive prevalence and simultaneously reducing overall fertility in sub-Saharan Africa. Men's involvement could assume an essentially prominent role in the individual couple's family planning effort. It is assumed in the African context that women do not have control over their own reproductive behaviour. Most studies carried out in Nigeria and other African countries (Lasee and Becker, 1997; Donovan, 1995; Isiugo-Abanihe, 1994; Roudi and Asford, 1994; Mbizvo and Adamchalk, 1991; Oni and MacCarthy, 1991) have all asserted the domineering position of men on reproductive health matters. According to the results of these studies, men are dominant decision makers within the family. They also gain socially and economically from having large numbers of children, and that men reproductive preferences and motivation influence their wives reproductive outcome. These assertions are also corroborated by Fapohunda and Todaro (1988) when they concluded in their study that men's negative attitude is a major reason why their wives fail to practice family planning, even when the latter are motivated to do so.

The persistence of high fertility in sub-Saharan Africa, and Nigeria in particular has been the subject of considerable investigation during the past decade (Isiugo-Abanihe, 1994). Social forces sustaining high fertility and impeding family planning programs are well understood. For instance, Ezeh (1992) observed that women's fertility preferences and behaviour are strongly influenced by their husband's reproductive motivation. Also, in most developing countries, women carry the burden of responsibility on contraceptive use often with little or no support and sometimes with great resistance from their male partners (Lasce and Beeker, 1997; Salway, 1994, Oni and MacCarthy, 1991) In spite of all these realizations, however, there is a paucity of demographic data on male knowledge, attitude and practice of contraception in Nigeria. In other words, there is a need to know the reproductive intentions and expectations of Nigerian men more than ever before. Ignoring men in fertility research and programmes undermines efforts both to change their attitudes on population matters and to motivate them, and through them, their wives, toward family planning. This study is, therefore, significant because, for any population control activity to be effective, there is a need to address the family life and sexual behaviour of men. These are very important because they are issues that have impact on fertility directly. Here, issues such as the knowledge and practice of family planning, men's approval of

family planning and other fertility issues deserve serious consideration. Again, there is a dire need to investigate the gender power relations in reproductive health decision-making processes. For instance, who decides when or when not to have additional children? Who decides when to adopt family planning and which family planning methods to use? All these questions are important for major channelling and direction of action programmes.

Methodology

The Study Area

The study location for the present research project is South Western Nigeria. The region is largely inhabited by the Yoruba speaking people; however, there are tribes from other parts of Nigeria and neighbouring countries in the region. The Yorubas constitute more than 80% of the resident population in this region. The ethnic group exclusively occupies seven of the thirty-six states of Nigeria namely, Lagos, Oyo, Ogun, Osun, Ondo, Ekiti and Kwara states, although other people from virtually all ethnic groups in Nigeria (e.g. Igbo, Hausa, Ebira, Edo etc.) have found their ways into the region. The South western region is highly urbanized. It has the largest number of urban centres with 100,000 or more inhabitants (NPC, 1991). Although less than one-fifth of the total national population lived in the South West in either 1952 or 1963, yet for each of these two years, well over two-fifths of the people residing in the urban centres were found in this part of the country (Farooq and Adeokun, 1976). The same pattern was observed in 1991. The crude birth rate of the region compares with the national rate of 45 live births per 1000 population while the total fertility rate is 5.7 live births per woman (NPC, 1991).

The people inhabit an agriculturally fertile and undulating thick forest which in effect makes the economy dominantly agrarian. The region has a climate which has in diverse ways influenced the way of life of the people. Farming activities for example reflect both the seasonality of rains and the overall amount of precipitation received on an annual basis in the area. The cultivation of food crops such as maize, cassava and yam is done with due consideration of the sequencing of the dry and wet seasons. Also, the success of tree crop culture particularly with respect to cocoa, kolanut and oil palm in the area is associated with the characteristics of the climate. The region is blessed with both physical and human resources in large quantities including rich forests, good agricultural land, medium industrial base, a large labour force, well developed health and educational sectors and a rapidly evolving strong private sector.

