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*Research Article*

# Awareness of Contraceptive Methods amongst Married Male Population of Ekpoma, Nigeria

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**ABSTRACT:** The impact of contraception on the population growth rate of Nigeria has been described as "little", thereby prompting several questions on what the problems might be. This study therefore, reassesses the level of awareness of contraceptive methods amongst married male population of Ekpoma, Edo State, Nigeria. The study population comprised of 640 married men and data was collected using a well-structured questionnaire. The results showed that awareness of contraceptive methods is high. Although comparatively, pills (for females), male condom (for male) and withdrawal (for couple co-operation) method, were the better known contraceptives. It is our opinion therefore, that the relevant authorities take advantage of such level of awareness amongst married men to initiate programs that would educate them about the significance of responsible parenthood, particularly on how it applies to Nigeria.

**Key Words**: Family planning, Population, Married Men, Awareness, Contraceptive

## INTRODUCTION

Nigeria, the most populous country in Africa (FOS 1992) with over 140 million people (Shangodoyin et al., 2008) may have a projected population of 264 million by 2050 (IDB 2009). The country also has a high growth rate of 3.2% (Shangodoyin et al., 2008), high total fertility rate of 5.9 (FAO 2009). With a reduction in infant mortality rate and annual decrease in death rate (FAO 2009), there is need for effective family planning polices and services. Moreover, the country faces the persisting challenges of high rate of unwanted pregnancy, unsafe abortion, maternal mortality and unmet need for contraception (Sedge et al., 2006; Okonofua et al, 2009).

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Family planning is associated with practices that control birth rate through the provision of birth preventive appliances and services (WHO 1971; PIP 1994; Onokerhoraye, 1997). The issue of family planning has attracted attention due to its importance in population growth and development (Olawepo and Okedare, 2006). It has also been credited with the substantial reduction of the risk of maternal mortality and morbidity, particularly where fertility rates are high and health facilities are poor or unavailable (NRC 1989).

However, despite the Nigerian government's policy that called for voluntary fertility regulation in 1988 (FGN 1988; Odimegwu, 1992; Orobaton, 1993), and the several efforts made by governmental and non governmental agencies (USAID 2003; FHI 2004) to check the increasing population of Nigeria, the country's population is still rising in a manner that implicates the attitude of the people (Olawepo and Okedare, 2006; Okonofua et al., 2009). This cross sectional study therefore reassesses the level of awareness of the different contraceptive methods amongst the married male population of Ekpoma, Edo State, Nigeria. The focus on married men is based on the assertion that men in developing countries (like

Nigeria) make most of the decisions regarding family formation.

## MATERIALS AND METHODS

*Study Area*

This study was carried out in Ekpoma, the headquarters of Esan West Local Government Area of Edo State, Nigeria. It lies between latitude 60 40$^{o}$ N 60 45$^{o}$ N and longitude 60 05$^{o}$ E 60 10 $^{o}$ E (Obabori et al, 2006). Before 1976, Ekpoma was characteristically rural with isolated settlements, few houses, health, educational, commercial and transportation facilities (Olomo, 1991). However, since the designation of Ekpoma as local governments headquarter and as the host of the State owned Ambrose Alli University, the town has grown into an urban centre with a significant growth in population (Aziegbe, 2006). While the population was 13,036 by 1975, it rose to 45,489 in 1991 (NPC 1992) and approximately 125,842 (63785 males and 62,057 females) in 2006 (NPC 2006). With only 8.62Km$^2$ of the total 62Km$^2$ of land used in 1979 (Ufuah, 1993), physical growth and expansion have increased to 29.28 Km$^2$ by 2003 (Aziegbe, 2006).

*Study Population, Data Collection and Data Analysis*

In this study, 640 married male respondents with age of 18 and above formed the study population. They were drawn from all accessible homes and work places in Ekpoma, be it private or government.

A suitably designed and pre-tested questionnaire was employed for the data collection. It had three sections that sort for information on age, occupation, religion, educational status (section 1), awareness of family planning (section 2) and knowledge of contraceptive methods (section 3). The participation in this study was by choice and the data collection lasted for a period of 4 months and 3 weeks until the desired population size was achieved.

In classifying respondent options into degree, those who reported to be aware of family planning but have no knowledge of any contraceptive were classified as "no knowledge". Those knowledgeable of a method were classified as "poor knowledge". Following this sequence, those with knowledge of all the methods were classified as "excellence knowledge".

All the data collected were then analyzed using SPSS version 16 software for descriptive statistics and presented with suitable tables, bar chart, and pie charts.

## RESULTS

Of the total 640 respondents studied, with age range from 18 to 60+ (median age range of 40 – 44), while there was no respondent within 18- 24 age range, 226 (35.3%) of them were below the median age, 294 (45.9%) were above the median age, and a total of 120 (18.8%) respondent were at the median age range and contains the modal age group. Majority of the respondents (592; 92.5%) were Christians. 480 (75%) were civil servants and 510 (79.7%) have tertiary education. (Table 1).

