

Social and Demographic Contexts of Postpartum Family Planning and Desired Family Size Among Men in Delta State, Nigeria

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Abstract

This study explored the social and demographic contexts of adoption of family planning methods by men during their wives' postpartum and desired fertility. The study involved a cross-sectional survey among 800 respondents in Delta State, Nigeria. Somer's delta, t-test and logistic regression were adopted for analysis. Age at marriage was not related to men's use of contraceptives during wives' postpartum. Men who had visited family planning clinic were 0.303 more likely to use contraceptives than those who have not. Urban men were 0.614 times more likely to support their wives than their rural counterparts. There was a statistically significant positive relationship between number of children in a man's family of birth and desired family size with $d=0.186$, $p<0.05$. Among others, it was recommended that family planning clinics for male be established across the states, and the optimum number of four children in the National Population Policy be extended to men.

Keywords: Family, clinic, interval, Delta, size, postpartum,

Introduction

Despite about three decades of efforts to reduce maternal mortality and population growth rate in Nigeria through the instrumentality of population policy, the country continues to bear the highest burdens of pregnancy-related deaths in Africa. For instance, it is estimated that about 97% of annual pregnancy related deaths that occur globally is in the developing countries, and Nigeria alone accounts for over 10% of this figure (Awe 2009; World Health Organization [WHO] 2005). With an annual population growth rate of 3.18% and ideal number of children of six and seven for men and women respectively, the country has one of the highest population growth rates in the world. When the effects of early marriage (and numerous pregnancies or births that are sometimes associated with it) on maternal mortality and high fertility are isolated, short birth interval becomes the only most important factor of high fertility and maternal/child mortality. This is more so in Nigeria given the slight increase in the median age at first marriage from 17.3 year to 19 years (National Population Commission [NPC] & ICF International 2014).

Short birth interval is an outcome of inadequate or lack of adoption of family planning methods during postpartum and extended postpartum period. Focus on Postpartum period (PPP) illuminates a unique aspect of high fertility and maternal and child mortality and morbidity. Postpartum period generally refers to the period following childbirth among women and ranges from the first 40 days following delivery, through extended postpartum regarded as the first one year after delivery. Research attention on PPP is concerned with the implications of short pregnancy intervals for fertility level and maternal and child health. An interval of 36 months between two subsequent births is given as optimal birth interval (WHO 2010). It is acknowledged that prevailing social and cultural expectations in reproductive behaviour may inhibit the attainment of optimal birth interval, but for effective family planning and

maternal/child health, it is recommended that women should avoid pregnancy after the previous delivery for a period not less than eighteen months (Tuncalp, et al. 2014). Men's use of modern family planning methods with their wives during postpartum, otherwise known as postpartum family planning (PPFP), is an essential component of reproductive health dynamics that affects fertility level and maternal and child health. Studies indicate that many women would want to avoid, or at least, delay subsequent pregnancy shortly after delivery, even though they may resume sexual activities. Glazener (1997) notes that 71% of women in postpartum resume sexual intercourse eight weeks after delivery, and by the 10th week, about 90% of them had resume sexual intercourse. While many nursing mothers desire to delay subsequent pregnancy shortly after, their ability to implement this demographic intention largely depends on their male partners' attitude towards modern family planning methods (MFPMs) and fertility behaviour, especially in societies with strong patriarchal ideology (Isiugo-Abanihe 1994; Tuncalp et al. 2014). In a six country study by the WHO, it was revealed that over half of a sample of breastfeeding Nigerian women who resumed sex during the normative period of postpartum abstinence said they did so on the insistence of their husbands (WHO 2001). Isiugo-Abanihe (2003) made a similar observation when he notes that husbands play significant role in shortening the length of postpartum abstinence. Citing Acsadi & Johnson (1990), Isiugo-Abanihe notes that Nigerian men, particularly those in monogamous relationships, tend to urge an end to the abstinence period.