Data Sources and Methods

The study covered three states of South-Western Nigeria. These are Osun, Oyo and Ondo states. By 1991 census, Osun state has a population of 2.1 million

inhabitants, Oyo state, 3.1 million while Ondo state has 3.8 million inhabitants. Specifically, these states have been chosen for the study because they broadly represent the custom and tradition of the Yoruba ethnic group. Secondly, there has been dearth of data on demographic information especially those relating to male status and attitudes.

The data needed for this study were collected at the individual level. On the whole 1,396 respondents were interviewed. But after data cleaning, we found only 1,168 of the returned questionnaires useful and these were made use of in our analysis.

For the study to be truly representative of the towns, each of the study locations in the capital cities was divided into four strata: the traditional area, the migrant area, the mixed area (i.e traditional and migrant) and the elite area. Within a stratum, five major streets were randomly selected from the listing of all major streets. We selected 50 houses among the five streets i.e. 10 houses from each street. The 10 houses in each street were systematically selected. From each house, a household was selected using lottery method. In each household, the husband and all the wives in the age group 15-49 were interviewed. In the rural areas, the selection of the 100 houses was by simple random sampling technique. However, the random selection was made in such a way that all the different parts of the locations were represented. A household was selected from each house also using lottery method. In each household, one currently married man aged 59 or younger and his wives were interviewed.

The questionnaire for the study was specially designed and prepared to compile information relating to the objectives of the study. In this regard, the questionnaire was constructed using simple questions to elicit information on the background characteristics of household members, socio-economic characteristics, fertility attitudes, husband/wife relationship, spouse reproductive history, spousal communication, value of children, family size preference, knowledge of, attitude toward and practice of family planning, family decision making etc.

Generally, the data collected were analysed at three levels. The first level involved an examination of the distribution of the respondents according to each of the selected characteristics. Therefore, to know the structure of the population, data summarising procedures such as frequency distributions and associated statistics were adopted. The second level involved the examination of the patterns of association between the dependent and independent variables. The bivariate analysis that was carried out at this level was able to show the existence of a relationship between the dependent and one or more independent variables, first without control for the influences of other variables, and second, when one or two variables were held constant. Level three of the analysis involved the use of logistic regression approach to examine the patterns of association between the dependent and independent variables.

The Results of the Study

Socio-economic Characteristic of Respondents

The socio-economic characteristics of the respondents are presented in Table 1. The table shows that majority of the respondents fell within age range 25-39 (60.3%). Whereas males outnumbered females in ages 40 and above, the females were more than males at lower ages. A higher percentage of the respondents reside in urban areas (56.4%). More than 90% of male population and 86.2% of female population had received formal education. The highest being secondary for both male and female respondents. Marriage was largely universal and stable among the respondents. About 93% of the female respondents were still in their first marriage while about 74% of them were first wives of their husbands. The institution of polygyny, though still existing, is no longer a common thing among the Yorubas. About 80% of both male and female respondents were engaged in one employment or the other. However, the dominant occupation among the respondents, as shown in Table 1 was trading (38.1%). About 80% of the respondents were Christians while only 18% professed to be Muslims.

Men's Influence in Reproductive Issues

In almost all cases of reproductive issues contained in Table 2, husbands and wives reported joint spousal decision-making. The marginal frequencies however show that men are less likely than their wives to report joint decision-making and are more likely to report that they alone usually take decision; thus corroborating Isiugo-Abanihe's findings in an earlier study (Isiugo-Abanihe, 1994). However, this response must be seen within the context of the Yoruba traditional society where the man is expected to have absolute control of his household and the woman is expected to respect whatever decision the husband takes. The desire to boost his ego and show that he is in control could make a man report that he alone takes decisions (even when the issues are discussed with the wife). The need to portray that the woman is well cultured through deference to her husband may make her report that only the husband takes decisions on these issues. This situation is more likely to happen among respondents with low level of education and those in the rural areas. Despite these high levels of discordance in partners' responses, a significantly high proportion of couples still reported joint decision-making. About thirty-seven% of the respondents reported joint decision making on `when to have another child' 40.8% on `whether to stop having children' and 44% on `what to do to stop childbearing'. The sums of the principal diagonal elements which indicate agreement between partners' responses indicate that 53.7%, 53.4% and 55.0% of partners gave similar responses on who takes decisions on, when to have another child, whether to stop child bearing and what to do to stop child bearing.

