Macrothink Institute™

International Journal of Learning & Development
ISSN 2164-4063
2013, Vol. 3, No. 1

Family Planning Behaviours and Decision-Making among Couples in Cross River State, Nigeria

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Accepted: December 24, 2012 Published: January 26, 2013

Doi:10.5296/ijld.v3i1.3146 URL: http://dx.doi.org/10.5296/ijld.v3i1.3146

ABSTRACT: This study was carried out to investigate family planning behaviours and decision-making among couples in Cross River State, Nigeria. The study employed the survey method and questionnaire were admitted to respondents. A combination of stratified, multi-stage and systematic sampling techniques were used to select a sample size of eight hundred and sixty respondents (men and women of reproductive ages) used for the study. Related literatures were reviewed and primary data constituted the inputs used for the analysis of data and test of hypotheses formulated. Frequency distribution tables, simple percentages, pearson's product moment correlation coefficient and analysis of variance were used. The findings show that spousal communication and the involvement of men in family planning methods enhances the chances of fertility control and increases couples chances of happier life.

Keywords: Family Planning, Couples' Behaviour, Decision, Contraceptive.

1. Introduction

Family planning studies have identified a number of factors as significant variables in a couple's decision about family size (Meekers and Olddosu, 1996). The more common variables are degrees of communication between couples, a couple's educational level and whether they are resident in urban or rural are. While such factors are likely to influence family planning decisions universally, there are culture-specific factors such as adherence to traditional ideals like number of living children and male child preference, and expectations which, in the case of several African groups, may override the universal variables.

Traditional values feature prominently because the cultural valuation of children is evident in studies which vindicate that among Nigerians, "having fewer than five surviving children negatively affected the use of family planning methods" (Lawoyin et al, 2002). Such inverse relationship may derive from traditional valuation of children not only as economic and political assets, but as indicators of status relative to other members of a community. Traditionalism is further compounded by the perception of husbands who may see their wives

use of contraceptives as undermining their roles as household /heads or as likely to encourage promiscuity (Oni and McCarthy, 1991). In that respect, family planning decisions excludes the wife who not only succumbs to marital expectations, but also to communal ideas of valuation of child birth.

Canda, DeGuzman, Hisanan and Baking (2000) posited that researchers have shown that Filipino men greatly influence their wives decision to practice family planning and that, the husband's consent is crucial to their wife's use of a method. They further stated that, according to the 2003 Philippine National Demographic and Health Survey, some Filipino women cited husband's opposition to family planning practice as one of the reasons for not practicing family planning. In any disagreement over the number of children and timing of pregnancy, the husband's decision always override that of his wife. Females spouses are believed or expected to submit to their husband's decision regarding family planning matters to maintain marital harmony.

Targeting women with family planning programmes might have seemed pragmatic and cost-effective initially, but it failed to take into account the reality that men frequently hold the contraception decision-making power. According to Ringheim (1996), "ignoring the role that men play in this area may have contributed to the halt in the rise of contraceptives prevalence in some parts of the world, and has certainly led to a growing dissatisfaction among women about the disproportional burden they have to bear". Ringheim (1996) further noted that 'in its plan of action, the 1994 International Conference on Population and Development (ICPD) acknowledged that men had been bypassed by family planning programmes and needed to be reintegrated into sharing jointly the responsibility for contraception.

Ottong (1991) noted that the more dominant the position of male in the society, the higher the probability that the decision on the timing and number of children the couple will have remain the decision of the male (husband).

Djamba (1995) observed that "family planning programmes in Africa have traditionally concentrated on reaching women through the maternal and child health services". In spite of all the policies and programmes directed towards women, it has not had the expected success in increasing contraceptive prevalence and simultaneously reducing overall fertility in Africa.

2. Statement Of The Problem

The state of Nigeria population today is a matter of great concern to the general public. This concern arises from the population figure of 140 million people, growing at a rate of approximately 2.9 per cent per year (NPC, 2006) making her one of the countries with the fastest growing population in the world. NPC/FMOH (2004) reported that Nigeria adds about 3.5 million people to its population annually. If this growth rate is not checked, the population will double in about 24 years and this will have enormous implications on the economy and the overall development of the country. Today, family planning has been advocated as a control mechanism to regulate and control this rapid population growth. Regrettably, available researches on family planning programmes in Nigeria have traditionally focused on women over the years in order to raise contraceptive prevalence and reduce the level of fertility. According to Oni and McCarty (1991) in a study carried out among married women who were not using contraceptive method gave husbands' objection as the reason for non- use (p. 50).

Supporting this finding, Khan and Patel (2005) observed that studies in many developing countries have shown that men often dominate in taking important decisions in the family, including reproduction, family size and contraceptive use. This clearly explains that male involvement is important in adopting contraceptive, its effective usage and continuation by women. In Obudu and Calabar Municipality, though women are the best source of information in terms of actual fertility, men exert more proximate social and cultural influence on fertility

than women. The people of Obudu and Calabar Municipality are patriarchal and men dominate in taking important decisions in the family including reproduction, family size and contraceptives use. The need for increased male involvement and commitment to family planning is of crucial importance in curbing the persistence of high fertility in Obudu Local Government Area and Calabar Municipality, Cross River State and Nigeria in general.

3. Objectives of the Study

The general objective of the study is to understand the pattern and degree of couples' involvement in family planning decisions. The specific objectives are:

1. To examine if the level of education of men has any effect on the adoption of family planning.
2. To determine the relationship between effective spousal communication and family planning practice
3. To investigate the extent of the influence of locality of residence on family planning practice.
4. To examine the extent to which number of living children influence family planning practice.

