

## Social-Cultural Factors that Hinder Men's use of Contraceptive Methods: A case study of Micheweni District- North Pemba

Amrad Charles<sup>1</sup>

### Abstract

This article examines various social-cultural that hinder men's use of contraceptive methods. The study revealed that social cultural factors such as Islamic religion: its teaching and practices, the importance of having many children, the perceived side-effects, fishing activities and the availability of sea food such as fish and unwillingness to use the available methods of contraception which was caused by lack of knowledge or ignorance were the major factors that hinder men's use of contraceptive methods. This study has established that a condom is the mostly known and used method of contraception by both spouses. However it's prohibited by married couples in all religions.

**Keywords:** Contraceptives methods and social-cultural factors

### 1. Introduction

In Africa, the need to involve men in the shared responsibilities related to sexual and reproductive health came after the International Conference on Population and Development (ICPD) in 1994 held in Cairo. The conference focused on special efforts to emphasize men's shared responsibility to promote their involvement in responsible parenthood, sexual and reproductive behavior including family planning and contraceptive use. The use of male contraceptive methods such as male sterilization, male condoms, and withdrawal are among important aspects of male involvement in family planning. The same message was emphasized in the 1995 World Conference on Women in Beijing where the shared responsibility between men and women in matters related to reproductive health and sexual behavior emerged as the main agenda as a response to improve effectiveness of endeavors aimed at reducing fertility rate. The main focus was mainly the inclusion of other people who are sexually active who had been excluded by family planning programs (Richey, 2008)

Several researchers such as Danforth (1999), Onekerho (1997; 106:168), Mbizvo and Adamack (1991) and International Family Health Campaign (IFHC) focused on women because of the perceived notion by the majority that family planning and contraceptive use is for women only. As a result, perception on women reinforced the belief that family planning and contraceptive use is largely a women issue with men playing a very peripheral role. As pointed out in the *Daily News*<sup>2</sup> (19/4/2013):

“This is due to the fact in many African societies men are decision –makers in reproductive matters and women just follow without questioning what men tell them to do or not to do”

Previous studies on fertility, contraceptive use and family planning in most of the developing countries have long continued focusing on women than men. It is now increasingly recognized that action required to achieve improvements in reproductive health in general, and maternal health in particular, should also encourages men's/husbands participation (Ruth & Mbizvo, 2001: 105). As an endeavor to promote male involvement, several initiatives have been put in place.

In Tanzania, for example, in May 1992, a new family planning log, the “*Green Star*” known in Swahili as Nyota ya Kijani was launched by the then President Alhaj Ali Hassan Mwinyi. Among its objectives was to regulate unplanned and early pregnancies, promote health of mother and child through child spacing and provide family planning education and services in the rural area”.

Moreover, there have been numerous media activities and campaigns to involve men in family planning and contraceptive use. For example “Be Sex Wise”, is a poster which tries to convince people to listen to the joint UMATI/BBC radio program called “SOMO” which is broadcast through Radio Free Africa. “Mvulana Na HAKI ya Uzazi Na Ujinsia”, is a programme that promotes participation of young men in reproductive health as they are influential in decision making.

Donors and international organization such as World Health Organization (WHO), and UNFPA complemented the role of Ministry of Health (MOH) including financing the airing of “Zinduka Radio Spots”. The UNFPA has been supporting radio series drama by Radio Tanzania Dar es salaam (RTD) “Twende na Wakati” that has run continually from 1992 to date (2011) to promote the efforts to involve more men in the use of modern contraceptive and participation in the family planning methods.

For the past two decades, from 1990's to 2010, there have been a lot of efforts to involve men in family planning activities especially the use of male contraceptive methods and involving men in maternal health services. Such

---

<sup>1</sup> He is assistant lecturer in Sociology at Archbishop Mihayo University College of Tabora ( AMUCTA) in the department of Social Science.

<sup>2</sup> The National Newspaper

efforts include promotions and free provision of male condoms, promotion of integrated maternal and child health centers which are friendly to both partners, campaign to increase people's awareness that focus on men, provision of peer education, provision of family planning guidelines, as well as preparation of training manuals and IEC/BCC material. Furthermore, trainers, services providers and Community Based Reproductive and Child Health agent (CBD) have been trained (TRCHS 2005-2010:7). All these aimed at increasing men's participation in various programs related to family planning in general, particularly sensitizing men to use male contraceptive methods.