Table 1: Background Characteristics of Respondents (% distribution)

Characteristics	Sex composition		
Age	**Male (N=521)**	**Female (N=647)**	**Total (N=1168)**
15 - 19	0.2	2.7	1.7
20 - 24	1.2	9.2	5.2
25 - 29	5.7	27.4	16.6
30 - 34	15.5	31.4	23.5
35 - 39	18.2	22.3	20.2
40 - 44	22.2	4.2	13.2
45 - 49	20.2	2.8	11.2
50+	16.7	-	8.7
Residency			
Urban	60.0	52.7	56.4
Rural	40.0	47.3	43.6
Education			
None	6.7	18.8	12.8
Primary	11.1	16.7	14.1
Secondary	57.8	46.0	51.9
Tertiary	20.0	16.7	18.2
Other	4.4	1.9	3.0
Position among husband' wives			
1st wife	-	73.4	-
2nd wife	-	17.9	-
3rd wife or higher order wife	-	8.9	-
Presently working?			
Yes	72.5	87.2	79.8
No	28.5	12.8	20.1
Occupation			
Farming	18.6	23.3	20.9
Trading	34.5	41.7	38.1
Public/civil servant	21.3	11.6	16.4
Professional	9.5	5.3	7.4
Artisan	11.8	8.6	10.3
Other	4.3	9.5	6.9
Religion			
Catholic	17.8	13.0	15.2
Protestant	20.0	18.5	19.2
Other Christian	40.0	50.0	45.5
Islam	20.0	16.7	18.2
Other	2.2	1.9	2.0
Total	100.0	100.0	100.0

Table 2: Husbands and wife's responses on who takes decision on reproductive issues

Nature of Decision	Author of Decision				
	Husband only	Wife only	Husband and Wife	Other	Total
When to have another child					
Husband only	15.1	2.7	19.5	2.1	39.4
Wife only	0.6	0.9	1.4	0.2	3.1
Husband and Wife	12.8	3.5	37.2	-	53.5
Other	1.1	0.2	2.2	0.5	4.0
Total	29.6	7.3	60.3	2.8	100.0
Whether to stop child bearing					
Husband only	10.7	3.4	16.4	1.8	32.3
Wife only	1.1	0.9	0.6	0.1	2.7
Husband and Wife	11.8	2.5	40.8	0.6	55.7
Other	4.0	0.6	3.7	1.0	9.3
Total	27.6	7.4	61.5	3.5	100.0
What to do to stop child bearing					
Husband only	7.4	7.7	15.8	1.5	32.4
Wife only	0.5	2.1	3.6	0.2	6.4
Husband and Wife	4.6	4.4	44.0	0.3	53.3
Other	1.7	0.9	0.9	1.5	7.9
Total	14.2	15.1	67.2	3.5	100.0

Knowledge and Practice of Contraceptive

A pre-requisite for the use of contraceptives is adequate knowledge about methods. For a high rate of use to be attained, the population has to be very familiar with at least one of the modern methods of contraception. Respondents were asked about their knowledge of some methods of fertility control. The respondents' claim of any method was only confirmed if they could describe how it is used. They were later asked if they had ever used the method. The analysis of knowledge and practice of family planning depends largely on the categories of `ever used' and `currently using'. Therefore, for the purpose of this study, contraceptive use will be examined by "ever use" and "current use" among different categories of men and women in the study area.

