

TITLE PAGE

**THE ATTITUDE OF MEN TOWARDS FAMILY PLANNING. A CASE
STUDY OF SOKOTO NORTH LOCAL GOVERNMENT, SOKOTO STATE.**

BY

**BABA MUHAMMED
(ADM.NO: 0911203066)**

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APPROVAL PAGE

This project has been examined and approve as meeting the partial requirement for the award of Degree of Bachelor of Science in Sociology, Faculty of Social Science, Usmanu Danfodiyo University, Sokoto, Nigeria.

Dr. N.C. Okolo
Project supervisor

Date

Dr. T. M. Baba
Head of Department

Date

Examiner Supervisor

Date

DEDICATION

This project is dedicated to Allah (SWT) and the entire family of Alhaji
Baba Adama.

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ABSTRACT

This research work focused on the attitude of men towards family planning in Sokoto North Local Government, 50 questionnaire were designed and distributed among the target population in the study area multi-stage cluster sampling techniques was use to select 4 wards out of the entire ward of the study area which consist upon ended question various information gathered was presented in the table using frequency and percentage. The ended findings of this research shows that despite the high level of awareness and accessibility in family planning the inhabitant does not take up the enhance of using it due to influences of religion culture and tradition, lastly suggestion were made on how to convinces the inhabitants of the study area in the important of family planning as well as danger associated with lack of it.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The evolution of human societies in the past several decades has on one hand brought about considerable improvement in the level of living and the welfare of the population and has on the other hand created a considerable number of hardship and the problem which government are painfully attempting to alleviate (UN, 2010). Excessive population growth, in particular, has often been considered a major obstacle to rapid progress in economic development and hence to the betterment of people's living.

By January, 1982 the world population had passed 4.5 billion and hence marks optimistic projection by United Nation which place the figure at (9.1) billion by the end of 2050 over four-fifths of the population will inhabit the developing world and (90) percent of the increase will

occur in the third world nations. This view in turn raised great global concern especially in countries where population was deemed too high. Population policies to reduce fertility rates were formulated and family planning programmes have been regarded as the best means of achieving these goals.

Various attempts to encourage men in many societies to participate actively in family planning programmes have continued to receive low attention especially in developing countries, Nigeria inclusive, (United Nation, 1977). That in many cultural situations, the adoption of family planning is likely to be considered as a process of innovative behaviour. This means that the various cultural and religious beliefs as well as traditions are generally involved in shaping individual reproductive behaviour and family size norms. Isiugo, (2003) observed that, unlike women, Nigerian men desire more children and less likely to approve family limitation. This could be a function of the socio-cultural

norms that associate masculinity and social status with family size in most northern part of Nigeria. In this part of the country, the large family size idea is likely to encourage polygamy and early marriage which will make the family programmes difficult to gain approval among men in these societies.

In Nigerian societies, men constitute a larger percentage of policy makers, administrators, politicians etc. who take far-reaching decisions on family planning as a result of religious and socio-cultural beliefs prevailing in the country. They may have been influenced by their religious beliefs not to accept family planning. In most predominant Islamic societies, limitation as to the numbers of the children a particular couple should have is not spelt out, thereby encouraging the large family size as people tend to give birth to the children as many as they can. This particular phenomenon will probably influence the

attitude of men to desire large family size even though they cannot care for them.

Also, other factors that are likely to be associated with high population growth is socio-cultural values. In most South-eastern part of Nigeria, a family with the large number of children usually gets prestige for this achievement. The likely consequences of this action would encourage many men to reject family planning methods. The sex preference whereby male child is seen as more valuable than females is a common practice in virtually all Yoruba lands (UNFPA, 2010). In these societies, male child is considered the heir of the family through whom continuity of life in the family can be fulfilled. And this may influence the attitude of men to always want to have at least a male child. In this wise, it may be difficult for men to accept family planning methods and hence, the Nigerian society like many other African societies still finds itself in the doldrums of population explosion.

1.2 STATEMENT OF RESEARCH PROBLEM

In a personal interview with some members of the research area, it is crystal clear that the acceptance of family planning among men in Sokoto North Local Government area is low, which is greatly influenced by their existing religious and cultural values. The predominant religion in Sokoto North Local Government is Islam. However, this religion does not specifically state the number of children a couple can desire during their life time. This further ignore the belief that the provider who is capable of providing for their needs so as to cater for their children. This belief makes men from this area to desire family size. This particular attitude which is attributed to religion often leads to high fertility rates without a corresponding rate in the economic development in this area. The socio-cultural factor in this area also placed men more important than women. The men are seen as the heads of households and take most decisions about the number of children desired by their wives.

Because of the low status of women in Sokoto North, there is likelihood that contraceptive use will be determined by their husbands.

It may be pointed out further that both the religious and cultural norms existing in this local government may have a strong influence on the attitude of a man to adopt family planning. The cultural values such as polygamy and early marriage as well as male-child syndromes constitute a great set-back to the adoption of family planning in the research area. The high value placed on male-child than females among men is likely to make the family planning programme difficult to be practiced. The attitudes of men who tend to aim for the birth and survival of at least a son will probably leads to population growth especially where this becomes delayed.

1.3 RESEARCH QUESTIONS

Below are some of the questions the research work seeks to provide answers to:

1. What is the nature of men's attitudes towards family planning in Sokoto North Local Government Area?
2. What is the level of knowledge and information of family planning among men in Sokoto North Local Government Area?
3. What are the socio-cultural factors that are influencing their attitudes towards family planning?
4. What are the role of women in taking decision as to the number of the children they give birth to in this area?

1.4 AIM AND OBJECTIVES OF THE STUDY

The aim of this research is to examine vividly the attitude of men towards family planning in Sokoto North Local Government Area, while the objectives are:

1. To examine the nature of men attitude towards family planning in Sokoto North Local Government Area.

2. To examine the level of knowledge and information of family planning among men in Sokoto North Local Government Area
3. To examine the influence of socio-cultural factor on the attitude of men towards family planning in Sokoto North Local Government Area.
4. To examine the level of decision making of their wives towards family planning.

1.5 SIGNIFICANCE OF THE STUDY

Due to the population growth of the country, the Federal Government has formulated the national population policy, which recognizes men as an important group to be considered in population programmes and family planning. Therefore, the attitudes of men towards family panning in Sokoto North Local Government need to be further investigated since men make most contributions on family planning issues.

In order to design convenient service, provide contraceptive choice for men and promote image of men as role model who, cooperate with women in family planning, methods, then their attitudes needs to be examined. Therefore, this research will provide necessary information for the governmental and non-governmental agencies who are interested in the fertility control programme on how possible way to reduce the fertility rates in the country. Also, the men in this local government will be educated on the importance of family planning methods and need to participate actively on this programme. In the past, family planning programmes have majority focused attention on woman and ignored the roles of men who take decision on family issues.