4. Research Hypotheses

To achieve the stated objectives, the following null hypotheses are formulated to direct the study.

1. Educational level does not significantly influence the adoption of family planning.
2. Effective spousal communication does not significantly influence the adoption of family planning.
3. Number of living children does not significantly influence the adoption of family planning
4. The locality of residence has no significant influence on the adoption of family planning.
5. There is no significant relationship between male child preference and the adoption of family planning

5. Literature Review

Toure (1996) observed that, given the elevated position of men in African society, involving them and obtaining their support and commitment to family planning is of crucial importance in the African region. He stated that, most decisions that affect family life are made by men. According to the International Planned Parenthood Federation (1984) quoted in Toure (1996), the involvement of men in family planning would not only ease the responsibility borne by women in terms of decision-making for family planning matters, but would also accelerate the understanding and practice of family planning in general.

Partner support is a significant predictor of the likelihood that women will attempt to use a contraceptive method (Burwell, Hoover and Kouzis, 1996). Khan and Patel (2005) reported that husband-wife communication on contraception and their reproductive goals suggests and egalitarian relationship between husbands and wife. There are several studies, mostly carried out in 60's and 70's, revealing that couples who talk or discuss among themselves about the number of children they should have or the use of family planning, are more likely to use a contraceptive and achieve their reproductive goals than those who do not.

Tuloro, Deressa, Ali and Davey (2006) stated that discussion between couples on fertility issues is strongly associated with the use of contraceptives, indicating the importance of frequent discussions.

Spousal communication in family planning has been found to be a crucial step towards increasing men's participation in safe motherhood (Biddle, Casterline and Perez, 1997). In addition, Ogunjuyigbe (2002) also opined that inter-spousal communication in Nigeria is a likely factor in the adoption and sustained use of family planning since it allows couples to discuss and exchange information that may change strongly – held beliefs as well as enable them question each other on what may appear unclear.

Several studies have found a strong association between the literacy level of men and their attitude towards contraceptive use. Odumosu, Ajala, Nelson-Twakor and Alonge (2002) in a study on unmet need for contraception among married men in Urban Nigeria observed that men's education was negatively related to unmet need, but significantly for only secondary and tertiary education. Relative with men with no education, those with primary education are 72 per cent less likely, secondary and tertiary are 62 per cent each less likely to have unmet need for contraception. Employing education as an indicator of poverty, the study concluded that the poor are more likely to have unmet need for contraception.

Islam, Padmadas and Smith (2004) evaluated men's approval of family planning in Bangladesh and found out that age, education, access to television, inter-spousal communication, current use of family planning and the number of living children significantly influenced family approval among men as well as couples.

The population reports (1998) revealed that, in almost all countries, men with more schooling are more likely to approve of family planning. The influence of education is most striking in Cameroun, where only 20 per cent of men with no education approve of family planning, but 75 per cent of men with secondary or higher education approved.

Oyediran, Ishola and Feyisetan (2002), observed that education, place of residence, number of living children and being counseled for family planning were key factors in determining contraceptive knowledge and use among married men in Nigeria.

In Africa, the decision on the number of children that a couple will have is typically made by men. In Nigeria, there is a high value placed on children and hence the use of family planning methods is significantly determined by the number of living children of a couple. According to Musalia (2003), it is a taboo to be childless in many African cultures. The tragedy that befalls a childless couple is so great that any childless marriage will by and large fail. High fertility therefore enjoys community approval.

Khan and Patel (1997) in a study of male involvement in family planning in India, discovered that spousal communication on family planning in most cases takes place only after the birth of two or three children and is mostly initiated by husbands.

It was also posited that number of dead children was a factor related with contraceptive use. Contraceptive acceptance and continuation is negatively associated with the number of previous deaths of children. They discovered that senior women and women with five or more living children were more likely to have discussed family planning with their partners.

The practice of family planning depends on knowledge of methods and the places where they can be obtained. The place of residence can positively or negatively affect the practice of family planning. Urban residents are much more likely than rural residents to have heard of contraceptive methods. According to NPC (2000), 83 per cent of married urban women have heard of a method, compared with only 57 per cent of rural women. Varma and Rohini (2008) observed that women who approved of family planning and whose husbands also approved came from the urban areas than the rural areas.

In traditional African societies, children are highly priced especially sons. Any marriage without a son is considered a disaster. This is a sufficient reason for divorce or taking of another wife. This is the case in all patrilineal societies since inheritance is through the male. Studies have shown that there exists a positive relationship between number of sons and adoption of family planning methods. Orji and Onwudiegwu (2002) reported in a study on

contraceptive practice among married market men in Nigeria that out of four hundred and fifty respondents, 39.1 per cent of the respondents who reported that they were not using contraceptives, gave the following reasons: family size not yet complete, religious opposition, fear of contraceptive failure and continuous search for a male child.

6. Theoritical Framework

Having identified the relevant factors affecting couple's decision about family from the various literatures reviewed, the economic value of children perspective is chosen for a theoretical understanding of this phenomenon.

6.1 Theory of Intergenerational Wealth Flows

In 1976, John Caldwell propounded the wealth flow theory which proposes a direct link between family structure and fertility. According to the theory, there are two major forms of family structure differing principally in the direction of wealth flows among generations. In primitive and traditional societies, net wealth flows are primarily upward from younger to older generations, and individual interest are subjugated to corporate interests. In developed nations, family structure is organized in terms of downward wealth flows where parents are expected to provide for children's economic well-being.