Despite the above concerted efforts, statistics indicate a pathetic situation as far as family planning and contraceptive use are concerned. For example, contraceptive Prevalence Rate (CPR) in Tanzania has increased from 10% in 1991-1992 to 16% by 1996, and up to 22% by 1999 for all women using any method (TRCHS, 1999). Similarly, data indicates that Injectables are the leading contraceptives methods of choice as it is used by 35% of women of reproductive age. This method is followed by pills which are used by 30% of women. The proportion of men who use male contraceptives is 29% of which 21% are using modern methods and 8% traditional methods (TRCHS, *ibid*).

Data from the Tanzania Demographic and Health Survey (TDHS: 2004-05) show that contraceptive use prevalence is higher among women than among men. Among men approximately, seven out of ten currently married men and sexually active unmarried men reported that they use a male-oriented contraceptive methods. The most commonly used method is the male condom (49.4%) followed by withdrawal (32.8%) and periodic abstinence (32.1%). Among all married men, who are currently using male contraceptives methods, (43.5%) use male condoms, (22.6 %) withdrawal and (21.0%) use periodic abstinence. Furthermore, TDHS 2004/2005, indicate that 10% of male used condoms, 13% withdrawal, 7% periodic abstinence and none of males practiced sterilization. The 2010 TDHS, 2010 shows almost similar trend.

In male dominated socio-cultural environment, men may fear losing control if they share decision making and discuss reproductive goals with their spouses. A research study conducted in Nigeria by Isiugo-Abanihe (1994) revealed that extremely interesting socio cultural factors accounting for the differences between men's and women's preferences with respect to fertility. Africa in general and Tanzania in particular the motivation of men to have many children's is related to value and benefits of children. In this order, children provide a source of joy, and pride, a source of financial support when they grow old, a means to carry the family name, and the likelihood of receiving a fitting burial.

Social cultural determinants of men's family size preference were related to ethnicity, religion, age at marriage, education, monogamous or polygamous relationship, the number of their father's children and their anticipated means of old age support (*ibid*). Men who oppose family planning have reported a variety of reasons, including fear that it undermine their authority as the head of the family, concern that their wives will be unfaithful, assumptions that it is against their religious teaching, worry about contraceptive side-effects, erroneous belief about physiology and the mode of action of contraceptives and the desire to prove their potent

Furthermore, maternal events in Africa in general and Tanzania in particular are prone to crises for several reasons. Women are subjected to repeat childbearing at short intervals either to satisfy their husband quest for large family size or as a means of adjusting to the very high infant morbidity and mortality in the continent, in other words, fertility as response to mortality. The situation is exacerbated by socio-cultural beliefs, practices and poor medical systems that hinder access and use of health facilities. In some communities, women's socio-economic status is significantly low to enable them contribute meaningful to family discourse. Consequently, men take sole decision that affect members of their families. This exclusivity notwithstanding, it has been noted that a majority of men in Africa are indifferent to reproductive health. The implication of such attitude, in a male dominated society is that activities that influence maternal outcomes are taken for granted, ultimately resulting in maternal crises typical of the situation in Africa. This concern was expressed by Isiugo-Abanihe (2003) when he observed the fertility and maternal events in Africa.

*"Before the current concern for male involvement began, reproductive health issues and services had become synonymous with women's reproductive health and men were assumed to have no special interest in such matters. However, the tacit exclusion of men from active involvement in these issues represents a lack of appreciation of the social reality of daily living in most developing societies, particularly in Africa. Indeed, the characteristic lack of Male involvement in reproductive initiatives, including family planning, is a Major obstacle to a speedy fertility decline in sub-Saharan Africa given the Considerable authority and power vested on men as decision makers in the Home and society"*

