Addressing Misconceptions and Concerns about Uptake of Vasectomy/Modern Family Planning Methods for Males in Delta State, Nigeria

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Abstract

Nigeria has one of the highest population growth rates in the world and constitutes the leading contributor to maternal death figures in sub-Saharan Africa. This situation has been attributed to low adoption of modern family planning methods (MFPM) among men in Nigeria. This study investigated concerns that affect men's use of MFPM in Delta State, Nigeria. The study was qualitative. Data were gathered through In-Depth Interviews (IDIs) from 24 participants. The study identified some misconceptions and concerns about male methods, especially, vasectomy. They included fear of impotence, concern that wives might engage in extramarital affair, and the irreversibility of vasectomy amid high maternal/child mortality. To address some of these concerns, there should be intensive orientation programmes to resolve existing misconceptions on vasectomy. Knowledge of erect-penis sizes across the various zones in country is needed for condom manufacturers to address the issues of burst slippage of condom during sexual intercourse.

Keywords: *Extramarital, Delta State, Contraceptives, Castration, Vasectomy.*

Introduction

Male involvement in family planning is key to addressing high fertility and negative reproductive health outcomes such as high maternal and child mortality, especially in societies with institutions oriented towards strong patriarchy. Literature on African fertility and family planning scholarship shows that most men on the continent have negative attitudes towards modern family planning (Adongo, Phillips & Baynes, 2014; Frost & Dodoo, 2009; Kabagenyi, Jennings, Reid, Ntozi, & Atuyambe, 2014; Kashitala *et al.* 2015; Maharaj, 2001; Isiugo-Abanihe, 2003; Orubuloye, Caldwell & Caldwell, 2000; Varga, 2000). Indeed, not only that many men in Africa exhibit negative attitude towards contraceptives, they tend to oppose their wives' use of modern family planning methods (MFPM). Consequently, many women continue to bear children even after achieving their desired family size. For instnace, the 2013 demographic and health survey in Nigeria revealed that, overall, Nigerian women have about one child more than the number they wanted due to negative attitudes to modern family planning methods (NPC & ICF International, 2014).

This attitude has equally noted to fuel incidences of unintended pregnancies and induced abortion in Nigeria. It is estimated that about 760,000 induced abortions occur annually in Nigeria; and 25 percent of women obtaining these abortions experience serious complications (Akinlo, Bisiriyu & Esimai, 2013; Civil Resource Development and Documentation Centre [CIRDDOC], 2002; NPC & ICF International, 2014). In general, the phenomenon of lack of adequate adoption of modern contraceptive methods by men has huge socio-economic, demographic, health and cultural consequences in terms of its impact on high fertility, maternal and child health and population-resources imbalance.

There is need for an understanding of the factors inhibiting adequate male participation in MFPMs. Over the years, male condom has been the most popular method, but its adoption among men in Nigeria is less than 15 percent (NPC & ICF International, 2014), while other more reliable and cheaper methods such as vasectomy and male oral methods of contraception are almost unknown. Even the well-know male method (e.g, the male condom) suffers serious lack of adequate uptake of less than 15 percent, despite about 95 percent level of knowledge of the method among men in Nigeria (NPC & ICF International, 2014). Although the low level of use of MFPMs among men in Nigeria is disappointing, however, if the low adoption level is on more permanent and reliable methods of male contraceptives such as vasectomy, the issue of women having children more than their fertility desire, unintended pregnancies and induced abortion will be eliminated (Akinlo et al., 2013; CIRDDOC, 2002; NPC & ICF International, 2014).

A number of reasons have been advanced as being responsible for the apathy and low level of adoption of MFPM among men in African societies in general and Nigeria in particular. Some of the reasons include the supposed feminization of reproductive health knowledge and its confinement to clinical settings in manners that tended to exclude men from family planning information and services (Isiugo-Abanihe & Obono, 2011), as well as the limited number of available male methods (Zhang, 2011). The "confinement to clinical setting" hypothesis seems to make some points because of the possibility of clinic-based approach to limit access to reproductive health information and services among men. Most men in Africa, studies have shown, are not generally inclined to attend family planning clinics (Ijadunola et al., 2010; Kashitala et al., 2015). This means that many are excluded (or more appropriately, exclude themselves) from reproductive health information and services). However, the issue of low

condom use in an era where condom can easily be obtained across the counter in many retail outlets raises question on the potency of the "confinement to clinical setting hypothesis." So, there are some fundamental questions that are yet to be resolved.

