



## A High Level of Knowledge and Positive Attitude Among Men in Both Urban and Rural Populations Studies

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### Abstract

The World Health Organization defined family planning as the act which allows individualities and couples to anticipate and attain their asked number of children and the distance and timing of their births. It's achieved through use of contraceptive styles and the treatment of involuntary gravidity. A woman's capability to space and limit her gravidity has a direct impact on her health and well-being as well as on the outgrowth of each gestation. Family planning is regarded as a vital and integral element of Primary Health Care which aims at promoting responsible parenting, controlling population and perfecting quality of life of the people. One of the most serious problems developing countries still have to break is their rapid-fire and unbridled increase in population. Numerous developing societies are characterized by rapid-fire population growth due to high fertility and declining mortality in Sub-Saharan Africa. The rate of population growth is one of the loftiest in the world, with an average growth rate of 2.53.

**Keywords:** Family planning; male involvement; knowledge; attitude

### Introduction

The World Health Organization defined family planning as the act which allows individualities and couples to anticipate and attain their asked number of children and the distance and timing of their births. It's achieved through use of contraceptive styles and the treatment of involuntary gravidity (1). A woman's capability to space and limit her gravidity has a direct impact on her health and well-being as well as on the outgrowth of each gestation (1).

Family planning is regarded as a vital and integral element of Primary Health Care which aims at promoting responsible parenting, controlling population and perfecting quality of life of the people (2). One of the most serious problems developing countries still have to break is their rapid-fire and unbridled increase in population (3). Numerous developing societies are characterized by rapid-fire population growth due to high fertility and declining mortality in Sub-Saharan Africa. The rate of population growth is one of the loftiest in the world, with an average growth rate of 2.53 (4).

The world's population has been rising steadily, reaching above 7 billion with further than 71 billion living in developing countries (5) and current United Nations' projections showed an uninterrupted increase in population in the near future, with the global population anticipated to reach between 8.3 and 10.9 billion by 2050 (7). Nearly all (97) of the 2.3 billion projected increase will be in the less advanced regions, with nearly half in Africa (8). Average world population change is estimated at around 80 million per time with a growth rate of around 1.14 per time (9) and 2.53 in Sub-Saharan Africa (4). Nigeria's population growth rate of 2.553 per annum results from a fat of births over deaths giving a population of over 167 million which is said to be too large for comfort (10) and is anticipated to surpass the United States population in 2045 to come the third most vibrant country in the world, starting to compete China by the end of the century with nearly 1 billion people in 2100 (9). With a large unmet need for family planning and a low contraceptive frequency rate, Nigerians are still having further children than planned and at a shorter than asked birth intervals (11).

It's well proved that men's general knowledge and stations

concerning the ideal family size, gender preference of children, ideal distance between parturition, and contraceptive system use greatly impact women's preferences and opinions (12). Fertility and family planning exploration and programs have ignored men's places in the once fastening on women's geste, (12) and services are traditionally presented within the environment of motherly and child health (13). African men play important places in the opinions about family life including fertility and family planning (14).

Since the 1994 International Conference on Population and Development (ICPD) and the 1995 United Nations World Conference on women, interest in men's involvement in reproductive health has increased (14). Exploration on the determinants of fertility in Sub-Saharan Africa and in programs designed to increase contraceptive use among African Population shows adding attention is being paid to the contraceptive knowledge, stations and practices of African men (15). The shift in focus on men's reproductive health was told by the 1994 Cairo (ICPD) Action Plan to promote gender equivalency and equity, empower women and ameliorate family health in society (16).

Women depend on men to take opinions on contraception, and more so in the pastoral areas where traditional settings still live. There appears to be a difference between the knowledge and station of contraception between civic and pastoral manly residents. This study aims at comparing the position of knowledge and station of family planning among men in two (civic and pastoral) LGAs of Anambra state of Nigeria. Specifically, the objects of this study is to compare the knowledge and station of Family Planning among men in two LGAs, Onitsha North (civic) and Ayamelum LGA (pastoral), both in Anambra state, Nigeria.