1.6 SCOPE OF THE STUDY

This research work is on the attitudes of men towards family planning in Sokoto North Local Government Area. Therefore, this is aimed at examining the attitudes of men towards family, the major of

respond suggest of that FP could be promoted via campaigns to create awareness; sensitization activities for opinion/religious leaders, and, intensified media programs on FP. Other suggested activities were community activities through role plays and local dramas.

1.7 DEFINITION OF CONCEPTS

Family Planning:- is a way by which individuals couple and families exercise their basic right in family formation process. This is to improve their living standard, health and life expectancy by deciding freely, and responsibly on issues like when to start child bearing and to seek help for delayed child bearing choice, spacing, pregnancies and child birth appropriately, when to stop child bearing and regulating family sizes in relation to the available family resources. This however, is the control of fertility which can take the form of drugs, male/female condoms organ withdrawal method etc.

Furthermore, Osagbemi et al (1998) defined family planning implies the ability of individuals and couples attain the desire number of children and the spacing and timing of their birth. The benefit of family planning includes reduction in rapid population growth unwanted pregnancies and improve the standard of living a country's populace.

Contraceptive

A device or drugs intended to prevent and control conception. Family planning is defined as a means by which individual or couples space the process of conception pregnancy and child birth at interval mutually determined by the both husband and wife in order to have desired number of children that can conveniently cater for (Delano, 1990).

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews the work and related literatures on the topic under study. This chapter is divided into two sections, the first deals with the review of literature while the second takes care of the theoretical framework.

2.2 MEANING OF FAMILY PLANNING

According to Robert Adeyemo (1999), family planning means a voluntary decision by couple to have a specific number of children by means of spacing or complete stoppage of reproduction for the health, social or economic reasons, so to take adequately and conveniently care of the number of the children desired.

2.3 TYPES OF FAMILY PLANNING

The desire for a standard, healthy and high expectant living necessitates the adoption of family planning by individual couples and families in order to decide freely and responsively on issues like when to start a child-bearing and to seek help for delayed child bearing choice, spacing pregnancies and child birth appropriately, when to stop child bearing and regulating family sizes in relation to the available family resources.

However, below are few of the manifold types of family planning we have.

Natural Method of Family Planning

1. **Withdrawal Method:** This involves the withdrawing of the penis from the vagina when a man is about to ejaculate, so that the sperms are released outside.

2. **Abstaining from Sex:** This is very reliable method because sex is only performed when the desire for pregnancy is approved by both partners.
3. **Breastfeeding:** During breastfeeding, there is a delay in fertility of woman as she does not menstruate. This helps to prevent pregnancy.
4. **Basal Body Temperature:** During ovulation period, the body temperature of a woman rises above normal when she is on her ovulation period and must not have sex at that period.
5. **Calendar or Rhythm:** This involves the use of calendar. This method is used to predict the ovulation period of a woman based on the duration of previous menstrual cycles and stop having sex seven days before and after ovulation
6. **Cervical Mucus Billing Ovulation:** When an ovulation is about to occur, the cervical glands are stimulated to produce or thick and

colourful mucus which could be observed on a tissue paper or on woman pant.

Modern Method of Family Planning

1. **Hormonal Method (Family Planning Pills):** This involves the use of contraceptive pills by women. A doctor must be consulted to recommend the particular type of pills suitable for her body. One pill is taken everyday for 21 days so as to allow menstruation occur. This pill prevents the releases of egg (ovulation) from the ovary. This method is reliable but it is safer for men to use spermicidal cream in addition.
2. **Injectable Hormonal Drugs:** This involves injecting a hormone called progesterone into the woman's body. It prevents ovulation. It

lasts for two to three months in the body and it is repeated unless pregnancy is desired. The most widely available preparation are;

a. Depo- Provera and Noristerat

b. Depo-Provera is given in 50mg intra muscularly, three months, Noristerat is given 200mg two months

3. **Norethiasterone:** This drug is imparted subdermaly (under the skin) into the arm to prevent pregnancy, it lasts for 5 years. It could be removed whenever pregnancy is desired.
4. **Spermicidal Cream Foaming Tablets:**These creams or foaming tablet kill the sperm thereby preventing sperm from reaching the egg. A woman applies the cream or foaming tablet deep into her vagina before sex. This method is not very safe as not all sperms may be killed.

5. **Diaphragm:** This is a thin rounded rubber sheet before sexual intercourse. It is removed eight hours after sex. It is not very reliable as some sperm may escape into the vagina.

2.4 USES OF FAMILY PLANNING

The use of family planning cannot be overemphasized as it appeared in numerous. Some of these are;

1. Family planning helps reduce population growth: the rapid population growth which has several social, political and economic consequences can be reduced by adopting family planning.
2. It is also used to prevent unwanted pregnancies.

2.5 SOCIO-CULTURAL FACTORS INFLUENCING FAMILY PLANNING

According to Osagbemi et al (1988), family planning implies the ability of individual and couples to anticipate and attain the desire number of children and the spacing and timing of their birth. The benefit of family planning includes reduction in rapid population growth,

unwanted pregnancies and improve the standard of living of population in a country. Thus, it may be difficult in Sokoto North Local Government for men to anticipate a reasonable number of children due to likely correlation between their socio-cultural milieu and acceptance of family planning methods.

According to United Nations (1997), noted that in many cultural situations, the adoption of family planning may be considered a process of innovate behavior. Consequently, the various cultural and religious beliefs as well as traditions are generally involved in shaping individual reproductive behavior and family size determination. Those socio-cultural factors that may influence men's acceptance and use of modern family planning methods include preference for male children, lack of communication between couples, availability different methods of contraception, quality of services provider and their perception of the benefits of small family size.

According to Righeim (1993), has also noted that for the use of innovation such as family planning methods may be influenced by factors which include the activities of policy makers and administrators. Thus, if support for new methods of family planning proves to be gender dependent, the means to alter such as bias should be explored. For example, if family planning centers are frequently staffed by training and tradition to focus on female methods. The situation in the family planning centers is of variant with what operates of the policy level where most of the offices are occupied by men.

According to Isiugo-Abanihe (2003), observed that relative to men with no formal schooling, those with primary and secondary education are about two times more likely to want no more children, while men with tertiary education are nearly three times likely.

It could be also noted that men's age at marriage is inversely related to their wanting to more children, the older a man is when he

marries, the more likely he is to desire more children before he limits his family's size. The age of marriage may have strong association with desire of more children among men. United Nations (1998) noted that one of the fundamental socio-cultural factors impeding the acceptance of family planning in most developing countries are the low status of women and high value placed on male child than females. Thus, sexuality and fertility reflects the dominant male interest to the extent that they dedicate the sexual life of women and invoke various sanctions to have their way. This common low status of women encourages a larger family size because men see it as a sure proof of masculinity and sexual prowess.