The theory proposes that fertility decisions in all societies are economically rational responses to familiar wealth flows. In societies with net upward wealth flows, the economically rational decision is to have as many surviving children as possible (within the constraints imposed by biology) because each additional child adds positively to the parents wealth, security in old age, and social and political wellbeing. In societies with net downward wealth flows, the economically rational decision is to have children or the minimum number allowed by a psychological disposition that derives pleasure from children and parenting. The worldwide transition from high to low fertility is the result of a change in the family structure from upward to downward wealth flows.

In African countries and many other developing countries, the situation is still quite different since these countries are characterized with high total fertility rate. The economic cost of children to many families in African countries is still lower, especially in rural areas, while costs are further reduced if the child does not go to school. At the same time children contribute to household income and eventually support their parents during old age. The effect of this on ideal family size in Africa is that most countries are characterized by large families. However, among the upper class, fertility is lower because their perception of children is such that they are changing from being an asset to being a change upon their parents. In traditional Nigerian societies, the well being of the family is dependent on having several children who survive to adulthood. Families are the primary economic units as well as reproductive unions.

In the urban centres in Nigeria, in recent times, raising a child entails significant monetary as well as other costs for the parents. For example, only a few per cent of Nigerian children receive government scholarship covering all their needs. Parents are responsible for financial support of their children and must find the means to provide them with whatever they need. The cost of placing in day care centres, primary school, secondary school and higher institutions have increased enormously. Furthermore, government policies that set very high prices for goods and services discourage child bearing by raising the opportunity cost of having children.

7. Research Methodology

In order to undertake an in-depth investigation on family planning behaviour and decision among couples in Cross Rivers State, Nigeria, the survey research method was chosen as

appropriate. For representativeness of the study area, the stratified, multi-stage and systematic sampling techniques were used to select 860 respondents (males and females of reproductive ages). The following steps were taken:

a. The study area was stratified into urban and rural areas and one local government area selected each from the stratum(Calabar Municipality and Obudu)
b. 5 wards were selected each from the stratum (that is 5 wards each from urban and rural) making it a total of 10 wards.
c. 2 villages or localities were selected each from the wards, to have 20 localities.
d. Systematic sampling technique was employed to select from every 5th household, men and women of reproductive ages each from the localities, to have 860 respondents used as the sample for the study.

Data analysis was done using frequency distribution tables, simple percentages, pearson's product moment correlation coefficient and analysis of variance.

8. Data Analysis

This section presents the results off the data that were generated for the study, and their subsequent analysis and interpretation. The presentation and discussion of data collected from the field survey are presented using tables showing frequencies and percentages.

Table 1 shows that 431 respondents representing 50.1 per cent of the total numbers of respondents are from Calabar Municipality while 429 (49.9 per cent) are from Obudu Local Government Areas. Out of these samples, 439 representing 51 per cent are males while 421 representing 49 per cent are females.

Table 1: Distribution of the respondents by sex and study areas.

Study area	Sex Male (%) Female (%)		Total
Calabar Municipality	225 (26.2)	206 (24)	431 (50.1)
Obudu	214 (24.8)	215 (25)	429 (49.9)
Total	439 (51%)	421 (49%)	860

Table 2 reveals that majority of the respondents 695 (80. 8 per cent) are within the age range of 20 – 44 which constitute a segment of the sexually active age groups. It also reveals that 2.9 per cent of the total respondents are between the ages of 15 – 19, 14.3 per cent are 20 – 24 yrs, and 19.9 per cent are 25 – 29 yrs. Also, 21. 3 per cent falls within the age range of 30 – 34, 35 – 39 yrs (13. 6 per cent), 40 – 44yrs (11.7 per cent), 45 – 49 yrs (8.1 per cent), 50 – 54 yrs (4. 7 per cent) and 55 – 59 yrs (3. 5 per cent).

Table 2: Distribution of the respondents by age

Age	Calabar Municipality Male (%)	 Female (%)	Obudu Male (%)	 Female (%)	Total
15 – 19yrs	8 (3.6)	7 (3.4)	5 (2.3)	5 (2.3)	25
20 – 24yrs	12 (5.3)	31 (15)	35 (16.4)	45 (21)	123
25 – 29yrs	31 (13.8)	52 (25.2)	44 (20.6)	44 (20.5)	171
30 - 34yrs	5 (22.7)	48 (23.3)	33 (15.4)	51 (23.7)	183
35 – 39yrs	35 (15.6)	29 (14.1)	28 (13.1)	25 (11.6)	117

40 – 44yrs	40 (17.8)	20 (9.7)	26 (12.1)	15 (7)	101
45 – 49yrs	23 (10.2)	9 (4.4)	21 (9.8)	17 (7.9)	70
50 – 54yrs	14 (6.2)	7 (3.4)	8 (3.7)	11 (5.1)	40
55 – 59yrs	11 (4.9)	3 (1.5)	14 (6.5)	2 (0.9)	30
Total	225	206	214	215	60

In Table 3, distribution of the respondents by educational level shows that 798 (92.7 per cent) of the respondents had received formal education. Also, 92.9 per cent of the female population had received formal education. The table equally shows that 7.2 per cent of the total respondents representing 8.3 per cent had primary education, 233 (927.1 per cent) had secondary education and 494 (57. 4 per cent) had post secondary education.

