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Afr. J. Biomed. Res. 14 (September 2011); 213 -218

Research Article

Contraceptive Choice amongst Married Men in Ekpoma, Nigeria

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ABSTRACT: Previous study has shown men to be aware of family planning and male contraceptive methods. Knowing that high maternal mortality is a factor of childbearing and complications of pregnancy, contraceptive use to an extent protect women's life. A worrisome scenario is; which contraception method or type will men choose since they are known to take greater part of issues concerning family formation. Thus, this study investigates the prevalence contraceptive choice of married men in Ekpoma, Edo state, Nigeria. A total of 640 randomly selected married men responded to a structured questionnaire designed to obtain individual information and most preferred contraception. Result shows female method of contraception (29.1%) to be the most preferred contraception among married men. However, Condom (85.9%) was the most prevalent male contraceptives choose. Conclusively, condom is the most acceptable male contraceptive. Men need to be provided with correct information on the use of condom since they play a big role in protecting women's health, controlling population and sexual transmitted diseases.

Keywords: *Choice, Contraception, Married men, Nigeria, Population*

INTRODUCTION

Each year an estimated 500,000 women die of complication due to pregnancy, childbearing or unsafe abortion (WHO, 1989; Herz and Measham, 1987; Winikoff and Sullivan, 1987). All but about 6,000 of these deaths occur in developing countries (WHO, 1991). Pregnancy is the main reason why women of reproductive age die at higher rate than men (Maine et al., 1987). Choices about childbearing and contraceptive use are among the most important health decision that many people make (Gertner, 1989).

Contraceptive use can help protect women's lives and health by reducing unwanted pregnancies, likelihood of complication during pregnancy (Mccarthy and Maine, 1992; PIP, 1994), unsafe abortions and population threat. Yet, study shows contraception has not been well consolidated in Nigeria (NPC, 2003).

Literature acknowledged men in developing countries to make most of the decisions regarding family formation (Bankole and Singh, 1998; De Silva, 1993; Piotrow *et al*, 1992). Despite women's increasing influence on household decision making, their preference regarding contraceptive choices and family size may not translate into practice unless they conform to their husbands' wishes (Morgan and Niraula, 1995; Dodoo, 1998). Interestingly, Previous study by Akpamu et al (2010), reported married men to be aware of family planning and male method of contraception. A worrisome scenario is which contraception method or type will married men choose since they are known to take greater part of issues concerning family formation.

Currently, there are only two contraceptive methods for men—vasectomy and condoms - and there are two methods in which male cooperation is crucial—

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periodic abstinence (rhythms) and withdrawal method (Gallen et al., 1986). Encouraging men's cooperation can start with knowing their choice of contraception. This study was therefore designed to determine the prevalent contraceptive choice among married men using Ekpoma, Nigeria.

MATERIALS AND METHODS:

Ekpoma is the administrative headquarters of Esan West Local Government Area of Edo State, Nigeria and lies between latitude 60 40° N 60 45° N and longitude 60 05° E 60 10 ° E (Obabori et al., 2006). Since its designation as a local government headquarters and as the host of the State owned Ambrose Alli University, the town has grown into an urban center with a significant growth in population (Aziegbe, 2006). According to the 2006 census result, its population is approximately 125,842 (63785 males and 62,057 females) (NPC, 2006). With only 8.62Km² of the total 62Km² of land used in 1979 (Ufuah 1993), physical growth and expansion have increased to 29.28 Km² by 2003 (Aziegbe, 2006).

640 married male respondents aged 18 and above formed the study population. They were drawn from all accessible homes and work places in Ekpoma. A suitably designed and pre-tested questionnaire was employed for the data collection. It had two sections that sort for information on age, occupation, religion, educational status (section 1), consent and approval of family planning, choice of family planning methods and male contraceptive methods (section 2). Participation in this study was voluntary and the data collection lasted for a period of 4 months and 3 weeks

until the desired population size was achieved. All the data collected were analyzed using SPSS software (version 16) for descriptive statistics and presented with suitable tables.

RESULTS

While none of the respondents were within 18 - 24 age range, a higher percentage of the respondents were in the age range of 40 – 44 years (120; 18.8%). As shown in Table 1, majority of the respondents had tertiary education (510; 79.7%).

Six hundred and twenty eight (98.1%) of the respondent were aware of family planning, only 486 (75.5%) approves of it. As shown in Table 2, female method (186; 29.1%) of contraception was the most preferable method of family planning. However, the use of male condom (546; 85%) ranked high as the most preferable method of male contraceptive.

