

# Involving Men in Family Planning: The Male Motivation Campaign in the Rural Areas of Abia State of Nigeria

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**Abstract:** *Introduction:* Study intends to increase male involvement in contraceptive use (particularly condoms) by training men as change agents. This study is important because men using condom as family planning method is still an alien concept and chances of its easy acceptability in the face of dislike are doubtful. Study highlights strategies necessary to increase condom use among men in rural areas.

*Materials and Method:* Study was done in three randomly selected rural areas of Abia State. Sample of 138 men between (25-59 years) was randomly selected for study.

A 5-day training centered on role models, self-reliance, and teamwork approaches was conducted. Pre-contraceptive and post-contraceptive interviews were also conducted. Data were analysed qualitatively and quantitatively.

*Finding:* Pre-contraceptive campaign showed that 12 (8.7%) men supported condom use while in post-contraceptive campaign 34(24.6%) men supported condom use. In pre-contraceptive campaign only 8(5.8%) men jointly made decisions on reproductive and family planning issues with their wives, while for post-contraceptive campaign, 35(25.4%) jointly did.

Reasons men who refused condom use had include: "inconvenience to use, lack of sexual enjoyment, and others.

Though drama was scripted for male audience, finding showed that it attracted unexpected large number of women listenership, 65 of them attended corresponding to 47% of the sample studied. The most innovative and attractive activity to men during the campaign was football tournament with pictures of some local football heroes who promoted condom use.

**Keywords:** Condom, family planning, campaign, drama.

## INTRODUCTION

Family planning is important in preventing unwanted pregnancies, facilitating birth spacing and in reducing sexually transmitted infections [1-8]. Family planning improves the health of children and their mothers, advances economic development of the family, especially in the rural areas where three meals a day are difficult. Men in the rural areas act as breadwinners by providing food, clothing, shelter and education to all family members. Expecting them with their meager income to also procure contraceptives for their wives may be impracticable. Studies have shown that encouraging men to use family planning, especially condom would be more cost-effective than procuring pills for women [9-12]. However, in rural areas of Nigeria, using condom as family planning method is still an alien concept and chances of its easy acceptability in the face of dislike are doubtful. The problem is that men do not take family planning as a priority in family issues because giving births to children are seen as free gifts from God which should not be refused [10].

In family planning programs in developing countries, men have long been an underserved audience [13,14]. For the past decade, male influences on reproductive health decisions and family planning practices have been recognized. This recognition of male influence has given rise to new communication projects which tend to promote male involvement in family planning [15-17]. For example, the Zimbabwe National Family Planning Council (ZNFFPC), a pioneer in this area, successfully implemented a male motivation campaign in 1988-1989 with a positive outcome. In September 1993, ZNFFPC launched a second male motivation campaign using a mixture of radio and television programmes, print materials, as well as community events. The campaign sought to encourage couples to use long-term and permanent contraceptive methods. This campaign promoted male and female participation in family planning decision-making. The present study adopted ZNFFPC's campaign strategies and examined the extent to which similar campaign could positively increase male family planning participation. It also reported Lessons learned after the campaign.

Study highlighted strategies necessary to encourage males to use condom as a family planning method. The questions addressed in this study

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included: what strategies would encourage condom use among males in the rural areas? How can poor knowledge about contraceptive use be addressed among males? To what extent will campaign for condom use increase contraceptive knowledge and/or acceptability among men in the rural areas? Study intends to increase male involvement in contraceptive use (particularly condoms) by training them as change agents.

## MATERIALS AND METHOD

Study was conducted in three randomly selected rural areas of Abia State of Nigeria. Sample of 138 men, made up of (46 men between 25-59 years in each study area) was randomly selected for study.

Pre-contraceptive and post-contraceptive interviews were conducted. Study organized 5-day training for the respondents in each study area. The training centered on role models, self-reliance, and teamwork approaches. There were also questions and answers during the session and this centered mainly on exploring feasible activities necessary to increase male participation in family planning. To foster critical thinking among the trainees and reiterate the importance of men using family planning methods, the benefits of male and female participation in family planning/reproductive health issues were emphasized. To guarantee higher acceptability of condom use among the trainees, study highlighted the concept of using condom for 'safer sex' and 'spacing of births' as key to sexual enjoyment rather than that of using condom for prevention of STIs including HIV. It was envisaged that telling the trainees about using condom to prevent sexually transmitted infections (STIs) and human immune-deficiency virus (HIV) will invoke cultural bias against condom use as this will connote promiscuity. Emphasizing condom use as a measure to prevent STIs could create negative impressions capable of discouraging the trainees from accepting condom use thereby defeating the aim of the study which was to increase condom acceptability and use as contraceptive.

During the training session, combinations of live dramas, posters, football tournament and pictures of some local football heroes who promote condom use were shown to motivate the trainees. Post-contraceptive campaign interview was conducted after three weeks. Data were analysed qualitatively and quantitatively.