Table 3: Distribution of the respondents by educational level

Educational Level	Calabar Municipality Male (%) Female (%)		Obudu Male (%) Female (%)		Total
No formal education	14 (6.2)	18 (8.7)	17 (7.9)	13 (6)	62
Primary	10 (4.4)	9 (4.4)	25 (11.7)	27 (12.6)	71
Secondary	52 (23.1)	59 (28.6)	61 (28.5)	61 (28.4)	233
Post-Secondary	149 (66.2)	120 (58.3)	111 (51.9)	114 (53)	494
Total	225	206	214	215	860

In Table 4, in order to see the effect of educational level on current use of family planning, the level of education of the respondents was cross tabulated with the current use of family planning. A total of 397 representing 46.2 per cent admitted that they are currently using family planning methods. Females constitute 44.6 per cent (177) while mates constitute 55. 4 per cent (220). Also, majority (88.9 per cent) of the current users have the minimum of the secondary education.

Table 4: Educational level and use of family planning

Educational level	Calabar Municipality Male (%) Female (%)		Obudu Male (%) Female (%)		Total
No formal education	11 (9.1)	3 (3.1)	5 (5.1)	2 (2.5)	21
Primary	2 (1.7)	3 (3.1)	9 (9.1)	9 (11.1)	23
Secondary	24 (19.8)	28 (29.2)	28 (28.3)	29 (35.8)	109
Post-secondary	84 (69.4)	62 (64.6)	57 (57.5)	41 (50.6)	244
Total	225	206	214	215	860

Table 5 reveals that 769 respondents representing 89.4 per cent were working as against 91 (10.6 per cent) who were unemployed as at the time of the survey. Female respondents making up 81.3 per cent constitute the majority of the unemployed.

This is however expected since most of them are full time house wives. Out of the 769 respondents working 429 (55.8 per cent) are teaching and working in the civil services. This is expected because Cross River State is noted to be a civil service state.

Table 5: Distribution of the respondents by occupation

Occupation	Calabar Municipality Male (%) Female (%)		Obudu Male (%) Female (%)		Total
Farming	6 (2.7)	28 (13.6)	28 (13.6)	16 (7.4)	78
Teaching	42 (18.7)	51 (24.8)	47 (22)	44 (20.5)	184
Trading	42 (18.7)	40 (19.4)	41 (19.2)	58 (26.9)	181
Civil service	19 (40.4)	41 (19.9)	67 (31.3)	46 (21.4)	245
Artisan	18 (8)	6 (2.9)	22 (10.3)	10 (4.7)	56
Unemployed	15 (6.7)	40 (19.4)	2 (0.9)	34 (15.8)	91
Others	11 (4.9)	0	7 (3.3)	7 (3.3)	25
Total	225	206	214	215	860

The distribution of the respondents in Table 6 indicates that 49.4 per cent of the respondents are residence in urban areas while 31. 3 per cent and 19. 3 per cent are residence in rural areas and semi-urban areas respectively.

Table 6: Place of residence of respondents

Place of residence	Calabar Municipality Male (%) Female (%)		Obudu Male (%) Female (%)		Total
Urban	187 (83.1)	99 (48.1)	78 (36.4)	61 (28.4)	425
Rural	8 (3.6)	45 (21.8)	101 (47.2)	115 (53.5)	269
Semi-Urban	30 (13.3)	62 (30.1)	35 (16.4)	39 (18.1)	166
Total	225	206	214	215	860

Table 7 presents findings on the number of living children and current users of family planning. The tables reveals that while 42 male respondents in Calabar Municipality who have between 3-4 children indicated currently using family planning, 40 women from the same location indicated use.

Table 7: Number of living children and current use of family planning.

Number of living children	Calabar Municipality Male (%) Female (%)		Obudu Male (%) Female (%)		Total
None	6 (5)	8 (8.3)	1 (1)	6 (7.4)	21
1 – 2	46 (38)	38 (39.5)	30 (30.3)	25 (30.9)	139
3 – 4	42 (34. 7)	40 (41.6)	43 (43.4)	36 (44.4)	61
5 – 6	20 (16. 5)	3 (3.1)	17 (17.2)	10 (12.3)	50
7 and above	7 (5.8)	7 (7.3)	8 (8.1)	4 (4.9)	26
Total	225	206	214	215	860

From Table 8, a breakdown of the data shows that there is a clear evidence of preference of both sexes. A total of 547 respondents representing 63.6 per cent admitted preference for equal number of male and female children. Also, 27. 8 per cent preferred more males and 8.6 per cent preferred more females. The findings revealed that more respondents than female on the two study areas preferred more males.

Table 8: Respondents sex preference

Sex preference	Calabar Municipality Male (%)	Female (%)	Obudu Male (%)	Female (%)	Total
More boys	73 (32.4)	39 (19)	74 (34.6)	53 ((24.7)	239
More girls	14 (6.2)	19 (9.2)	23 (10.7)	18 (8.4)	74
Equal	138 (61.3)	148 (71.8)	117 (54.7)	144 (67)	547
Total	225	206	214	215	860

The analysis of the findings in Table 9 reveal that, in family decisions 68.4 per cent and 51. 4 per cent of the male respondents in Calabar Municipality and Obudu respectively stated that they are influenced more by their own views. Of the total female respondents 64.6 per cent and 57.7 per cent in Calabar Municipality and Obudu respectively said that they are influenced more by the views of their spouses in family decisions. Similarly, 64 per cent and 63. 8 per cent of the male respondents in Calabar Municipality and Obudu respectively states that they take the sole decisions of when to have another child.