*(Isiugo-Abanihe, 2003:8)*

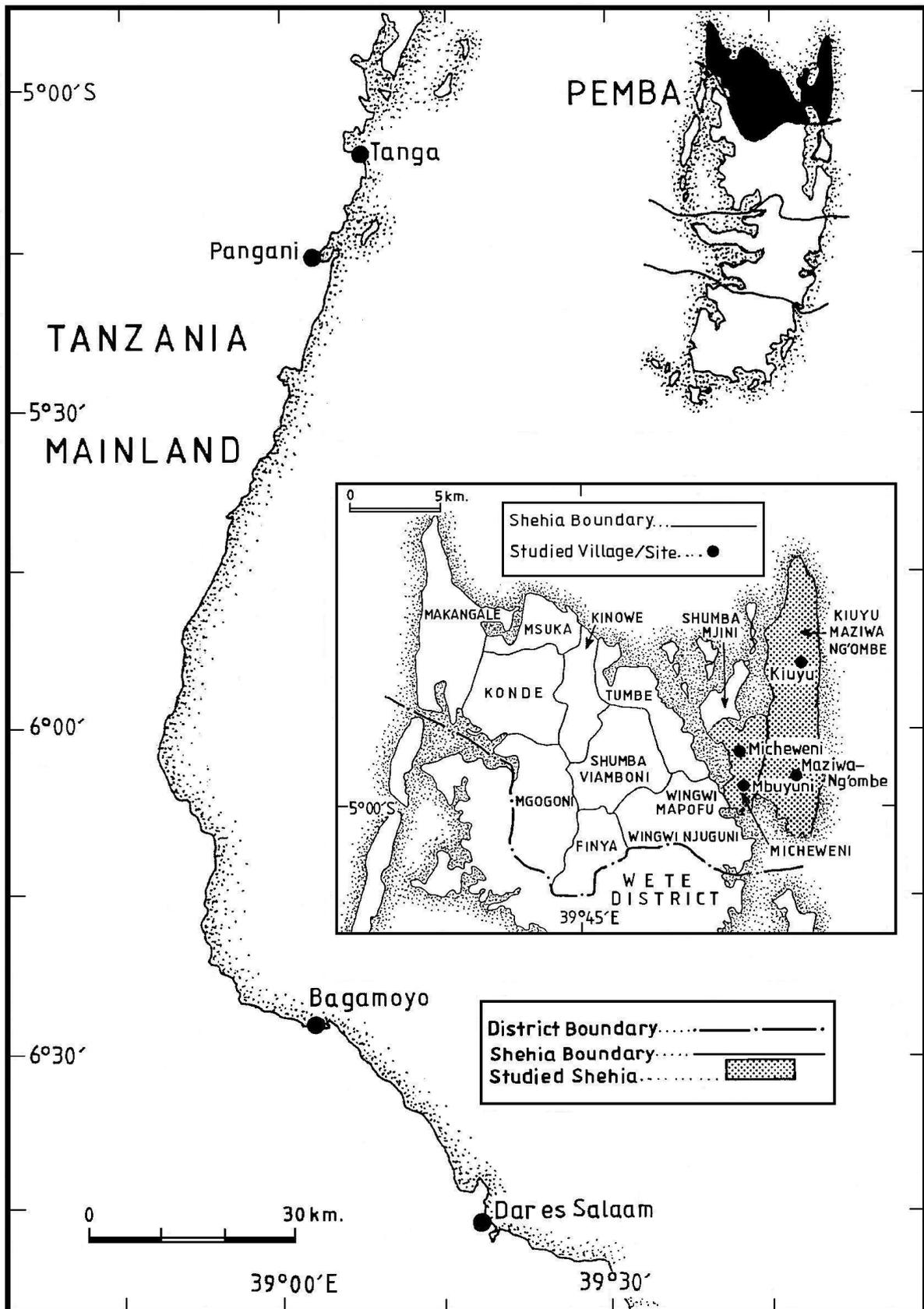
### **Study Design, Area and Methodology**

This study employed both a descriptive and explanatory research design. This study was conducted in

Micheweni district in Pemba North in 2011. The study area was thoroughly surveyed for the purpose of familiarizing with and delineating it. The three shehia namely Kiuyu Mbuyuni, Maziwa ya Ng'ombe and Micheweni Mjini were purposively selected due to the fact that they are found within the same geographical area in Micheweni District. The selected shehia were used to provide participants who participated in this study. A variety of methods of data collection were used in order to collect data that was required for this study. These included in-depth interview and focus group discussion. A total of fourteen and seven interviews and focus group discuss were administered consecutively. Participants of this research included both men and women of the reproductive age (15 to 49), Religious leaders, Maternal and Child Health workers. A total number of 145 respondents participated in this study.

**Summary of the conducted In-depth interview and Focus Group Discussion**

<b>Location/Shehia</b>	<b>Respondents involved in Focus Group Discussion</b>		<b>Respondents involved in In-Depth Interview</b>
Kiuyu-Mbuyuni	Male youth	1	1. Religious leader = 1 2. Community leader=1 3. Family health provider=1 4. Men using any contraceptive method(s) 5. Women using any contraceptive method(s)
	Female youth	1	
	Married women	1	
	Married men	1	
	<b>Sub-total</b>	<b>4</b>	
Maziwa ya Ngo'mbe	Male youth	1	1. Religious leader = 1 2. Community leader=1 3. Family health provider=1 4. Men using any contraceptive method(s) 5. Women using any contraceptive method(s)
	Female youth	1	
	Married women	1	
	Married men	1	
	<b>Sub-total</b>	<b>4</b>	
Micheweni Mjini	Male youth	1	1. Religious leader = 1 2. Community leader=1 3. Family health provider=1 4. Men using any contraceptive method(s) = 3 5. Women using any contraceptive method(s) = 3
	Female youth	1	
	Married women	1	
	Married men	1	
	<b>Sub- total</b>	<b>4</b>	
<b>Total of the respondents for FDG and IDIs.</b>	<b>12</b>		<b>27</b>