In an attempt to scale up efforts at increasing contraceptive prevalence rate (CPR), the FGN made a commitment to Family Planning 2020 (FP2020) in 2012 at the London Summit on Family Planning. One of its major objectives is to increase the contraceptive prevalence rate (CPR) from 15 percent in 2013 to 36 percent. It is anticipated that if this objective is achieved, about 1.6 million unintended pregnancies will be avoided (FGN, 2014). However, if this effort is to succeed, understanding the reasons for the low level of adoption of modern contraceptives among men in Nigeria is essential in order to stimulate increase in the uptake of MFPM for men in the country.

This study investigated the concerns about uptake of MFPMs among men in Nigeria with a focus in Delta State. The study concentrated on the following objectives: (ii) investigate the level of knowledge and perception of vasectomy (ii) understand the factors affecting men's adoption of MFPMs, (iii) explore the concerns among men about use of MFPMs.

Brief Literature Review and Theoretical Framework

There is consensus in literature that most men in Africa have negative attitude towards modern family planning (Adongo et al, 2014; Blanc, 2001; Caldwell & Caldwell, 2000; Frost & Dodoo, 2009; Isiugo-Abanihe, 2003; Kabagenyi et al., 2014; Mason & Smith, 2000; Nnorom, 2005; Vogelsong, 2005; Rono, 1998). In some studies that focused on the four sub-regions of sub-Saharan Africa, namely: Eastern Africa, Middle Africa, Southern Africa and Western Africa, detailed results indicate that only in nine countries, out of 47 countries in the subregion, did the

use of some modern contraceptives among males exceed 1.5 percent (United Nations [UN], 2011). As already indicated, evidence suggests that in Nigeria, though the level of knowledge of modern contraceptive methods among men is as high as 95 percent, this is contradicted by a generally low level of adoption (NPC & ICF International, 2014). Moreover, this level is measured only by male condom which is the most popular. Other modern methods of contraception for male, such as vasectomy and gossypol, are not quite known and available to a large population of men in Nigeria creating a situation of limited choice and availability of MFPMs among men (Kabagenyi et al., 2014; UN, 2011; Volgelsong, 2005).

To overcome this and enhance male involvement in family planning, countries and family planning advocacy groups such as International Planned Parenthood Federation (IPPF), are calling for the promotion of the use of vasectomy as a reliable and less expensive male method of birth control (Adongo et al., 2014). Over the years, male condom has been the most popular method (even though its adoption is less than 5% in Africa); while other more reliable and cheaper methods such as vasectomy and male oral methods of contraception are almost unknown. With respect to vasectomy, Izugbara and Mutua (2016) note that a 2013-report on global contraceptive patterns revealed that only about 2.2 percent of men in the world have undergone the procedure, and the highest rates are found in Europe, Oceania and America. In Africa, just about 0.1 percent of men are reported to have performed the procedure and the levels vary from country to country. For instance, in Namibia, about 2.4 percent of males have performed vasectomy; Sierra Leone, 1.2 percent; Malawi, 1.1 percent; and Swaziland, 1.1 percent. On the rest of the continent for the selected countries, including Nigeria, the rate is less than 1 percent. This is despite that fact that the procedures are simple and easy to perform and inexpensive.