Table 9: Respondents' reproductive decision making role

Statement	Calabar Municipality Male (%)	Female (%)	Obudu Male (%)	Female (%)	Total
In family decisions you are influenced more by					
Your views	154 (68.4)	48 (23.3)	110 (51.4)	66 (30.7)	378
Your spouse	60 (26.7)	133 (64.6)	77 (36)	124 (57.7)	394
Your parents	7 (3.1)	14 (6.8)	22 (10.3)	20 (9.3)	63
Relatives	1 (0.4)	6 (2.9)	5 (2.3)	2 (0.9)	14
Friends	3 (1.3)	5 (2.4)	0	3 (1.40	11
Total	**225**	**206**	**214**	**215**	**860**
Who decides when to have another child					
Yourself	144 (64)	67 (32.5)	136 (63.8)	82 (38.1)	429
Spouse	35 (15.6)	117 (56.8)	49 (13.1)	119 (55.30	320
Both	46 (20.4)	22 (10.7)	29	14 (6.5)	111
Total	**225**	**206**	**214**	**215**	**860**

Comparing the female response, 56.8 per cent and 55. 3 per cent in Calabar Municipality and Obudu respectively agreed that, their spouse take the decision on when to have another child. The above findings indicate that men are the key decision makers in the family. This is expected because in a patrilineal society, authority lies in the man.

Respondents were asked if there is any health facility in their community and the data obtained is presented in Table 10 which reveals that 81.2 per cent of the respondents indicated that there is a health facility in their community while 8.4 per cent did not respond to the question. This is an indication of the fact that they might not know where to obtain family

planning services since the existence of health facility in a community will make for easy access to family planning services.

Table 10: Existence of health facility

Existence of heath facility	Calabar Municipality Male (%)	Female (%)	Obudu Male (%)	Female (%)	Total
Yes	213 (94.7)	164 (79.6)	163 (76.2)	158 (73.5)	698
No	12 (5.3)	10 (4.9)	32 (15)	16 (7.4)	70
No of response	0	32 (15.5)	19 (8.8)	41 (19.1)	72
Total	225	206	214	215	860

Knowledge of different types of contraceptives among male and female respondents is presented in Table 11 which shows that the contraceptive methods known could be given in the following order condom (50 per cent), pills (36.3 per cent), rhythm or periodic abstinence (33.4 per cent), injectables (23.4 per cent), withdrawal method (20.6 per cent), IUCD or coil (13.5 per cent), tubal ligation ?(12.3 per cent), diaphragm (12.2 per cent) and male sterilization (10.6 per cent). A comparison of the responses of both the male and female and across the two areas did not show any disparity.

Table 11: Distribution of the respondents' knowledge of specific contraceptives.

Contraceptives method	Calabar Municipality Male (%)	Female (%)	Obudu Male	(%) Female (%)	Total
Pills	87 (38.7)	84 (40.8)	68 (31.8)	73 (34)	312
Injectables	46 (20.4)	42 (20.4)	56 (26.2)	57 (26.5)	201
Condoms	127 (56.4)	92 (46.6)	114 (53.3)	97 (45.1)	430
IUCD or coil	29 (12.9)	22 (10.7)	27 (12.6)	38 (17.7)	116
Diaphragm	29 (12.9)	26 (12.6)	23 (10.7)	30 (14)	105
Male sterilization	20 (8.9)	20 (9.7)	24 (11.2)	27 (12.6)	91
Tubal ligation	34 (15.1)	16 (7.8)	30 (14)	26 (12.1)	106
Rhythm or periodic abstinence	88 (39.1)	69 (33.5)	63 (29.4)	67 (31.2)	287
Withdrawal method	56 (24.9)	43 (20.9)	39 (18.1)	39 (18.1)	177
Total	225	206	214	215	860

9. Hypothesis-By-Hypothesis Analysis of Results

In this section, the hypotheses earlier stated are tested for significance which will eventually lead to either their rejection or acceptance. Emphasis in this study is on male involvement hence the analysis is only on the male respondents.

Hypothesis 1:

The null hypotheses posited that, educational level does not significantly influence the adoption of family planning. In testing this hypotheses, respondents' levels of education were

collated and presented alongside their adoption and non-adoption of family planning shown in Table 12.

A further analysis of Table 12 using the one-way analysis of variance produced the result shown in Table 13. The result shown in Table 13 reveals that, at 3 and 12 degrees of freedom and a significant level of 0.05, the F-ratio value calculated (15.792) is greater than the critical F – ratio value of 3. 49. Given that the calculated F value is greater than the critical F value, we reject the null hypothesis. We maintain therefore that, there is a significant influence of education level on adoption of family planning.

Table 12: Respondents' level of education and adoption of family planning

Adoption of family planning (FP)	**NFE**	**Pry. Edu**	**Sec. Edu**	**Post Sec. Edu**
Adopting FP (Calabar Municipality)	11	2	24	84
Adopting FP (Obudu)	5	9	28	57
Not Adopting FP (Calabar Muni.)	3	8	28	65
Not Adopting FP (Obudu)	12	16	33	54
Total	31	35	113	260

Source: Field survey 2011.

Table 13: Analysis of variance of influence of educational level on adoption of family planning.

Sources of variation	**SS**	**Df**	**MS**	**Fcal**	**FCritical**
Between groups	**8593. 8**	**3**	**1964.6**		
Within groups	**744.1**	**12**	**62.01**	**31.68**	**3.49**
Total	**9337.9**	**15**			

***sign.@P<0.05**, **df of 3 and 12.**

Hypotheses 2

Hypothesis 2 posited that effective spousal communication does not significantly influence the adoption of family planning. In testing this hypothesis, respondents levels of communication were collated and compared with their adoption of family planning and presented as shown in Table 14.