**Theoretical frame work**

This study employed ideas of the “**Social Construction of Reality**” theory by Berger & Luckmann (1967) which draws on phenomenological philosophy of Alfred Schutz. Berger and Luckmann (ibid) characterize everyday life as a fluid, multiple and precariously negotiated achievement in interaction. Their principal thesis is

that individuals in interactions create social worlds through their linguistic and symbolic activity for the purpose of providing coherence and purpose to an essentially open-ended unformed human existence (Nyoni, 2008). The theory refers to a specific theoretical paradigm, whose fundamental assumption is that, the reality of everyday life is socially constructed (Berger&Luckmann, 1967:1). The expression/phrase social constructionism is hereby used to refer to any social influence on individual or group experience. It is a truism that asserts that social reality does not fall from heaven, but that human agents construct and reproduce it through their daily practices.

The social construction theory seeks to explain the process by which knowledge is created and assumed as reality like contraceptive use among men. Their basic contention is that “meaning is created through social interactions regardless of the validity of a given meaning”, like the involvement of men in the participation and the use of family planning and contraception. It is developed, conveyed and maintained in a given social context. Berger & Luckmann (1967) argues that meaning is conveyed through social interactions between people in behavior exhibited , objects used and language expressed when meanings are communicated through behaviors , objects and language in a given social context is created.

In the realm of social construction of reality, every individual is born into objective social structure within which s/he encounters the significant others who are in charge of his socialization (ibid 1967:151). These significant others are responsible for interrelating with development being in their environment, hence integrating him into their cultural and social order. The integration leads a new member to capture, interpret, comprehend and finally cope with the everyday life of his particular society as sociable being.

The rationale of using social construction theory of the everyday reality in this study is based on the fact that, it allows a critical review of the taken for granted attitude of many social discourses. Men/husband experience on the participation in the family planning and the use of contraception can best be captured if one is concerned about the social construction of the everyday reality through its ability to focus on the meaning and interpretation of different actions taken for granted such as involvement and participation of men/husband in the family planning and contraceptive use. The theory will help to understand different concepts such as social roles, social expectation, attitudes, and the importance of men/husband in family planning and contraceptive use.

### Findings and discussion

The table below presents the socio demographic profile of the respondents who participated in the study

**Table: shows the categories of the respondents involved in this study**

categories of respondents	name of the Shehia					
	kiuyu Mbuyuni		Maziwa ya Ng’ombe		Micheweni Mjini	
	number	%	number	%	number	%
youth unmarried( male)	8	16.3	8	17.02	8	16.3
youth unmarried (female)	8	16.3	8	17.02	8	16.3
religious leader	1	2.04	1	2.12	1	2.04
married men	19	38.7	17	36.2	19	38.7
married women	11	22.4	11	23.4	11	22.4
Nurses	1	2.04	1	2.12	1	2.04
community elderly	1	2.04	1	2.12	1	2.04
Total	49	100	47	100	49	100

Source: field (2011)

The table above reveals that majority of the respondents who participated in this study were married men, whereby 19 (38.7%) were from Kiuyu- Mbuyuni and Micheweni Mjini respectively and 17 (36.2%) from Maziwa ya Ng’ombe. Since issues of sexual and reproductive health, family planning and contraception use involves the participation of both, men and women and youth of both sexes. In this study, women 22.4% (11) and 16.3% (8) of the youth from Kiuyu-Mbuyuni and Micheweni Mjini and 17.02% (8) participated in this study from each Shehia. Very few respondents such as nurses 1 (2.04%), religious leaders 1 (2.04%), and community elderly 1 (2.04%) from each Shehia participated in this study.

### Age

Majority of the respondents who participated in this study aged between 20-34 years of age and very few aged between 45- 60+ in both Shehia. For instance, majority of the respondents aged 20-24 (22.4%), and (17.0%) from Kiuyu Mbuyuni and Maziwa ya Ng’ombe respectively whereas very few (4.08%) respondents were from Micheweni Mjini. Adolescent aged 15-19 were very few (6.1%) in this study especially Micheweni Mjini because of the fact that majority of those aged between 15-19 tend to migrate to the other places in the other districts to search for better life. However, table 2 shows clearly that respondents from Micheweni are older than

other study sites.

