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Obasanjo Joseph Oyedele

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Gender, Media, and Contraceptive Use in Nigeria: Men Need Help, Not Women

By Obasanjo Joseph Oyedele¹

Abstract

Nigeria's annual population growth and fertility rates are fueling the popular postulation that by 2050, the nation will rank after India and China in population size. Increasing population growth amid poor economic and health statistics in Nigeria point to family planning as one of the long-term effective solutions to this issue. After years of raising awareness and knowledge building, there still exists a huge gap between knowledge of contraceptives and the application of the knowledge in Nigerian society. This gap has initiated a myriad of behavior change communication campaigns on the use of contraceptives. This study goes beyond considering the influences of both spousal communication and mass media on family planning awareness and usage of contraceptives; it examines the response of each gender to family planning campaigns and contraceptive use in Osun and Ogun states, Nigeria. In spite of awareness raising, knowledge building, and persuasion for adoption, how does each gender respond to social marketing of contraceptives usage? A comparative descriptive survey was conducted among ninety men in Iwo, Osun State, and ninety-five women in General Hospital, Ijebu-Ode, Ogun State. The purposive sampling method was adopted in selecting men and women with previous exposure to social marketing campaigns on family planning. The findings revealed that television and radio, social media, and interactions with doctors/nurses are prominent means through which family planning communication takes place. Through mass and social media, barriers and myths relating to family planning are being eradicated, and access to family planning knowledge and resources is increasing. The media has been able to successfully persuade and change negative attitudes toward contraceptive usage. Findings also showed that while men respondents were not using contraceptives, almost all the women respondents were. Some of the factors that could contribute to the varying responses to behavior change communication on the use of contraceptives between genders have been identified to be individual differences, as well as socio-cultural and religious barriers. The study calls for a new wave of social marketing on contraceptives usage, specifically targeted at transforming the positive attitudes of a proportionate number of men, to actual usage of contraceptives.

Keywords: Gender, Family planning, Contraceptive usage, Media campaigns, Descriptive survey

Introduction

Nigeria could not achieve the global goal of reducing maternal mortality by 75% in 2015, and now that 2020 is coming to an end, its maternal mortality rate remains at one in every thirteen

¹ Dr. Obasanjo Joseph Oyedele is a teacher and researcher with the Department of Mass Communication of the Federal University, Oye-Ekiti, Ekiti State, Nigeria. I received my degrees from the Department of Communication and Language Arts, University of Ibadan, where I was also a Teaching Assistant for five years before I left for Bowen University Iwo, Osun State in 2017. As an applied communication researcher, my research interests in media and communication straddle health, environment, risks, climate change, and cultural representations.

women. There have been rising cases of unwanted pregnancy and low procurement of contraceptives, and all these point to a shaky future for sustainable maternal health and safe motherhood. The paltry 16% and 10% scores on access to contraceptives among women who have had children and women of reproductive age respectively are worrisome (Konkor, Sano, Antabe, Kansanga, and Luginaah, 2019). In Nigeria, Ghana, and Kenya respectively, 22.7%, 33.2%, and 68.9% of women of reproductive age (15-49 years) were using modern contraceptives according to the study conducted by Asaolu, Nuno, Ernst, Taren, and Ehiri (2019). This gap in family planning adoption is worrisome in a continent with higher incidences of maternal, infant, and neonatal mortality, low birthweight, increasing population growth, and endemic poverty, especially when compared to the statistics of such incidences in other continents of the world. The inability of Nigeria to properly manage an alarming population growth is a major problem negatively affecting the socio-economic and political prosperity of the most populous Black nation and seventh most populous in the world. As a developing economy, an uncontrolled geometric increase in population is partly responsible for worsening poverty statistics, increasing unemployment, inadequate and over-used infrastructures, hunger, and other developmental challenges inherent in the nation (Asa, Nkan, and Okoro, 2018).

Family planning through the use of contraceptives did reduce global maternal death by 50% between 1990 and 2000, but as it stands now, the prevalence of contraceptive use in the country hovers between 11% and 13%. This low level of coverage calls for increased mediated and interpersonal communication campaigns to promote improved knowledge and adoption (Enyidah, Enyidah and Eshemogie, 2020). To scale up contraceptive usage in the continents, Asaolu et al., citing other scholars, have identified important variables that must be present. These include improved economic status and capacity of people; access to and accessibility of reproductive healthcare facilities; qualitative education; support, freedom, and empowerment for women to make critical decisions on safe motherhood, and communication support from male-spouses and the media.