Given the prevalence of negative attitudes towards MFPMs by African men in general, and Nigerian men in particular (Allan Guttmacher Institute [AGI] 2003; Isiugo-Abanihe 2003; Varga 2000), many nursing mothers are likely to be exposed to the risk of pregnancy with its associated consequences of unwanted pregnancy, induced abortion and repeated childbearing at short

intervals (Tuncalp et al. 2014). Although some people believe that pregnancy will not occur during postpartum because, menstruation does not return for seven to about 13 months after childbirth if there is exclusive breastfeeding (WHO 1998), however, evidence suggests that many women are far from breastfeeding exclusively in Nigeria, making breastfeeding less reliable as a form of family planning after four to five weeks of postpartum. Studies have shown that many women become fecund before menstruation returns, and there are instances of women becoming pregnant four months after delivery (Akinlo et al. 2013; Borda et al. 2010; Tuncalp et al. 2014).

The role of men in postpartum family planning appeared not have been adequately interrogated. The few existing researches in the area concentrated almost exclusively on females, notwithstanding the fact that the anthropology of the area, as in many African societies, provides overwhelming evidence of strong dominance of men in both public and private arenas including sexual and reproductive processes, such that in most conjugal units, women have no control over their body and many of them cannot adopt contraceptives without the permission of their husbands (Akinlo et al. 2014). This study investigated the correlates of fertility desire and use of MFPMs among men during their wives' postpartum period. Focus on men promises broader benefits for the society and the realization of important Sustainable Development Goals (SDGs) in terms of reducing maternal and child mortality. The study aimed to explore the influence of selected variables on men's adoption of MFPMs during their wives' postpartum and family size desire. These variables include, number of children in a man's family of orientation, migration status, visit to family planning clinic, age at first marriage and place of residence. The study investigated the nexus between the first two variables (number of children in a man's family of orientation and migration status) and desired number of children by men, while the focus on visit to family planning clinic by men and age at first marriage was to interrogate their influence on

adoption of MFPM among men during their wives' postpartum. Place of residence (urban or rural) was used to check men's approval/support for their wives' use of MFPMs.

Research Method

The study was conducted in Delta State, Nigeria. Delta State is located in the Southsouth geopolitical zone in Nigeria's geopolitical arrangement. The state was selected among the six states that make up the Southsouth (Akwa Ibom, Bayelsa, Cross River, Delta, Edo and Edo) through simple random probability sampling technique. The Southsouth geopolitical zone is one of the zones with predominantly minority ethnic groups. Theoretically, it is assumed that people from minority area tend to have negative attitudes towards family planning because of the fear that *antinatalism* would drastically reduce their population and even push them to extinction, especially in a country like Nigeria where population size is a decisive factor in the allocation of national resources (Isiugo-Abanihe 2003; Mamdani 1972; Mosher 2009; Obono 2002). Similarly, compared with the Southwest, the Southsouth geopolitical zone in Nigeria is understudied on matters of males' reproductive health. Thus, the study is essential to facilitate understanding of fertility and family planning motivations of males in the area with a view to fashioning policies and programmes that will contribute to the improvement of reproductive health of men and women in the society. Delta State has a complex ethnography which may require a brief elucidation. The State consists of two major subgroups: the Igbo subgroups such as the Ukwani, Ndokwa, Aniocha and Ika (collectively referred to as Anioma); and the Delta people comprising the Urhobo, Ijaw, Itsekiri and Isoko ethnic groups. These groups are spread across the three Senatorial Districts in the State.

The study adopted the non-experimental research design to implement the study. Specifically, the cross-sectional survey design was used to gather data. Six local government areas were

selected across the three Senatorial Districts in the State. The principal technique used for selection was the probability sampling techniques. The study population consisted of males between 15 and 64 years, based on the marriage data from the 1999 NDHS (NPC & ICF Macro, 1999). A sample size of 800 respondents was statistically determined by Yamane's (1967) formula for population sample determination. The sampling procedure that was adopted was the multi-stage. Where appropriate, simple random sampling technique and systematic sampling technique were utilized. The different ethnic groups in the State are roughly demarcated along the senatorial districts. To ensure representativeness of the sample, the State was clustered along the three senatorial districts viz. Delta North, Delta Central and Delta South. Administratively, the State is made up of 25 local government areas (LGAs) which in turn are composed of some autonomous communities or towns. Two LGAs were selected from each senatorial district through simple random sampling technique. Next was the examination of the selected LGAs to determine settings with urban and rural features. From each randomly selected LGA, one community from the rural areas, and one from the more urban areas were selected through simple random sampling technique. The study relied on the Independent National Electoral Commission (INEC) 2010 directory for Delta State to reach the wards. On the basis of INEC's directory, two wards were selected from each LGA: one from an urban area and the other from a rural area to ensure that both settings are captured. From each of the wards, four locations in form of polling units were selected through simple random sampling technique. The polling units were adopted to aid the selection of streets. Street listing was done within the locations that were selected. That was followed by the listing of identified and occupied compounds on the selected streets. Some compounds were selected through systematic sampling technique. At that level, the number of households in each compound was identified and subsequently, a household was