Male Contraceptive Methods

Chambers dictionary defines contraceptive as a drug or device which prevent the conceiving of children. With the global concern and to reduce the fertility rates, many contraceptive options, contraceptive

methods which require direct involvement of men include condom, vasectomy and diaphragm have developed alongside the traditional methods of periodic abstinence and withdrawal.

Condom is like rubber sheath, made of latex rubber which usually put on the sex organ of the male to avoid sperm entry into the uterus opening of the female. It is the most widely use of modern method of fertility controlling many countries in the world (Miller et al, 1998). There are two different types of condoms, the female and male condoms. The male condom is used by men to place it over the penis before sexual intercourse so as not to allow the sperm entry into the uterus opening of the female.

Vasectomy on the other hand is the sterilization procedure for men, blocks small tube called the vasdeferens to prevent sperm from entering a man's semen.

According to Miller et al (1998) noted that vasectomy is a very safe and simple procedure and it is 99.9 percent effective in preventing pregnancies. Also, a new method has been introduced which is known as non-scrape techniques. This method does not require a surgical knife, it involves less pain and bruising, and has a shorter recovery time. After brief physical examination, a vasectomy needs only local anesthesia and takes 15 minutes or less.

There are other traditional methods of contraceptions. These include periodic abstinence and withdrawal methods. Periodic abstinence is the one of the oldest and most frequently practiced form of contraceptive. The most common and frequently used form of periodic abstinence is the calendar method that is avoiding sexual intercourse during the middle of menstrual cycle of a woman.

Withdrawal contraceptive method is also the oldest method of contraceptive known around the world. For this method to be successful,

the man must withdraw his penis from the woman's vaginal before ejaculation must occur completely away from the woman's vaginal and external genitals (Hatcher et al., 1992).

Use of Contraceptives

According to Abegunde (1999) observed that the prevalence of contraceptive use is dependent on both methods and human factors. acceptability which is a subjective ejaculation, because perception vary and so do they qualitative meanings attached to perception, makes it a given phenomenon taken on different values depending on the source, context and timing of the evaluation of acceptability. Policy makers and services providers have been known to determine acceptability since they control access to methods through policy decisions, availability of method and the physical location of services.

Population reports (1990), Kisekka (1991). It was indicated that condoms are typically associated with diminished sexual pleasure.

Identification of condom as a prophylactic against disease (Kirumira, 1991) may be viewed as drawback to use condom with his wife, since this may imply unfaithfulness on his part or offend the wife because of the association of condom use with prostitutes.

Sekkade-Kigondue et al (1991), Vasectomy in its own case, is associated with impotence and loss of fertility. Thus, safety and efficacy are determinants of acceptability and use of contraceptives. Men's lack of confidence in condom, withdrawal and periodic abstinence has affected their effectiveness. Indeed, these methods are also perceived as difficult to use. Cost is also known to be a factor, such that incentives and subsidies can help equalize the appeal of expensive and less costly methods.

In terms of human factor as it affects acceptance of contraceptive methods, the desire to want to avoid pregnancy is a major motivation but

where this motivation is weak, the acceptability and use of modern contraceptives have been seen to be low (Haw et al., 1992).

Potential User's lifestyle and stage of his productive life is another factor that influence contraceptive choice. Also, the method of delivery influences accessibility. For examples, a method that requires the services of a physician is clearly8 more expensive to deliver and therefore less accessible than a self-administered method. Also, the personal attitude and training of service providers may influence what they (service providers) consider to be acceptable methods and these may be passed on the clients. The resistance of physicians could interfere with attempts to improve awareness and use of male contraceptive methods. This was the case in D.R. Congo where 75 percent of clinicians interviewed believed that a couple should have an average of more than five children before they consider sterilization (Bartrond et al, 1990). Indeed, a particular method (vasectomy) may not be among the methods

mentioned in existence of family planning service delivery system. This was the case in Kenya where vasectomy was rarely among the methods offered by clinic personnel (R.Miller et al, 1991).

2.6 ROLE OF MEN IN FAMILY PLANNING

IsiagoAbenihe (2003), noted that the role of men in family planning has not always been recognized in the demographic literature. Consequently, all efforts to implement family planning programmes has focus primarily only women whereas men who are dominant decision making within the family, who gain socially and economically from having large numbers of children and whose reproductive preferences and motivation influenced their wives' attitudes towards family planning are often ignored.

According to Ezeh (1992) showed that women's reproductive preference and behavior are strongly influenced by their husband's reproduction motivation, and not vice-versa. Thus, this is a function of

both men's dominance and women dependency on their husbands. The men role in family planning concerning reproduction requires to be examined so as to address the problem of population pressure challenging human kinds all over the world.

Osagbemi et al (1999), noted that most of the national population activities have so far been mostly directed on the role of women in family planning and men who maintain dominant roles in family decisions family size determination and procreation are often neglected. Thus, there is therefore potential for an improvement on the current population dynamics if men are attracted and encouraged to take increasing interest in population programmes in Nigeria.

2.7 KNOWLEDGE, ATTITUDES AND USE OF FAMILY PLANNING METHODS AMONG MEN.

Isiugo-Abanihe (2003) noted that given the exalted position of men in the family, and as the main opinion leaders, their attitudes on family

planning may be important and far-reaching than those of their wives. Consequently, all efforts to influence the attitudes of men on family planning methods, and motivate them towards family planning, would greatly contribute to the acceptance of this family among men.

According to Osagbem (1998). He indicated that Nigeria traditionally, desire large family size. Thus, some ethnic groups, the mother who produces ten or more children acquires high status, the father who has many children is given a high social recognition even if he does not take care of them adequately. This phenomenon tends to have serious impact on disapproval of family planning methods among men.

Piotrow (1992), noted that because little had been done ktoo inform men about family planning methods, most of what they know about the subject was through their wives, girl friends and relatives. Consequently, some men may have serious misunderstanding about family planning methods, as a result of which they might have discouraged their wives

from using them. The foregoing underscore the need for more research to be focused on men, from which to gain a better understanding of men attitudes and motivation for high fertility, and to achieve better means and strategies for packaging programme efforts to enhance their acceptability in fertility control.

Pott (1992) was of the view that the role of men in family planning should not be looked out only8 from men not wanting to participate but from other external forces which prevent them from participating among which are the bottleneck from service providers, limited family planning methods and inadequate knowledge to work out appropriate family planning programmes for men.

Toure (1996) showed that men's lack of access to services has been a barrier to family use. Thus, men cannot share responsibility for reproductive health and family planning if services and information do not reach them. For example, most family planning clinics cater for

women, so men are uncomfortable about going to these clinics. This confirms the assumption that no matter how many men want to know about and utilize contraception, most family programmes have not yet given adequate attention to serving them.