Literature indicates that lack of knowledge of vasectomy is a prominent inhibitory factor to its adoption in Africa. Studies in Ghana and Tanzania demonstrate that part of the problem affecting low uptake of vasectomy in Africa is low knowledge of the method (Adongo et al., 2014; Bunce et al., 2007). Some studies have also identified existing misconceptions surrounding the adoption of male methods of contraception such as vasectomy and male condom as equally partly responsible for the low adoption rate of MFPMs by men in societies across sub-Saharan Africa, with particular reference to Nigeria (Adongo et al., 2014; Casterline & Sinding, 2000; Obikeze, Kisekka, Oyekanmi & Iffih, 1993). Concerning vasectomy, a qualitative study that involved male and female participants Ghana found that majority of the participants viewed the method as an act against God and punishable either by death or answerable on the judgment day (Adongo et al., 2014). According to the authors, many of the participants, especially the female, interpreted the vasectomy as castration. The participants were reported to have suggested that men should use *cafalgin* and *panacin* (locally made analgesics which are said to act as contraceptives on men) rather than perform vasectomy. Other forms of misconceptions took a theological dimension. For instance, in Mali and Burkina Faso, studies reveal that many husbands refused to adopt contraception for fear that it may provoke God, and some of them cited the side effects of modern contraceptives as indicative of divine disapproval (Casterline & Sinding, 2000).

An earlier study in Nigeria, Obikeze et al. (1993) reported that misconceptions about the negative effects of condom were majorly responsible for its low adoption. Not a few participants in that study were reported to have stated that they could not use condom because it could slip into the woman's body and cause harm to her health. Others participants noted that the lubricant on condom cannot be fully trusted as harmless to a woman's body, and that "it could burst or slip and hurt the woman, and can inhibit proper breathing" (Obikeze et al., 1993:105). Though the study

was done over two decades ago, it shields some light on the level of misconception among men on available male method of contraception.

Another factor is the attitude of service providers towards young people seeking reproductive health services and information. In a number of societies in sub-Saharan African, there is still some deep-seated cultural aversion for discussing sex publicly (Orubuloye, 2004). Thus, while it is admitted that age at initiation into sex has fallen dramatically in recent decades, and that premarital sex is becoming a popular aspect of social life among adolescents, a segment of the older generations still look at premarital sex with a sense of disappointment. For an unmarried person therefore, the purchase of condom is likely to be associated with some sense of disapproval. This interpretation is responsible for the "negative provider attitudes" reported as obstacle to condom use among African youths (Varga, 2000:44).

For theoretical elucidation, the paper adopted hybrid theoretical approach involving Cultural Lag Theory and the Diffusion of Innovation Theory (DIT). The essence of the combination is for them to complement each other where there is weakness and provide a robust theoretical explanation.

Cultural Lag Theory was developed in the 1920s by an American Sociologist named William Fielding Ogburn (1886-1959). The thrust of the theory is that material and non-material cultures change in different ways, with material culture tending to change faster than non-material culture. The theory evolved from Ogburn's attempt to explain the lag in the adoption of new material invention (Ogburn, 1964, as cited in Macionis, 2007). The author defined cultural lag as the time between the appearance of a new material invention and the making of appropriate adjustments in attitudes and corresponding areas of non-material culture that can allow for the

adoption of new innovations as a way of life. According to Ogburn, the time is often long. He used the concept to explain the non-adoption of typewriter several years after it had been invented. It was over fifty years after typewriter was invented before it was used systematically in offices. This means that even with the invention of modern contraceptive technology, we might have a family system or a segment of the male population that is better adapted to agrarian habits and family life. By means of this theory, some insight is provided as to the reason behind the slow pace in the uptake of modern family planning methods among men in Nigerian society. A possible area of weakness in the theory might be the theory's inability to predict with certainty the time it will take a technological invention to become generally accepted by the majority of people in a population and why this is so. But this point becomes clearer when the concept of "compatibility" in the Diffusion Innovation Theory (DIT) is considered.

The focus of the DIT is on how a new technological product moves from creation to application. The concepts of diffusion of innovation first emerged from the work of a French Sociologist, Gabriel Tarde, in the last decade of the 19th century (Kinnunen, 1996). However, the popularization of the concepts is traced to Everett Rogers who in 1962 published a book *Diffusion of Innovation*. Diffusion, according to Rogers, is the way by which a particular innovation is communicated through certain channels among members of a society over a period of time. Innovation, on the other hand, has to do with an idea, practice or object that is seen as new (Rogers, 1983). Among other factors, Rogers observes that the adoption of an innovation to a large extent depends on its compatibility with societal values and beliefs. Thus, it can be argued that men's negative attitudes towards modern family planning methods in many societies in sub-Saharan Africa derive from the inconsistency between existing values/cultural experiences