Table 3 shows the percentage distribution of respondents by knowledge of contraception. The table shows that knowledge of contraceptive is high among respondents in the area. About 65% of men and 54% of women interviewed know of at least one contraceptive method; condom being the most widely known method with 88.1% of men and 75.9% of women claiming knowledge of it respectively. This is followed by pill with almost 74% of men and 70% of women claiming knowledge of it. The least known among the modern

contraceptives is the norplant with a proportion of only 6.7% men and 9.5% women. Knowledge of some traditional methods like abstinence and withdrawal is also high among the respondents in the area.

Table 3: Percentage Distribution of Respondents by Sex and Method ever Used

Method	Ever heard		Reported Contraceptive Use	
	Male (N=473)	Female (492)	Male (N=257)	Female (N=348)
Any method	64.8	53.9	32.3	27.6
Pill	73.8	70.4	12.8	17.9
IUD	45.2	38.9	2.9	0.9
Diaphragm/Jelly/Foam	22.1	37.0	1.8	0.8
Condom	88.1	75.9	28.5	20.4
Norplant/Implant	6.7	9.5	-	-
Female sterilization	38.1	33.3	NA	-
Male sterilization	38.1	31.5	-	NA
Injection	61.9	48.4	5.2	5.8
Other traditional method	40.5	27.8	4.3	11.2
Safe period	48.1	64.3	7.2	3.9
Postpartum abstinence	68.2	77.5	19.6	22.7
Withdrawal	71.4	53.7	11.3	8.4

Note:- The data set is confined to respondents who have ever heard of methods of contraception and those currently using methods

Generally, a substantial proportion of both male and female populations know of at least one method of family planning, but in some countries, only a small proportion of those who know of a method are practising contraception. Husbands often report greater method use than their wives (United Nations, 1995). This position was confirmed in the study where we observed the proportion of currently using contraception among men to be higher than that of females. The proportion of current users of contraceptives is 32.3% among males to 27.6% of females. This disparity may stem from several factors such as multiple sexual partners, differential reporting of condom use by husbands and wives, differences in perception of rhythm among marital partners, and underreporting of method use because of the presence of other adults during wives' interview (Ezeh and Mboup, 1997). The difference may also be related to the type of method used, the frequency of use or the reference period (Becker, 1997).

Attitude to Family Planning

Respondents were asked if they `approve' or `disapprove' the statement that many couples do something to delay or prevent a pregnancy so that they can have just the number of children that they want and have them when they want

them. About 63% of men compared to just 35.7% of women would approve the use of family planning. At least 50% of women and 38.1% of men indicated that they had talked about family planning matters with their spouses on three or more occasions. About 36% of the respondents gave an indication that their spouses would not stop them from using family planning methods (37.3% male as against 35.5% females). Table 4 further shows that more than 30% of the respondents had ever discussed family planning matters with other persons aside from their spouses.

Table 4: Percentage Distribution of Respondents by Sex and Attitude to Family Planning (F.P.)

Attitude	Male (N=521)	Female (N=647)	Total (N=1168)
(a) Approval of F.P.			
Approved	62.7	35.7	50.5
Disapprove	7.8	26.2	16.1
Don't know	29.5	38.1	33.3
(b) How often do you talk about F.P.?			
Not al all	22.9		
Once	17.3	33.3	24.5
Twice	32.7	28.6	30.9
Three/More	38.1	50.0	44.7
(c) Does your partner agree with you using F.P.?			
Yes	37.3	35.5	36.3
(d) Ever discussed with any other person aside from spouse			
Yes	31.3	34.2	32.6

Table 5 shows that both male and female respondents in the study area agreed with the statements that men should decide family size (47.6%), decide when to have sex (34.4%), decide what to do to unwanted pregnancy (57.3%), and when to take firm decision on family planning. This confirms Isiugho-Abanihe's (1994) earlier findings on reproductive decision-making among couples in Nigeria that most of the vital decisions on reproductive matters rest with men. The general impression to be deduced from the male responses to these statements is that while they support the fact that women should be assisted in the home, and that they should not be forced to comply with their husbands' wishes with regard to number of children, they are very much in favour of maintaining authority and leadership in the home and at the workplace.