Because of lack of communication, many women do not know what their husband think about family planning. Many women think that their husbands disapprove of family planning, when in fact the husband approve. In West Africa, three quarters of the men and women had not discussed family planning with their spouse. In East Africa, the figure is less than 40percent, except in Burundi and Tanzania (Ezeh et al, 1996).

In Burundi, 94percent of men approved of contraceptive use, but only 48 percent has discussed it with their wives in the preceding year. (population reports, 1994). According to a 1993 DHS survey, 45 percent of married women in Tanzania either did not know what their husbands

thought about family planning or thought their husbands disapproved of family planning, when in fact many of the husbands approved.

There is evidence, however, that men's attitudes towards family planning are changing in Nigeria, as in many countries and men now favour family planning for child spacing to enhance the health of mothers and children (McCarthy, 1991). Thus, the general believe that the men's attitudes towards family planning are changing in Nigeria could behold in suspect because the rate of fertility among the Nigerian societies including Sokoto North Local Government is varied which may be as result of the acceptance or non-acceptance of family planning methods among these socio-cultural groups in Nigeria.

Finally, Isiugo-Abanihe (2003) finds out that mostmen in Nigeria cities know about family planning, 90 percent reported being aware of modern contraceptive methods, and 62 percent approved of family planning. Consequently, there is an indication that there are some

cultural and religion affiliations that exist in different Nigerian societies which may either encourage or discourage

Finally, Isiugo-Abankike (2003) find out-that most men in Nigeria cities know about family planning, modern contraceptive method, and 62 percent approve of family planning consequently, then is an indication that there are some cultural and religion utilizations that exist in different Nigerian society which may either encourage or discourage the fertility control among the Nigeria men.

Therefore, the attitude of men towards family planning may be differed from society to society and hence, this research will focus primarily on men in Sokoto north local government, so as to examine the levels of their acceptance of family planning method and also to examine some sociocultural factors that are likely to influence their attitude of men towards family planning culture.

2.8 THEORETICAL FRAMEWORK

The theory use in explaining the problem under study is the ‘social power theory’ propounded by (Back man 1998).

The theory holds that the relative of spouse, reference and legitimate part of husband marital relationship may have serious impact on the reproductive decision making in the family.

Beckman agreed that once partners realize that they hold divergent opinions and positions on issues relating to fertility, each may try to convert the other to his/her view point. According to Beckman the outcome of conversion will depend upon on several factors among which are the relative power of the spouse; legitimacy (that is, norms or accepted behaviour race and reference (that is the desire to be similar to another person or group). Back man believes that among the couples, one or more of these forms of power may be operative in any situation and this determine at any particular period what decision is reached.

He holds that the husband may use his legitimate power to have his desired number of children by claiming that his request for specific number of children is a legitimate part of his marital relationship and thus influencing his wife's reproductive decision.

However, the attitudes of men towards family planning in Sokoto metropolis can be viewed which holds that the relative power of spouse reference and legitimate part of marital relationship have serious impact on the reproductive decisionmaking in the family attitude operates both through their comparative advantage in male selection and cultural norms, that subordinate women to men, the compelling sociological and institutional Nigeria men in matters affecting marital and family life (Isiugo-Abanine 2003).

In Nigerian societies including Sokoto north local government, men are seen as the custodian of the interest of their linkage protectors and

providers of their families, and they are the ones who make the majority of decisions pertaining family matters and the society at large.

Therefore, the relative power of men in Sokoto north local government is likely to be responsible for their attitude towards family planning methods.

Furthermore, this situation advantage of men of legitimate factors influence fertility decisions, as long as this situation remains the same, the matters on the issues of reproductive decision will be concerned of husband only and this could lead to low participation of men in family planning due to their comparative advantage over their wives.

Apart from this relative power of spouse, the reference factors also play key role in the family size determination as it is argued by Beckman, the desire to be similar to person or group greatly influence men attitude towards family planning in Sokoto north local government, for instance there are cultural practices where a family with the large family size is

given more social recognition and prestige which may encourage other couple to desire the large family size even though the means of sustaining them is not possible.

CHAPTER THREE

3.0 HISTORICAL BACKGROUND OF THE STUDY AREA AND RESEARCH METHODOLOGY

This chapter presents a brief history of the study area, sample and sampling technique, method of data collection as well as the method of data analysis, which the researcher follows in the process of conducting the research.

3.1 STUDY AREA

Sokoto North Local Government Area is situated at the northern part of Sokoto metropolis. It has a total population of (233,012), 1,241,134 for male and 108,878 females. (National Population Commission, 2006).

It shares borders with three local government areas, namely; Sokoto North, from South, Kware Local Government, and Wammako Local Government from the west.

The predominant ethnic groups are Hausa/Fulani, a few Yoruba, Igbo and other minority groups. The predominant religion is Islam with a few Christian residents.

Also, the predominant economic activities of the inhabitants of Sokoto North Local Government is agricultural production. They produce crops such as millet, guinea corn, rice, beans etc. They also engaged in livestock production and animal husbandry such as cattle rearing, camels, goats and sheep's production and few artisans.

3.2 RESEARCH DESIGN

For the purpose of this work a survey research design will be chosen to study the target population using random sampling. This is to discover

the relative incidence' distribution and interrelation of sociology and psychological variables concerning the attitude of men towards family planning.

3.3 POPULATION OF THE STUDY

The target population of the research work consists of married men between the ages of 18 to 60 and married women between the ages of 15 to 49. These categories of people may be capable of providing necessary information required for the study.

3.4 SAMPLE SIZE AND SAMPLING TECHNIQUES

The study adapts multi-stage cluster sampling technique, out of the eleven (11) wards in Sokoto North Local Government, namely;

1. Sarkin Musulumi A
2. Sarkin Musulumi B
3. Waziri A

4. Waziri B
5. Magajin Rafi A
6. Magaji Rafi B word
7. Sarkin Adar
8. Sarkin Adar
9. GidanIgwai
10. Waziri (C)
11. Gandu ward

Four (4) wards are selected using simple random sampling techniques. They include Sarkin Musulumin A, Waziri B, Sarkin Adar, GidaIgwai, from each of the selected wards two (2) clusters were selected using simple random. Thus making a total of eight (8) locality. From each selected locality, two (2) streets were selected making a total of sixteen.

Also, from each of selected wards, fifteen (15) household were selected randomly, from which the 50 respondents are drawn.

3.5 SOURCES OF DATA

For the purpose of this research, both primary and secondary data are used. The use of questionnaires in getting responses from sampled population constitutes the primary source while already gathered information and facts from textbooks, journals, internet, paper presentations, newspapers, magazines, religious scriptures and all other past literatures on the subject topic form the secondary source.

3.6 METHOD OF DATA COLLECTION

The study used questionnaire as a means of data collection which consists of male open-ended questions. Fifty questionnaires were administered during the course of data collection. Fifty are administered to male. Some of the questionnaires will be administered to the respondents with the guidance of the research assistance or researcher

those respondents who can neither read nor write in the process of filling the questionnaires. In the language the best understand.