There is however, a gender imbalance in family planning and/or contraceptive recommendations, rooted in cultural, religious, and social constructions of gender roles and power. Breakthrough ACTION (2018) recognizes that the promotion of gender equality is not complete until men see themselves as supportive partners and agents of change, ready to challenge societal and cultural barriers that limit a general acceptance of family planning and contraceptives. Where family planning and contraceptive use are interpreted as a responsibility of women, better health-outcomes on population control could be a mirage. Wherever family planning is discussed in policy documents and general literature, focus is usually on women of reproductive age. These women are described as people in need of contraceptives, and as such, they must be encouraged to use them. This erroneous belief is also located in the national family planning communication plan (2017-2020), termed the strategy for increasing the use of modern contraceptives. The document described women of reproductive age as people who are “sexually active but do not want a child in the next two years”. Unfortunately, the same gender faces strong religious, socio-cultural, and spousal barriers to family planning adoption (Federal Ministry of Health, 2017:1).

Whether family planning is given a gender representation or not, communication is central to its acceptance and practice. The gap between knowledge and usage of contraceptives noted by the Federal Ministry of Health (2017) necessitated the call for a national communication plan called national family planning communication campaigns. Today there are myriads of behavior change communication campaigns in the mass media (online and offline) and in other interpersonal media aimed at promoting the use of contraceptives. It is important to examine the interplay of

gender, media, and family planning adoption in Nigeria as stakeholders strive to achieve set objectives with regards to the adoption of family planning in the country.

Statement of the Problem

There is a strong link between spousal communication (even mass and other media campaigns on family planning) and contraceptive use in Nigeria (Nepal and Bangladesh, Gupta, Katende and Bessinger, 2003; Sharan and Valente, 2002; Akanbi, Ogbari, Akinbola, Amusan and Ogunmiloro, 2011; Islam, Alam and Hasan, 2014; Asa, Nkan, and Okoro, 2018). The same is true for behavior change communication campaigns and men and women's intent to use and actual use of contraceptives in Uganda, though the mechanism of this change is gender specific (Gupta, Katende, and Bessinger, 2003). Meekers, Van Rossem, Zellner and Berg (2004) provided evidence on two case studies of social marketing programs of the Society for family health in Nigeria (condom) and in India (oral contraceptive). They focused on how behavior change mechanisms can bolster sales of reproductive health products. The study also attested to the efficacy of behavior change communication in reviving and promoting sales of social marketing programs, raising people's knowledge and influencing their attitudes to birth control methods, two years after the intervention.

However, Imam and Khan (2019) in their study of use of contraceptives identified that women need the support of their male spouses to adopt safe motherhood practices. This reveals that contraception is not a female-sex phenomenon, as men use sterilization, withdrawal, herbs, periodic abstinence, condoms, and other modern methods of family planning. Findings of the study conducted by Soe, Aung, and Moh (2019) in Myanmar reported a paucity of empirical studies on men and reproductive health. The study also noted a low level of awareness, perception, and knowledge on contraceptive use and a corresponding level of reduced contraceptive use among men in Myanmar. Specifically, Hook, Miller, Shand, and Stiefvater (2018) identified that socio-economic, political, cultural, and religious norms are in favour of men when it comes to contraceptive use and general reproductive health. They further recommended that policy and communication interventions should emphasize participatory decision-making and men's involvement in contraceptive use and women empowerment. It is rather unfortunate that men control the decision to use contraceptives, but sadly they are not usually the target of family planning campaigns in Nigeria.

Studies in Nigeria and other parts of the world have shown a significantly positive relationship between family planning social marketing appeals and contraceptive use among women (Do, Hutchinson, Omoluabi, Akinyemi and Akano, 2020; Kumar and Karen, 2018; Sinai, Omoluabi, Jimoh and Jurczynska, 2019; Sedgh, Ashford, and Hussain, 2016). As reported by Igbinoaba, Soola, Omojola, Odukoya, Adekeye, and Salau (2020), exposure to mass media was significant in influencing maternal health awareness among women in Ota, Nigeria. The study noted the role of mass media in reaching out to people and ensuring that women seek improved maternal health services, along with other critical factors (social, demographic, literacy levels, poverty, culture, and religion) that determine positive or desired practices on sustainable health among women. A major deficiency of the study lies in its inability to identify the role of men in improved maternal health among women and the contributions of mass media to family planning practices among men. Where men fail to offer support to women on maternal health, significant influence of mass media campaigns on women's perception and adoption of safe motherhood practices (the focus of Igbinoaba et al's study) may not be recorded. As noted by Sinai, Omoluabi,

Jimoh and Jurczynska (2019), the need for the husband's permission to use contraceptives and strict demand by healthcare providers that women seek the consent of their male-spouses among other factors affect women's fertility desires.