Accountments and styles  
This is a descriptive, relative cross-sectional study conducted from January 8th to February 7th 2014 in Onitsha North LGA (civic LGA) and Ayamelum LGA (pastoral LGA) both in Anambra state, Southeast of Nigeria. The population of Onitsha North LGA is 726, while that of Ayamelum LGA is 835 (18). The state population is 4.2 million and substantially inhabited by Igbo speaking people who are substantially Christians and most members of the population



are growers, crafters and civil retainers. The study population was 388 males (194 in each LGA) aged 19- 61 times of age who were sexually active and in current sexual relationship with women aged 15- 49 times anyhow of their connubial status but were resident in the areas of study.

Multistage slice fashion was used to elect 388 men from 388 homes.

Stage 1 one civic and one pastoral LGAs were named through simple arbitrary slice.

Stage 2 two wards were named from the list of wards in each named LGA through arbitrary slice.

Stage 3 two thorough fares (from a frame of 8 thoroughfares) and 2 townlets (from a frame of 6 townlets) were named aimlessly from civic and pastoral wards independently.

Stage 4 194 homes (from a frame of 473 homes) and another 194 homes (from a frame of 451 homes) were named through methodical slice from civic and pastoral wards independently i.e., an aggregate of 388 homes from 924 homes with PHC house marking (used for vaccination). The first eligible manly encountered in each ménage was signed for the study.

Data was collected with the aid of two exploration sidekicks using tone- administered questionnaire for the educated males and canvasser - administered for the non-educated repliers. The questionnaire was pre-tested for felicitousness and clarity on men analogous in characteristics to the population studied but in different LGAs of the state. It has sections that explore the socio-demographic characteristics of the repliers, knowledge and station of family planning and also on factors impacting their decision on the practice of family planning. The section on knowledge and station contains five questions each with statements taking choice of answers in three orders, i.e., agree, differ, and doesn't know.

Data was entered and analysed using Statistical Package for Social lores (SPSS) interpretation 16. frequentness and probabilities were presented as tables. Statistically significant differences ( $P < 0.05$ ) were linked using a ki-square test, Fisher's exact test and Odds rate analysis.

Ethical Blessing for the study was attained from the Ethics Committee of Nnamdi Azikiwe University Teaching Hospital, Nnewi. Informed concurrence was attained from all repliers.

## Results

An aggregate of 388 males, 194 from each of the study areas were canvassed. Enrollees were aged 19- 61 times with a mean age of  $36 \pm 10.2$  times and  $39.9 \pm 10.6$  times for the civic and pastoral areas independently and utmost were married. The modal age for both pastoral and civic repliers was 30 to 39 age group. The proportion of youngish age groups (20- 29 and 30- 39 times) among the civic actors (24.2 and 34.3, independently) compared to the pastoral actors (15.6 and 31.3, independently). also, the proportion of aged actors (40- 49 and 50- 59 times groups) are lesser among the pastoral than civic people (29.8 and 20.2 compared to 27.8 and 0.1, independently). These difference in their age distribution is statistically significant  $X^2 = 11.24$ ,  $Df = 4$ ,  $P$ - value = 0.02 ( $p < 0.05$ ).

The maturity of the pastoral actors were growers (41.8) followed by sloggers (19.6) compared to their civic counter parts (0.0 and 7.8, independently), while Dealers constitutes the maturity in the civic actors (40.2). These differences is statistically significant  $X^2 = 176.067$ ,  $Df = 6$ ,  $P$ - value = 0 ( $p < 0.05$ ).

The maturity of the repliers in both civic and pastoral actors were Christians( 95 and 86.1, independently), of which 51.0 and 48.5, independently were Catholics. The difference was statistically significant  $X^2 = 38.41$ ,  $Df = 4$ ,  $P$ - value = 0.0 ( $p < 0.05$ ).

A lesser proportion of the actors in the pastoral area (72.2) was married compared to figure in civic area (61.3). There were further single actors in the civic area (35.1) than in the pastoral area (23.7). The difference was statistically significant  $X^2 = 9.64$ ,  $Df = 3$ ,  $P$ - value = 0.02 ( $p < 0.05$ ).

