



## Barriers to Male Involvement in Family Planning and Contraceptive Use

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### Abstract

*Male involvement in family planning is not limited to contraceptive use. It includes all activities male engage in such as, male support, encouragement, and approval and also spousal communication on contraceptive use. Males are engendered species to family planning and contraceptive usage. Male involvement in family planning and contraceptive use is important; this include promotion of gender equality, eradication of extreme poverty, prevention of sexual violence, improved maternal health and reduced child mortality. This paper reviews barriers to male involvement in family planning and contraceptive use. Demographic factors such as age, educational level, cultural and religious beliefs, misinformation, etc, have been identified to inhibit male involvement in family planning and contraceptive use. The high fertility rate and population increase has been attributed to low FP and contraceptive usage by men in Nigeria and other developing countries. This paper recommends that health education campaign is needed to improve believes and attitudes of males towards family planning and contraceptive use.*

**Keywords:** Male involvement, family planning, male contraceptive use, barriers

### Introduction

Family planning is a means of controlling the population increase, fertility rate, unintended pregnancies and unsafe abortions encountered by women, which probably leads to maternal morbidity and mortality. Family planning has been defined in various ways and concepts. The International Planned Parenthood Federation (IPPF, 2003) viewed family planning as the conscious effort of individuals and couples to plan for and attain the desired number of children they wish to have and regulate the spacing and timing of the birth of children. World Health Organization (WHO), (2010), opined that family planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples in order to promote the health and welfare of the family group and thus contribute to the social development of a country.

The use of contraceptives is an integral part of family planning. To achieve this family planning, it is of vital importance for individuals and couples to employ the use of contraceptive methods. Nabi, Amin, Akhtar and Younas, (2015) explained that “Contraception is the planned avoidance of pregnancies through the use of various chemical drugs, surgical procedures, sexual practices or devices (natural means). Thus, any agent can be considered contraceptive whose ultimate goal is to prevent conception. Effective contraception in any social milieu is that which allows partner to enjoy sexual relations without having children, at the same time it also allows the couple to have children when desired.

Any sexual activity carried out by individuals and couples who experience high fertility without any contraception invariable results to unintended pregnancies. This likely leads to abortion and in most cases, and when conducted in the hands of unprofessional personnel, may cause complications which hence leads to high maternal mortality. Monjok, Smesny, Ekabua and Essien (2010) remarked that abortion contributes to the high rate of maternal death which is recorded at 20% - 40% death toll in Nigeria, and attribute the high rate of maternal deaths to poor family planning and low contraceptive use among couples. Poor family planning and low contraceptive use among couples leads to unintended pregnancies which hence leads to high abortion rates.

Nigeria is the seventh most populous country in the World with an estimated population of 197 million and growth rate of 2.57% (United Nations, 2018). And also has a total fertility rate of 5.5 (National Population Commission, 2018). Growth rate higher than 2.0% is an indication that such population is a fast growing population which needs to be controlled. However, the 2014 Demographic and Health Survey in Nigeria showed

that only 16% of Nigerian Population is currently using contraceptives. The low contraceptive use prevalence rate is worrisome and need urgent interventions.

It is believed that one of the reasons for low contraceptive use is lack of male involvement. This could be due to the fact that males are not major partners in family planning as family planning programs has traditionally focused on women and had excluded males (Sonfield, 2015). The 1994 International Conference on Population and Development (ICPD), held in Cairo, stated that “special efforts should be made to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning; parental, maternal and child health; prevention of sexually transmitted diseases, including HIV/AIDS; prevention of unwanted pregnancy and high- risk pregnancies; shared control and contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibility in family life must be included in the education of children from early stage” (United Nations Population Fund (UNFA), 1994). As a part of this challenge, there has also been increasing attention on constructive male involvement in reproductive health (WHO, 2002).

