

# Family planning decisions among couples and the gender discourse in Nsukka Urban, Enugu State, Nigeria

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## Abstract

*Gender still informs couple's choice in family planning decisions and has led to marital instabilities, child abuse, and increased maternal and infant mortality in Nigeria. Hence, this paper investigated gender implications in family planning decisions among couples in Nsukka urban, Enugu State, Nigeria. Six hundred married respondents were recruited through simple random sampling to respond to a survey questionnaire. Data were computed using Statistical Package for Social Sciences (SPSS), while descriptive statistics and chi-square were used to interpret the data. The findings show that women's use of family planning is significantly related to men's control of family planning decisions ( $p = 000$ ). The consequences include increased maternal and child mortality, bearing children more than they can cater for economically and emotionally, unsatisfactory sexual life and family instability. Based on the findings, it is recommended that the government should develop and implement policies that will ensure the participation of both males and females in family planning programmes by inculcating it in the school curriculum.*

**Keywords:** gender inequality, implications, family planning, decisions, couples

## Introduction

In Nigeria, couples face the problem of who decides what happens in the home with respect to family planning. Decisions inform people's choices on a daily basis and determine the direction of actions. Family planning is an important decision that determines whether the family will be healthy or not. Being healthy here entails being physically, emotionally, economically, spiritually and mentally/intellectually balanced, especially having the capacity to meet their daily needs. For any nation to have sustainable development, family planning decision has to be addressed. A study in Oyo State of Nigeria showed that husband-wife communication with respect to family planning is low (Kuponiyi and Alade, 2000). Another study in Osun State of Nigeria shows that only 34.3% of the respondents frequently discuss when to get pregnant and 31.8% frequently discuss the use of contraceptives (Oladeji, 2008). In addition, Odimegwu et al.'s (2014) study in Imo State found that about 24% of couples did not want their last pregnancy and that education and communication between couples affect pregnancy-related decision-making. Most people do not have the knowledge of natural family planning and the use of contraceptives,

among other factors, while some women are aware but their husbands do not cooperate in determining a safe period, no communication as regards sex. For instance, in a situation where women are not meant to talk about sex, if you do, it is assumed that the woman is wayward. This issue of gender poses threat to women's ability to take decisions on what concerns them in our society.

The home should create a safe environment where people can experience healthy sexual development and maturation and have the capacity for equitable and responsible relationships and sexual fulfilment (World Health Organisation (WHO), 2008). Despite the ideal relationship that should exist between couples in family planning decisions, inequality in family planning decisions is related to some factors that reinforce women's poor health status (Brian and Carrie, 2008). UNICEF (2016) reported that for the past five years, infant and under-five mortality rates have remained steady in Nigeria. They stated that there are 117 deaths per 1,000 live births. Family size can also lead to poverty, which family planning will help to ameliorate. Anyanwu (2013) discovered that household size matters in determining poverty in the country and a one-person household negatively and

significantly reduces poverty, while the addition of more members to the household progressively increases the probability of being poor. Therefore, to reduce the poverty level in our country, there is a need for family planning. WHO (2018) reported that many women do not use family planning methods due to gender-based barriers, among other reasons.

Although males show little interest in participating in family planning programmes, they are seen as key decision-makers even on the number of children in the family and the spacing of these children (Mosh, et al., 2013). Consequently, some women do not have decision-making power over their reproduction life, and, as a result, they do not space their children well, and some die during childbirth. This viewpoint reflects Adelekan, et al.'s (2014) argument that male involvement in family planning is rare. Their research showed that only very few male respondents indicated that they participated in family planning programmes with their wives because of their perception that it is a woman's responsibility. In reality, however, they will impose their desire/decisions on the women.

Social and cultural factors, gender roles, social networks, religion and cultural beliefs are some of the factors that influence couples' decisions on family planning issues in Ibadan (Oladeji, 2008). Some cultures forbid discussions about the number of children to have since they believe that children are God's gifts. The Roman Catholic religion forbids artificial family planning. Traditional African societies prefer male children to females to perpetuate the lineage and will continue to have children until a male is born. This has led to couples having more children than they can cater for and many of them have been denied quality education and care (Igbokwe, 2009).

