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Promoting Men's Involvement in Family Planning: Its' Implication for Social Work Practice in Nigeria

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Abstract
Family planning which is defined as the practices that help individuals or couples to attain certain objectives, avoid unwanted pregnancies, regulate intervals between pregnancies, control the time at which birth occurs in relation to the ages of the parents and determine the number of children in the family has become a household topic considering the population of the world especially the developing world and the number of unwanted pregnancies among youths. Lack of adequate information on family planning, religious beliefs and misconceptions about artificial family planning among social workers and their clients in Nigeria have continued to influence men's involvement in family planning. Therefore, there is a need for adequate training of social workers in family planning and reorientation of social workers on the misconceptions of family planning in order to enable them to promote men's involvement in family planning for a healthy society.
Keywords: Men, Family Planning, Social Work, Social Workers, Nigeria

Introduction

Family planning according to World Health Organisation (WHO) Expert Committee (1971) means "practices that help individuals or couples to attain certain objectives, avoid unwanted pregnancies, regulate intervals between pregnancies, control the time at which birth occurs in relation to the ages of the parents and determine the number of children in the family." Hence, this helps to empower both men and women to have control over their fertility and have better management of their families.

Considering that family planning empowers both men and women, it is therefore, necessary for both men and women to participate actively in the planning of the family. In many families especially in Africa, many men do not think they are to participate in the planning of the family. Hence, family planning is considered women's business even though men make most of the household decisions including family size. Both men and women require access to services that will promote reproductive health, detect and manage problems.

Men in particular have a role to play in women's reproductive health because in many African societies, they are the decision makers. They control resources needed for health care, transportation to and fro the health care centres, drugs and treatment. Women's access to health care is often hindered when they do not have the permission of their spouses or due to lack of resources they need which are mainly controlled by men.

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. 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, there is a paucity of demographic data on male knowledge, attitude and practice of family planning in Nigeria.

Concept of Family Planning

Family planning according to the World Health Organisation (WHO) is the planning of how and when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management, and infertility management. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Family planning is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as *spacing children*). It may encompass sterilization as well as abortion (Mischell, 2007). It also involves natural and artificial methods. The artificial methods include: contraceptive ring, diaphragm, emergency contraception, male and female condoms, hormone implants, intrauterine device (IUD), spermicide, tubal sterilization, vasectomy etc.

The Natural Family Planning (NFP) refers to a variety of methods used to plan or prevent pregnancy, based on identifying the woman's fertile days. For all natural methods, avoiding unprotected intercourse during the fertile days is what prevents pregnancy. Natural methods are also known as fertility awareness-based

methods. They include the calendar method, the temperature method, the mucus test and the lactational amenorrhoea method (LAM) used as a method of birth control if one has recently given birth.

The natural family planning training committee of the World Health Organization (WHO, 1986) defines Natural Family Planning as 'Methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. It is implicit in the definition of natural family planning when used to avoid conception, that **(a)** drugs, devices and surgical procedures are not used; **(b)** there is abstinence from sexual intercourse during the fertile phase of the menstrual cycle, and **(c)** the act of sexual intercourse, when occurring, is complete'. The WHO definition implies that the woman is able to define the days of the cycle when she is potentially fertile (fertility awareness), and that the couple agree to adjust their sexual behaviour according to their family planning intention.

Family planning became pertinent as a means of checking over-population due to the continued growth in world population which as at November 2011, the population was estimated at seven billion with Nigeria having a population of about one hundred and sixty-seven (167) million people (NPC, 2011). It thus affords couples the knowledge of the ability and methods of planning how and when to have children as well as maintaining their reproductive health.

Types of Family Planning

There are different types of family planning that could be adopted by couples in spacing child bearing. These are: natural and artificial methods. Natural family planning has the following methods:

- **Lactational amenorrhea method (LAM):** is the use of breast-feeding as a contraceptive method. It is based on the physiologic effect of suckling to suppress ovulation. To use breast-feeding effectively as a contraceptive for 6 months after delivery requires that the mother feeds the baby with nothing but breast milk (exclusive breast feeding).
- **Abstinence:** is a very effective and acceptable method of birth control. Its major problem is that it is only effective if followed without exception. It requires a discipline of not having sex for some time to avoid pregnancy. This however, is very difficult for many couples.
- **Coitus interruptus (withdrawal method):** is the withdrawal of the penis just before ejaculation occurs so that sperm does not go into the vagina. It is not a reliable method because there is often pre-ejaculation leakage of sperm which can often lead to pregnancy.
- **Calendar Method:** A woman must keep a monthly record of the days she menstruates. From this, with the help of a qualified natural family planning counsellor, she can estimate when she is most likely to get pregnant if she has sex. This is done by monitoring the length of at least 6 menstrual cycles while abstaining or using another contraceptive methods then abstaining from sexual intercourse during the fertile days.
- **Basal Body Temperature (BBT) Method:**The hormone progesterone which the ovaries secrete after ovulation induces a slight rise in body temperature which is maintained until menstruation. The fertile phase of the menstrual cycle can be determined by taking accurate measurements of the basal body temperature to determine this shift.
- **Cervical Mucus (Billings) Method:**The cervical mucus method is based on detecting the changes in cervical mucus secretions and in the sensations in the vagina. Before ovulation, the cervical mucus becomes slippery and stretchy. The mucus changes are greatest around the time of ovulation. After ovulation, cervical mucus becomes thick or may disappear completely. A couple using this method to avoid pregnancy will abstain from intercourse when the mucus indicates that the woman is fertile. They also abstain during menstrual bleeding. These couples should avoid intercourse on alternating days before the appearance of cervical mucus so that the presence of semen in the vagina does not change the natural appearance of the mucus. The woman checks her vaginal discharge every day for consistency. When it is very elastic and thin, it indicates that she is about to ovulate. From this she can know when to abstain from sex. The reliability of the mucus method has been demonstrated by a recent WHO one year trial of the method in five countries. Findings indicate a method effectiveness of 97% or better.
- **Sympto-thermal:** This is a combination of checking a woman's temperature every day and checking her vaginal discharge. This is probably the most accurate of any of the natural family planning methods.

  Artificial family has the following methods which have to do with the introduction of foreign materials into the body to prevent pregnancy. These methods include:
- **Oral contraceptives:** Oral contraceptives are pills that a woman takes by mouth to prevent pregnancy. They contain two female hormones, oestrogen and progestin (combined oral contraceptives (COCs)) or progestin only (progestin-only pills (POPs).
- **Progestin only injectables:** These are systemic progestin preparations administered by intramuscular injection. The most common type of injectable contraceptive is Depo-Provera/DMPA, which is a

progestin-only injectable contraceptive (PICs) given every 3 months. A second PIC is Noristerat, which is given every 2 months. The contraceptives thicken cervical mucus preventing sperm penetration; make the endometrium less favourables for implantation; reduce sperm transport in upper genital tract (fallopian tubes) and suppress ovulation (release of eggs from ovaries).

- **Contraceptive implants:** The Norplant implant system consists of a set of 6 small, plastic capsules. Each capsule is about the size of a small matchstick. The capsules are placed under the skin of a woman's upper arm. Norplant capsules contain a progestin (called levonorgestrol), similar to a natural hormone that a woman's body makes. It is released very slowly from all 6 capsules. Thus, the capsules supply a steady, very low dose of progestin. Norplant contains no oestrogen. A set of Norplant capsules can prevent pregnancy for at least 5 years.
- **Barrier Method:** This is one of the family planning methods used for prevention of pregnancy as well as certain sexually transmitted diseases. As the name implies, this method prevents the ascent of the spermatozoa into the upper female genital tract. This includes the use of condoms, foaming tablets, jellies or creams.

These methods of family planning (natural and artificial) are not without their advantages and disadvantages. According to the California Department of Health Services Office of Family Planning (2001), family planning reduces the number of unplanned pregnancies and abortions among women, and allows women the opportunity to choose when the time is right to have a child. Family planning gives women the option to wait until they are financially able to care for a child, and gives them time to pursue educational and employment goals without worrying about the financial burden of an unplanned pregnancy. This however, if not agreed upon by couples, could lead to many family problems which include divorce. Therefore, there is a great need for men to be fully involved in the planning of their home and not just leave everything to the women.

Importance of Family Planning

If women had only the number of pregnancies they wanted, at the intervals they wanted, maternal mortality would drop by about one-third. In the developing world, an estimated 137 million women who want to avoid pregnancy are not using family planning method (Singh et al., 2003). These women have an "unmet need" for family planning. Women with unmet need fall into two groups: women who wish to wait at least two years until their next pregnancy and those who want to stop childbearing altogether. Globally, an estimated 55 percent of those with unmet need for family planning have a need for spacing and 45 percent for limiting (Singh et al., 2003).

Women may have an unmet need for family planning for a variety of reasons: lack of knowledge about the risk of becoming pregnant, fear of side effects of contraceptives, perceptions that their husbands, other family members, or their religion opposes family planning or lack of access to family planning services (Sedgh, Hussain, Bankole & Singh, 2007). Many of these barriers could be overcome through better information and counselling for both women and men.