3.7 METHOD OF DATA ANALYSIS

The information gathered from the respondents will be analysed using qualitative analysis method, by specifically presenting them in a table form using frequencies and percentages as well as Statistical Package for Social Sciences (SPSS).

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF DATA

4.0 INTRODUCTION

The aim of this chapter is to discuss and analyse the data gotten from the field of the study. The questionnaire was employed to collect data.

A total of fifty (50) questionnaires were distributed to the respondents to seek knowledge about the attitudes of men towards family planning in Sokoto North Local Government area of Sokoto State.

The data collected from the questionnaire was analysed and interpreted in this chapter. The chapter was divided into two sections, the respondent's socio-demographic characteristics and the discussion of findings.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Data collected on the socio-demographic profile of the respondents reveals that all the respondents 50 (100%) are males.

TABLE 4.1.1: DISTRIBUTION OF RESPONDENTS BASED ON AGE

Age	Frequency	Percentage (%)
19-25	10	20.0
26-30	12	24.0
31-35	20	40.0
36 and above	8	16.0
Total	50	100.0

Source: field survey, 2014

The age range of respondents was between 19 years and above with majority falling between 26 - 30 years and 36 and above. The age distribution shows that nearly all the respondents are within the most

active reproductive and occupational groups. These are more likely to provide information that represent the current attitudes of men towards family planning. They also have a lot of role to play in the family both socially and economically in terms of support.

TABLE 4.1.2: DISTRIBUTION OF RESPONDENTS BASED ON RELIGION

Religion	Frequency	Percentage %
Islam	30	60.0
Christianity	15	30.0
Traditional	5	10.0
Total	50	100.0

Source: field survey, 2014

Table 4.1.2 shows that 30 (60%) of the respondents are Muslims, while 15(10%) are Christians and 5 (10%) professed traditional religion. It is clear that majority of the respondents are Muslims. This is likely because

of the research area which majority of the people are predominantly Muslims.

TABLE 4.1.3: DISTRIBUTION OF RESPONDENTS BASED ON MARITAL STATUS

Marital status	Frequency	Percentage %
Single	10	20.0
Married	32	64.0
divorced	8	16.0
total	50	100.0

Source: field survey, 2014

Table 4.1,3 shows that 32 (64%) of the respondents are currently married while 10(20%) are not and 8 (16%) are divorced. This is an indication that almost all respondents are sexually active and at least have a role to play in family planning.

TABLE 4.1.4: DISTRIBUTION OF RESPONDENTS BASED ON EDUCATIONAL STATUS

Educational Status	frequency	Percentage %
No formal education	10	20.0
Primary School	10	20.0
Secondary School		20.0
Tertiary School	10	40.0
	20	
Total	50	100.0

Source: field survey, 2014

Table 4.1.4 shows that 10 (20%) of the respondents had one form secondary to tertiary school, 28 (28%) had no formal education.

TABLE 4.1.5: DISTRIBUTION OF RESPONDENTS BASED ON OCCUPATION

Occupation	Frequency	Percentage %
Students	10	20.0
Civil Servants	20	40.0
Farmers	8	16.0
Self employed	12	24.0
Total	50	100.0

Source: field survey, 2014

Table 4.1.5 shows that 20 (40%) of the respondents are Civil Servants, 12 (29%) are self-employed, 10 (20%) are students and 8 (16%) are farmers. there is usually an overlap in the occupation of people based on the variables. many of the people who are farmers may claim that they are self-employed.

TABLE 4.1.6: DISTRIBUTION OF RESPONDENTS BASED ON ETHNICITY

Ethnicity	Frequency	Percentage %
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Hausa	30	60.0
Ibo	10	20.0
Yoruba	8	16.0
others	12	24.0
Total	50	100.0

Source: field survey, 2014

Table 4.1.6 displays the distribution of the respondents based on ethnic affiliation, from the finding, 30(60%) of the respondents are Hausa ethnic group, 10 (20%) are Ibo, 8(16%) are Yoruba and remaining other ethnic groups such as Idoma, Igala and Ibira constituted a total of 12 (24%). Thus, this due to the fact that the dominant ethnic group in this research area are the Hausa ethnic group. Also, the ethnicity may appear to be a significant determinant of current family size, as well as desired and ideal family size.

4.2 MAJOR FINDINGS

Table 4.2.1: distribution of respondents based on the awareness

Awareness of family planning method	Frequency	Percentage %
Yes	30	60.0
No	20	40.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.1 shows that 30 (60%) of the respondents were aware of family planning methods while 20 (40%) were not. Thus, this is an indication that there is need to create more awareness for men. This can be done through mass media and other sources of information on family planning.

TABLE 4.2.2: DISTRIBUTION OF RESPONDENTS BASED ON THE SOURCES OF INFORMATION FOR FAMILY PLANNING METHOD.

Source of information	Frequency	Percentage %
Medical personnel	21	42.0
Mass Media	12	24.0
Friends/Relatives	8	16.0
N/R	9	18
Total	50	100.0

Source: field survey, 2014

Table 4.2.2 shows that 21 (42%) of respondents got their source of information about family planning methods from the medical personnel, 12 (24%) obtained information from the mass media and 8 (16%) indicated that the information were from their friends and relatives. About 9 (18%) did not respond. Thus, majority of respondents had been espoused to different source of information on family planning methods.

Therefore, this is an indication that through accurate sources of information, the acceptance rate will be improved.

TABLE 4.2.3: DISTRIBUTION OF RESPONDENTS BASED ON THE TYPE OF CONTRACEPTIVE USE

Types of contraceptive	Frequency	Percentage %
Condom	16	32.0
Withdrawal methods	8	16.0
Periodic abstinence	6	12.0
Oral Spill	3	6.0
N/R	10	20.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.3 shows that 16(32%) of respondents used condom, 8(16%) used withdrawal methods, 6 (12%) used periodic abstinence methods and 3 (3%) used oral pill. About 10 (20%) did not respond. Thus, majority of the respondents use condom. This suggests that condom is an important means of family planning in this research area compared to other methods of family planning. Also, easy access to condoms could be responsible for wide spread of its among men unlike other methods.

TABLE 4.2.4: DISTRIBUTION OF RESPONDENTS BASED ON THE NUMBER OF VISIT FAMILY PLANNING CLINIC

Source of information	Frequency	Percentage %
More often	13	26.0
Less often	30	60.0
N/R	7	14.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.4 shows that 30(60%) of respondents visit family planning clinic less often and 13 (26%) visit family planning clinic more often. About 7 (14%) did not respond. This is an indication that there is low desire among men to visit family planning clinic. This may likely be that policy makers on family and reproductive health care are silence about the role of men in family planning programmes.