randomly selected, leading to the selection of an eligible respondent. Survey questionnaire was the principal instrument used in the study. The questionnaire was an admixture of both closed-ended and open-ended questions, and structured into eight sections. The instrument was pretested to identify possible errors in the questionnaire and ensure that questions were in logical sequence, comprehensible and clear to research participants. During the pretest, it was discovered that some questions had to be rearranged in order to make the questions flow in logical sequence, and a few were restructured to make the questions easy to understand by research participants. These inadequacies were addressed before the actual survey commenced. Key variables in the study were subjected to univariate, bivariate and multivariate analyses. The main descriptive statistics utilized were percentages and means or averages. Inferential analytical techniques involved both bivariate and multivariate levels. At the bivariate level, depending on the level of measurement of the variable, the analytical techniques adopted were Somer's delta (Somer's d , for short) and independent t-test. Binary logistic regression model was used at the multivariate level. The model is expressed in the following: $\text{Logit}q_i = b_0 + b_i x_i$, where q_i = the probability of outcome given a range of independent variables x_i ; b_0 is a constant, while b_i represents series of unknown coefficients to be estimated through maximum likelihood.

Results

Altogether, 800 copies of questionnaire were distributed during the survey. Out of these, 767 were completed and returned, which meant a response rate of 96%. During the process of editing and data clean-up, 19 copies of questionnaire were found to be improperly completed, and another 13 failed to meet some general validity and reliability checks and were dropped. This left a total of 735 valid cases on which data analysis and presentation of results are based. The tables showing the distribution of data are numbered serially and placed at the end of the report.

Table 1a, titled basic socio-demographic characteristics of respondents presents overall view of key background characteristics of survey respondents. Background characteristics such as age, marital status, education, employment status, income, religion and place of residence of individuals are important determinants of people's behaviour. Table 1a shows that the highest age concentration was between 35 and 44 years, and accounted for almost half, that is 45.3%, of the sample. About one-quarter (24.1%) of the respondents were between ages 35 to 39 years. This is followed by those between 40 and 44 years which make up 21.2% of the respondents. About 2.2% of them were 60 years and above. In this study, the age of respondent was captured as the completed age or age at last birth date. The mean age of the respondents was 36 years. Cumulatively, most of the respondents were between ages 15 and 59 years. This is very relevant to the expressed focus of the study: the more sexually active population and more likely to still bear children (Isiugo-Abanihe 2008).

Data on marital status of respondents in the table revealed that a sizeable proportion of the respondents was in marital union at the time of the study. In Nigeria, marriage is universal and it is seen as an important indicator of a responsible personhood among men in most cultures. So, marriage is generally expected. As the Table 1a indicates, 62.4% of the respondents were married, while 34.8% were single (never married). About 1.0% of them were widowed, and 1.0% were separated; while 0.8% were divorced. The percentage of respondents in marital union in the study was higher than the 56.7% and 49.1% reported in earlier studies among men ages 15-64 in 1999; and 15-49 years in 2013 respectively in the Nigerian Demographic and Health Survey (NDHS) (NPC & ICF Macro 1999; NPC & ICF International 2014). The fact that the majority of the respondents were married is very relevant to the study, because information gleaned from married men are more likely to reveal male fertility, sexual behaviour and the

dynamics of family planning within conjugal context and its implications for family size, child-spacing and mother and child health (Orubuloye 2004; WHO 2010, 2015). Furthermore, Table 1a shows that over one-third of the respondents (40.5%) had up to secondary school education, while 53.1% of them had up to tertiary education. The percentages of those with primary school education and no formal education are 4.1% and 0.8% respectively. Though the high number of those with primary and more education is welcome, the 0.8% of the respondents without formal education shows that the declared target of Nigeria's Universal Basic Education (UBE) programme to ensure that every Nigerian child acquires a minimum of nine years of basic education is yet to be actualized among males in the area. On religious affiliation, the table revealed that 90.3% were Christians, while Muslims constituted only 1.0%. Those who are affiliated to one form of traditional religion or the other constituted 4.8%. Only about 0.4% revealed that they share faith with other religions different from Christianity, Islam and Traditional religion. As the data indicate, most Nigerians identify with one form of religion or the other. But the two most popular religions in the country are Christianity and Islam. The preponderance of those affiliated with Christianity in the study is a reflection of the nature of religion in Southsouth Nigeria, which is an area with predominantly Christian population. The few Muslims captured in the study might actually be migrants from the northern part of the country.