A report on women's reproductive rights in Enugu State Nigeria demonstrates that women's ignorance of their reproductive rights makes it difficult for them to take family planning decisions (Ezumah, 2003). Moreover, a study that examined factors affecting the non-acceptance of family planning practices in Nsukka Local Government Area indicated that the importance people attach to the male child has led to women having too many children and maternal mortality (Igbokwe, 2004). It is reported that family planning decisions often depend to a large extent on the current situations within and outside the family (Odimegwu et al.,

2014). Many would not want to talk about family planning when there is a particular sex they are looking for, which may be a male or female. On some occasions where women use childbearing to get what they want from their husbands, they do not seek family planning. Some cultures celebrate women that gave birth to 10 or 12 children.

Nsukka shares common boundaries with Igbo Eze-South LGA in the north, Igbo-Etiti LGA in the south, Uzo-Uwani LGA in the west and Udenu LGA in the east, all in Enugu State, Nigeria (Chah, Attamah & Odoh, 2018). The land is where the University of Nigeria, Nsukka is situated. Nsukka has been challenged by gender inequality in family planning decisions among couples and this study aimed to explore the implication of this in order to plan appropriate social work interventions.

### **Literature Review and Theoretical Framework**

Family planning contributes to the reduction of morbidity and mortality and helps couples plan for an agreeable number of children. Women's ability to control fertility is strongly affected by social constructs of gender roles, expectations and gender inequalities according to Dereje et al. (2015) who

found that different gender norms in the community were obstacles to family planning. The decision-making power of husbands on family planning, seeing children as social prestige due to cultural beliefs and the low status of women in the community, undermines women and limits their responsibility, forcing them to accept the decisions of their husbands.

According to Nettey, et al. (2015), people can be aware of family planning methods but will not use them. Some authors have attributed such a gap to socio-cultural and economic factors which constrain peoples' access to and acceptance of family planning. Such factors include the fact that women have poor decision-making powers (Chapagain, 2005), economic constraints and the desire for large families (Bankole & Singh, 1998).

Furthermore, Nansubuga and Ayiga (2015) discovered that male involvement in birth preparedness and complication readiness has been studied in Uganda, but little is known about their involvement after the onset of maternal near-miss complications. The authors showed that this information is important in developing appropriate strategies for male involvement in accessing emergency obstetric care (EmOC) in order to reduce Uganda's high maternal mortality ratio.

The authors also showed that men were involved in postpartum uptake of long-term contraceptive methods, management of obstetric complications, decision-making, social support, transport arrangements and the provision of financial support to access EmOC. The researchers recommended that men should be sensitized to the haemorrhage medication during home births, the need for supervised deliveries and the prompt referral of their wives to health facilities. But the question remains: how many in Nigeria are aware of this aspect of family planning?

In the same vein, a Nigerian study on male involvement in family planning reported that only very few male respondents indicated that they participated in family planning programmes with their wives because of their perception that it is a woman's responsibility (Adelekan et al., 2014). This perception of family planning also reflects the findings of a study in Ghana that contraception is seen as the responsibility of women (Nettey, et al., 2015). Other authors have indicated that the perception of family planning as a woman's responsibility is a disincentive for men to use family planning and discourages the uptake of contraceptives

(Feyisetan, 2018; Ogunjuyigbe et al., 2009).

According to USAID (2013), India is improving in male involvement in family planning decisions. They recorded more equitable gender norms and an increase in joint decision-making on family and health-related issues, including the use of family planning. However, in Nigeria it is not so; men still see themselves as having the final say in family decisions. They opined that further research is needed to better understand the dynamics of decision-making, how decisions are discussed, and how power is shared between partners. Social work and sociology researchers in Nigeria need to be aware of the importance of male involvement in family planning to incorporate into the ideas that should be put forward to the public and the government for policy development and programmes that will get our males involved in family planning decisions to avoid complications. Complications entail family problems like quarrels, not being able to get their desired sex, bearing more children than one can cater for, not enjoying sex among themselves, and separation or divorce, among others, most of which are as a result of inequality in family planning decisions.