### **Male involvement in family planning and contraceptive use**

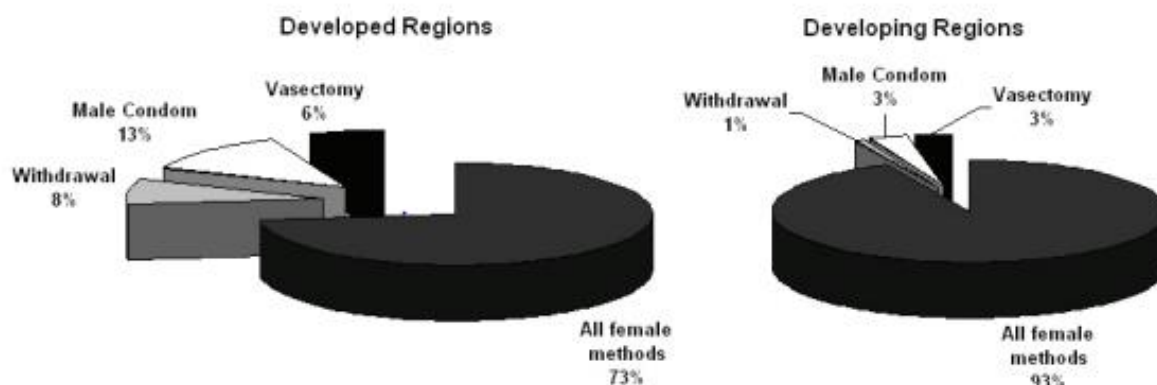
Male involvement in family planning is not limited to male contraceptive usage. According to Stanback and Shattuck (2015), being involved means being supportive and present whether in family planning, contraceptive use, or other activities which includes encouragement, approval and spousal communication on contraception. The author further stated that males increased knowledge about contraception motivates them to emotionally support their partners and in allocation of resources (time, money, and transportation) and also have increased willingness to use male contraceptive methods such as natural methods (withdrawal and abstinence); artificial methods (Condoms, Birth control pills and Vasectomy), when needful and also available.

Male involvement in family planning refers to the ability of males to utilize, encourage and support their partners and also convince their homogenous groups to use family planning methods (Yeshareg & Zelalem, 2014). In this paper, male involvement is not limited to male contraceptive use, but also encompasses all organizational activities targeted at men who have the objective of increasing the acceptability and improved family planning practices.

### **Male Contraceptive Prevalence rate**

Male contraceptive prevalence rate refers to the percentage of males who utilizes contraceptives, and who’s their partner utilize any of the modern contraceptive methods (Uddin, 2014). Contraceptive use prevalence among men is very low. Worldwide, only seven percent recorded the use of male contraceptives (Glasier, 2010). He further stated that Asian countries also have a low record of male contraceptive usages in spite of the development stride recorded in some parts of the continent. In France, only 3.4% of men aged 15-49 with partner used contraception, this is relatively low. (Le Guen, Ventola, Bohet, Moreau, & Bajos, 2015). In Africa, male contraceptive use is very low as compared to the developed society and most high-fertility countries including Uganda (Kabagenyi, Ndugga, Wandera, & Kwagala, 2014). In Northwest Ethiopia only 8.4% of the males’ use contraceptives, this indicates that the level of male involvement was low. Lack of information, inaccessibility to the services and the desire to have more children was the contributing factor to low contraceptive use by their males (Kassa, Abajobir, & Gedefaw, 2014). In United States, male contraceptive use is as low as 4.0% (Mosher, et al., 2004). In Nigeria, the male contraceptive use prevalence rate is 2.2%, (Ross & Hardee, 2016), regarding the fact that Nigeria is a high fertility Country. According to Okonofua (2003), Countries with low contraceptive prevalence rate are probably the countries that are likely to have high mortality rates. The diagram below shows the rate of male’s involvement towards using contraceptives in developed and developing countries:

Use of existing male contraceptives: a comparative view of developed and developing regions (Kanakis & Goulis, 2015).



The record on male contraceptive use above shows that in developing regions of the world, which Nigeria is inclusive is very low, compared to developed regions. The rest space in the record is left and managed by women. This indicates that women have been left to manage birth control in the world, which suggests the reasons why developing countries such as Nigeria have high total fertility rate of 5.5% and growth rate of 2.57 (United Nations, 2018). In some cases where participation is observed, it is only on the grounds of ensuring contraceptive continuation and observation by women (Daniel, Okoli, Kumzhi, Wina, Ari & Onyejekwe, 2016). This makes the roles of men in family planning ignored and silenced (Bloom, Tsui, Plotkin, & Bassett, 2000; Greene & Biddlecom, 2000). Contraceptive prevalence among men is low, and most programs on contraceptive usage are limited to female contraceptive use. Hence it is of vital importance to involve males in family planning and contraceptive usages.