Table 1b is a continuation of socio-demographic characteristics of respondents. The table shows that more than half (64.4%) of the respondents had one form of employment or the other; while 31.2% were unemployed at the time of the survey. The high percentage of the unemployed might lead to high dependency burden and high crime rates. In fact, the study location is noted for the recurrent crisis by Niger Delta militants. Thus, there is need for greater efforts to tackle

unemployment in the region as way of engaging idle hands constructively. Table 1b equally revealed that about 20.7% of the sample earned less than the existing national minimum wage of ₦18,000 (eighteen thousand naira per month) at the time of the study, and 14.7% of them earned ₦100,100 (one hundred thousand, one hundred naira and above). The average income of the respondents was ₦75,037 (seventy-five thousand, thirty-seven naira). The data indicated that a significant number of people are earning less than the national minimum wage. This means that some of these people will find it difficult to meet their basic human needs especially, as a result of the current high rate of inflation in the country.

Similarly, the table demonstrates clearly that majority of the respondents were non-migrants in their location of study. Specifically, 64.8% of the respondents were non-migrants, while 35.2% were migrants. According to Table 1b, almost equal number of people from urban areas (51.3%) and rural areas (48.7%) participated in the study, with people from urban settings slightly exceeding their rural counterparts. This almost equal number of participants from rural and urban is representative of the two areas in the study. It is also an important reflection of the existing percentage of urban population in Nigeria which currently stands at 50% (Population Reference Bureau [PRB], 2018). Furthermore, to understand the true state of employment among the respondents, the study tried to obtain information on the nature of employment in order to capture what data on employment status could not reveal. From the table, students constituted about 26.0% of the respondents, while apprentices make up 3.8%. Those who claimed to be self-employed formed 38.1%, and respondents in paid-employment constituted 22.6%. Retirees and unemployed constituted 1.1% and 3.4% respectively. It has become clearer from the analysis on the nature of employment that many of the respondents who indicated earlier that they were unemployed (where unemployment was 31.2%) might actually be engaged in one form of

economic activity or the other. Many Nigerians tend not to consider themselves employed if they are not working in organized sector. Sometimes, when people are asked whether they are employed or not, they reply that they are not employed, but just managing a particular money-making activity. So, statistics on unemployment in Nigeria should always be taken with some cautions.

Bivariate Analysis

Five hypotheses were tested in the study. They are: H₁: Men whose parents have few children are less likely to desire large family size than those from families with large number of children. H₂: Migrant men are more likely to have preference for small family size than non-migrants. H₃: The higher the age at marriage among men, the more likely they will adopt family planning methods during their wives' postpartum period. H₄: Men who have ever visited family planning clinic are more likely to use a modern family planning method with their wives during postpartum period than their counterparts who had never visited. H₅: Men who live in urban areas are more likely to support their wives' adoption of modern family planning methods than their counterparts in the rural areas.

The analysis of data on postpartum family planning involved only men who were in marital relationship and whose wives had experienced child birth. The questionnaire item that elicited information on postpartum family planning required the respondents to indicate, in weeks and months, how long it took before they resumed sexual intercourse with their wives after a new birth. A follow up question asked whether they used a MFPM when they resumed sexual intercourse with their wives after a new birth; and to indicate the method used, if the response was positive. Question on desired family size was directed at all the respondents, married and unmarried, at the time of the study. For those already married, information on number of living

children was generated from them through systematic and logical arrangement of questions. A follow up question was systematically asked to determine how many more children they wanted if God permits. The questions were designed in ways that would appeal to the people because, in some cultures in Nigerian society, it is considered offensive to ask people directly about the number of children they have. In general, many families avoid counting their children and abhor such questions. Among respondents who were unmarried at the time of the study, information on desired family size was captured by asking them to indicate how many children they would like to have.