Elderly respondents, who were aged 50-54, (2.0%), (2.1%) and (0%) in Kiuyu Mbuyuni, Maziwa ya Ng'ombe and Micheweni Mjini respectively. Micheweni Mjini has reported less number of the respondents who aged 50-54 (0%) due to the fact that most of the aged people in the island they prefer to reside in the villages and rural areas. Furthermore, the table in the above shows that elderly people are less than adults and youths. In this study, only one respondent who aged 60+ participated, whereas the total number of nine respondents aged 50-59 participated from all the Shehia. (See the table below on the age distributions of the respondents)

**Distribution of the respondents by age**

Age in groups	name of the Shehia					
	kiuyu Mbuyuni		Maziwa wa Ng'ombe		Micheweni Mjini	
	Number	%	number	%	number	%
15-19	6	12.2	4	8.5	3	6.1
20-24	11	22.4	8	17.0	2	4.08
25-29	10	20.4	14	29.8	8	16.3
30-34	9	19.1	6	12.8	4	8.2
35-39	4	8.2	3	6.4	12	24.5
40-44	5	10.2	4	8.6	8	16.3
45-49	2	4.1	2	4.3	8	16.3
50-54	1	2.0	1	2.1	0	0
55-59	1	2.0	4	8.6	2	4.1
60+	0	0	1	2.1	2	4.1
Total	49	100	47	100	49	100

Source: field (2011)

**Level of education**

The study found out that at Micheweni district in general and in the areas whereby this study was conducted the majority of the people are illiterates. For instance the study found out that at Maziwa ya Ng'ombe there is high illiteracy rate (36.1%) followed by Kiuyu-Mbuyuni( 26.5%). Furthermore the majority of the respondent had been to school at least from primary education up to the level of secondary education. The data from the field shows that in Kiuyu Mbuyuni the majority of the respondents (26.5%) ended a primary level education followed by (21.2%) in Maziwa ya Ng'ombe.

The data shows that fairly number of the respondents (16.3%), (10.6%) and (16.3%) they knew at least to read and write without attending formal schooling in the three Shehia namely kiuyu Mbuyuni, Maziwa ya Ng'ombe and Micheweni Mjini respectively. Very few respondents who participated in this study had reached the level of certificate, and diploma. The data reveals that respondents who holds the professional certificates were (6.12%) in Kiuyu Mbuyuni, (2.1%) in Maziwa ya Ng'ombe and (16.3%) in Micheweni Mjini. In the all three Shehia there was no respondent at university level degree

The general picture of the Micheweni district and its Shehia is characterized with the high level of illiteracy rate of which had much effect on the knowledge, attitude and habitual use of the contraceptive methods in the district whereby the study findings reveals that majority of the respondents had no knowledge of the same.

**Distribution of the respondents by levels of education**

Education level	Name of Shehia					
	Kiuyu Mbuyuni		Maziwa ya Ng'ombe		Micheweni Mjini	
	Number	%	Number	%	Number	%
Illiterate	13	26.5	17	36.1	0	0
read and write	8	16.3	5	10.6	8	16.3
primary education	13	26.5	10	21.2	2	4.08
secondary education	10	20.4	13	27.6	25	51.0
certificate level	3	6.12	1	2.1	8	16.3
diploma	2	4.08	1	2.12	6	12.2
university degree	0	0	0	0	0	0
Total	49	100	47	100	49	100

Source: Field (2011)

**Marital status**

Most of the respondents 136 (73.9 percent) participated in this study were married. Almost one third of the respondent 48 (26.1 percent) who were not married were male youth. The study has found out that almost all female youth were married because the cultural and traditions of the islands especially Micheweni district does

not allow a women of the reproductive age to stay without being married unless these women continues with studies. The study found out that dominant type of marriage is polygamy and divorced was reported at 4.3 percent

	<b>Distribution of the respondents' by marital status</b>					
	<b>name of the Shehia</b>					
	<b>kiuyu mbuyuni</b>		<b>Maziwa ya Ngo'mbe</b>		<b>Micheweni Mjini</b>	
<b>marital status</b>	<b>Number</b>	<b>%</b>	<b>number</b>	<b>%</b>	<b>Number</b>	
Married	26	53.6	30	63.8	33	67.34
unmarried(single)	17	34.6	15	31.9	9	18.36
Widow	4	8.16	1	2.12	2	4.08
Divorced	2	4.08	1	2.12	5	10.2
Total	49	100	47	100	49	100

### **Religion and religiosity**

The study found out that all of the respondents who participated in this study were Muslims. It was noted that most of the respondents (98.7 percent) attend religious services at least once in a week and religion was very important aspect in their life and had great influences on the acceptances and the utilization of various contraceptive methods and the social construction of the same based on religious stands

The main objective of this study was to examine social-cultural factors which hinder men's use of male's contraceptive and family planning methods. The study found out a number of social-cultural factors which are responsible for the low level use of male's contraceptives and family planning methods. These factors include but not limited to unwillingness among men to use male contraceptive methods, religious beliefs and its teachings and practices, ignorance, the perceived side effects of contraceptive methods among women, fishing activities and availability of sea food as well as people's perceptions and values of children.