The comparison between education, occupation, religion with choice of family planning method and male contraceptive is as shown in Table 3 and 4 respectively. Majority of the respondent with secondary (24; 3.8%) and tertiary (152; 23.8%) education chose female method of family planning while those with primary (18; 2.8%) education chose couple cooperative method. Civil servants (142; 22.2%), farmers (8; 1.3%) and unemployed (12; 1.9%) chose couple cooperation method while the self-employed (38; 5.9%) chose the female method. Majority of the Christian respondent chose the female method of contraception while the male method of contraception was the most prevalent choice among the Muslim respondents.

Table 1:
Respondents Profile on Age, Educational Status, Occupation and Religion.

Age	Education				Occupation				Religion			Total 1
	0 ⁰	1 ⁰	2 ⁰	3 ⁰	CS	FM	SE	UE	CHR	ISL	TR	
25-29	0	0	6	20	16	0	8	2	22	2	2	26
30-34	0	0	10	88	80	2	8	4	88	10	0	98
35-39	2	4	6	90	70	2	28	2	96	6	0	102
40-44	0	8	10	102	96	4	18	4	104	14	2	102
45-49	0	6	10	78	66	4	24	0	92	2	0	94
50-54	2	8	14	78	90	2	8	2	96	6	0	102
55-59	0	6	12	26	38	0	4	2	42	2	0	44
60 +	2	14	10	28	24	12	14	4	52	2	0	54
Total 2	6	46	78	510	280	26	110	24	592	44	4	640

Keys: 0⁰ = None; 1⁰ = Primary education; 2⁰ = Secondary education; 3⁰ = Tertiary education; CS = Civil servant; FM = Farmer; SE = Self-employed; UE = Unemployed; CHR = Christianity; ISL = Islam; TR = Traditional; Total 1 = Horizontal total; Total 2 = Vertical total.

Table 2:

Table showing awareness, approve and choice of family planning methods and male contraceptives

	Awareness		Approve		Choice of family planning						Choice of Male contraceptive		
	No	Yes	No	Yes	F	M	C	FM	FC	MC	Vas	Con	Trd
Frequency	12	628	154	486	186	162	176	4	2	14	4	550	24
Percent (%)	1.9	98.1	24.1	75.9	29.1	25.3	27.5	0.6	0.3	2.2	0.6	85.9	2.8

Keys: *F* = Female method, *M* = Male method, *C* = Couple cooperative method, *FM* = Female and Male methods, *FC* = Female and Couple methods, *MC* = Male and Couple method, *Vas* = Vasectomy, *Con* = Condom, *Trd* = Traditional.

Table 3:

Cross-tabulation of personnel profile and family planning method

Contraception choice	Educational status				Occupation				Religion		
	0 ⁰	1 ⁰	2 ⁰	3 ⁰	CS	FM	SE	UE	CHR	ISL	TR
F	2	8	24	152	140	2	38	6	176	10	0
M	2	10	20	130	118	6	36	2	144	16	2
CC	0	18	14	144	142	8	14	12	162	14	0
None	2	8	16	64	66	8	14	2	84	4	2
F & M	0	0	0	4	4	0	0	0	4	0	0
M & C	0	2	4	8	4	2	8	0	14	0	0
F & C	0	0	0	2	0	0	0	2	2	0	0
ALL	0	0	0	6	6	0	0	0	6	0	0

Keys: *F* = Female method, *M* = Male method, *C* = Couple cooperative method, *FM* = Female and Male methods, *FC* = Female and Couple methods, *MC* = Male and Couple method, *Vas* = Vasectomy, *Con* = Condom, *Trd* = Traditional.

Table 4:

Cross-tabulation of personnel profile with male contraceptive choice

Choice of male contraceptive	EDUCATIONAL STATUS				OCCUPATION				RELIGION		
	0 ⁰	1 ⁰	2 ⁰	3 ⁰	CS	FM	SE	UE	CHR	ISL	TR
CONDOM	4	32	56	458	414	20	98	18	510	40	0
VASECTOMY	0	2	0	2	4	0	0	0	4	0	0
TRADITIONAL	2	6	8	2	16	2	0	0	18	0	0
NONE	0	6	14	48	46	4	12	6	60	4	4

Keys: *F* = Female method, *M* = Male method, *C* = Couple cooperative method, *FM* = Female and Male methods, *FC* = Female and Couple methods, *MC* = Male and Couple method, *Vas* = Vasectomy, *Con* = Condom, *Trd* = Traditional.