Knowledge and Attitudes of Men towards Family Planning

Most Sub-Saharan Africa countries still have male dominated cultures. Ancestral customs give men right over women's procreative power. In such situation, it is almost normal that the husband's approval is a precondition for a woman to use family planning. Even though many women and men know of at least one family planning method and majority of them also approve of its use, it is still not in the women's place to determine which method should be use and when it could be used. Hence, there is a large gap between contraceptive knowledge, approval and practice (UNFPA, 1995).

Many men are poorly informed regarding sexuality, reproduction and lack guidance on how to share decision-making while negotiating choices with their partners. In Ghana, the 1994 Demographic Health Survey (DHS) revealed that men have the primary decision-making power in matters of family planning; that the husband is usually the decision-maker about fertility. Furthermore, husbands' family-planning attitudes and fertility goals usually are not influenced by those of their wives. And when partners disagree on whether to use family planning, the man's preference usually dominates (DHS, 1994). Many men think that financial considerations should be the primary motivation for family planning, while women think that health and the need for women to 'rest' should be the primary motivations for family planning.

Machipisa (1997) noted that while approximately 73% of African men approved of family planning, only 22% couples use either a modern or traditional method. There are clearly needs at the individual, community, institutional and policy levels to increase both the level of active men's involvement in family planning and acceptance and use of appropriate methods.

A study carried out in Kenya by Fapohunda and Rutenberg (1998) found that family planning awareness was high but condoms and vasectomy were found to be stigmatized and family planning was considered women's responsibility. Men gave family planning only limited support because they believed that

contraceptive usage had an adverse effect on women's sexuality.

Rondi and Ashfold (1997) found that in Egypt, 87% of men approved of the use of family planning with the level of approval not varying much among men of different age groups or education levels, or between rural and urban residents. 18% of married men surveyed reported having used a male method of contraception in the past, but vasectomy was extremely rare even though 60% of the surveyed men indicated desiring to have no more children.

Mungai (1996) noted that while African men are largely apathetic to family planning, they are not necessarily uninterested. Many African men want to participate more actively in deciding how many children they should have and when to have them, but they lack sufficient information to do so. In some cases, many men do not know about contraceptives. Even those who are aware have little access to such services because family planning programmes are designed to serve women. In most African countries, family planning services are widely offered in prenatal units of public hospitals where many African men feel uncomfortable visiting.

Studies in parts of Africa have shown that there is a strong link between knowledge and use of contraceptives and the level of education as well as economic status, the levels of knowledge and use of contraceptives are lower among the relatively less educated. A reason for the men's superficial knowledge of contraception lies in the way they obtain information: mainly from mass media and informally from relatives and friends. Radio and television are frequently the men's source of information (Adamchak & Mbizo, 1991). The mass media's messages on family planning are mostly of general nature. This may account for their knowledge which is general and lacks detailed information on methods, which is one of the pre-conditions for continuous use of modern family planning methods.

Health workers and family planning helpers give a comprehensive counselling and explanation of application, effects and side effects of the various methods. However, health facilities and family planning institutions have so far addressed female target groups, while men are often excluded from detailed knowledge of the various methods of preventing pregnancy (Riedberger, 1994).

In a study carried out in Eastern Uganda by Ebanyat (1990) on the pattern of birth intervals, it was noted that an outstanding reason for non-use of contraception among women who knew about contraception was because husbands did not approve of it. Opio (1986) considering the need to involve men in family planning concluded that family planning is a joint responsibility of both women and men and that they should participate themselves.

Further, Kabarangira (1996) noted that men's opposition to family planning was not as wide spread as it was popularly believed. Men have a major role in the decision to use family planning methods and in determining the number of children a couple should have although they do not encourage women to participate in decision making about family size and share responsibility in women's health. The problem appeared to be lack of communication between couples/ partners which if it was available, men's consent for family planning use would be favourable. It could be said that men's knowledge of various family planning methods is high since the use of condoms is very common in Nigeria. Also, men knew the use of family planning methods and their important factor in preventing frequent and unwanted pregnancies or limit family size for financial reasons. However, many do not use it with their partners for family planning but condoms are mainly used for prevention of STDS especially AIDS other than for fertility regulation.

Factors Influencing Men's Participation in Family Planning

There are various factors that influence male participation in family planning. These include cultural norms and values, religious beliefs, socio-economic factors, psychological factors among others. These factors can act as barriers to male involvement.

i. Cultural Norms and Values

In traditional societies of Africa, children mean the reproduction of the lineage. The ancestors determine the maintenance of the tradition by as many descendants as possible. Families with few children refuse themselves the right of the fore-bearers in the continuation of the line of descent (Caldwel & Caldwel, 1990). Hence, men think that in planning their family and preventing pregnancies, they will be interfering with the role of the ancestors. In affirming this Mbiti (1991), states "Children (unborn children) are the buds of society, and every birth is the arrival of spring when life shoots out and the community thrives." For example, the Igbos believe that children are special gift of life to the community from God, whom they refer to as Chi-ne-ye- nwa (God the giver of child). Considering this kind of cultural belief, it may be difficult to convince people from this culture to make use of family planning.