Table 5: Percentage Distribution of Respondents by Sex and According to Reproductive Decision Making

Statement	Male (N=521)	Female (N=647)	Total (N=1168)
Men decide family size	50.3	44.8	47.6
Agree	35.1	33.7	34.4
Disagree	5.4	9.3	7.3
Undecided	9.2	12.2	10.7
Don't know			
Men decide when to have sex	28.6	38.9	34.4
Agree	54.6	51.9	53.1
Disagree	14.3	9.3	11.5
Undecided	2.4	-	1.0
Don't know			
Men decide duration of abstinence	46.2	40.7	43.5
Agree	37.1	40.7	38.8
Disagree	16.7	14.8	15.6
Undecided	-	3.7	2.1
Don't know			
Men decide whether to practice family planning	50.0	35.2	42.6
Agree	26.2	38.9	32.5
Disagree	19.0	16.7	17.7
Undecided	4.8	9.3	7.3
Didn't know			
Men decide family planning method to use	45.2	40.7	42.9
Agree	19.0	40.7	29.8
Disagree	28.6	9.3	17.7
Undecided	7.1	9.3	8.3
Don't know			
Men decide on ending an unwanted pregnancy	52.4	61.1	57.3
Agree	26.2	22.2	24.0
Disagree	16.7	7.4	11.5
Undecided	4.8	9.3	7.3
Don't know			

Joint Decision-making on Reproductive Issues

Table 6 shows that age of the woman is significantly associated with participation in decision-making. Findings in the study tend to confirm the traditional practice of according women more recognition and greater participation in decision-making processes as they grow older. Urban residence and religious practices also influence joint decision-making. However, as shown in Table 6, joint education of partners is the only factor that has significant impact on the likelihood that partners would discuss and take joint decisions on most of the reproductive issues. Partners appear to feel more comfortable discussing issues which are traditionally thought to be under the control of men

at higher levels of education and more so when there is little difference in educational attainment. The significant net impact of communication on contraceptive use is worth noting, especially the implications for the participation of men in family planning. The results on Table 6 draw attention to the possibility that men can actually use or support their partners' use of contraceptive if they are given adequate information, education and communication (IEC) on the need and ways to regulate fertility. Whether partners take joint decision on when to stop childbearing and the number of children desired have significant positive association with the probability that a man would report current use of a modern method after controlling for other factors.

Table 6: Logistic Regression of Effects of Joint Decision-Making on Reproductive Issues

Background Characteristics	Reproductive Issues		
	When to have a (another) child	Number of children to have	When to stop child-bearing
Place of Residence			
Urban	1.522**	1.357*	2.083
Rural (RC)	1.000	1.000	1.000
Age of wife			
15-24	0.732	0.427	0.834
25-34	0.563	0.755*	0.584
35 & above (RC)	1.000	1.000	1.000
Partners Joint Education			
Both have primary or no education (RC)	1.000	1.000	1.000
One partner with primary or none, the other with secondary or higher	1.724	1.265	1.057
Both have secondary education	3.722*	2.539*	2.357*
One partner with post-secondary, the other secondary	3.642*	3.712**	4.113**
Husband Religion			
Protestant	3.424	1.773	1.672
Catholic	3.175*	1.825	2.154
Other Christian	3.341*	3.542	2.081
Muslim (RC)	1.000	1.000	1.000
-2 log likelihood	**452.335**	**447.362**	**481.346**
Model chi-square	**65.379**	**72.105**	**54.295**

****Significant at p≤0.01; *Significant at p≤0.05; RC = Reference Category**

Table 7: Logistic Regression Result of Effect of Current Use of Modern Methods

Background Characteristics	Odds Ratio
Residence	
Urban	1.472
Rural (RC)	1.000
Age	
15 – 24	4.235*
25 – 34	2.562
35 and above (RC)	1.000
Joint Education of Partners	
Both had primary or below (RC)	1.000
One had primary or below, the other secondary or above	1.265
Both had secondary	3.477*
At least one had post-secondary, the other secondary	4.512**
Desired Family Size	
Both partners want more (RC)	1.000
Husband more, wife no more	0.492
Husband no more, wife more	1.564
Both want more	0.519
Religion	
Protestant	0.673
Catholic	0.097*
Other Christian	0.469
Islam	1.000
Joint Decision on Contraception	
Yes	1.115
No	1.000
Joint Decision on Number of Children	
Yes	3.217
No	1.000
-2 log likelihood	352.172
Model Chi-square	126.616