Fifty percent of actors in the civic group attended tertiary education compared to only 14.9 in the pastoral groups. Also, an advanced chance (19.6) of pastoral actors had no formal education compared to the civic group (0.5). The difference was statistically significant  $X^2 = 81.37$ ,  $Df = 3$ ,  $P$ - value = 0.00 ( $p < 0.05$ ).

nearly all the repliers in both populations, 191 (98.5) for civic and 180 (92.8) for the pastoral know the correct meaning of family planning. The difference is statistically significant  $X^2 = 7.44$ ,  $Df = 1$ ,  $P$ - value = 0.01 ( $p < 0.05$ ) while 192 (99.0) and 191 (98.5) independently for civic and pastoral know there are two main types of family planning styles. still the difference wasn't statistically

significant ( $p > 0.05$ ). Also, 120 (61.9) of civic and 96 (49.5) of pastoral repliers dissented with the fact that all artificial styles of family planning cause endless sterility (statistically significant  $X^2 = 6.016$ ,  $Df = 1$ ,  $P$ - value = 0.01;  $p < 0.05$ ), while 178 (91.8) of civic repliers and 158 (81.4) agree that family planning is necessary for the good health of the family. This difference is statistically significant  $X^2 = 8.88$ ,  $Df = 1$ ,  $P$ - value = 0.0 ( $p < 0.05$ ). Also, 92 (47.4) of civic repliers and 96 (49.5) of pastoral repliers knew that family planning isn't just about precluding gestation only (not statistically significant  $p > 0.05$ ).

A lesser chance of civic actors 146 or 75.3 differ with the statement that birth control is a sin compared with 115 or 59.3 in the pastoral group. The difference is statistically significant ( $X^2 = 12.24$ ,  $Df = 2$ ,  $P < 0.05$ ). On the statement that a man shouldn't count his children, the negative response from civic (180 or 92.8) and pastoral groups (170 or 87.6) weren't statistically significantly different ( $X^2 = 3.06$ ,  $DF = 2$ ,  $P = 0.21$ ;  $p > 0.05$ ). also, the negative response to the statement that birth control is a woman's business weren't statistically significantly different between the two groups ( $X^2 = 0.336$ ,  $Df = 2$ ,  $P$ - value = 0.84  $p > 0.05$ ). still, the difference in negative response to the statement that family size doesn't have effect on the well-being of the family 166 or 85.6 for civic and 135 or 69.6 for pastoral groups was statistically significantly ( $X^2 = 14.51$ ,  $Df = 2$ ,  $P = 0$   $p < 0.05$ ).

The difference is statistically significant (OR = .95 CI = 1.3 to 17.5,  $P$ - value = 0.01  $p < 0.05$ ). There's an advanced chance of actors who know about natural and artificial styles in civic (192 or 99.0) than in pastoral groups (191 or 98.5). still, the difference isn't statistically significant (OR = 1.508, 95 CI = 0.2 to 9.1,  $P$ - value = 0.5;  $p > 0.05$ ). An advanced chance of civic actors 120 or 61.9 perceived that all artificial styles of family planning cause endless gravidity compared to 98 or 49.5 of pastoral group. The difference is statistically significant (OR = 1.655, 95 CI = 1.105-2.48;  $P$ - value = 0.014). also, an advanced chance of civic actors (178 or 91.8) agree that family planning is necessary for good health of the family compared to 158 or 81.4 or the pastoral group. The difference is statistically significant (OR = 2.535, 95 CI = 1.354-4.744,  $P$ - value = 0.002;  $p < 0.05$ ). lower than half of the civic actors (92 or 47.4) agree that family planning involves precluding gestation only, while an advanced figure for pastoral repliers (96 or 49.5) gave the same response.

The difference is statistically significant (OR = 8.303, 95 CI = 3.64-18.92,  $P$ - value = 0.00;  $p < 0.05$ ). Three diggings of the civic group (146 or 75.3) perceive birth control as not a sin compared to 115 or 59.3 of their pastoral counterpart. The difference is statistically significant (OR = 2.089, 95 CI = 1.35-3.23,  $P$ - value = 0.00;  $p < 0.00$ ). A maturity of the civic actors 180 or 92.8 differ with the statement that a man shouldn't count his children compared to 170 or 87.6 of the pastoral group. This difference is statistically significant (OR = 1.815, 95 CI = 0.909-3.62,  $P$ - value = 0.08;  $p > 0.05$ ). also, there was no statistically significant difference between the negative response of the civic (90.7) and the pastoral groups (90.2) on birth control being a woman's business (OR = 1.062, 95 CI = 0.56-2.09,  $P$ - value = 0.1  $p > 0.05$ ). An advanced chance of the civic group (166 or 85.6) differ that the family size doesn't affect the wellbeing of the family compared to 135 or 69.6 of the pastoral group. The difference is statistically significant (OR = 2.59, 95 CI = 1.56-4.3,  $P$ - value = 0.00;  $p < 0.05$ ).