and contraceptive innovations. An example of lack of compatibility as a barrier to the adoption of modern family planning methods can be found in the cultural system of the Ashanti of Ghana. Among this group, chieftaincy holders, and those marked for chieftaincy titles, are not expected to have any cut or incision on any part of their body. According to this belief, a cut on any part of the body makes the man incomplete and no man whose body is not complete can become a chief by Ashanti's tradition. Even circumcision is not performed among would-be chiefs among the Ashanti (Adongo et al., 1998). Under this circumstance, adoption of vasectomy is inconceivable. To this end, the low level or lack of adoption of contraceptive technology among men in Africa in general, and Nigeria in particular, can be explained by the fact that they are not culturally at par with these technological innovations. This is a situation of knowledge mismatch that can breed rumours and all kinds of misconceptions.

Research Method

The study was principally qualitative and was conducted in Delta State, Southsouth Nigeria, between August 15 and November 29, 2015. The data for the study were gathered through In-Depth Interview (IDI) across the three senatorial districts in the State. The choice of IDI was to ensure more in-depth information from participants since IDI allows for a greater sense of freedom, anonymity and confidentiality. In-Depth Interview deals with one participant at a time and makes the participant to feel free to reveal information (including sensitive and private information, provided anonymity and confidentiality are guaranteed). Thus, the likelihood of withholding information that is considered private is minimized.

Administratively, Delta State is made up of 25 local government areas with Asaba, in Oshimili-South Local Government Area, as the state capital. The study population consisted of male ages 15-64 years purposively selected from six local government areas across the three senatorial

districts in the State. The sample size was twenty-four (24) participants composed of four (4) participants in each of the six purposively selected local government areas (LGAs). Two participants were selected from an urban area and two from a rural area in each LGA. The local government areas and their respective senatorial districts (SD) are Ika South, Delta North SD; Osimili South, Delta North SD; Ethiop East, Delta Central SD; Ugheli North, Delta Central SD; Isoko North, Delta South SD; and Isoko South, Delta South SD. The IDI guide covered about six sections involving the themes under investigation. Voice recorder was used during the interview to record the responses of participants after obtaining their permission. The language of the interview was the English Language, but Pidgin was employed in situations where Pidgin English was the preferred language of any participant. After the interview, the responses were transcribed and analyzed using strict content analysis and verbatim quotations.

Data Analysis and Presentation of Findings

The study's aim was twofold. First, it aimed to identify the concerns or fears of men about adoption of vasectomy/modern methods of family planning. Second, it tried to address the identified concerns or fears. The study focused on three objective or areas of concern: (i) to examine men's conceptions about modern family planning methods for male, (ii) understand the challenges with the adoption of male methods, and (iii) examine their perceptions on their wives' adoption of modern family planning methods. Each of this shall be analyzed thematically and sequentially.

Table 1. Socio-Demographic Characteristics of Respondents

Participants' ID	Age	Marital Status	Education	Religion	Occupation	Residence
P1	48	Married	Secondary	Christianity	Business	Urban
P2	25	Single	Tertiary	Christianity	Civil Servant	Urban
P3	62	Married	Secondary	Christianity	Clergyman	Rural
P4	37	Married	Secondary	Christianity	Transporter	Rural
P5	52	Married	Secondary	Christianity	Trader	Rural
P6	48	Married	Tertiary	Christianity	Architect	Urban
P7	50	Married	Tertiary	Christianity	Lecturer	Urban
P8	18	Single	Secondary	Christianity	Student	Rural
P9	63	Widowed	Primary	Traditional	Blacksmith	Rural
P10	47	Separated	Secondary	Christianity	Civil Servant	Urban
P11	46	Single	Tertiary	Christianity	Councillor	Urban
P12	24	Married	Secondary	Christianity	Transporter	Urban
P13	31	Single	Tertiary	Christianity	Banker	Urban
P14	16	Single	Secondary	Christianity	Student	Urban
P15	23	Single	Secondary	Christianity	Unemployed	Urban
P16	61	Married	None	Traditional	Farmer	Rural
P17	42	Separated	Tertiary	Christianity	Pharmacist	Urban
P18	59	Married	Secondary	Christianity	Clergyman	Rural
P19	34	Married	Tertiary	Christianity	Farmer	Rural
P20	21	Single	Primary	Christianity	Unemployed	Rural
P21	28	Married	Secondary	Christianity	Barber	Urban
P22	38	Widowed	Secondary	Christianity	Tailoring	Rural
P23	52	Married	Secondary	Christianity	Farmer	Rural
P24	44	Married	Tertiary	Christianity	Teacher	Rural