A further analysis of Table 14 using the independent t-test statistical technique produced the result shown in Table 15.

Table 14: Level of spousal communication and adoption of family planning

Level of spousal Communication	**FP No. of respondents X**	**Adoption of Y**
Frequent communication	153	85
Rare communication	88	39

Very rare communication	88	43
Total	329	167

Table 15: Independent t-test analysis of the influence of effective spousal communication on adoption of family planning.

Variables	**N**	**X**	**SD**	**T**
Communication	329	109.67	30.63	2.845
Adoption of family planning	167	55.67	20.797	

***sign.@P<0.05**, df of 3 and 12.

The result in Table 15 indicates that at a significant level of 0.05 and 1 degree of freedom, the calculated t-value of 2.845 is found to be less than the critical t-value, we accept the null hypothesis. By this acceptance, we maintain that there exists no significant difference in level of spousal communication and adoption of family planning. The implication of this finding is that, since there exists no significant difference, the level or nature of spousal communication does not significantly influence the adoption of family planning.

Hypothesis 3

Hypotheses 3 posited that, the number of living children does not significantly influence the adoption of family planning. In testing this hypothesis, respondents were categorized based on number of living children and presented alongside their score on adoption of family planning as shown in Table 16.

A further analysis of Table 16 using the analysis of variance produce the result shown in Table 17. The result in Table 17 reveals that the calculated F-value of 27.896 was found to be greater than the critical F-value of 3.06 at 4 and 15 degrees of freedom and a significant level of 0.05.

Table 16: Number of living children and adoption of family planning

Adoption of family planning	**No child**	**1-2**	**3-4**	**5-6**	**7+**
Adopting FP (Calabar Muni)	6	46	42	20	7
Adopting FP (Obudu)	1	30	43	17	8
Not Adopting FP (Calabar Muni)	10	33	39	16	6
Not Adopting FP (Obudu)	7	31	33	22	22
Total	**24**	**140**	**157**	**75**	**43**

Table 17: Analysis of variance of number of living children and adoption of family planning

Sources of variation	**SS**	**Df**	**MS**	**Fcal**	**FCritical**

Between groups	**3438. 8**	**4**	**859.75**	**28.03**	
Within groups	**460.1**	**15**	**30.67**		**3.06**
Total	**3898.9**	**19**			

***sign.@P<0.05**, **df of 4 and 15, critical F of 3.06.**

Since the calculated F – value at 27.896 was found to be greater than the critical F – value of 3.06, we reject the null hypothesis and accept the alternate hypothesis. We therefore maintain that, the number of living children significantly influences the adoption of family planning.

Hypothesis 4

Hypothesis 4 posited that, locality of residence has no significant influence on the adoption of family planning. In testing this hypothesis, respondents' locality of residence was categorized into urban, rural and semi-urban. In each category, the number adopting and not adopting family planning were collated and respectively categorized and presented as shown in Table 18.

A further analysis of Table 18 using analysis of variance produced the result shown in Table 19

Table 18: Adoption of family Planning and locality of residence of respondents

Adoption of family planning	**Urban**	**Rural**	**Semi-Urban**
Adopting family planning	139	50	30
Not adopting family planning	126	59	35
Total	**265**	**109**	**65**

Table 19: Analysis of variance of the influence of locality of residence of respondents on the adoption of family planning.

Sources of variation	**SS**	**Df**	**MS**	**Fcal**	**FCritical**
Between groups	11045.3	2	5522.65	28.03	9.55
Within groups	137.5	3	45.83		120.50
Total	**11182.8**	**5**			

***sign.@P<0.05**, **df of 2 and 3, critical F of 9.55**

The result in Table 19 reveals that the calculated F-Value of 127.937 is greater that the critical F-value of 9.55 at 2 and 3 degrees of freedom and a significant level of 0.05. therefore, the null hypothesis is rejected and the alternate hypothesis is accepted indicating that the locality of residence significantly influence the adoption of family planning.

Hypothesis 5

The null hypothesis posited that, there exists no significant relationship between preference for sons and the adoption of family planning. In testing this hypothesis, scores of respondents on preference for sons and their adoption of family planning were collated and presented as shown in Table 20.

A further analysis of Table 20 using the Pearson's product moment correlation coefficient statistical technique produced the result shown in Table 21.

The result in Table 21 reveals that, the calculated value of the coefficient of correlation between male child preference and adoption of family planning is greater than the critical value at a significant level of 0.05 and 6 degrees of freedom (P<0.05, df = 6, r critical 0.7067 < r calculated of 0.968).

Given that the calculated r valued of 0;968 is found to be greater than the critical r value of 0.7067, we reject the null hypothesis and accept the alternate hypothesis. With the acceptance of the alternate hypothesis, we maintain that, there exists a significant relationship between male child preference and adoption of family planning.

Table 20: Respondents' preference of sons and adoption of family planning

Interval of respondents	**Numbering preferring sons X**	**Number adopting family planning Y**
1-20	18	13
21-40	15	12
41-60	25	21
61-80	10	8
81-100	12	12
101-120	18	14
121-140	29	23
141-160	20	18
Total	**147**	**121**

Table 21: Pearson's product moment correlation analysis of the relationship between male child preference and adoption of family planning

Variable n = 8 pairs	**X**	**∑x ∑y**	**∑x2 ∑y2**	**∑xy**	**rcal**	**Rcritical**
Male child preference (x)	**18.375**	**147**	**2983**	**2442**	**0.968**	
Adoption of family planning (y)	**15.125**	**121**	**2011**			**0.7076**

***sign.@P<0.05, df = 6, rcritical = 0.7067.**

10. Discussion of Findings

10.1 Educational level and family planning

In Table 13, the F- ratio value calculated at 15. 792 is greater than the critical F –ratio value of 3.49 required for significance at 0.05 level, we therefore reject the null hypothesis. Consequently, we can conclude that there is a significant influence of educational level on adoption of family planning. This findings is in agreement with Oyediran, Ishola and Feyisetan (2002) who in a study of 1451 ever married men aged 18 – 55 in Imo and Ondo states, Nigeria

found that, age, education, place of residence, number of living children and being counseled for family planning were key factors in determining contraceptive knowledge and use among married men in the study areas.