The review of previous studies on media interventions and family planning adoption shows an appreciable level of influence among women, but a poor level of awareness, knowledge, and desire to use contraceptives by men. This in turn necessitates the need for more studies on communication campaigns and family planning and/or reproductive health decisions among men in Nigeria. Thus, this study extends beyond considering the role of spousal communication in family planning awareness and usage of contraceptives, and influences of media campaigns on purchase and usage of reproductive products. It goes on to examine the response of each gender to family planning campaigns and usage of contraceptives among women in Ijebu-Ode (Ogun State) and men in Iwo (Osun State) Nigeria. In spite of awareness raising, knowledge building, and persuasion for adoption, how does each gender fare on these parameters?

Literature Review

International Support and Positions on Gender and Family Planning Adoption

Some twenty-five years ago, the world unanimously rose and approved the Cairo agenda (The United Nations, 2020) which gave every woman and girl some empowerment and self-determination on issues relating to fertility and pregnancy. The United Nations' (2020) progress report, named "Family Planning 2020" is a call towards the implementation and mainstreaming of that agenda, believed to be central to improved health, poverty reduction, better realization of self and destiny by women and girls, and greater contributions to societal development. Counting their success stories within twelve years, the FP2020 and its partners noted their ability in increasing use of modern contraceptives by women and girls and ensuring that such momentum achieved in the last seven years is sustained. This study sees this as a delicate, partial, and unfair achievement on self-determination for women and girls on fertility and pregnancy. What happened to the commitment of men and boys worldwide towards embracing contraceptive usage? Why is contraceptive usage generally perceived as a burden for women? The global statistics released on increased modern contraceptives usage in which social marketing is used to target millions of women and girls of reproductive age could be described as a one-sided achievement with clear signs of gender imbalance on family planning adoption. The rights to use or not use contraceptives come with no gender specifications. Where global research and practical interventions only target women on usage of contraceptives, successes recorded could be eroded and unfair in many settings where legal, religious, and cultural norms still stand against women.

The concept of contraceptives is not a female-sex phenomenon; male sterilization, withdrawal, use of herbs, periodic abstinence, condoms, and other contraceptive methods are being used by men (Imam and Khan, 2019). Where traditional methods are preferred by couples, women in such families need the support of their men to effectively practice safe contraception. In Nigeria, this is added to associated costs and factors that affect family planning adoption and use of contraceptives (Imam and Khan, 2019). A study in Myanmar shows that where men are opposed to contraception and their fertility preferences are against the aspirations and preferences of women, the gap in family planning adoption and contraceptive use will remain open. The same study shows a dearth of empirical studies on men and their reproductive health, while recommending a national and regional intervention to scale-up usage of contraceptives among men

by improving awareness, knowledge, and perception with the right social marketing appeals (Soe, Aung, and Moh, 2019).

Programs and projects on family planning should be designed and implemented both through the gender lens and the rights-based approach; humanity thrives on rights protection, and where the rights of individuals to family planning are not protected, change cannot be guaranteed. In the conception of rights-based family planning, the number of children one wishes to have and the timing, access to quality information and family planning services, absence of discrimination and forceful deployment of contraceptives on humans, ability to choose and remove contraceptives, and freedom from other socio-cultural impediments are critical factors that must be protected. As further explained by Kumar and Karen (2018), this approach emphasizes the dignity of humans, gender equality, rights literacy, community participation, accountability, and the empowerment of every individual. Where such is safeguarded, scholars observed that gender norms and other factors that super-imposed men's rights and beliefs over women's are totally relegated; so also are activities and cultural and religious beliefs and practices preventing men from being actively engaged as users and promoters of family planning methods. It is unfortunate that in most African countries (Kumar and Karen, 2018), these are mere words on paper with no observable data on their enforcement and/or implementation. This failure is tied to existing gender issues in those societies, especially at the corridors of power where policy decisions and legal frameworks for implementation fall in the hands of men.

Lopsided Focus on Women in Interventions on Contraceptive Usage

Researchers and practitioners have largely gendered adoption and use of contraceptives as issues for women. In Nigeria, Sinai, Omoluabi, Jimoh, and Jurczynska (2019:2) reinforce this assertion in their empirical study of low contraceptive use and gaps in family planning in Kaduna State saying, "Specifically, the study adds to the literature by examining the dynamics behind why some women—those who are sexually active, do not want to become pregnant and know about contraceptive options and where to access them—do not use a contraceptive method." This gendered understanding of responsibility and attribution in family planning adoption was also traced by Sinai et al (2019), Bradley et al. (2012), Hardee et al. (2013) Sedgh, Ashford, and Hussain, 2016) from other parts of the world.