#### Importance of male involvement in family planning and contraceptive use

Male involvement in family planning and contraceptive use is an important indices in reducing fertility rate, and maternal and child mortality, promote gender equality improve maternal health, prevent sexual violence among couple, and eradicate extreme poverty (Khan, Patal, Karra & Stark, Wolf, 1997; British Journal of Medicine (BMJ) 2016). Male involvement in contraceptive use and family planning is vital, among these includes the following:

- **Promotes gender equality:** Men's involvement in family planning and contraceptive use will help in eliminating gender disparity in planning the number of children a couple want, and when they want it. It serves as a process for bringing about gender balance in both men and women's reproductive rights and responsibilities (Khan, et al. 1997). This will reduce the women having final say on the decision of planning the family size.
- **Eradicates extreme poverty.** It will give men the paramount opportunity to plan the size of family they can conveniently care and cater for. This will discourage the efforts of women in regulating fertility and number of children they desire in expense of their male partners (Khan, Karra, Stark & Wolf, 1997). This will enable the couple to plan together on the number of children they wish to have based on their income.
- **Prevention of sexual violence:** Imperatively, male's involvement in family planning and contraceptive use will reduce sexual violence among married couples (British Journal of Medicine, (BMJ) 2016). Sexual violence may occur if a male desires to have sex when the female partner is not ready probably because she is in a fertile period and not on any female contraceptive methods. Male involvement in FP and contraceptive usage hence will help couples enjoy their conjugal rights without fear of getting unintended pregnancies.
- **Improve Maternal Health:** Male involvement in family planning and contraceptive use will help combat the proportion of pregnancy, its complications and also reduce the number of women dying in child birth, due to frequency in pregnancies and thus improving maternal health.
- **Reduce maternal and child mortality:** Men's involvement will help to reduce maternal and child mortality, which may emanate from illness, malnutrition and lack of access to health care system etc. Haines and Cassel, (2004), stated that the objectives of National Health Policy is to reduce maternal and child mortality, and improve the health and nutritional status of Nigerian children through expanded access to high quality promotive, preventive and curative health care. To achieve this objective, FP and contraceptive usage should be Couple based and not women centered. Despite these needs and importance for males' involvement in

family planning and contraceptive usages, certain barriers has been identified which cause males to decline in adopting family planning and contraception, which this paper intends to discuss.

### **Barriers to male involvement in family planning and contraceptive use**

Several barriers have been documented on male involvement in family planning and contraceptive use. Among these barriers are; age (Kamal, Islam, Alam, & Hassan 2013); educational level, sex preference (Tamiso, Tassew, & Bekele, 2016), cultural and religious beliefs (Wolf & Abubaka, 2015), misinformation (Blackstone & Iwelunmor; Quashigah, 2005), uncontrolled sexual urge (Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, & Atuyambe, 2014); access to family planning services and its affordability and fear of health risks and side effects of contraceptives (Heinemann, 2005).

**Age barrier:** Age has been identified as a barrier to family planning and contraceptive use among males. Literarily, age refers to the number of years a living thing (man, animals and plants), has stayed alive. The involvement of males in family planning is high when their ages are low, than when their ages are high. This may be due to the fear of infertility regarding their age. Kamal, et al (2013) stated that about 37.6% whose ages are within the age group of 20-29 years are involved in family planning while the 82.8% of males in age group of 40-49 years are not likely to involve in family planning.

**The level of education:** This has a great impact on male's involvement in family planning and contraceptive usage. They are always of the notion that contraceptives are for women and not men's business, and also they are disinclined to be supportive of their partner's uptake with the fear that it could lead their partners to promiscuous activities (Tamiso et al, 2016). More so, educated men are more likely to practice family planning than the uneducated. There is a decrease in the level of their desire for more children as their educational level increases (Abraham, Adamu & Deresse, 2010). Educated men are more likely to have good knowledge about family planning which will enable the males have more informed decision. Uneducated males often have misconception especially, with regards to the side effects (Kamal, et al 2013). These misconceptions may attribute to low male involvement in family planning.

**Cultural and religious belief:** cultural norms and traditions and also religious belief contribute to barriers to male involvement in family planning and contraceptive use. Wolf and Abubaka, (2015) hinted that "Among factors potentially hampering acceptance and use of FP in the North West region (Nigeria) are cultural norms and traditions supporting early marriage, valuing of women only for their ability to reproduce, polygamy, and male control of women's reproductive capabilities". Cultural and religious perspectives may hinder family planning procedures application amongst men in the society. For instance, the Bible, and the Quran teachings encourage multiplication (multiple reproduction). This tenet or belief sets a paradigm for which men build and shape their homes. This most times hinders males from involving in contraceptive usages or being supportive to their partners.