DISCUSSION

Although, men were long considered to be beyond the scope of family planning (UN, 1994; Necchi, 1994; Raju and Leonard, 2000), their role in reproductive matters and contraceptive use has been increasingly recognized (Bankole and Singh, 1993; Omondi, 1997; Karra et al., 1997) and including them in reproductive health will benefit men and women (Bunce et al., 2007). The present study revealed married men to be aware and approves of family planning. However, the female method (29.1%) of contraception was the most

preferable method which has in no uncertainty the reason for the long placed burden of family planning on women. In terms of male contraceptives, married men of this study preferred condom (85.0%) as a method of male contraception. This is not in agreement with the study carried out in Northern Nigeria were only 38.2% of men were willing to use a family planning method (Mustapha and Ismaila, 2006). However, a study among the male population in Ilorin (within the Middle Belt Zone of Nigeria) revealed that of those who support male contraception, 50% think the use of condom should be encouraged (Olawepo and Okedare,

2006). Choices are essential to human dignity, for without which a person cannot hope for a better tomorrow. Although, in most developing countries neither condoms nor vasectomy are widely used (PIP, 1994). Interestingly, poor knowledge of vasectomy among married men of this study area in previous study has been reported (Akpamu et al., 2010). To this regard, Akpamu et al. (2010) concluded that this poor knowledge may be the cause of low acceptance which will persist due to misconceptions, incomplete and incorrect information about vasectomy. Lacking a range of contraceptive choices can result in unmet need (FHI, 1999), a full choice of methods, would go far to correct this (Ross et al., 1996).

A person's social environment has influence on family planning decisions than do the attributes of specific contraceptives (Oladeji, 2008). While everybody belongs to informal social networks, which include the extended family, friends and neighbors, political groups, church group, youth groups, and other formal and informal associations; that influence their behaviour to some degree (Rogers, 1999; Valente, 1995), family planning programs themselves influence social norms through the diffusion of new ideas about contraceptive use (Cleland and Maudlin, 2001). Most people seek the approval of others and modify their own behavior to please others or meet others' expectations (Bongaarts and Watkins, 1996; Stash, 2000; Valente et al., 2000). In Nigeria and other West African Countries for example, some women said 'it was difficult for them to use family planning because their relatives or friends were not using it (Oladeji, 2008). People choose contraceptive methods that are commonly used in their community because they know that it is socially acceptable to do so, and they tend to know more about these methods (Valente et al., 2000; Rogers and Kincaid, 2000). A 1998 study in urban Nigeria found that the more widely used a method was, the more attractive it became to others in the cities and villages (Entwisle et al., 1999). Entire communities may encourage one type of contraceptive based on the choices of early contraceptive users, rather than individual needs (Potter, 1999). Even when people are aware of the side effects or failures experienced by other users of a method, sometimes they still prefer it because it is familiar (Entwisle et al., 1999). Since condom is accepted by married men, popularizing it used and removing false information on it use cannot be over emphasized. Based on a review of studies over the previous two decades, research in 1996 found that family planning programs have helped convert people's interest in having fewer children into a definite demand for contraception (Oladeji, 2008). A study reported condoms to be more widely used outside marriage than

in marriage and it use may be growing because of concern about AIDS (Liskin et al., 1990). Men especially need information about sexually transmitted diseases since men play a big role in the spread of sexually transmitted diseases including AIDS (Blakeslee, 1994). Although there is much variation among cultures, except for female prostitutes, men are likely to have more sexual partners than women. Men have more control over condom use. Men are more likely to control the frequency of sexual relations and the possibility of abstinence within a relationship. To reduce risk, men can reduce the number of sexual partners, use condoms, and/or practice sexual fidelity or abstinence (Reid, 1990).

Conclusively, men prefer condom, it may be more used outside marriage than in marriage as married men may feel it as a sign of infidelity. Also, their wife/wives may see condom use by husband as involvement in risky behavior as men are more likely to have multiple sexual partners. Since married men are interested in condom, there is need therefore to encouraged it use in practicing family planning as it is the only contraceptive that provides protection against unwanted pregnancy and sexually transmitted diseases. Furthermore, it is recommended that a wide range of male contraceptive method be made available to improve the quality of reproductive health care. Further research needs to be carried out to determine the factors responsible for the low use of condom in marriage. Campaign against HIV/AIDs, population explosion and importance of condom in achieving this objective cannot be overemphasized.

ACKNOWLEDGEMENT

The authors would like to acknowledge the effort of Akpamu Uwaifoh in the conception, design and preparation of this article and the work of Akpamu, E. Godwin during the preparation of this manuscript. We are also grateful to the respondents that participated in the study.

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