Source: *(Fieldwork, 2015)*

Table 1 above shows the socio-demographic profile of the participants. The ages of the participants ranged from 16 to 62 years. All but two of the participants who claimed to be Traditional Religion worshipers, were Christians. There were equal number of participants from urban areas and rural areas. Most of the respondents (13 of them) were married at the time of the study, seven of them were single, two were separated and two were widowers. Thirteen of the participants have education up to secondary school level, eight went up to tertiary education, two did not go beyond primary school and one has no formal education. The occupation of the participants varies from farming to teaching, architecture, barbing, blacksmith, clergy, tailoring, lecturing, transporter, students and the unemployed. These various variables are important socio-demographic factors that affect people's behaviour.

Thematic Analysis

Men's Conceptions and Concerns about Modern Family Planning for Male

The first area of interest in the study was to examine participants' conceptions and concerns about modern methods of family planning for men. Family planning (FP) refers to conscious effort by couples or individuals to control the number of children to have and determine the interval between births (UN, 2010). Essentially, FP has to do with determining whether to have children, how many to have, and when to have, as well as selecting the means of accomplishing these ends. This study is concerned with MFPMs for male and focused mainly on male condom, vasectomy and gossypol. Vasectomy involves a surgical procedure that severs or blocks the tubes (vas deferens) which carry sperm to the ejaculatory ducts. Gossypol, which is administered orally or through injection, is a synthetic compound that suppresses sperm production, while condom is a close-fitting rubber worn over erect penis during sexual intercourse to prevent pregnancy and the spread of sexually transmitted diseases. The task here is to probe their

conception or understand of these methods. What people believe about these methods can affect their attitudes and tendencies to adopt them.

Data from the study indicate a high knowledge of condom among the participants. Although there was a general lack of knowledge of vasectomy, some of the participants claimed that they have heard about method, and only few of them said they know gossypol. Of these three modern methods, condom is the most widely used, but many of the respondents noted that they were not regular users of condom, even in sexual situations where they do not want pregnancy. None of the participants reported ever-used of vasectomy. In fact, the body language and reactions of some of the participants on vasectomy revealed a general disdain for the procedure. About half of the respondents showed interest in gossypol and indicated that they would not mind using the method if it is available and safe; although some of the participants remained negative in their responses about the adoption of gossypol.

Probe questions to dig into why high level of knowledge of male condom is not translating into high level of use; and why many of the respondents showed negative reactions to vasectomy revealed some misconceptions. These misconceptions appeared to be the bases of their fears and concerns about the methods, especially vasectomy. For instance, one of the participants noted the following on vasectomy:

> Yes, I know the method. People do it to their dogs and goats if they want them to grow well, and the animals cannot meet female animals like them (IDI/27/8/2015/ Ika South/Rural).

From the response above, it is clear that vasectomy was misconceived as castration by the participant. Castration is an operation that involves the removal of the testicles and makes reproduction impossible. The equation of this operation with vasectomy creates fear in the about

its adoption. Another respondent from an urban area did not equate vasectomy with castration, but expressed fear that the procedure will affect a man's sexual vigour which could make his wife look elsewhere for sexual satisfaction resulting in marital breakdown. He cited instances of women who divorced their husbands or involved in extramarital affairs because of lack of sexual satisfaction in their marriages. In his words:

> When a person is married, both partners expect sexual satisfaction. If somebody should do this operation and lose his erection, what do you expect the woman to do? She will go out and look for another man. Some will even divorce you. So, how do we know that this thing is not going to render a man useless? (IDI/2/9/2015/urban).