With regard to education, Oni and McCarthy (1991) in the analysis of data from a sample of 1,022 married men in Ilorin, Nigeria revealed that ever-use of contraceptives was found to range from 6 per cent among men with no education to 53 per cent among those with a post – secondary education. Their study also revealed that knowledge of specific method was found to be much lower among men with little or no education than among those with a post-secondary education. For instance, 43 per cent of men with no education said they knew of the pill compared with 84 per cent of those with a secondary education.

Similarly 24 per cent of men with no education said they knew of the intra-uterine device (IUD), compared with 4 pre cent of those with a post – secondary education, across all education groups, the condom was the method most likely to have been heard of, yet less than half (46 per cent) of respondents with no education knew about it compared with 88 per cent of those in the highest education group.

The finding also confirmed the study of Olawepo and Okedare (2006) who in a study in Ilorin, Nigeria found that, level of education relates to levels of acceptability as education leads to a better understanding among the people. It was observed that, more educated men had access to information on sexual behaviour, responsible parenthood and importance of child spacing.

Affirming this finding is a study by Underwood (2000) who equally found a positive correlation between education and family planning in her study of the impact of Islam percepts and family planning. Specifically, the study found out that, among religious leaders, education is positively associated with the understanding that Islam permits family planning, nearly 93 per cent of the respondents with a post graduate education held this view, compared with 70 per cent of those who did not continue their formal education beyond secondary school. Among the general public, educational attainment was found to be positively correlated with approval of family planning.

Akafuah and Sossou (2008) in their study of Ghananian men also found that educational level determined the willingness of men to use a family planning method in the future. The majority of the respondents (83.9 per cent) in their study who had at least secondary and post secondary education, indicated that they had previously used a means of contraception, 86 per cent also indicated that they were currently using contraceptive and 64.9 per cent of this group expressed their intention of using contraceptives in the future compared to men with just primary education and those with no formal education.

10.2 Effective spousal communication and family planning

In Table 15, the calculated t-value of 2.845 is found to be less than the critical t-value of 12.706, we therefore accept the null hypothesis. Consequently we conclude that effective spousal communication does not significantly influence the adoption of family planning. This finding is in disagreement with Toure (1996) who in a study on family planning attitude and use in Nigeria: a factor analysis found that, respondents who communicated with their spouse about family planning were there times more likely to be using contraceptives than those who did not. In disagreement with this finding, is a study by Akafua and Sossou (2008) who found out in a study of the attitudes of Ghanaian men toward and use of knowledge about family planning that, spousal communication is a key factor in the adoption and sustained use of family planning because such discussions allow couples to exchange new ideas and clarify information, which might change some wrong beliefs about the use of some family planning devices. Findings from the study revealed that effective spousal communication is still

uncommon in the study areas. For instance out of the 329 male respondents who admitted that, they have discussed family planning with their spouse, only 153 respondents representing 46 per cent are involved in frequent communication.

This finding agreed with Ezeh, Seroussi and Raggers (1996) quoted in Toure (1996) who reported that, in West Africa about three quarter of the men and women had not discussed family planning with their spouse, except in Ghana and Cameroun where the proportions were about one-half and two-thirds respectively.

In Burundi and Tanzania, in East Africa, the figure is less than 40 per cent. Similarly, Meekers and Oladosu (1996),using data from the 1990 Nigeira Demographic and Health Survey (NHDS), found that, only 40 per cent of urban women and 30 percent of rural women had talked with their spouses about family planning in the year preceding the survey. Orji et al (2007) in a study on " spousal communication on family planning as a safe motherhood option in Sub-Sahara African communities" using Ife Central Local Government Area, Osun State, Nigeria sound that out of te four hundred respondents, only two hundred representing 50 per cent of the total respondents had discussed family planning with their spouse at least once.

10.3 Number of living children and family planning

The result in Table 16 reveals that, the calculated F-value of 27.896 is greater than the critical F-value of 3.06, we therefore reject the null hypothesis and accept the alternate hypothesis. We therefore maintain that, the number of living children significantly influences the adoption of family planning. This finding confirms earlier study by Lawoyin et al (2002) who in a study of family planning in rural Nigeria among men, reported that, high level of formal education and duration of marriage (10 years and longer) were predictive of ever use of a family planning method while having fewer than five surviving children negatively affected the use of family planning methods. They concluded that, the adoption of family planning methods could be improved in the community when the child survival is assured. The study also agrees with the findings of Oyediran, Ishola and Feyistan (2002) who observed that age, education, place of residence, number of living children and being counseled for family planning were identified as key factors determining contraceptive knowledge and use among married men in Imo and Ondo States.

Melik, Ergenekon and Elmaci (1998) also posited that number of children was a factor related with contraceptive use. Contraceptive acceptance and continuation is negatively associated with the number of previous deaths of children. Hossain (2005) also observed that, the use of periodic abstinence also varies according to the number of living children. The rate is as much as twice among those who have more children than those who have a small number of children.