The position of Babalola, Loehr, Oyenubi, Akiode, and Mobley (2019) on contraceptive usage foregrounds the dilemma involved in reproductive healthcare in Nigeria. The most populous Black nation in the world battling serious economic challenges also has its level of contraceptive usage among the lowest worldwide. This 'disaggregated data on gender equity, socio-economic, political and religious development' reveals that the highest burden of incidence is found in the northern region of Nigeria. A digital health tool called Smart Client, designed as an intervention to scale up ideation and behavior modification on contraceptive usage, positively influenced women's attitudes toward and adoption of modern contraceptive methods after a cluster-randomized control trial. The weak point of this study is its focus on 'in-union women of reproductive age' as the only candidates to be encouraged to use contraceptives. As a matter of fact, though the study indicated an insignificant increase in adoption of modern contraceptives in the last twenty years, efforts were on women where "13.4% of in-union women of reproductive age" were using any contraceptive method, while only 10.8% were reportedly using a modern method (Babalola, et al, page 273)."

I observe that both genders have critical roles to play in sexual and reproductive health, including contraceptive use by both as a strategy for promoting gender equality and women

empowerment, especially in a nation where religious and cultural factors impede rights of women in decision making on sex and biological reproduction (Hook, Miller, Shand, and Stiefvater, 2018). In supporting the position of this researcher, Hook et al (2018) notes that these norms in favour of men directly determine all sexual and reproductive rights of their female partners and the general family. This is because in situations where religious and cultural norms define decisions on family planning, women are traditionally listed as people in need of contraceptives. In agreement with Hook et al (2018), men should not unilaterally make reproductive decisions about women, but the spousal relationship should allow equitable autonomy for each, with each gender taking decisions on contraceptives usage. Hook et al further observed that 2.4%, 1.3%, and 0% percent of men respectively use condoms, withdrawal, and vasectomy. This calls for a greater male involvement in the use of contraceptives and empowerment of women to independently take their decisions on sexual and reproductive health.

Mediated Family Planning Messages and Contraceptive Usage

Nigeria is a nation with a high fertility rate. The country recorded more than 35 million women of reproductive age with 7 million births in 2012. These are against its 15% contraceptive prevalence rate (10% of these rely on modern methods while the remaining 5% use natural methods) and the unfulfilled needs for contraceptives standing at 20% (Federal Government of Nigeria, 2014). This complexity associated with fertility and its control through using family planning could be responsible for the family planning communication plan as a policy document for birth control. The future of contraceptive adoption worldwide is worrisome where the media is not actively involved in persuasion and confirmation, given barriers preventing young people from unwanted pregnancies or delayed child-bearing.

For example, Do, Hutchinson, Omoluabi, Akinyemi, and Akano (2020) present the ironical situation in Nigeria, where knowledge of family planning is high among youth but unwanted pregnancies and high birth rates reign. To understand how exposure to mediated family planning messages affect use of modern contraceptives among this group, they were presented with a television drama that espouses on the significance of contraceptives to family planning. After a period of exposure to the television-based drama on the importance of contraception as an intervention, a cross-sectional baseline survey among 777 young people within the age brackets of 15-24 in Lagos, Kano, and Kaduna showed a significantly positive effect of their exposure to the intervention on spousal discussions about family planning and the possibility of contraceptive use.

Studies (Asekun-Olarinmoye et al. and Sedgh and Hussain, cited by Konkor, Sano, Kasanga and Luginaah, 2019) have reported some causative agents reducing family planning uptake in Nigeria. These include poor information on the safety and desirability of modern contraceptives and abysmally low levels of knowledge and access to information on various modern methods of contraception. This shows that improved awareness through mass, interpersonal, and social media and requisite counselling by healthcare providers and other stakeholders in family planning management could assist in reducing this heavy burden. Even among women, only 32% of the total post-delivery women involved in the study conducted by Konkor et al. were exposed to mass media campaigns on family planning, and most of them were Christians. This shows that reported religious barriers on access and response to information on family planning and eventual use of contraceptives persists. This reduced access, response, and behavioural modification was more prevalent among the uneducated rural populace, when compared with their educated counterpart in urban communities. Sadly, the study also noted that

the decision to use contraceptives by married women in Nigeria is still made or controlled by their husbands, who are not usually the target of mass media campaigns on family planning.