Religious beliefs

Religious beliefs have a direct influence on family planning acceptance especially when one considers the teaching of many religions that life begins at the moment of conception. For example, for this reason, the Catholic sect does not subscribe to any form of artificial family planning. For Muslims, the Koran provides the

infallible rules of conduct fundamental to their way of life. However, the Grand Mufti openly expressed his support for responsible parenthood and family planning in an interview where he said that family planning is compatible with the tradition of the Koran and there is no problem in promoting family planning. Among Islamic countries, Egypt is one of the few countries where family planning has been well accepted. The total fertility rate would not have dropped to 3.9 in Egypt without the strong support for family planning by the Grand Mufti (Hata, 1994).

Socio-economic Factors

Factors such as educational level, social class, urbanization and employment play indispensable role in contraceptive behaviour of men. The factors are double edged because they play both positive and negative roles depending on individuals even though it is believed that the higher the educational level the better. The movement of people especially men form the rural to urban for a greener pasture promotes the use of artificial method such as condoms among men. Hence, Kirumira(1991), claims that an urban environment promotes the use of contraceptives although improved access to support facilities on one hand, and better education possibilities on the other are factors to consider.

ii. Psychological Factors/Rumours

The equation of potent with procreation of as many children as possible can also be seen as one reason for lack of sexual responsibility by men. In African countries, it is seen as a sign of poverty, sickness or disability for men who have intercourse with only one sexual relationship (Hawkins, 1992). In Bangladesh, a pilot distribution project found that most couples who received free condoms did not use them. The reason was that they thought that condom use could cause impotence (Population reports, 1998). Family planning service providers are trained to counter such norms by reporting the facts, hence, the need for their participation in family planning services.

Social Workers and Family Planning

Social work as profession is a helping profession aimed at maintaining equilibrium in the society. Hence, the role of promoting family planning is one of the roles that social workers need to do in order to promote healthy society. The profession of social work has a long history of supporting access to birth control. The American Birth Control League, a predecessor of Planned Parenthood, was accepted as a Kindred Group by the National Conference on Social Work in 1929, providing the birth control movement with a route to develop relationships with relief agencies (McCann, 1994). Contraceptive information was passed through a network supported by social workers. Furthermore, the residents of Hull House were in the forefront of supporting reproductive rights for women (Haslett, 1997). The support for family planning continues today within the field of social work.

The National Association of Social Workers (NASW) issued a policy statement on family planning approved in 1975 and upheld in 1991 that states a woman's right of choice in family planning is consistent with the principles of self-determination, empowerment and dignity that form the foundation of social work (National Association of Social Workers, 2003). However, the little empirical evidence that exists about the capacity of social workers to provide family planning information suggests that additional training of social workers in family planning would be beneficial (Ford & Hendrick, 2003). There is no evidence of the involvement of social workers in promoting family planning in Nigeria. Therefore, there is a need for that to be promoted among the Nigerian social workers bearing in mind the National Association of Social Workers' (NASW) stance of the professional responsibility of social workers, social workers are in a unique position to provide family planning information. As previously stated, NASW promotes a woman's choice in family planning as consistent with the principles of self-determination, empowerment and dignity that form the foundation of social work. NASW further adds that it is a social worker's professional responsibility to ensure that referral information on all family planning options, including abortion, is available (National Association of Social Workers, 2003).

As discussed earlier, religiosity appears to play a role in determining family planning barrier measures among men in Nigeria. Sometimes the social workers themselves are affected by their religious background in promoting family planning. Many a times, there are conflicts between the professional ethics and religious values of practitioners.

Conclusion

In Nigeria it is a common factor that social work practitioners, agencies and schools have not been very much involved in family planning. The idea of family planning in Nigeria and many other countries is seen as health workers' job and should be left for those in the health field to handle. Social workers can promote men's involvement in family planning through the following social work practices:

- Provide information through different medium such as hand bills, radio talks, dramas and many others.
- Social workers could give personal counselling to clients on family planning.
- They could lead group discussion on family planning in hospitals and different health service agencies.

- There is a great need for information, communication and education for men about family planning.
- Social workers should target promoting and advocating for a change in behaviour among men.
- Social workers should be active in challenging the attacks on providing reproductive health information and care.
- Social workers should apply and work at service delivery centres such as mother and child health clinics. Men should also be included in the MCH packages.
- Schools of social work should vocalize and improve their support of family planning within coursework and in field placement.

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