The fear of losing reproductive ability and sexual vitality were common among the participants as a basis for lack of willingness to adopt vasectomy. A similar response was gathered from another participant. In this case however, the fear was informed by high maternal mortality, the irreversibility of vasectomy, remarriage and procreation with a new partner who desires children. The participant gave his personal experience to illustrate why it is not advisable for a man to undergo vasectomy. Listen to part of his responses:

> As a pharmacist, vasectomy is well known to me. But, is a difficult thing to undergo because one cannot tell what will happen. Look at me for instance, I lost my wife after four children. I later remarried and my new wife needed us to have children together, and we have two children together, making six. When I married my late wife, nobody knew what will happen. Supposed I had gone ahead to perform vasectomy, I might not have been able to remarry. For me, condom is OK, although some people don't like it (IDI/30/8/2015/urban).

Beside the fear or misconception on vasectomy, data also suggest that people associate the lubricant on condom with cancer. During an IDI section with a participant in Ughelli North, the participant made clear his dislike for condom in a very vocal manner. Part of his responses on attitude towards male condom is shown below:

> What if the chemical is not good for a woman's body, it can mix with her blood and cause health problem. Do we know what they used in manufacturing the chemicals? There are different diseases like fibroid, cancer and high blood pressure among women. These things were not happening before. The chemicals they use in manufacturing condom can mix with a woman's blood, even the man's blood and begin to cause problem. God has created everything to make sure that when a woman reached a particular age, she will stop bearing children. Tell me sir, what is the need for condom? (IDI/15/11/2015/Ughelli North/DC).

From the foregoing, it can be argued that a major factor in the lack of willingness to adopt certain male methods of family planning is the misconception/concerns surrounding the methods such as the view that vasectomy will lead to impotence and that condom's lubricant is likely to be cancerous. Similar findings in a study in Ghana have been documented (Adongo et al., 2014).

Challenges with the Adoption of Male Methods

Beyond the issues of misconceptions and concerns on the adoption of these methods, difficulties or challenges that people experience can stand in the way of attempts to adopt modern family planning methods. These challenges range from provider's attitude, costs of service, through condom tearing or slipping off during sex. For instance, some of the study participants reported the challenge of availability of the methods, including condom, as an obstacle to adoption of MFPMs. Some others noted that condoms tend to burst or slip off during sexual intercourse. On

the challenge of availability, a participant in an urban area who revealed that he does not adopt condom regularly noted as follows:

> There are sometimes that a person comes across somebody somewhere which may offer an "opportunity" to, you know what I mean? That is, two of you agree to enjoy yourselves, but you don't have condom because you did not plan it, and you don't want to miss the "opportunity", you can go ahead. The girl can take care of herself (IDI/5/10/2015/urban).

It can be gleaned from the above response that what was in force and responsible for the behaviour of the respondent is the common assumption in many societies in Africa that, the responsibility for birth control and contraception fall on women because they have more at stake in preventing pregnancy (Casterline & Sinding, 2000). Nonetheless, interest in males' adoption of modern contraceptives is not a matter limited to fertility regulation. Reproductive health issues and spread of diseases such as HIV/AIDS are very important consideration. Therefore, the tendency among men to ignore the epidemiological and health implications of lack of contraceptive use in a casual sexual context poses serious public health concern in era of HIV/AIDs and spread of sexually transmitted infection (STIs). This situation evokes the questions posed by Christine Varga years ago on "why knowledge of potential negative consequence of risky sexual acts appears to have little effect in reducing risky sexual behaviour?" (Varga, 2000:45).

Misconceptions and Concerns Relating to Wife

A substantial aspect of literature on male reproductive health behaviour suggests that many men oppose their wives' attempt at adopting MFPMs. The reasons for this are divergent. While anecdotal evidence indicates that such behaviour stems from the sense of possession that some

men have towards their wife, such as the view that a man should have unrestrained access to his wife without fear, a segment of literature suggests that the fear that a woman will become promiscuous if her husband begins to adopt a modern family planning method with her, or allows her to adopt family planning methods (Casterline & Sinding, 2000; Nnorom, 2005). Only a few of the participants gave responses that support the idea that allowing wives to adopt contraceptives would lead to infidelity. Here is the response of a participant who claimed to be a transporter and responded in the negative to a question on support and approval of wife's use of MFPMs:

> No. I won't allow my wife to use family planning. You don't give women chance because they can do anything. See, let me tell you. Women can easily be deceived. If you allowed her to be using family planning, she can go outside and use it. But if you don't allow her, and you are not around, if she goes outside, you will know when she becomes pregnant (IDI/2/9/2015/urban).