## RESULTS

**Table 1: Background Information of the Respondents**

Age in years:	Response category
25-29	18(13%)
30-34	22(15.9%)
35-39	17(12.3%)
40-44	20(14.5%)
45-49	23(16.7%)
50-54	10(7.2%)
55-59	29(21%)
Education:	
Primary	51(37%)
Secondary	62(44.9%)
Tertiary	25(18.1%)
Occupation:	
Farming	29(21%)
Trading	48(34.8%)
Teaching	13(9.4%)
Artisan	37(26.8%)
Civil/public service	11(8%)

The demographic variables of the respondents were varied but a good number of them 48(34.8%) were trading and 62(44.9%) had secondary school education.

The extent to which the respondents used condom each time they had sex before and after campaign was noted. Table 2 contains this.

From this Table, insignificant proportions of men 12 (8.7%) used condom before campaign, and after campaign, 45(32,6%) used condom see Table for more details. The reasons the respondents (both pre- and

**Table 2: Respondents and Use of Condom During Sex**

Used condom	Pre-contraceptive campaign	Post-contraceptive campaign
Yes	12 (8.7%)	45(32,6%)
No	126(91.3%)	93(67.4%)
Total	138(100%)	138(100%)

**Table 3: Respondents and Reasons for Not Using Condom During Sex**

Reasons	Response category N=126
inconvenience to use condom	67(53.2%)
inaccessibility of condom in villages	52(42.3%)
loss of sexual enjoyment	86(68.3%)
killing of unborn child	35(27.8%)
children are God's gift and should not be prevented	27(21.4%)
Condom causes HIV	42(33.3%)
Condom is for extramarital affairs	45(35.75%)
Condom is only used with prostitutes	36(28.6%)

post campaign) had for not using condom during sex were noted. Table 3 contains some of the reasons given.

From this Table, the respondents had various reasons for not using condom during sex. The commonest reason the respondents 86(68.3%) gave for not using condom during sex was loss of sexual enjoyment. From the reasons given in this Table, it was obvious that a good number of the respondents had poor knowledge of the benefits of condom use.

Also the proportion of men who jointly made decisions with their wives on reproductive and family planning issues was explored. Table 4 contains the responses given by the respondents during the pre-contraceptive and the post-contraceptive campaigns.

Also, the result showed that during pre-contraceptive campaign, only 16(11.6%)men jointly made decisions on reproductive and family planning issues with their wives, while for post- contraceptive campaign, 55(39.9%) jointly took such decisions.

**DISCUSSION**

Generally, the respondents showed remarkable improvements in their reproductive and family planning activities after post-contraceptive campaign. Husband-w i f e communication on family planning and reproductive health issues during pre-contraceptive

interview suggests an egalitarian relationship between the spouses. After post-contraceptive interview, there was a significant improvement in husband-wife communication regarding decision-making in family planning issues. This is shown by the remarkable .increase in the proportion of those who jointly discussed family planning and reproductive health issues with their wives. The proportion of men who discussed jointly with their wives improved from 16(11.6%) during pre-contraceptive interview to 55(39.9%) during post-contraceptive interview, thus enabling some women to participate in joint decision-making in their reproductive and family planning issues. Also the fact that the proportion of those who used condom rose from 12 (8.7%) to 45(32,6%) after campaign showed that the benefits of using condom as contraceptive for men became obvious

Though drama was scripted for male audience, finding showed that it attracted unexpected large number of women listenership as 65 of them corresponding to 47% of the sample studied attended. Overall, the campaign reached a good proportion of individuals (138 men studied and 65 women who attended the drama on their own) thereby exaggerating the impact of the campaign. Campaigns' most innovative and attractive activity to men was football tournament with pictures of some local football heroes who promoted condom use. Showing the pictures of football heroes created a lot of impression on the

**Table 4: Respondents and Joint Reproductive Health Decision-Making in the Family**

Made joint decision	Pre-contraceptive campaign	Post-contraceptive campaign
Yes	16(11.6%)	55(39.9%)
No	122(88.4%)	83(60.1%)
Total	138(100%)	138(100%)

respondents as a good number of them started demanding explanations on the relevance of cultural bias against condom.

### CONTRIBUTIONS OF THE CAMPAIGN

It was easy to reach men with family planning messages using activities like live dramas, sports events, and virile images (football heroes). These multifaceted interventions used countered the negative perceptions men had regarding using condom for sexual relationships. The campaigns enabled couples to begin using condom for spacing children and invariably for preventing STIs including HIV. Multiple communication channels used during the study constituted strength to the research as the channels seem to have positive impacts on the desire of the respondents to use contraceptives. It was noted that the more the respondents were exposed to the campaigns, the more they were disposed to take positive actions in response. Generally, the campaigns encouraged a good number of the men to have insights into the benefits of using family- planning methods, especially condom. This was shown by the increase in the proportion of men who were more disposed to involve their wives in decision-making on family-planning and reproductive health issues after the campaign. Judging from the exit interview, the campaigns affected men's actual behavior in a more positive way than the reported proportions suggest.

Though some men initially misinterpreted the campaigns' messages to mean that family planning decisions should be left solely to them, but the finding showed a marked increase in the percentage of men who acknowledged that they alone should not make family planning and reproductive health decisions.

Therefore, reproductive health including STIs and HIV education using multifaceted interventions should be provided in the rural areas so as to encourage males to use condom to space births. The need to encourage men to involve their wives in family decision- making, especially that of reproductive and family planning issues should not be underestimated.

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