## Discussion

There was a statistically significant difference between the socio-demographic distribution of civic and pastoral actors. The modal age of the actors was the same for both, while there were generally youngish age groups in the civic group (mean and progress group distribution) than in the pastoral group. This is to be anticipated because the youngish people tend to resettle to the civic areas in hunt of better profitable well-being. Also, the finding of ascendance of husbandry followed by homemade occupation in the pastoral area in discrepancy with trading conditioning in civic area is presumably due to vacuity of land and other ranch coffers and smaller employment openings in the pastoral areas of Nigeria. The study revealed a high position of knowledge about family planning among both groups which is harmonious with findings by other experimenters (19- 23). still, the civic group has lesser chance of people with the correct knowledge about family planning. This is to be anticipated because of the advanced educational attainment in the civic group in discrepancy with those of the pastoral group. The



difference in knowledge of the two main types of family planning among the two groups is comparatively not significant, while there's a significant difference between civic and pastoral repliers in terms of misconceptions about all artificial family planning styles causing gravidity. also, there's also a lesser misconception about family planning being a sin, and only about precluding pregnancy in the pastoral population compared to civic area. The reason for this difference in misconception is presumably due to the difference in educational attainment between the civic and pastoral populations studied.

Also, utmost repliers display more positive station in discrepancy with some other reports that mens' station to family planning is poor. The positive station is shown by advanced negative response to similar questions as family planning being meant for wayward women, Family planning being a sin and women's business. Although, the findings show high negative response in both groups, there's comparatively a advanced proportion in the civic group. The recrimination is that there's need for further health education and crusade in the pastoral areas. lately, the crusade for family planning had been boosted especially with the collaboration of the Nigeria Governments through health institutions, primary health centres, transnational agencies and non-governmental agencies, with the result that mindfulness about the benefits of family planning has grown veritably much. Also, the traditional and artistic practices of having numerous children who would work in the ranch is on the decline. People are presumably seeing the need for a reduction in the size of the family in the face of rising profitable difficulty. still, the belief by the repliers that artificial styles of family planning cause endless sterility, cancer raises concern on the correctness of the knowledge of the repliers particularly among the pastoral repliers where further than half (50.5) uphold similar belief. Although this was reported by another experimenter, it's a cause for concern since this will affect station and eventual use of similar system if not checked.

The misconception that family planning is just about precluding gestation probably resulted from the emphasis being placed on the control of the number of children to the near rejection of other benefits of family planning. The use of family planning styles for other purposes similar as forestallment of sexually transmitted conditions isn't emphasized much because some Christian appellations, especially Catholics believe that use of condom would encourage promiscuity. similar beliefs could affect in men not approving of the use of family planning for themselves or for their consorts before reaching their asked number of children. The recrimination is that motherly and child mortality and morbidity would remain high or indeed rise advanced.

Quite a reasonable number of the actors dissented with the fact that only wayward women use contraception, although, further of the pastoral residents suppose else when compared with their civic counterpart. This misconceptions could be the reason for the difference in the knowledge and station of pastoral men to family planning when compared to their civic counterparts. There's thus a need to have further ferocious enlightenment crusade to be targeted at the pastoral residents.

#### Conclusion and recommendation

Although, there's a high position of knowledge and positive station among men in both civic and pastoral populations studied, theurban men have a significantly advanced position of knowledge and positive station than their pastoral counterpart.

Misconceptions about family planning is significantly high among the men, still, this is indeed advanced in the pastoral population in discrepancy with the civic residents.

There's a need for agencies working in the area of family planning to increase mindfulness about birth control practices targeting men generally and especially those in the pastoral areas. Also good public enlightenment program (forums, shops and colloquies) should be used to correct the misconception that sterility or cancer affect from artificial styles of family planning. There's need for farther studies on men's practice of family planning.

#### Competing interests

The authors declare that they have no competing interests.

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