Table 2 titled Somer's d 's directional measures on number of children in a man's family of orientation and desired family size is the result of a Somer's d test on number of children in a man's family of orientation (independent variable) and desired family size (dependent variable). The test shows a moderate positive relationship between the independent and dependent variables, which is statistically significant with $d=0.186$, $P < 0.05$. Given that Somer's d is a proportional reduction in error measure, we can say that knowing the number of children by a man's father improves our prediction of respondents' family size desire by about 19%. A similar finding has been documented by Isiugo-Abanihe (2003) in an earlier study in a different part of Nigeria. In that study, Isiugo-Abanihe notes that, "men who grew up in large families tend to emulate their fathers by having many children" (p.45). However, findings from studies in some societies in East African appear to contradict Isiugo-Abanihe's conclusion. For instance, in their study in Eritrea, Woldemicael and Beaujot (2011) revealed that men who were from small-size families tend to have large number of children presumably to catch-up or fill the vacuum left by their families' inability to bear many children. In some cases, the men were urged by their parents to marry early or go into *polygyny* to increase the size of the family and make up for

what his parents could not achieve. The interest of the present study in these variables was to further check the relationship between the two variables amid different submissions from different studies in different cultural settings. Given that the finding of this study corroborates the result of Isiugo-Abanihe (2003), it could be argued that the variance with the result of the East African study might be a reflection of the differences in the societies with divergent socio-cultural dynamics and expectations. Thus, whereas men from small family size in societies in East Africa tend to desire large number of children, it is those from large-size families in West Africa, with specific reference to Nigeria, that prefer large family size. This declaration is however not with a tone of finality considering that culture is dynamic.

Tables 3a and 3b are the outputs of group statistics and independent sample test on migration status and desired family size. The test results showed that there is no statistically significant difference between the mean number of children desired by non-migrants (Mean [m] = 2.46, Standard deviation [s] = 0.815) and the mean number desired by migrants (m = 2.50, s = 0.804, $t(696) = 0.586$, $p = 0.558 > 0.05$ alpha (α) level. An earlier study by Milewski (2010) observed that migrants tend to desire large family size than non-migrants, and that fertility among non-migrants is usually lower than that of migrants. However, this study found no evidence to support the hypothesis.

Multivariate Analysis

Three key independent variables constituted the principal focus of the multivariate analysis. They are: age at marriage, visit to family planning clinic, and place of residence among men. These were included as predictor variables in the regression model. The outcome variables are, use of modern family planning method (MFPM) during wife's postpartum period (PPP) and support for wife's use of MFPM. Each outcome variable was dichotomous (i.e., binary or 0-1).

The binary responses are the use of MFPM during wife's PPP or not, and support for wife's use of MFPM or not. Each of these was related to a set of categorical predictors.

Table 4 shows the result of logistic regression model in which age at first marriage by men and visit to family planning clinic were included as key independent variables. In the model, age at first marriage failed to be a significant predictor of men's use of MFPMs during their wives' PPP. However, the decision by a man to use MFPM with his wife during her PPP is determined by ever visit to family planning clinic. So, relative to men who had never visited family planning clinic, those who had visited were 0.303 times more likely to use MFPM during their wives' PPP. On the number of children in a man's family of birth and adoption of MFPM during PPP, only the second category was found to be significant.

Table 5 is logistic regression coefficients and odds ratio showing the effect of explanatory variables on men's support for wives' use of MFPM. It represents a regression model to identify likely predictors of support for wives' use of MFPM among men. Though the variable of interest is essentially the place of residence (i.e., urban or rural), the model indicated that such variables as level of education, ever-visit to family planning clinic, as well as place of residence have significant influence on men's support for their wives' use of MFPM. Thus, relative to men in rural areas, men in urban areas were 0.614 times more likely to support their wives' use MFPM. Support or approval of wife's use of family planning methods is an important component of spousal decision-making process that affects women's reproductive health. In many families in Africa, women cannot take decision regarding their reproductive health independently (Adongo et al. 2014; Isiugo-Abanihe 2003). Consequently, they are unable to adopt MFPMs without the approval of their husbands. This often affects women's ability to access safe, voluntary family planning methods to meet their reproductive health needs. It has been noted elsewhere that

women's (in this case, African women) inability to determine the state of their reproductive health is a violation of an essential aspect of their human rights, and that access to family planning is central to gender equality and women empowerment, as well as key factor in poverty reduction (UN 2015; World Bank 2012). Evidence from anecdotes among women suggests that many try to adopt MFPMs secretly without the knowledge of their husbands. The consequence of this secrecy is that some women have been accused of infidelity when it is discovered by their husbands. In some instances, it resulted in lack of trust and marital instability.