TABLE 4.2.5: DISTRIBUTION OF RESPONDENTS BASED ON THE MEANING OF FAMILY PLANNING

Meaning of family planning	Frequency	Percentage %
As the way of reducing number of children	35	70.0
Method of child sparing	15	30.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.5 shows that 35 (70%) of respondents defined family planning as way of reducing number of children, while 15 (30%) on the other hand said, family planning is a method of child-spacing. This is an indication that the majority of the respondents understood the meaning of family planning.

TABLE 4.2.6: DISTRIBUTION OF RESPONDENTS BASED ON THE USE OF CONTRACEPTIVE TO PLAN FAMILY

The use of contraceptive	Frequency	Percentage %
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Yes	32	64.0
No	18	36.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.6 shows that 32(64%) of respondents used contraceptive to plan their family while 18 (36%) said they have never used it. This implies that majority of the respondents use contraceptives to plan their family.

TABLE 4.2.7: DISTRIBUTION OF RESPONDENTS WHY CONTRACEPTIVE NOT USED

Reasons for not using contraceptive	Frequency	Percentage %
Religious belief	35	70.0
Economic status	10	20.0
N/R	5	10.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.7 shows that 35 (70%) of respondents revealed that contraceptive methods was not used due to their religious beliefs while 10 (20%) attributed it to their economic status. About 5 (10%) did not respond. This however, suggests that religion plays an important role on the use of contraceptive methods. Thus, if the religion supports the culture of large family size then there is likelihood that men will have negative attitudes towards family planning.

TABLE 4.2.8: DISTRIBUTION OF RESPONDENTS BASED ON THE NUMBER OF CHILDREN DESIRED

Number of children desired	Frequency	Percentage %
Large family size	28	56.0
Small family size	20	40
N/R	2	4.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.8 shows that 28(56%) of respondents wanted large family size while 20 (40%) encouraged smaller family size. A total of 2(4%) did not respond. This is an indication that traditionally, men desire large family size for social recognition and prestige. Thus, this phenomenon tends to have serious impact on disapproval of family planning among men.

TABLE 4.2.9: DISTRIBUTION OF RESPONDENTS BASED ON THE NUMBER OF WIFE/WIVES

Number of wife/wives	Frequency	Percentage %
One	28	56.0
Two	8	10.0
More	5	18.0
N/R	9	30.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.9 shows that 28 (56%) of respondents are married to only wife, 8(30%) have two wives and 5(10%) more than two wives. A total of 9 (18%) did not respond.

TABLE 4.2.10: DISTRIBUTION OF RESPONDENTS BASED ON THE SEX PREFERENCE

Sex preference	Frequency	Percentage %
Son	25	50.0
Daughter	15	30.0
Any one	10	20.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.10 shows that 25 (50%) of respondents would prefer the male children, 15 (30%) want female children, and 10 (20%) indicated anyone. This suggests that male children are preferred among the

respondents than female children. This is commonly believed that at least a male child is needed to ensure lineage continuation.

TABLE 4.2.11: DISTRIBUTION OF RESPONDENTS BASED ON DURATION OF CHILD'S SPACING

Sex preference	Frequency	Percentage %
1-2 years	33	66.0
3 years and above	17	34.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.11 shows that 33(66%) of respondents maintained 1 - 2 years between birth of their children while 17 (34%) maintained up to 3 years and above. This indicates that majority of the respondents spaced their children between 1-2 years.

TABLE 4.2.12: DISTRIBUTION OF RESPONDENTS BASED ON WHO DECIDES THE NUMBER OF CHILDREN TO HAVE

Sex preference	Frequency	Percentage %
Husband	25	50.0
Wife	10	20.0
Both	15.	30.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.12 shows that 25 (50%) of the respondents said husbands take decision on the number of children to have, 10 (20%) said wives make decision on the number of children to have and 15 (30%) were of the view that both of them are responsible for taking decision on the number of children to have, majority of the respondents consisting half of the respondents say they as husbands decides on how many children to have.

This implies that there is still male dominance on reproductive decisions in the study area.

TABLE 4.2.13: DISTRIBUTION OF RESPONDENTS BASED ON MEASURES TO TAKE TO ENCOURAGE MEN PARTICIPATION IN FAMILY PLANNING

Measures to take	Frequency	Percentage %
Public awareness campaign	30	60.0
Government support	20	40.0
Total	50	100.0

Source: field survey, 2014

Table 4.2.13 shows respondents suggestions on the measures to be taken to encourage men to participate in family planning 30(60%) of them were of the view that public awareness campaign should be focused on them while 20 (40%) advocated for the government support to enhance the participation of men in family planning programmes.

ANALYSIS AND INTERPRETATION

DISTRIBUTION OF RESPONDENTS BASED ON AGE

Age

	Observed N	Expected N	Residual
35 and above	8	12.5	-4.5
19-25	10	12.5	-2.5
26-30	12	12.5	-.5
31-35	20	12.5	7.5
Total	50		

SPSS

Test statistics:

$\chi^2 = 6.640$ (Equivalent to significant of 0.084) which is greater than level of sig. (0.05), therefore we conclude that there is no significant difference on respondents based on age.

DISTRIBUTION OF RESPONDENTS BASED ON RELIGION

Religion

	Observed N	Expected N	Residu al
traditio nal	5	16.7	-11.7
christia nity	15	16.7	-1.7
islam	30	16.7	13.3
Total	50		

SPSS

Test statistics:

$\chi^2 = 19.0$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is significant difference on respondents based on religion.

DISTRIBUTION OF RESPONDENTS BASED ON MARITAL STATUS

Marital status

	Observed N	Expected N	Residual
divorce	8	16.7	-8.7
single	10	16.7	-6.7
married	32	16.7	15.3
Total	50		

SPSS

$\chi^2 = 21.280$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is significant difference on respondents based on marital status.

DISTRIBUTION OF RESPONDENTS BASED ON EDUCATIONAL STATUS

Educational status

	Observed N	Expected N	Residual
primary school	10	12.5	-2.5
no formal education	10	12.5	-2.5
secondary school	10	12.5	-2.5
tertiary school	20	12.5	7.5
Total	50		

SPSS

$\chi^2 = 6.000$ (Equivalent to significant of 0.112) which is greater than level of sig. (0.05), therefore we conclude that there is no significant difference on respondents based on educational status.

DISTRIBUTION OF RESPONDENTS BASED ON OCCUPATION

occupation

	Observed N	Expected N	Residual
farmers	8	12.5	-4.5
Students	10	12.5	-2.5

self employed	12	12.5	-.5
Civil servants	20	12.5	7.5
Total	50		

SPSS

$\chi^2 = 6.640$ (Equivalent to significant of 0.084) which is greater than level of sig. (0.05), therefore we conclude that there is no significant difference on respondents based on occupation.