**Table 1:**
Socio- characteristic profile of respondents cross tabulated with age.

| Age | Education | | | | Occupation | | | | Religion | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0^0$ | $1^0$ | $2^0$ | $3^0$ | CS | FM | SE | UE | CHR | ISL | T | |
| 25 – 29 | 0 | 0 | 6 | 20 | 16 | 0 | 8 | 2 | 22 | 2 | 2 | 26 |
| 30 – 34 | 0 | 0 | 10 | 88 | 80 | 2 | 8 | 8 | 88 | 10 | 0 | 98 |
| 35 – 49 | 2 | 4 | 6 | 90 | 70 | 2 | 28 | 2 | 96 | 6 | 0 | 102 |
| 40 – 44 | 0 | 8 | 10 | 102 | 96 | 4 | 16 | 4 | 104 | 14 | 2 | 120 |
| 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** | 6 | 46 | 78 | 510 | 480 | 26 | 110 | 24 | 592 | 44 | 4 | 640 |

*Keys: $O^0$ =None; $1^0$ = Primary; $2^0$ = Secondary; $3^0$ = tertiary; CS = Civil servants; FM = Farmer; SE= Self employed; UE = Unemployed; CHR = Christianity; ISL = Islam; T= Traditional.* * *There were no respondent below age 25.*

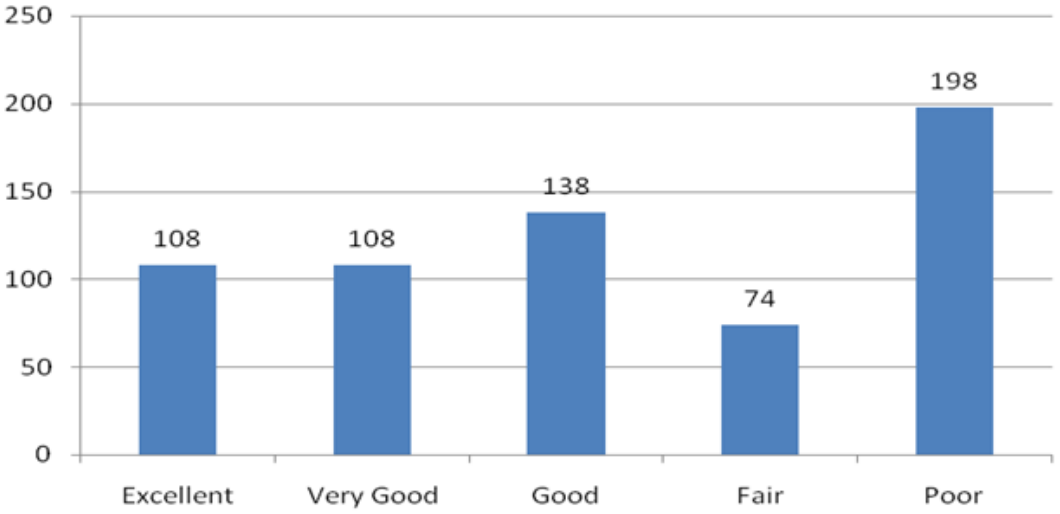


Figure 1:
Bar chart showing the level of awareness of female contraceptive methods

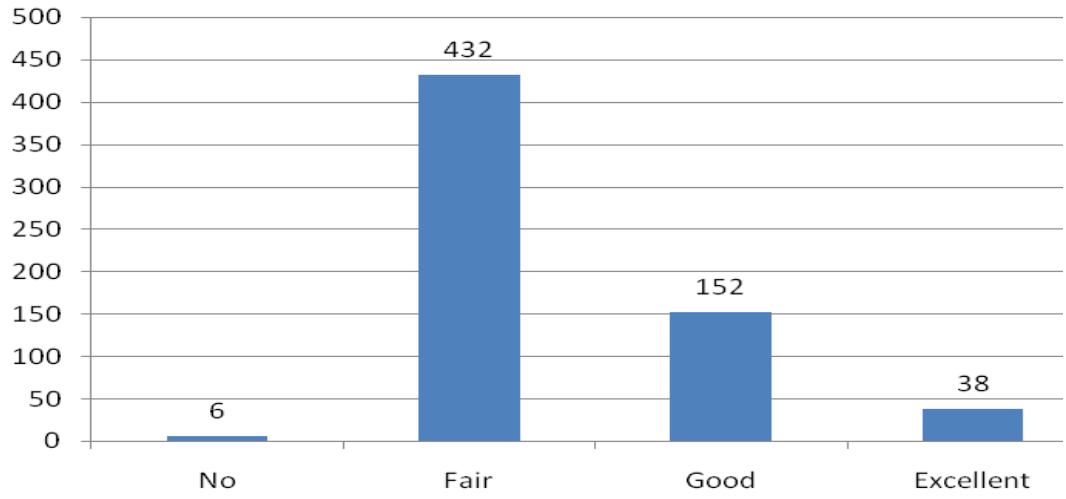


Figure 2:
Bar chart showing the level of awareness of male contraceptive methods

Twelve (1.9%) respondents claim to be unaware of family planning programs and said their first source of information was this study. However, 4 (33.3%) of them claimed knowledge of contraceptive. Two of them knows pill for female, condom for male and withdrawal for couple cooperation method and the others know traditional for both female and male and withdrawal for couple cooperative method.