### **The unwillingness in Using Contraceptive among Men**

Married female respondents who were interviewed pointed out that their husbands were not ready to use contraceptive and did not want to hear anything about methods of contraception because they were against the Islamic religious teachings and the culture of the people in the island. While this was the case for most of the husbands, most married female respondents supported the use of these contraceptives.

As the result of this, some husband opted to get other women or wives because they believe that if they were really loved by their wives then they should not use any contraceptives methods. This was pointed as a factor that has lead to the secret use of contraceptives by most of the married women due to lack of support by their husbands, family and the community at large.

From the above it can be deduced that the barriers to using contraceptive methods are the men themselves because they feel that they have no or have very little participation in all matters related to reproductive health and family planning. This has its genesis in the process of socialization during their puberty when they were not involved or informed about the benefits of using contraceptives and family planning methods.

### **Islamic Religious Teachings, Beliefs and Practices**

Religion plays an important role in shaping people's perceptions, attitudes and behavior. Religion, particularly Islam, has great influence on perceptions and beliefs on contraceptive methods. Islamic religious teachings and practices were mentioned by the respondents as an integral aspect of the social factors that determine the use of contraception among spouses. There is a controversial debate on whether religion, especially Islam, is a hindrance or not, to the use of contraception. The religious adherents believed that the process of man's creation should not be interfered with by any creature. Therefore, God is the creator of everything and he is the one who decide how many children one should have, and when to have them.

The desire to have many children is not only associated with the Islamic religious teachings and practices but also in Christianity which requires that the believers bear as many children as possible. This is evidenced in the Holy Bible in the book of Genesis, Chapter One verses twenty eight (Genesis 1; 28 (New International Version) which states:

*"God blessed them and said to them, be fruitful and increase in number, fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground"*

This concern was also supported by an unmarried youth in one of the FGD, who said the following:

*I just want to add more children. We Muslims follow the teachings of prophet Mohamed who said that we should marry and bear many children for our future benefits. Since we are committed Muslims and that our religion does not allow the use of condom, we have to follow what the prophet said.*

Furthermore, as far as having many children is concerned, the study also revealed that one's prestige, values and the meaning attached to having many children is regarded as wealth at both the individual and family level for the support in old age.

Therefore, this means that the use of contraceptive methods and birth control methods are against the Islamic religious teachings and practices in general and the will of God in particular, and by doing so, it is regarded as a sin to God. Sometimes it is also termed as "killing" due to the fact that contraceptive and birth control methods hinder fertilization and subsequently the formation of the fetus.

On the other hand, it was found out that religious leaders, such as Sheikh, the Imams and Madrasat teachers have more knowledge on contraceptive and family planning methods. For this category, contraceptive methods and family planning were divided into religious and non religious methods.

In the same context, contraceptive methods are subjected to criticism in that in the past years, issues of family planning, contraceptives and birth control methods were not an important agenda of focus; they were merely unlawful in the views of the Islamic religious believers

### **The side effects of Using Contraceptive Methods**

Perceived and anticipated side effects of contraceptive use among women and men were cited as a barrier towards the use of contraception. This is because of the health complications that most women are facing when they use contraceptive methods. For instance, it was said that the contraceptive pills such as *Depo Provera* causes vaginal discharge among its users. Consequently, most of the husbands were said to be afraid of facing similar repercussions that have bedeviled their women. The most daunting fear that was identified by some respondents was that of becoming impotent; thus failing to perform their conjugal duties in their marital life.

Misconceptions on contraceptive use were also cited as critical hindrances to effective family planning implementation. This was established in an interview with a married respondent as shown in the following interview:

I: *Do you normally take contraceptives?*

R: *Never in my life will I risk to take them!*

I: *Why don't you take them?*

R: *I don't want to bear a blind or mad child! Furthermore, contraceptives are good for prostitutes.*

From the above conversation, it is clear that some of those who shy away from using contraception are mainly influenced by unfounded misconceptions about the effects of contraceptives. Furthermore, it also points out that those who use them have questionable moral integrity.