DISTRIBUTION OF RESPONDENTS BASED ON ETHNICITY

Ethnicity			
	Observed N	Expected N	Residual
Yoruba	8	15.0	-7.0
Ibo	10	15.0	-5.0
Other	12	15.0	-3.0
Hausa	20	15.0	15.0
Total	50		

SPSS

$\chi^2 = 20.533$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on ethnicity.

DISTRIBUTION OF RESPONDENTS BASED ON AWARENESS

Awareness

	Observed N	Expected N	Residual
no	20	25.0	-5.0
yes	30	25.0	5.0
Total	50		

SPSS

$\chi^2 = 2.000$ (Equivalent to significant of 0.157) which is greater than level of sig. (0.05), therefore we conclude that there is no significant difference on respondents based on awareness.

DISTRIBUTION OF RESPONDENTS BASED ON SOURCE OF INFORMATION

source of information

	Observed N	Expected N	Residual
friends	8	12.5	-4.5
N/R	9	12.5	-3.5
Mass media	12	12.5	-.5
medical personnel	21	12.5	8.5
Total	50		

SPSS

$\chi^2 = 8.400$ (Equivalent to significant of 0.038) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on source of information.

DISTRIBUTION OF RESPONDENTS BASED ON THE TYPES OF CONTRACEPTIVE

The types of contraceptive

	Observed N	Expected N	Residual
oral pill	3	8.6	-5.6
periodic abstinence	6	8.6	-2.6
withdrawal method	8	8.6	-.6
N/R	10	8.6	1.4
Condom	16	8.6	7.4
Total	50		

SPSS

$\chi^2 = 11.070$ (Equivalent to significant of 0.026) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on the types of contraceptive use.

DISTRIBUTION OF RESPONDENTS BASED ON THE NUMBER OF VISITS TO FAMILY PLANNING CLINIC

The number of visits to family planning clinic

	Observed N	Expected N	Residual
N/R	7	16.7	-9.7
More often	13	16.7	-3.7
less often	30	16.7	13.3
Total	50		

SPSS

$\chi^2 = 17.080$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on the number of visits to family planning clinic.

DISTRIBUTION OF RESPONDENTS BASED ON THE MEANING OF FAMILY PLANNING

Meaning of family planning

	Observed N	Expected N	Residual
method of child	15	25.0	-10.0

no of children	35	25.0	10.0
Total	50		

SPSS

$\chi^2 = 8.000$ (Equivalent to significant of 0.005) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on the meaning of family planning.

DISTRIBUTION OF RESPONDENTS BASED ON THE USE OF CONTRACEPTIVE

The use of contraceptive

	Observed N	Expected N	Residual
No	18	25.0	-7.0
Yes	32	25.0	7.0
Total	50		

SPSS

$\chi^2 = 3.920$ (Equivalent to significant of 0.048) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on the use of contraceptive.

DISTRIBUTION OF RESPONDENTS BASED ON CONTRACEPTIVE NOT USED

contraceptive not used

	Observed N	Expected N	Residual
N/R	5	16.7	-11.7
economics status	10	16.7	-6.7
religious belief	35	16.7	18.3
Total	50		

SPSS

$\chi^2 = 31.000$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on the contraceptive not used.

DISTRIBUTION OF RESPONDENTS BASED ON CONTRACEPTIVE NOT USED

Children desired

	Observed N	Expected N	Residual
N/R	2	16.7	-14.7
small	20	16.7	3.3
large	28	16.7	11.3
Total	50		

SPSS

$\chi^2 = 21.280$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on children desired.

DISTRIBUTION OF RESPONDENTS BASED ON WIFE/WIVES

Wife/wives

	Observed N	Expected N	Residual
More	5	12.5	-7.5
Two	8	12.5	-4.5
N/R	9	12.5	-3.5
One	28	12.5	15.5
Total	50		

SPSS

$\chi^2 = 26.320$ (Equivalent to significant of 0.000) which is less than level of sig. (0.05), therefore we conclude that there is a significant difference on respondents based on wife/wives.

DISTRIBUTION OF RESPONDENTS BASED ON PREFERENCE

Preference

	Observed N	Expected N	Residual
Any more	10	16.7	-6.7

Daughter	15	16.7	-1.7
Son	25	16.7	8.3
Total	50		

SPSS

$\chi^2 = 7.000$ (Equivalent to significant of 0.030) which is less than level of sig. (0.05), therefore we conclude that there is a significance difference on respondents based on preference.

DISTRIBUTION OF RESPONDENTS BASED ON DURATION OF CHILD'S SPACING

Duration of child's spacing

	Observed N	Expected N	Residual
3 years and above	17	25.0	-8.0
1-2 years	33	25.0	8.0
Total	50		

SPSS

$\chi^2 = 5.120$ (Equivalent to significant of 0.024) which is less than level of sig. (0.05), therefore we conclude that there is a significance difference on respondents based on child's spacing.

DISTRIBUTION OF RESPONDENTS BASED ON WHO DECIDES THE NUMBER OF CHILDREN TO HAVE

Who decides the number of children to have

	Observed N	Expected N	Residual
Wife	10	16.7	-6.7
Both	15	16.7	-1.7
Husband	25	16.7	8.3
Total	50		

SPSS

$\chi^2 = 7.000$ (Equivalent to significant of 0.030) which is less than level of sig. (0.05), therefore we conclude that there is a significance difference on respondents based on Who decides the number of children to have.

**DISTRIBUTION OF RESPONDENTS BASED ON MEASURES TO TAKE
TO ENCOURAGE MEN PARTICIPATION IN FAMILY PLANNING**

Measures to take to encourage men participation in family planning

	Observed N	Expected N	Residual
Government support	20	25.0	-5.0
public awareness	30	25.0	5.0
Total	50		

SPSS

$\chi^2 = 2.000$ (Equivalent to significant of 0.157) which is greater than level of sig. (0.05), therefore we conclude that there is no significance difference on respondents based on measures to take to encourage men participation in family planning .

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 SUMMARY OF FINDINGS:

The research attempted to find out the attitudes of men towards family planning. The research was target on male only who were above the age of 19 years and reside in Sokoto North Local Government of Sokoto State.

Analysis of data and interpretation on socio-demographic profile of the respondents indicated that all of them are males who constituted

(100%), majority (80%) of the respondents were within the age of 26 years and above. Majority of the respondents (64%) were married at the time this research was being conducted and majority of them (40%) were Civil Servants and other categories were engaged in informal type of occupation such as Carpenter, Barbers and Painters. On the respondents educational status, majority (80%) of them had formal education.

With regards to the religion of respondents (60%) of them professed Islam and majority were Hausa ethnic group. Concerning the awareness of the family planning methods (60%) of them were aware of the methods and (20%) never use contraceptive to plan their family.

About (42%) had obtained the information on family planning from the medical personnel. Also, (60%) of them had visited the family planning clinic less often. An overwhelming majority (70%) of respondents defined family planning as way of reducing number of children.