Discussion of Findings

The study focused on social and demographic contexts of postpartum family planning and desired family size among men in Delta State, Nigeria. Literature on reproductive health demonstrates that a substantial number of Nigerian women resume sexual intercourse shortly after given birth. These women engaged in sexual intercourse even within the normative period of postpartum abstinence on the insistence of their husbands (Isiugo-Abanihe 2003). Thus, men's adoption of MFPMs is critical to addressing the high burden of negative reproductive health outcomes such as high level of fertility, unintended pregnancies, induced abortion and maternal and child mortality in the country.

In this study, five hypotheses were formulated to test the influence of a number of variables on men's use of MFPMs during their wives' postpartum, support for wives' use of MFPMs and desired family size among men. Results indicate that age at marriage among men has no relationship with usage of MFPMs during their wives' PPP. The rationale for exploring this relationship stemmed from the need to examine the "catching up" syndrome: the tendency by men who marry late to rush their wives into pregnancy in order to produce as many children as

possible within a short interval. It is presumed that the tendency by men to quickly get their wives impregnated shortly after a recent birth will preclude the possibility for the adoption of MFPMs by the men. Nonetheless, evidence from this study did not support the hypothesis. However, the study found that men's visit to family planning clinic or facility was related to men's adoption of MFPM during wives' PPP. The regression model indicated that men who had ever visited family planning clinic were more likely to use a MFPM during their wives' PPP than their counterparts who had not. Akinlo et al. (2013) documented a similar finding. But in Akinlo et al.'s study, the focus was on the association between usage of maternal health care utilization and postpartum contraception among women in Nigeria, and the relationship was positive.

The positive relationship found between men's utilization of family planning clinic and postpartum family planning in this study calls for the establishment of a system that can encourage more men to visit family planning clinic to increase their tendencies for modern family planning uptake during their wives' postpartum period. Studies have shown that male involvement in MFPMs during their wives' PPP helps women who have recently given birth to avoid exposure to the risks of unwanted pregnancies and maternal death through appropriate birth-intervals, as well as minimize fertility rate (WHO 2015).

Similarly, place of residence was found to be positively related to men's support/approval for their wives' usage of MFPMs. Despite international treaties and national legislations that endorsed the rights of women over issues that directly affect their health and lives, many women across societies in Africa will need the approval of their husbands to adopt MFPM (Isiugo-Abanihe 2003; Odimegwu et al. 2014). Men's support/approval for their wives' usage of modern family planning methods is an important element in the mix of the variables that enhance

women's reproductive health, and this support also expresses itself during obstetrics emergencies.

Furthermore, the study showed that the number of children in a man's family of birth, or orientation, is positively related to his desired family size. This finding has implications for the existing population policy in Nigeria. If the Nigerian government is serious about curbing rapid population growth rate, restriction should be imposed on the number of children a man should have. This will have a directional effect on subsequent generations' family size desire. Nigeria can borrow the example of China or, at least Singapore, in tackling its problem of rapid population growth by making the family or couple the unit of focus, rather than concentrating on only women. A similar pathway to discourage high fertility is to encourage school enrollment up to tertiary level for females. Enabling females to access and engage in education can engender attitudinal and perceptual changes about traditional value attached to copious reproduction, as it were, in some cultures and families in Nigeria. For instance, it is reported that among the *Mbaise* in Southeastern Nigeria, having large number of children is associated with a degree of symbolic significance in the life of a woman, and such reproductive feat is celebrated around the concept of *Igbu Ewu Ukwu* (to slaughter a giant goat) ceremony (Isiugo-Abanihe 2003; Oduwobi and Iwuagu 1997). This honour is conferred on a woman when she gives birth to the tenth child, and many mothers take pride in proclaiming their prolific reproduction. In this way, large number of children is transformed into an important source of social status, huge economic investment and security. The implication of this practice is that younger generations of women in the society may begin to aspire to *Ewu Ukwu* status in their quests for social recognition.