The participant was unmistaken in his disapproval and recounted what he claimed was an experience of one his colleagues to support his stance. He made his point clear both verbally and by body movements such as shrugging his shoulders and snapping his fingers to symbolize his abhorrence for the idea.

Another respondent gave a similar response in support of the view that some men exhibit negative attitudes towards adoption of modern family planning methods with their wives because of the suspicion that their wives might begin to engage in extramarital affairs. In this instance, the participant noted that he was not in support of having many children, especially if the man

cannot cater for all of them. However, he was strongly opposed allowing married women to adopt MFPMs. In his words:

> Don't trust women. If you allowed them, then you have given them the chance to do what they like. My wife knows I don't like, yet I caught her one day with this tiny pipe women put near their armpits. When I asked, she said she only got it, but was not using it. But I know she was using it from the way she was behaving that day. I asked her: so you are using this thing without telling me? It means you are going outside. When I threatened to report her to our family members, she started begging. Women are too stubborn. It is better not to use it with your wife (IDI/5/9/2015/urban).

When the participant was prompted further on why he believed that a man's adoption of modern family planning methods with his wife will make her become promiscuous? He could not provide a convincing explanation, but based his believe on his feelings and existing anecdotes. He however pointed out that extra marital affair is now rampant across both sexes, and attributed the phenomenon to premarital sexual activities.

There fear and suspicion of the participant who worked as a transporter could have been influenced by the nature of his work. Being a commercial driver who was always away from home and lacked trust for his partner (coupled with the experiences of infidelity of others), the tendency for the level of concern he expressed cannot be ruled out. The act of extramarital sexual relationship among women in many societies in Africa is an act that is viewed as an aberration with serious social and moral consequences. While most men in Africa involve in extramarital sexual relationship, and even openly marry multiple wives (Isiugo-Abanihe, 2003), it is almost a taboo for a woman to engage in open extramarital relationship. There are however, indications that some women engage in extramarital relationship secretly (Singh, Bodh & Sinha, 2005), but

it is generally frowned at and loathed by others if it is discovered. In fact, among the Anioma people of Delta State in Southsouth Nigeria, there are existing local tales that a married woman sleeping with another man secretly will attract misfortune to her family such as causing her husband to become wretched and bring death of her children beginning with her youngest child. And if her husband continues to eat food prepared by her, he too will die in no time. Consequently, many men do everything possible to avoid its occurrence. What appears to be somewhat tolerated among women in Anioma society in particular, and Africa in general, is sequential polyandry. This is the practice by some women to get married to a man, divorce him after one or two or more children, marries another man and repeats this in sequence.

Furthermore, earlier studies in Africa suggest that another reason many men in societies in Africa do not care about family plannin is because, in Africa, bringing up a child is collective responsibility of the kin group. So, it is easy for husbands to father a child and pass on the costs and responsibility of rearing the child to the mother and other family members (Fapohunda & Todaro, 1988, cited in Caldwell & Caldwell, 2000). With recent changes in the family system leading to the evolution of family neuclation, the practice is expected to reduce in importance.

Discussion of Findings

Low level of participation in modern family planning among men has made efforts at limiting fertility in Nigeria difficult. This study sought to understand some underlying misconceptions and concerns that tend to inhibit men's sufficient participation in MFPMs. It was showed that a segment of the male population tends to associate vasectomy with castration, while condom and gossypol were thought to contain substances that are likely to be cancerous. These misconceptions call for reorientations to correct existing local tales and beliefs about the

methods in order to stimulate their uptake by men. Though it might be admitted that vasectomy poses a question of reversibility after the operation (which makes the fear of those who may want to remarry or bear more children in the event of lose of spouse or children, justifiable), there is no evidence to suggest that vasectomy is associated with the loss of sexual vitality as supposed by a segment of the participants.