Lasong, Zhang, Gebremedhin, and Zhang (2020) also reported a similar disparity between rural and urban women on family planning adoption in Zambia where husbands' desire to have more children. The study discovered that mass media campaigns on family planning, education, economic status, religion, age, access to timely and quality information, and counselling influenced contraceptive use. The NDHS (2013), Gupta, Charles, and Ruth, (2003) and Federal Government of Nigeria (2014) have observed that for couples and/or people to voluntarily decide to space their births or totally prevent pregnancies; proper awareness, education, sensitization, and persuasion are needed through the mass media and other interpersonal sources. The success recorded by family planning edutainment on radio and television in programs such as 'story story', 'wetin dey', 'flavour', and 'widow' attest to the fact that misinformation, ignorance, and apathy among potential adopters of family planning methods are being resolved using the media. There are many television and radio stations in Nigeria, together with hundreds of newspaper and magazine outlets as available media for communicating family planning messages to audiences. Although there are questions regarding the ability of mass media to engender change in behavior, awareness, understanding, education, mobilization, knowledge, and attitude are still domains of responsibilities for the mass media. Added to this is the role of health workers, especially nurses and doctors who meet with potential and active adopters of these methods using interpersonal communication. There are even studies attributing people's decision to adopt family planning methods to their exposure to television and radio programs (Gupta, Charles, and Ruth, 2003).

Theoretical Framework

Social Marketing and Individual Differences Theories

The key to marketing is persuasion, especially where competitors scramble for customers and use commercial marketing strategies to attract customers and improve sales. Social marketing theory adopts these principles in designing, implementing, and controlling campaign programmes useful for influencing voluntary behaviors of the target audiences to adopt social behaviors that are not harmful. Baran and Davies (2003) recognize that target audiences in social marketing (especially health behaviors) have no problems with awareness and knowledge, but there are barriers on the way to implementing recommended behavior. To remove these barriers, the theory recommends some strategies, regarded as the seven features of social marketing theory. These are the methods of inducing audience awareness about campaign topics, targeting messages at specific audiences, reinforcing messages within targeted segments, and encouraging target audiences to also influence others through face-to-face communication.

As observed by Baran and Davies (2003), the features include methods of cultivating images and impressions of the people, stimulating interest and inducing information-seeking by audiences, inducing desired decision-making or positioning and method of activating audience segments, especially those that have been targeted by the campaign (Baran and Davies, 2003: 303-305). These methods have been compressed by Robinson (1998) into the seven doors of social marketing approach which include desire, skills, optimism, facilitation, stimulation, reinforcement, and knowledge. This theory is applicable to the study since social marketing strategies are employed in raising awareness, building knowledge, and persuading couples and individuals to adopt family planning methods.

The individual differences theory identifies the difference in the psychological composition of people. The variation in perceptions, understanding, knowledge, attitudes, and desires should lead to an understanding that media influence on people will also be different. Media messages intended for behavior change or right attitude formation could come with specific cognitive elements expected to align with varying personality attributes of the audiences. The theory postulates that no two individuals are the same even if they live together, and no individual remains the same all the time. People change as situations around them influence their psychology and this may affect their response to media messages (Blais, Thompson and Baranski, 2005; Curseu, 2006).

The two theories are relevant to this study in the sense that, while social marketing principles and persuasive strategies are employed in producing messages for target audiences to adopt family planning methods, individual differences determine people's response to such messages. It is important to note that gender, socio-cultural environment, state of mind, and other personal factors could greatly stand as barriers to the adoption of family planning methods. This is especially true in indigenous communities in Nigeria where social, cultural, and religious constructions create gender inequality and may therefore influence family planning adoption.

Methodology

With my two research assistants (male research assistant at Ijebu-Ode and female research assistant at Iwo), I visited the General Hospital, Ijebu-Ode in Ogun State and the State Hospital Iwo, Osun State in September 2018 and October 2019 respectively for data collection. It was therefore a facility study. We submitted a letter of introduction in each case and received necessary approval before visiting the hospitals again for data collection. At the General Hospital Ijebu-Ode, the nurses on duty introduced us to the nursing mothers/women attending ante-natal clinics. These women were involved in the study because of their reported exposure to interpersonal (interactions with nurses and doctors) and mass media campaigns on contraceptive use, as stated by the nurses and the nursing mothers themselves. At the State Hospital Iwo, Osun State, data collection lasted three weeks because of the difficulty in getting enough men to respond to the questionnaire. These were men following their spouses to the hospital to seek information on family planning and those attending their regular clinics for medical examination. Their self-reported exposure to campaigns on contraceptive use was determined before they were offered copies of the questionnaire.

The study is a comparative descriptive survey conducted in Iwo (Osun State) and Ijebu-Ode (Ogun State) among men and women respectively. The participants involved in the survey at Ijebu-Ode were selected among women attending ante-natal clinics at the General Hospital, Ijebu-Ode, and the participants at Iwo were selected among men who have been exposed to family planning campaigns. The sampling technique was largely purposive. Although 120 copies of the questionnaire were distributed in each case, 90 copies were returned in Iwo and 95 in Ijebu-Ode.