### **Fishing activities and availabilities of sea food**

Fishing is the predominant economic activity among the people of Micheweni District. This has ensured a good supply of fish to the local population. It was claimed that the presence and availabilities of sea-food such as fish and its soup were said to trigger libido among most men. As a result of this, men were said to engage in sexual intercourse frequently. Most of the respondents said that some of the men do not prefer contraceptives since they curtail their urge for sexual satisfaction. This, therefore, is a hindrance in the use of the contraceptives and family planning methods amongst couples

### **Traditional meaning and value of children**

Our research established that the people of Micheweni attach great value to the number and meaning of children in a family. For example, it was found that the importance of having many children and the benefits the parents expect from them was regarded as a mark of wealth. This perception is concordant with the main premises of the Wealth Flow Theory by Caldwell (1976) and the ideas of Mwami (1998) in his article "*Social Insecurity of the Elderly People in Tanzania Today*", in which he argues that parents are expected to get economic, social and psychological support from their children and other kinsmen when they grew older

Furthermore, the study has also found that many children in a family boosted one's prestige, as most of men feel proud of having many children despite the fact that they were unable to support them with the basic necessities of life such as food, clothing and shelter. They were also considered fundamental in the support of their parents and other kinsmen in their old age

Similar findings are reported by other scholars. For example, a study by Hugo (1997) in Indonesia revealed that high fertility was associated positively with perceptions of receiving old age support. Using historical data from England and Wales, Schellenkens (1993) also found that old age security was correlated with high fertility mean while Cain (1981) argued that children provide risk insurance for the elderly in South Asia.

This has also been a true picture at Micheweni District, whereby fertility and fertility rate is associated with likelihood of receiving social, economic and psychological support from children when one grows older.

### **Conclusions and Recommendations**

This study was an endeavour to investigate family planning and modern contraceptive use among men in Pemba North, specifically in Micheweni District, Tanzania. The study revealed that social and cultural factors such as traditional, norms, values, meaning attached to children, lack of knowledge, social institution such as religion, especially Islamic religion, food especially sea-food such as fish, cephalopod, and crustaceans influence male's use of contraceptive methods. In most cases, these factors act as discouragement on the part of men vis-à-vis contraception.

However, none of these social-cultural factors occurs in a vacuum. There are social institutions which maintain them such as religion and family. Through implicit and explicit rules and regulations religion and family were found to be the institutions that give meaning to different contraceptives methods. The factors that hinder men's participation in the contraceptives use and family planning must be addressed; programme responses must address and even challenge social-cultural and contextual issues within the community, particularly the norms, values and local knowledge of the people that lead to the low level use, participation and the involvement of men in family planning methods and contraceptives use.

The study has found out that Islamic religious teaching and its practices have an influence on family planning methods and contraceptives use. There is therefore a need to redesign family planning programmes so that they can be easily used by both men and women without causing conflict with their beliefs, norms, and values. Since withdrawal, calendar, periodic abstinence, and practice of polygamy are accepted in Islamic religion, there is therefore a need to place emphasis on these methods but with HIV/AIDS awareness. Lastly, there is a need of providing education on contraceptives methods so that users of the various contraceptives methods should continue to use them.

### **References**

- Adamchak, D.J & Adebayo (1987). Male Fertility: A Neglected Dimension in Nigerian Fertility Research, *Sociobiology* 34 (1-2), 57-67
- Adeokum, L.A. (1994) "Service Quality and Family Planning Outreach in Sub-Saharan Africa." Pp.235-49 in *The Onset of fertility Transition in Sub-Saharan Africa*, edited by T. Locoh and V. Hetrich. Liege: Derouaux Ordina Editions.
- Askew et al (1994)." Indicators for Measuring the Quality of Family Planning Services in Nigeria." *Studies in Family Planning* 25:268-83
- Bankole, A and Singh S. (1995) Couple's Fertility and Contraceptive Decision –Making in developing Countries. Hearing the Men's Voice. *International Family Planning Perspective Review* 22:639-82
- Beegle, K. (1995) "The Quality and Availability of Family Planning and Contraceptive Use In Tanzania." LSMS working Paper No 114, The World Bank, Washington, DC
- Bertrand et al., (1995) "Access, Quality of Care and Medical Barriers in Family Planning Programs" *International Family Planning Perspectives* 21:64-69.
- Berger, P. L and T.Luckmann, (1966) *the Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, NY: Anchor Books
- Bernard, R.H., (1995), *Research methods in Anthropology: Qualitative and Quantitative Approaches* AltaMaria Press, Walnut Creek.
- Brown et al., (1995) "Quality of Care in Family Planning Services in Morocco". *Studies in Family Planning* 26:154-68.
- Bruce, J. (1990) "Fundamental Elements of the Quality of Care: A Simple Framework". *Studies In Family Planning* 21:61-91.
- Carlos, A. C, (1984) *Male Involvement in Family Planning: Trends and Direction in Male Involvement in Family Planning: International Planned Parenthood Federation (IPPF)*
- Campbell, E.K (1985) *Male Role in Fertility Decision in Roberts's port, Libena, Biology and Society* 2(3)135-41
- Creswell, W.J., (1994) *Research design: Qualitative and Quantitative approaches*. SAGE Publications, New Delhi.
- Danforth, N. (1999), "Meeting Unmet Need" *New Strategy Series*, 43(1): 10-15, USAID Publication.
- Denzin, N.K and Y.S Lincoln, (2ed), (2003), *The Landscape of Qualitative research: Theories and Issues*. Inc. SAGE Publication, Thousand Oaks, California.
- Dondoo Francis (1994). *A couple analysis of Micro-level Supply/Demand in Fertility Regulation Population Research and Policy Review* 12: 93-101
- Ezeh et al (1992). *Men's Fertility, Contraceptive Use, and Reproductive Preference*. DHS comparative Studies No 18 Calverton, MD: Macro International.
- Erinosho. A (1998). *Health Sociology: Ibadan Sam Bookman*
- Feyisetan B.J and Ainsworth M (1994) "Contraceptive Use and the Quality, Price and Availability of Family Planning in Nigeria". LSMS Working Paper No 108. The World Bank, Washington, DC.
- Hardee, K and B.J Gould (1993) "A Process for Quality Improvement in Family Planning Services"