Another variable that was investigated to see if it exerted any influence on desired number of children was migration. The need to examine migration stemmed from the assumption that the

level of fertility is usually lower among migrants than non-migrants (Milewski 2010), while some other scholars (e.g., Ataka and Ohtsuka, 2008) argue that migrants are inclined to reproduce and multiply their numbers in their destination areas. This study however found no relationship between migration status and desired number of children.

Conclusion and Recommendations

Over the years, efforts at addressing high levels of fertility and adverse reproductive health outcomes, such as high maternal/child mortality and morbidity, in many societies in sub-Saharan Africa, with particular reference to Nigeria, tended to neglect the centrality and contributions of men to sexual and reproductive processes (AGI 2003). The persistence of these problems makes it clear that men should form the principal focus of research attempts at interpreting the sources of these problems. Although scientific attempts had been made in the past to understand male fertility and sexual behaviours in Nigerian society, there is little or nothing to suggest that sexual behavior and attitude towards MFPMs among men during their wives' postpartum have been adequately explored. This study concludes that men's visit to family planning clinic tends to facilitate their adoption of MFPM during wives' PPP, and that living in an urban area by men increases their likelihood of giving approval and support to their wives' use of MFPMs. Also, a positive relationship exists between the number of children in a man's family of orientation and his desired family size. Following these findings, the recommendations below are provided as a way forward:

- 1). The establishment of family planning clinics for males across the states in the country: The finding that visit/utilization of family planning clinic by men is positively related to their adoption of MFPM during their wives' postpartum period calls for the establishment of modern family planning clinic across the states of the federation. Married men should be required to

register in a family planning clinic and obtain a registration card. To ensure compliance, the possession of such card should be made an important mark of eligibility to access certain essential public services.

2). Extension of the limit of four children in the national population policy to men: Number of children in a man's family of birth was found to be an important determinant of men's desired family size. To reduce desired family size among men and control future fertility level, there should be limit to the number of children men should be allowed to have. Consequently, the recommendation in the country's population policy which limits the number of children a woman can have to four children should be extended to men. However, the policy can be varied to allow certain categories of men, such as those with physically challenged children, to have more (if they so desire). On the other hand, men, especially those who have achieved their desired family size, should be encouraged to perform vasectomy. This will eliminate the incidences of bearing children beyond the desired number, as indicated in the 2014 NDHS. In all events, the country's family planning programme should be tailored to meet the needs of various unique groups of men.

3). Adequate investment in rural development to increase the level of urbanization: Living in urban area was found to be related to men's support for wives' use of MFPMs. Currently, Nigeria is 50% urban (PRB, 2018), and represents a two-point increase from 2016 figure of 48%. Efforts should be intensified towards infrastructural development to increase the level of urbanization in the country. This should be done alongside the provision of better family planning services at both settings.

4). Greater emphasis should be placed on the need for men to support their wives' rights and access to family planning services. Men should be encouraged to increase their uptake of MFPMs to promote their sexual and reproductive health and that of their sexual partners.

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Tables

Table 1a Basic Socio-Demographic Characteristics of Respondents

Background Characteristics	Frequency	Percent
Age Group		
15-19 years	30	4.1
20-24	73	9.9
25-29	99	13.5
30-34	78	10.6
35-39	177	24.1
40-44	156	21.2
45-49	54	7.4
50-54	23	3.1
55-59	29	3.9
60 >	16	2.2
Mean Age: 36 years		
Marital Status		
Single	256	34.8
Married	459	62.4
Widower	7	1.0
Separated	7	1.0
Divorced	6	0.8
Level of Education		
None	6	0.8
Primary	30	4.1
Secondary	298	40.5
Tertiary	390	53.1
No response	11	1.5
Religion		
Christianity	664	90.3
Islam	7	1.0
Traditional	35	4.8
Others	3	0.4
No response	26	3.5
Total	735	100.0

Table 1b. Basic Socio-Demographic Characteristics of Respondents: Continued

Variables	Frequency	Percent
Employment Status		
Employed	473	64.4
Unemployed	229	31.2
No Response	33	4.4
Level of Income		
< ₦ 18,000	152	20.7
18,000 – 50,000	271	36.8
51,000 – 100,000	199	27.1
101,000 >	108	14.7
No Response	5	0.7
Mean income : ₦ 75,037		
Migration Status		
Non-Migrants	476	64.8
Migrants	259	35.2
Type of Residence		
Urban	377	51.3
Rural	358	48.7
Nature of Employment Status		
Student	191	26.0
Apprentice	28	3.8
Self-Employed	280	38.1
Paid-Employment	166	22.6
Employer	6	0.8
Retired	8	1.1
Not employed	25	3.4
No response	31	4.2
Total	735	100.0