Furthermore, condom and gossypol were thought of as containing cancerous substances. This misconception tends to discourage some users from adopting the methods. However, the study showed a low knowledge of gossypol. Nonetheless, there is no existing evidence to support the view that the substances these methods contain are cancerous. Gossypol had been used in China and parts of Europe. The use of the substance is said to be associated with some side effects such as hypokalemia (a medical term use to describe a condition of low level of potassium in the body) (WHO, 2000). However, the position of WHO has been contested by some researchers who observed that the association of gossypol with hypokalemia was misinterpreted. They argued that the incidence of hypokalemia found among some subjects was as a result of diet and genetic predispositions (Coutinho, 2002; Gu et al., 2000; Yu & Chan, 1998). Coutinho posits that the only concern at present on the use of gossypol is the lack of complete reversibility in about 20 percent of subjects. The author recommends that gossypol should be prescribed to men who have completed their fertility; and that the lack of reversibility found among some subjects should be seen as an advantage that makes gossypol an alternative to vasectomy. He added that studies in China, Africa (Kenya) and Brazil demonstrate unequivocally that gossypol is well tolerated, and no side effects have been recorded to necessitate discontinuation.

There was equally indication that high level of maternal and child mortality act to inhibit adoption of modern methods of family planning for male. This revelation came from one of the

participants who disclosed that he lost his first wife and had to remarry. According to him, if he had undergone the procedure, his second marriage would have failed because his subsequent wife insisted on having children. Thus, high level of maternal and child mortality are detrimental to favourable attitudes towards modern family planning among men. With Nigeria listed as the leading contributor to maternal death figures in sub-Saharan Africa and recording about 59,000 maternal deaths annually, the negative impact of mortality on male involvement in modern family planning in Nigeria is likely to persist if the situation is not addressed (Awe, 2009; Babalola & Fatusi, 2009).

Conclusion and Recommendations

The impetus that prompted this study was the concern about low level of adoption of MFPMs among men and its consequences in Nigeria, with a focus on Delta State. The study examined the nature of concerns and fears that men entertain on the use of MFPMs. These fears are believed to influence their lack of adequate adoption of MFPMs. The study revealed a low level of knowledge of vasectomy. A segment of the male population tends to associate vasectomy with castration, while condom and gossypol were thought to contain substances that are likely to be cancerous. Some men feared that performing vasectomy could make them childless or make it impossible to achieve their desired fertility should their wives or any of their children die. There were reports on cost and availability of these methods (including condom) as barriers to their adoption, especially in the rural areas. Also, a section of the participants noted that condoms tend to burst and slip during sex and tended to discourage its adoption after such experience; and others entertained the fear that adopting MFPMs with their wives could make the women to engage in extramarital sexual relationship. The study concluded that these concerns and misconceptions operate as barriers to adequate adoption of MFPMs among men.

On the basis of these findings, the following recommendations are presented:

1. Intensive reorientation on vasectomy to change the misconception about its association with impotence. Vasectomy is popular in countries like India and China, and it is beginning to make inroad in Kenya. Men who have reached their desired family size can be encouraged to undergo the procedure in Nigeria.

2. Cost and availability of these methods were reported as barriers. Consequently, fully-subsidized family planning clinics for male should be established and popularised across the country so that those who desire the services can afford them.

3. To mitigate instances of condom burst or slippage during sexual intercourse, condom manufacturers should obtain the average sizes of erect penis across the country. Condoms should have their sizes indicated, and individuals should be encouraged to take measurement of their erect penis to know their specific sizes.

4. It was found that lack of willingness to adopt vasectomy is associated with maternal and child mortality. Thus, this can be addressed by intensifying efforts to improve the quality of life and increase life expectancy. The current life expectancy of 52 years for male and 54 years for female is unacceptable. If countries that are less endowed such as Togo can have life expectancy of 59 years for male and 61 years for female, and Ethiopia with 63 years for male and 67 for female, there is no reason Nigeria should not do better.

It is hoped that, if these recommendations are considered and properly implemented, there will be greater male involvement in MFPMs leading to fertility decline, restricts annual population growth rate, reduce incidences of unwanted pregnancy and induced abortion in the country.

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