Iwo is one of the ancient towns in Osun State with a predominant population of Muslims. It houses the famous Bowen University, Iwo (owned by the Nigerian Baptist Convention) and its natives are predominantly farmers and traders. Based on population, it arguably ranks among the top four in the State and it is the headquarters of Iwo Local Government. On the other side, Ijebu-Ode is a town in Ogun State, South-west of Nigeria, close to the Lagos-Ibadan highway. It is the second largest city in Ogun State after Abeokuta. It is the largest city inhabited by the Ijebus, a sub-group of the Yoruba ethnic group who speak the Ijebu dialect of Yoruba. However, civilization and inter-tribal marriage has turned it into a mixed settlement where its inhabitants mostly speak the popular Yoruba language, as opposed to the local dialect.

*Data Analysis and Interpretation***Table 1: Demographics of the Respondents**

Iwo (male)			Ijebu-Ode (female)		
Age	Frequency	Percentage	Age	Frequency	Percentage
20-29	7	7.8%	16-25	6	6.3%
30-39	40	44.4%	26-35	31	32.6%
40-49	23	25.6%	36-45	31	32.6%
50 and above	20	22.2%	46 and above	27	28.4%
MARITAL STATUS	Frequency	Percentage	MARITAL STATUS	Frequency	Percentage
Single	4	4.4%	Single	11	11.6%
Married	83	92.2%	Married	67	70.5%
Divorced	2	2.2%	Divorced	12	12.6%
Widowed	1	1.1%	Widowed	5	5.3%

Most of the respondents are married, though 2.2% and 12.6% are divorced and 4.4% and 11.6% are single in Iwo and Ijebu-Ode respectively. One respondent is a widower in Iwo and five are widows in Ijebu-Ode. Based on age, respondents in Iwo within the age range of 30-39 are almost twice those whose ages range between 40-49 and 50 and above. Respondents who are not married but exposed to media messages on family planning are people with history of relationships with the opposite sex.

Respondents were asked to indicate the media through which they receive family planning/persuasive campaigns on contraceptive use. The table below shows their responses on media campaigns in both towns.

Table 2: Media of Family Planning Communication

Items	Iwo		Ijebu-Ode	
	Frequency	Percentage	Frequency	Percentage
Television	26	27.4%	11	11.6%
Radio	13	13.7%	25	26.3%
Newspaper	14	14.7%	9	9.5%
Magazine	3	3.2%	5	5.3%
Social media	12	12.6%	10	10.5%
Interactions with doctors/nurses	17	17.9%	18	18.9%
Family members	4	4.2%	7	7.4%
Friends	5	5.3%	9	9.5%
Church	1	1.0%	1	1.0%

In both towns, the church (1.0%) is the medium through which information on family planning is least disseminated. Magazines (Iwo=3.2%; Ijebu-Ode=5.3%) and family members (Iwo=4.2%; Ijebu-Ode=7.4%) are also low. This is followed by friends in both towns and newspapers (9.5%) among respondents in Ijebu-Ode. Television (27.4%) is the most rated medium through which respondents in Iwo received information on family planning, while radio (26.3%) is the most important medium among the respondents in Ijebu-Ode. This is followed in that order by interactions with doctors/nurses, newspaper, radio, and social media in Iwo, while the order is interactions with doctors/nurses, television, and social media in Ijebu-Ode. This shows that television, radio, interactions with doctors/nurses, and social media are prominent media of family planning communication through which the respondents get information and are persuaded about contraceptives and their usage.

Because the study in Ijebu-Ode was a facility study among female respondents who were attending ante-natal clinics, they were directly asked the kinds of contraceptives they knew and used. The male respondents (most of them were on general routine attendance for the management of various ailments, unlike the case of female respondents who were attending ante-natal clinics in which contraceptive use was one of the issues discussed) in Iwo only said they knew about the contraceptives but had never used them before. Data in the table below provide information on knowledge in Iwo and knowledge and usage in Ijebu-Ode.

Table 3: Family Planning Methods: Knowledge and Usage

Iwo (knowledge)			Ijebu-ode (knowledge and usage)		
Methods	Frequency	Percentage	Methods	Frequency	Percentage
Pills	24	25.3%	Pills	42	44.2%
Abstinence	18	18.9%	IUD	0	0%
Injection	18	18.9%	Injection	10	10.5%
Ovulation monitoring	5	5.3%	Sterilization	1	1.1%
Condom	30	31.6%	Condom	42	44.2%

Pills, injection, and condoms are mentioned by respondents in both cities as common contraceptives among them; they are also the commonly used methods of contraception by the respondents in Ijebu-Ode. Intra-Uterine Device is not known or used by respondents at Ijebu-Ode, though one of them knew and used sterilization. Ovulation monitoring is the least known method among respondents in Iwo because they themselves are males and do not ovulate. Though respondents in Iwo have been exposed to methods of contraception through the media and they mentioned some methods men could use, none of them indicated any usage experience. This shows a gap between knowledge (no matter the level) and readiness to use contraceptives among men in Iwo. It is possible that those men could name the common contraceptives for family planning because of their exposure to social marketing on family planning and communication with their wives.