Regarding the number of children they should have, majority of (56%) desired the large family size and (56%) of them were married to only one wife. An overwhelming majority (66%) maintained 1-2 years between births of their children.

More so, about (50% of respondents would prefer the male children and an overwhelming majority (36%) of them said that they did not use contraceptive to plan their family because of religious beliefs and practices.

As regards decision-making on the family size, (50%) of respondents indicated that men were responsible for the number of children to have in the family, and (60%) of them believed that public awareness campaign is suitable as a necessary measure to encourage men participate in family planning programmes.

5.1 CONCLUSIONS

The first objective of this research was to give a detailed analysis of the nature of men attitudes towards family planning. This study shows that majority of respondents were aware of family planning but there is low acceptance rate among them. This study also reveals that majority of them desired large family size and agreed that decision on number of children to have was solely the responsibility of men.

With respect to contraceptive use, a strong indication is provided by this study on the need for family planning programme to adopt a holistic approach as much as possible. There is likely that if family planning methods are to be made available to them, the acceptance rate of it will likely be higher than the present situation.

Also, men who discussed family planning with their wives or those who desire no more children, are more likely to be currently using the contraceptive to plan their family. Thus, this suggests that men who are strongly motivated to reduce their family size do not always wait for their

wives to be the ones to initiate it. This view was supported by Isiugo-Abanihe (2003) who stated that men who believe the popular saying, which encourages quality rather than quantity of children, are more likely to have positive understanding of family planning methods and men know or support the population policy of four children per woman are more likely to have used contraceptives to plan their family.

The second objective of this study was to ascertain the level of knowledge and information of family planning among men. The study reveals that the level of exposure or access to medical personnel and mass media was higher among the majority of them on the issues of family planning. These medical personnel and mass media are important sources of information dissemination on family planning and reproductive health issues. Therefore, those with deeper or more accurate knowledge of methods are most likely to be favourably disposed towards family planning methods. Thus, as far as contraceptive methods are concerned,

hearing' about a method is probably not enough; having accurate information on how the method works, how to use it, and the possible side effects are essential based on how men perceived family planning methods.

The study reveals also that the condom is clearly the most commonly used, having been over used by (58%) of respondents compared with other methods. However, the other methods may require active male involvement or cooperation. The higher condom used reported in this study can be explained by at least two factors, first, it could be that men report condom use more accurately than women, the device being primary a male method and secondly it is possible that some men may have reported premarital or extra marital use. The study also identified that the majority of respondents had visited family planning clinic less often. This indicates that men can not share responsibility for reproductive health and family planning if services carter for women only.

The third objective of this research was to have an understanding of the socio-cultural factors that influencing the attitudes of men towards family planning. It was revealed from the findings that there is positive relationship between socio-cultural beliefs and attitudes of men towards family planning. The study identified that respondents' religion, sex preference and desire o have large family size influenced their attitudes towards family planning programme. This phenomenon promotes negative attitudes towards family planning.

5.2 RECOMMENDATIONS

This study has made it necessary at this point to make recommendations through which the attitudes of men towards family planning can be further enhanced so that perceptions resulting from the cultural and religious beliefs and practices could be changed.

1. Since it is clear from the findings that attitudes of men towards family planning are not independent of both the cultural and religious beliefs and practices. Therefore, there is the need to design programmes to foster more responsible behaviour among men in family life decision-making. The main objective will be to reduce male preference for a large family size, with the inculcation of high aspiration for children, and to decrease male opposition to the use of family planning by their wives and also by they themselves.
2. There should be increasing male awareness of micro and macro advantages of lower fertility, the benefits of family planning, and knowledge about types and availability of methods and also to increase the use of contraceptives among couples, and to dispel rumours or misconceptions about specific contraceptive methods.

3. Also, there is need to propagate the importance of family planning through advocacy programme with community and opinion leaders, religious leaders, and other important agents of change.
4. Men should be encouraged to have discussions with the wives as regards family planning and this could be achieved through enlightenment campaign.
5. Policy makers should always involve men in all family planning programmes which will improve the level of awareness on the part of the men as some men see family planning programme as strictly women's business alone.

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QUESTIONNAIRE SCHEDULE

Dear respondents

I am a final year students of sociology department Usmanu Danfodiyo University, Sokoto carrying out a research on the **ATTITUDE OF MEN**

TOWARD FAMILY PLANNING IN SOKOTO NORTH LOCAL GOVERNMENT AREA, SOKOTO STATE. It is part of the fulfillment for

the award of B.Sc degree in sociology, this a purely an academic work and all responses will be treated as confidential

For each question provided, please tick () or fill in the space provided for each question.

Yours faithfully

BABA MUHAMMED

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Age
 - a. 19-24 ()
 - b. 26-30 ()
 - c. 31-35 ()

d. 36-40 ()

e. 41 and above ()

2. Religion:

(a). Islam ()

(b) Christianity ()

© Traditional ()

3. Marital Status

a. single ()

b. married ()

c. divorced ()

d. other specify

4. Highest Educational Attainment:

a. No formal education ()

b. Primary School ()

c. Secondary School ()

d. Tertiary School ()

5. Occupation:

a. Student ()

b. Civil Servant ()

c. Farmer ()

d. Self-Employed ()

6. Ethnic group:

a. Hausa ()

b. Ibo ()

c. Yoruba ()

d. Others Specify

SECTION B; KNOWLEDGE AND INFORMATION OF FAMILY PLANNING AMONG MEN

7. Are you aware of any family planning methods?

a. Yes ()

b. No ()

8. If yes, where did you obtain information about family planning?

a. Radio ()

b. Television ()

c. Medical Personnel ()

d. Others specify

9. Which of the contraceptive methods do you use?

(a) Condoms ()

(b) Withdraw method ()

(c) Abstaining from sex ()

(d) Calendar or Rhythm ()

10. How often do you visit family planning clinic?

A. Frequently ()

b. Occasionally ()

SECTION C: NATURE OF MEN'S ATTITUDES TOWARDS FAMILY PLANNING?

11. If yes, what does family planning means to you:

12. Have you been using contraceptive to plan your family?

a. Yes ()

b. No ()

13. If no, Why:.....

14. What do you think is the best or ideal number of children for a family like yours?.....

SECTION D: SOCIO-CULTURAL AND ATTITUDES OF MEN TOWARDS FAMILY PLANNING

15. How many wife/wives do you have now?

- a. One ()
- b. Two ()
- c. More than two ()

16. Between a son and daughter, who do you prefer mostly?

- a. Son ()
- b. Daughter ()
- c. Any one ()

17. What do you think is position of your religion about the large family size?

- a. Approve ()
- b. Disapprove ()

18. What is the minimum number of years between every birth of your children?.....

19. Who decided the number of children to have?

- a. Husband ()
- b. Wife ()
- c. Both ()

20. What measures can be taken to make sure family planning is acceptable to married men?

1.....

2