- International Family Planning Perspectives 19:147-52.*
- Isiugo-Abanihe, U.C. (1994a) "The Socio-Cultural Context of High Fertility among Igbo women" *international Sociology*
- Isiugo-Abanihe, U.C. (1996b) "Reproductive motivations and family-size Preferences among Nigerian men" *Studies in Family Planning*, 25(3):149-161
- Isiugo-Abanihe, C (2003). *Male Role and Responsibility in Fertility and Reproductive Health in Nigeria*. Logas Ababa Press
- Jain A.K. (1989) "Fertility Reduction and Quality of Family Planning Services." *Studies in Family Planning 20:1-16.*
- Kalipeni, E. and E.M. Zulu (1993), Gender Differences in Knowledge and Attitude towards modern and Traditional methods of child spacing in Malawi: *Population Research Policy Review 12:103-21*
- Krejcie, R.V and Morgan, D.W. (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, 30,607-610
- Lewis Ndhlovu (1995) *Quality of Care in Family Planning Services Delivery in Kenya: Clients' and Providers' Perspectives*, The Population Council's Africa OR/TA Project
- Margolis, S.P "Population Policy, Research and the Cairo Plan for Action: New Direction for the Sahel" *International Family Planning Perspectives* 1997:23(2):86-89
- Mensch et al., (1996)"The Impact of Family Planning Services on Contraceptive Use in Peru" *Studies in Family Planning 27:59-75.*
- Mbizvo, M and Adamchak D, (1991) *Family Planning Knowledge, Attitude and Practices of Men in Zimbabwe*. *Studies in Family Planning 22:31-38*
- Moore and Helzner, J.F (1996) "What is Sex Go to go with it ". "Challenges for Incorporating Sexuality into Family Planning Programs" New York: Population Council
- Nyoni, E.J., (2008), "Dynamics in HIV/AIDS communication interventions. A case Study of Datoga Speaking People in Hanang and Mbulu District, Northern Tanzania". Unpublished PhD thesis, University of Dar es salaam.
- Oliver, R. (1995) "Contraceptive Use in Ghana: The role of Service Availability, Quality and Price." LSMS working Paper No 111, The World Bank, Washington, DC
- Olukoya, A.A (1985). *The Changing Attitude and Practice of Men Regarding Family Planning in Lagos Nigeria*, *Public Health 99(6)*, 349-55
- Olawepo, R.A (1998) "Self –Helps in the Contexts of Rural Development Strategies
- Omondi-Odhiambo, (1992). *Men and Family Planning in Kenya: Alternative Policy, Intervention for Reducing Population Growth*
- Omondi-Odhiambo, (1997). *Men Participation in Family Planning Decision in Kenya*, *Population Studies*, 51 (1)29-40
- Oke, E.A (1996). "The Emergence of medical Sociology", In E.A. Oke and B.E Owumi eds *Reading in Medical Sociology: Ibadan Resources Development and Management Services*, Pp 1-14
- Thomas, D. and Maluccio, J. (1995)"Contraceptive Choice, Fertility, and Public Policy in Zimbabwe." LSMS working Paper No.109, The World Bank, Washington, DC
- Veney et al., (1993). "Measurement of the Quality of Family Planning Services." *Population Research and Policy Review 12: 243-59.*