This gap can be bridged using improved family planning communication among men and practical interventions encouraging men to see themselves as potential users of contraceptives. Hook, Miller, Shand, and Stiefvater (2018) also highlighted that both men and women should be responsible for decision-making on issues of sexual and reproductive health and specifically, usage of contraceptives. This position stands against a super-imposed ideology in the contributions of Sinai, Jimoh, and Jurczynska (2019), Hardee et al (2013) and Sedgh, Ashford, and Hussain (2016) which gendered the usage of contraceptives by placing the burden on women.

Table 4: Birth Control Messages and Family Planning Adoption among Men in Iwo

Roles of birth control messages on family planning adoption	Yes		No	
	F	%	F	%
Birth control messages have contributed to decrease in religion barrier on family planning adoption	65	72.2%	25	27.8%
Birth control messages have contributed to decrease in social barriers on family planning adoption	70	77.8%	20	22.2%
Birth control messages have helped to reduce myths and misconceptions about family planning adoption	78	86.7%	12	13.3%
Birth control messages have been a key element in increasing poor women's access to family planning even in rural areas	80	88.9%	10	11.1%
Birth control messages can be an effective tool in encouraging and modelling satisfied family planning use	63	70%	27	30%
Birth control messages help promote family planning use as a social norm	57	63.3%	33	36.7%

Although male respondents in Iwo are not using contraceptives, they can see the influence of media messages on family planning among them. Such messages reduce religious barriers against family planning adoption (72.2%), decrease social barriers against it (77.8%), and reduce myths and misconceptions about family planning (86.7%). These men also observe that birth control messages increase women's access to family planning in rural communities (88.9%) and promote family planning as a social norm (63.3%). It is unfortunate that men who said these things do not use contraceptives themselves. This may be connected to the belief that family planning is for women.

It is clear that media and interpersonal messages on adoption of family planning methods have been appealing to men in Iwo. The problem, however, lies in designing interventions for moving perception, attitudes, and knowledge to actual, desired behavior modification which helps men to use contraceptives. Refusal by men to use contraceptives corroborates the findings of previous studies (Babalola, Loehr, Oyenubi, Akiode, and Mobley (2019), Sinai, Omoluabi, Jimoh and Jurczynska (2019) and Hook et al (2018) that religious, cultural, and societal norms and beliefs are in favour of men on family planning and use of contraceptives.

The opposite is the case in Ijebu-Ode where women's exposure to media campaigns on family planning produced the desired behavior among them as shown in the table below.

Table 5: Birth Control Messages and Family Planning Adoption among Women in Ijebu-Ode

Statement	S/A	A	NO IDEA	S/D	D
My exposure to media messages on family planning helped me to use one of the methods	70 (73.6%)	18 (18.9%)	1 (1.0%)	4 (4.2%)	2 (2.1%)
Messages on family planning influenced my positive attitude to the adoption of family planning methods	40 (42.1%)	46 (48.4%)	2 (2.1%)	7 (7.3%)	---
Because the media messages cleared all my fears about family planning, I was able to adopt the method	43 (45.2%)	41 (43.1%)	10 (10.5%)	---	1 (1.0%)
I am ready to recommend family planning methods to other women because of the knowledge I heard through the media	41 (43.1%)	43 (45.2%)	8 (8.4%)	2 (2.1%)	1 (1.0%)
The media messages changed my negative attitude towards the adoption of family planning methods	43 (45.2%)	30 (31.5%)	11 (11.5%)	8 (8.4%)	3 (3.1%)
The media messages on family planning methods helped me to know the right method suitable for me	44 (46.3%)	22 (23.1%)	8 (8.4%)	20 (21.0%)	1 (1.0%)

The media on family planning methods helps the respondents to know the right contraceptives to use, to change their negative attitudes toward family planning methods, and to help them use any methods suitable for them. The messages allay their fears, change their negative attitudes, and help them to adopt contraceptives. This conclusion agrees with previous findings on media campaigns on family planning and use of contraceptives among women (Do, Hutchinson, Omoluabi, Akinyemi and Akano, 2020; Kumar and Karen, 2018; Sinai, Omoluabi, Jimoh and Jurczynska, 2019; Sedgh, Ashford, and Hussain, 2016) which established a significant positive relation between the two. What needs to be done is a scaling-up of social marketing on family planning across media spaces and provision of necessary facilities, human resources, and empowerment and societal support for more women to use contraceptives. However, this may not achieve a better result if social, cultural, and religious norms, and beliefs preventing men from using contraceptives are not tackled.