Table 2. Somer's *d*'s Directional Measures on Number of Children in a Man's Family of Orientation and Desired Family Size

	Value	Asymp. Error	Std.	Approx. T	Approx. Sig
Symmetric	.188	.033		5.700	.000
Number of Children in Family	.190	.033		5.700	.000
Dependent					
Desired No. of Children	.186	.033		5.700	.000
Dependent					

Table 3a. Distribution of Migration Status Among men By Desired Family Size
Group Statistics

	Migration Status	N	Mean	Std. Deviation	Std. Error Mean
Desired No. of Children By Group	Non-Migrants	454	2.46	0.815	0.038
	Migrants	244	2.50	0.804	0.051

Table 3b. Independent Sample Test

		Levene's Test for Equality of variance		<i>t</i> -Test for Equality on Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	95% CI	
									Lower	Upper
Desired No. of Children by Group	Equal variance assumed	0.009	.929	-0.586	698	0.558	-0.038	0.064	-0.164	0.089
	Equal variance not assumed			-0.589	503.163	0.556	-0.038	0.064	-0.164	0.088

Table 4. Logistic regression coefficients and odds ratio showing the effect of selected explanatory variables on men's likelihood of using modern family planning method with wife during postpartum

Variables	Coefficient	S.E	Sig.	Odds Ratio	95% CI	
					Lower	Upper
Age At First Marriage						
15-24	-.105	.650	.871	.900	.252	3.216
25-34	-.071	.607	.907	.932	.283	3.063
35-44	.111	.630	.860	1.117	.325	3.840
45-54 (RC)				1		
Men Been to Family Planning Clinic						
Ever Visited	1.194	.337	.000	.303	.157	.586
Never Visited (RC)				1		
Children in a Man's Family of Orientation						
1-2	-.314	.398	.431	.731	.335	1.594
3-4	.939	.410	.022	2.558	1.144	5.716
5-6	.369	.250	.141	1.446	.885	2.362
7 > (RC)				1		
Place of Residence						
Urban	.172	.209	.413	1.187	.787	1.790
Rural (RC)				1		
Migration Status						
Non-Migrants	.049	.221	.825	1.050	.681	1.620
Migrants (RC)				1		

Employment Status						
Employed	-.374	.267	.161	.688	.407	1.161
Unemployed (RC)				1		
Level of Education						
Primary (RC)				1		
Secondary	-.537	.487	.270	.585	.225	1.518
Tertiary	-.439	.480	.361	.645	.251	1.653

CI=confidence interval; RC=reference category.

Table 5. Logistic regression coefficients and odds ratio showing the effect of explanatory variables on men's support for wives' use of modern family planning method

Variables	Coefficient	S.E	Sig.	Odds Ratio	95% CI Lower	Upper
Level of Education						
Tertiary	1.411	.516	.006	.244	.089	.671
Secondary	-.701	.522	.179	.496	.178	1.380
Primary (RC)				1		
Age At First Marriage						
45-54	-.182	.600	.761	.833	.257	2.703
35-44	-.383	.382	.317	.682	.322	1.443
25-34	-.554	.339	.103	.575	.295	1.118
15-24 (RC)				1		
Men Been to Family Planning Clinic						
Ever Visited	2.288	.457	.000	.101	.041	.248
Never Visited (RC)				1		
Place of Residence						
Urban	0.488	.188	.010	.614	.424	.888
Rural (RC)				1		
Migration Status						
Non-Migrants	.247	.193	.200	1.280	.878	1.867
Migrants (RC)				1		
Employment Status						
Employed	-.070	.215	.743	1.073	.704	1.634
Unemployed (RC)				1		
No. of Children in a Man's Family of Birth						
1-2	-.492	.421	.243	.611	.268	1.396
3-4	-.258	.281	.359	.772	.445	1.341
5-6	.048	.219	.826	1.049	.683	1.613
7 > (RC)				1		

CI=confidence interval; RC=reference category.