**Misinformation:** This has posed as a barrier to male's involvement in family planning and contraceptive usage. Most men are fed with myths towards using contraceptives. Blackstone and Iwelunmor (2017) stated that many studies have identified misinformation, misperceptions, and fear of health side effects to be barriers to regular contraceptive use in Sub-Saharan Africa. The information men hold towards contraceptive and family planning influences to a large extent, whether the family or couple will effect contraceptive measures and family planning or not (Nwachukwu & Obasi, 2008; Blackstone & Iwelunmor, 2017). Quashigah (2005) opined that the existing gaps and barriers for non-use of modern methods of family planning and contraceptives for men (condoms and vasectomy) stemmed from rumors and shared myths of side effects. Some of this rumors are perceived as 'men who use contraceptives such as vasectomy are as good as castrated' and also they perceive that the use of condoms does not allow them have sexual satisfaction and natural feelings and hence does not reach orgasm. According to a study carried out by Family Health International 360 (2012) in India and Nepal, majority of them refuse taking up vasectomy due to misinformation and myths about sexual inactivity and impotence. More so, they feel that contraceptives like condoms are used to prevent HIV/AIDS and other STDS/STIS, therefore, it is not meant for married men, rather it is for younger unmarried men or for extra marital affairs.

**Access to family planning services coupled with its affordability:** This is also a barrier in the uptake of family planning and contraceptive usage by men. Olarewaju, (2009) stated that attention is minimally paid to family planning at individual, social and policy level due to poverty, poor access to family planning services, inadequate coordination of the programs and government's inability to create an enabling environment to educate men on need to involve in these programs and also accessible and reversible types of contraceptives for them. Heinemann (2005) in line with this idea asserted that males would utilize hormonal contraceptives if family planning programmers produce male contraceptives as injection or implant, this will cause males to show interest in the uptake of contraceptives. Additionally, if there are significant non-economic costs such as unnecessary medical



barriers, example, queuing to see a doctor instead of a nurse or other health practitioners who are trained to administer contraceptive services (Casterline & Sinding, 2000).

**Sex preference:** Having a particular sex of a baby in mind in the family is considered as a barrier in male involvement in family planning and contraceptive use. Most males perceive male children as a divine inheritance from the creator and also the pillar of the family when they passed away, and hence prefer male children to female children (Tamiso, et al 2016). This poses as a barrier in that such men may wish to have many children until their partner reproduce the number of the male child they desire, or end up having many partners to bear them male children if their existing partner is having only female children.

**Attitude:** The attitude males portray on the involvement in family planning and contraceptive use is vital in achieving family planning program success among couples. When these attitudes are negative, it becomes a challenge in achieving family planning success. Most male perceive family planning as a woman's affair hence they are of the notion that using contraceptives make women promiscuous (Blackstone & Iwelunmor, 2017).

**Uncontrolled sexual urge and emotions:** This is another barrier that may influence the level of male's involvement in family planning. Some men assume that they deny themselves real sexual pleasure in using contraceptives. This uncontrolled emotional discharge may lead to some men forcing their wives to have sexual intercourse, even when unprepared for it, and thereby disregarding family planning procedures at that moment (Kabagenyi, et al 2014). Also, males who desire large family size do not join their partner in controlling birth rate; rather, they initiate sex or force sex without dialogue or consent from/ with their partner (Daniel, et al 2016).

### Conclusion

Male involvement in contraceptive usage is an integral part in family planning programs hence it is vital for family health. Male involvement in Family Planning and contraceptive includes all practices they engage, in terms of support, approval, encouragement, and spousal communication. However, male contraceptive use prevalence in developing countries is low. The review shows that certain demographic factors were identified as major barriers to male involvement in family planning and contraceptive use. These include, age, level of education, cultural and religious beliefs, misinformation, access to FP services coupled with its affordability, sex preference, attitude and uncontrolled sexual urge and emotions. Future family planning programs should focus on mitigating major barriers to male involvement. Adequate counseling and enabling environment should also be considered to ensure male involvement in FP and contraceptive usage.

### Recommendation

Based on this paper review, the following are recommended as a way forward to male involvement in family planning and contraceptive use

- i. Health education campaigns to improve beliefs and attitudes of men towards males involving in family planning and contraceptive usage through social media, campaigns, seminars, conferences, etc are absolutely needed.
- ii. Partners and relevant stakeholders, and donors in FP programs should ensure and improve availability, accessibility and sustained advocacy for family planning and contraceptive usage among males.
- iii. Government, non-governmental organizations and stakeholders who are designing FP programs, projects and activities should make family planning programs couple based and not women centered. This will ensure that men support and encourage their partners.
- iv. Health education should be given paramount consideration and even made a compulsory course for all university undergraduates in Nigerian universities, and colleges of Education to improve early knowledge.
- v. The family planning programs should incorporate the responsibility and roles of males in the practice of Family planning service, and make available hormonal birth control pills and injectibles for easy use.
- vi. Religious and cultural institutions should help in teaching the need for male involvement in family planning and contraceptive usages in religious gatherings and community meetings to help debunk the myths that religion and culture do not allow contraception.



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