New Knowledge and Conclusions on Gender and Family Planning Communication in Nigeria

This study reinforces some previous findings and produces new knowledge on gender and family planning communication in Nigeria. The position of the respondents shows that as observed in other studies, the mass media, social media, and interpersonal communication networks are used in propagating the message of family planning. However, social media and interpersonal communication networks are scantily used. In this age of internet super-highways and in a nation where millions of people are using Inter-enabled mobile phones, practitioners, policymakers, and other stakeholders in family planning communication can leverage on this for delivering cost-

efficient, quick, and highly accessible social marketing appeals on the use of contraceptives. The same is true for interpersonal encounters with healthcare providers, family members, religious leaders, and traditional rulers who are opinion leaders and who can exert some influence on both genders in the society. These opinion leaders could also serve as a weapon for getting men to adopt and use modern contraceptives if their critical involvement is re-built into interventions on family planning.

Positive impact of media messages on family planning have been reported by both genders, but usage shows differentials on the basis of gender. There is an improvement in the knowledge of modern methods of contraception among men, but this is not transferring to use of contraceptives among them. Men need to help move their improved positive perception on family planning to the level of contraceptive use, a development that would produce theorized and the much-talked-about empowerment and support for women. This will eventually scale up contraceptive use in the country and improve safe motherhood. If the demographic data of the respondents are taken with data on exposure to social marketing on use of contraceptives, there are signs that targeting the youthful age groups with family planning messages could deliver more on awareness, knowledge, attitudes, and behavior modification among both genders.

Mass and interpersonal media are used to sell family planning and contraceptives to two sets of respondents in Iwo and Ijebu-Ode. The social marketing theory (Baran and Davies, 2003) relies on the construction of persuasive marketing appeals to aid buying behavior among respondents in both towns. Data analysis shows that the messages were effective among the respondents since they reported a change in their attitudes and negative behavior. The transition from awareness to knowledge and to change of attitudes agrees with strategies of social marketing—cultivating images and impressions, stimulating interest and inducing information-seeking, inducing decision-making and producing a change in attitudes. This is however effective only among female respondents in Ijebu-Ode, who moved from attitude change to usage of contraceptives. This reinforces the findings of Meekers, Van Rossem, Zellner and Berg (2004), whose study of social marketing programs of the Society for Family Health in Nigeria (condom) and India (oral contraceptive) led to a boost in sales, improved knowledge and change in attitudes after two years. The study therefore concludes that the social marketing approach is important in family planning communication plan.

If the social marketing approach is effective, why didn't it work among the respondents in Iwo, Osun State? The study sees the propositions of the individual differences' theory (Blais, Thompson and Baranski, 2005; Curseu, 2006) at work. The personality attributes or psychological make-up of individuals account for differences noticeable in perception, understanding, knowledge, attitude, and desire among people exposed to media campaigns. Since men and women do not think, reason, and behave the same way, there is a great possibility that their responses to media campaigns on family planning adoption would be different. These men did not move beyond knowledge and recognition of changes in attitudes occasioned by media intervention as a result of their individual differences. Another possible explanation is the inherent gender inequality, socio-cultural and religious constructions of gender and family planning, noted by Chukuezi (2010), Underwood, Leddy and Morgan (2014), and Schuler, Nanda, Lenzi, Chen and Field (2012a). Family planning is seen as a woman's issue, an instrument needed to prevent women from having many children. A society that does not encourage men to embrace contraceptives cannot promote gender equality; instead, it reinforces existing narratives of discrimination, subjugation, and man's superiority.

The study notes a change in images and stereotypical representations of women in print and broadcast media campaigns on family planning. There are scenes and graphics showing men supporting their spouses in discussing and adopting family planning methods, but this has not largely translated into a change in behaviour among men, since most of them are still not interested in using contraceptives. The study therefore recommends that:

- A new wave of media and interpersonal campaigns on family planning and contraceptive use which will target how a proportionate number of men would move their positive attitudes to contraceptives to the desired stage of actual usage should be produced by media houses, the Ministry of Health, and NGOs working on public health and family planning in Nigeria.
- Since most men do not attend family planning clinics, religious institutions, community forums, and political meetings should be effectively used with the mass media as opportunities for raising awareness, building knowledge, and ensuring contraceptive use.
- Counsellors, nurses, and doctors should intensify their psychological encouragement for women attending family planning clinics to stabilize the national statistics on contraceptive use and raise an army of adopters who can convince other women and even men to embrace contraceptive use.
- More interpersonal and mass media messages on family planning should have popular men recommending contraceptive use to their spouses and other men. This kind of testimonial might produce desired behaviour change among men.

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