Fig 1 shows the level of awareness of female contraceptive methods. Two (0.3%) of the 628 (98.1%) aware of family planning claimed not having knowledge of any female method. However, others know at least one female method of contraceptives with pill (112; 17.9%) being the most prevalent single method known. Others include IUD (16; 2.5%), injectable (32; 5.0%), female condom (24; 3.8%), tubectomy (8; 1.2%) and traditional (8; 1.2%). The remaining having knowledge of more than one methods and distributed as follows; 2 methods (74; 11.8%), 3 methods (138; 22.0%), 4 methods (108; 17.2%), 5 methods (44; 7.0%) and all of the above (64; 10.2%).

Six (0.9%) among those aware of family planning claimed not aware of any male contraceptive method. 412 (64.5%) claimed knowledge of condom, 8 (1.2%) vasectomy, and 12 (1.9%) traditional. Others reported knowing more than one methods as follows: two methods (152; 23.7%) and all of the methods mentioned (38; 5.9%) (Fig 2).

Fig 3 shows the level of awareness of couple cooperation methods . Of the 628 (98.1%) who reported awareness of family planning, 124 (19.7%) were not aware of any couple cooperation method. 294 (45.9%) have knowledge of withdrawal method, 28 (4.4%) rhythms (calendar method) and 182 (28.4%) both methods.

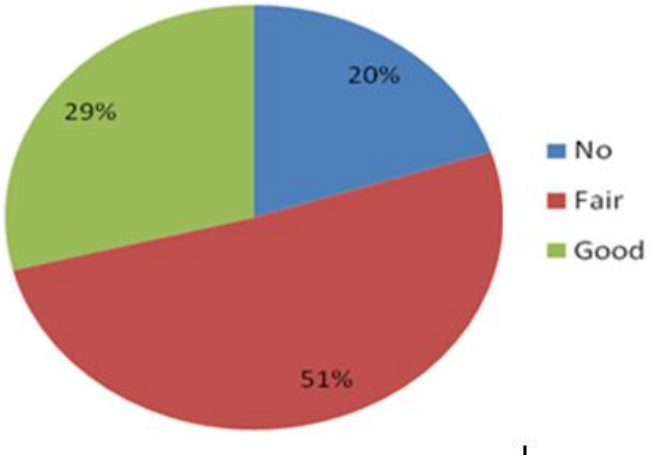


**Figure 3:**
Pie chart showing the level of awareness of couple cooperation contraceptive methods

## DISCUSSION

Analysis of the results showed that approximately 98.1% of respondents were familiar with family planning and its programs. The result of high awareness in our study is in accordance with studies carried out in other parts of Nigeria like; Kwara State (Abegunde et al., 1998), Enugu, Kano and Lagos (Odimegwu, 1992), Illorin (Olawepo and Okedare, 2006) and that carried out among married market men in Ilesa, Osun State, Nigeria (Orji and Onwudiegwu, 2003). Other studies done in other African countries also show high awareness of birth control and family planning such as that in Ghana, Zimbabwe, Kenya, Niger, Zwaziland, Burkina Faso, Senegal, Madagascar, Botswana, Burundi, Sudan, Togo and Cameroon (Touré, 1996; Young and Adrienne, 2001; Odimegwu, 1995). Familiarity with family planning programs is reported by many other studies (Obionu, 1998; Drennan, 1998).

Our result also shows that almost all the respondents (98.1%) in the study were aware of at least 1 method of female contraceptive. 97.2% were aware of male method of contraceptive, while 78.8% the couple cooperation method. The most prevalent was pill (17.5%) for female method, condom (64.4%) for male method and withdrawal (54.9%) for couple cooperation method. This is supported by the study carried out by Obionu (1998) and that in Enugu, Kano and Lagos State (Odimegwu, 1992).

Men need information about contraceptive methods for women as well as about those for men. Because men have a strong influence on women's health and their access to care, reproductive health programmes are increasingly trying to involve men (Grady, 1996). Moreover, studies have shown that men who are educated about reproductive health issues are more likely to support their partners in contraceptive use, use contraception themselves, and demonstrate greater responsibility for their children (PIP 1994).

Conclusively, family planning awareness programs have had and may continue to have an influence on Nigerians' contraceptive behavior. The importance of intensifying these programs across all socio-economic status, especially in developing areas where health facilities are poor, cannot be overemphasized. Furthermore, in order to run successful family planning programs in Nigeria, relevant authorities need to promote family planning information through the media. Also encouraging male discussion of contraception will go a long way. Finally, health workers need to make available recent and correct information about family planning, contraception and its methods.

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