****Significant at p # 0.01; *Significant at p # 0.05; RC = Reference category**

Effect of Selected Variables on Male Contraceptive Use

It is recognised that contraceptive use will be more effective in households where both partners reported a common understanding that they are using a method of contraception. However, the emphasis in this study is on male's current use of contraceptives since the primary focus is on male reproductive behaviour.

Contraceptive use takes a value of one if a male partner reported use and zero if otherwise. The result of the logistic regression models are presented as relative odds in Table 7. The reference category of each dichotomously measured independent variable has a value of one and the values for other categories are compared to that of the reference category. A value less than one implies that individuals in that category have a lower probability of reporting current use of contraceptives than individuals in the reference category. For continuously measured independent variable, a value less than one implies a decline and a value greater than one, an increase in the likelihood of reporting current use of contraceptives as value of that variable increases. Education, age and joint decision on when to stop childbearing were found to have significant impact on contraceptive use. The impact of education is particularly pronounced when none of the partners had below secondary school education.

Discussion and Conclusion

The significant influence which men exact over reproductive issues in less developed societies has been widely recognised. This has been substantiated in this study. In this paper, we have shown that male partners may be able to play a considerable role in the reduction of excess fertility among couples in Nigeria. The role of men's knowledge and practice in influencing contraceptive use were ascertained. It has been shown that men in this area have considerable knowledge of family planning. They also indicate considerable control over the decision making process. Education, attitude and children ever born are also found to be significant socioeconomic and demographic factors that influence husband's knowledge and use of contraceptive. The study shows that couple's communication was high and male dominance seems to have been institutionalized. Thus men strongly appear to control important decisions, including fertility and contraceptive use decision in the family. Therefore while men's actual influence on birth control decisions may be less than would appear from their statements during the interviews, there seems to be no good basis for excluding them altogether from family planning activities.

The study indicates that decision on reproductive issues is taken by men. This is irrespective of the background characteristics of the couple. Majority of the women would either rely on the advice of their spouses on such issues as using family planning and having another child or engage in joint decision-making. We also found out in the course of the study that reproductive decision-making still depends on socio-demographic characteristics of the respondents.

The relatively high fertility levels in most of sub-Saharan Africa call for a closer examination of the mechanisms of fertility decision making among couples in different family settings. But since the husband is very important in family decision-making, it is very essential that the male should be adequately informed on population issues. This is necessary in order to increase his understanding and enhance his encouragement and support for the wife who is the main target of contraceptive innovation. Male acceptance of contraception is at least as effective in preventing pregnancy as female acceptance, and perhaps more so, as reflected in the higher continuation and use-effectiveness rates (Greene, 1994; Lamptey et al, 1978). The male partner may be highly motivated to obtain contraceptives. This may be related to his desire to control the use and choice of the contraceptive or to assure himself that the objective of avoiding an unwanted pregnancy is achieved, particularly in an extramarital relationship.

The findings from this study have demonstrated that three principal variables - education, fertility decisions and communication- have significant impact on the likelihood of bringing fertility to a very reduced level. These findings have major policy implications. The first is the need for health education programmes to bring to the consciousness of men the impact of small family size. This should incorporate men from all socioeconomic levels. The second implication is the need to design effective information, education and communication strategies to reach men in every part of the federation on the need to actively participate and allow their wives to use contraceptives.

Emphasis should be placed on the dynamics of child bearing and on parental aspirations for the children. Reference to the economic conditions and demands of modern society, and indeed, the hardships a father faces in the process of bringing up his children is very likely to appeal to males, and should be effectively used in increasing population awareness including family size regulation through the acceptance and adoption of family planning in the country.

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