10.4 Locality of residence and family planning

The result in Table 18 reveals that the calculated F-value of 127.937 is greater than the critical F-value of 9.55. therefore, the null hypothesis is rejected and the alternate hypothesis is accepted indicating that, the locality of residence significantly influences the adoption of family planning. The result confirms the findings of the NPC (2000) which revealed that, contraceptive use among women is almost twice as high in urban than rural areas (25 per cent versus 12 per cent). Differentials in use among married men are similar to those for married women. Use is higher among urban men, those in the south, men with more education and those with more children.

Oni and McCarthy (1991) also found a similar relationship between family planning and place of residence in their study of family planning knowledge, attitudes and practices of males in Ilorin, Nigeria. The study revealed that ever-use of family planning ranges from 8 per cent among those living in the poorest areas to 50 per cent among those residing in the most

affluent areas. Varma and Rohini (2008) also reported in a study on attitude of spouse towards family planning that the proportion of women who approved of family planning and whose husbands also approved in higher number was among women in urban areas than in rural areas. Ali equally reported that, "In Egypt, prevailing traditional social norms in urban and rural upper Egypt influence men's decision making role in family planning and may be responsible for the difference in contraceptive use". (p.4).

10.5 Male child preference and family planning

Given that in Table 21, the calculated r-value of 0.968 is found to be greater than the critical r-value of 0.7067, we reject the null hypothesis and accept the alternate hypothesis which states that, there exist a significant relationship between male child preference and adoption of family planning. This finding is in agreement with Dahal, Padmadass, and Andrew Hinde (2008) who in a study of fertility limiting behaviour and contraceptive choice among men in Nepal found out that men with two sons and one daughter were more likely to be using permanent methods of contraceptives than men with other family combination (62 per cent, three quarters of them were relying on female sterilization). Otherwise, sterilization was most common among men who had four children at least two of whom were sons, and among those with three or more children, all of whom were sons (47-57 per cent). In contrast, among the few men who had daughters, on in five reported using permanent methods. The study concluded that, Nepalese men generally desire more than one son and are unlikely to resort to sterilization when they have no sons, even though they express a desire to have no more children.

Farooqui (1999) also found a similar pattern in his study of son preference, fertility desire and contraceptive use in two largest cities of Pakistan that is Karachi and Lahore. The number of additional children desired decreases with increase in the number of living children, and with increasing number of living sons. The study found a direct association between the number of living children and the current use of contraception, and contraception use increase with an increase in the number of children, and in the number of living sons.

The finding also affirms that of Orji and Onwudiegwu (2002) who reported in a study on contraceptive practice among married market men in Nigeria, that out of four hundred and fifty respondents, 39.1 per cent of the respondents who reported that they were not using contraceptives, gave the following reasons for non-use, family size not yet complete, religious opposition, fear of contraceptive failure and still searching for male child.

11. Summary, Recommendations and Conclusion

11.1 Summary of the Study

The overall purpose of this study was to collect and analyze data on family planning behaviours and decisions among couples in Cross River State, Nigeria. During the survey, data were collected using both the structured and unstructured questionnaires from a sample of 860 (comprising 439 male and 421 female) currently married male and female aged 15-59. The specific objectives of the study were to examine if the level of education of men have any effect on the adoption of family planning, determine the relationship between spousal communication and adoption of the family planning. The study also investigated the extent of the influence of rural, semi-urban and urban residence on adoption of family planning, the extent to which number of living children influence the adoption of family planning, to determine the relationship between male and child preference and adoption of family planning. An examination of the knowledge, attitude and practice of contraception was done as well as determine the key decision maker and spousal communication in the family. The study shows that there is a significant influence of educational level, number of living children, locality of

residence and male child preference on adoption of family planning. Also, the level of nature of spousal communication does not significantly influence the adoption of family planning.

11.2 Recommendations

Based on the findings of the study, the following recommendation are made:

1. Improvement in the delivery of family planning services to all parts of the state will help make its adoption more appealing. The inclusion of men as targets of family planning campaigns will have an important influence in its acceptance and usage. The findings of our study show that husbands exercise considerable influence on the women use of contraceptives.
2. There should be more detailed information on specific methods since findings from the study showed that there is high awareness of family planning but some respondents lack knowledge on specific methods.
3. The study has shown that four variables (i.e. men's educational level, place of residence, number of living children and male child preference) have significant influence on men's interest and the adoption of family planning by men and the subsequent reduction of fertility level. There is need to design education programme addressed at the men on the benefit of family planning and on the need for their involvement and to allow their wives to use contraceptives.
4. Since knowledge of any specific method is a prerequisite for its use, there is need for adequate campaign especially through the mass media on contraceptives and to allay the fears of the populace on the negative effects of contraception.
5. Men should be involved in the delivery of family planning services since men feel more comfortable discussing family planning issues with men than with women.

11.3 Conclusion

This study has afforded us the opportunity to investigate family planning behaviors and decision and decision-making among couples in Cross River State, Nigeria. The findings revealed that there is high awareness of family planning which needs to be translated into use. The government should intensify efforts in providing the populace with detailed information about specific family planning methods especially the men who are key decision makers in the family and on other reproductive issues.

Male involvement and support can help make contraception and family planning easier for the women and even widen the choice of methods that a couple can use since husband's opposition to contraceptive use can have serious consequences.

Culturally, men find it difficult to seek family planning services from women therefore, male service providers should be employed and trained to attend to the men.

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