Decisions on family planning revolve around couples' sexual lives. Ugal and Ushie (2013) saw *sexual behaviour in human societies as a complex web of shared ideas where moral rules and regulations, obvious associations and obscured symbols are part of the complex behaviour patterns*. They further observed that *sexual behaviour varies from one culture to another, from one stage of development to another as well as from one period of history to another. For them, factors like biology, society, politics, education, economy and religion affect sexual behaviour*. The issue of who decides what happens in the home may as well be influenced by the above factors, as well as gender. To address the issue that pertains to the reproductive health of women in our society, age at first marriage, and level of education of couples among others have to be considered to ensure more participation of women in decision-making (Lehrer & Yeon, 2017). The development of couples' mental capacity should also be considered, where they need to be mature to share their feelings during sex and talk about the number of children to have among others.

A study in Oyo State, Nigeria showed that husband-wife communication with

respect to family planning is low (Kuponiyi and Alade, 2000). A study in Osun State of Nigeria shows that only 34.3% of the respondents frequently discuss when to get pregnant and 31.8% frequently discuss the use of contraceptives (Oladeji, 2008). Similarly, a study in Awka and Agulu, Anambra State, Nigeria reported that a culture of silence and male dominance or control in decision-making in family planning affects a couple's use of family planning (Ezumah, 2003). Moreover, Agu (1999) in his study on family planning awareness in Udi in Enugu State concluded that many women were willing to accept family planning if they are guided and if their husbands will be involved.

Unumeri et al. (2015) investigated the socio-economic factors associated with reported contraceptive use by women in northern Nigeria and discovered that women's socio-economic status was positively associated with the use of modern contraceptives. The authors concluded that contraceptive use could increase as family planning programmes better respond to the socio-economic and cultural circumstances of women in northern Nigeria. This is to say that if women could be empowered socially, economically and culturally, they might be able to have a say in family planning

decisions. In our society, men are typically the breadwinners, which make them determine what happens in the family.

In Igboland, the area of this study, research has been conducted as regards family planning decisions. According to Odimegwu et al (2014), there are no significant differences between couples in their fertility desires and preferences in Imo State, Nigeria. They concluded that there is a trend towards a small family size and a positive attitude to family planning. This is as a result of the high cost of living in Nigeria, or else many would want to have many children. Smaller family size reduces the cost of training and maintenance.

Couples' view as regards cultural prescriptions of male and female roles has been seen as a major source of conflict. Igbokwe (2004) noted that couples face the problem of who decides what happens in the home. In his work on factors affecting the non-acceptance of family planning practices in Nsukka Local Government Area, Igbokwe (2004) found that the regard people attach to the male child has led to many catastrophes in Igbo society. Many women/babies have died due to several births, especially because they are looking for a particular

sex. Giving birth to too many children that parent cannot carter for has also led, many children to becoming wayward, drug addicts, armed robbers, and emotionally distressed, their parents cannot control them because they are masters of themselves among other vices. He also reports that if a man does not have a male child, he does not listen to anything the wife is saying about family planning, concluding that people's non-acceptance of family planning is gender-based. This is in line with Olanrewaju (2015) who found that attributed male child preference among the Yoruba is due to the perceived role of male children in perpetuating family name. Even Umahi (2010) showed that a woman's status in her husband's home is more secure if she has a male child. In the same vein, a study of the perception of pregnant Igbo women seeking foetal gender ultrasound reported that more than half of the women desired male babies due to their desire to protect their marriages (Ohagwu et al., 2014). The literature identifies the adverse consequences of the desire for male children, namely prolonged periods of childbearing for women (Ushie, 2013), and male opposition to family planning (Isiugo-Abanihe, 2003). The author also said that some couples prefer females because of sociocultural and economic

benefits, such as bride price (Isiugo-Abanihe, 2003). But this does not mean that females are preferred above males. In most cases, people would want to have male and female children; therefore, most couples are looking for the missing sex among their children. Women like puerperium (*omugo*), the cultural practice of going to stay with their daughters when they give birth. Parents are thrilled with the bride price and all the ceremonies attached to in-laws coming to ask for the daughters' hand in marriage. Despite what they benefit from their female children during their marriage, having males in order to perpetuate their family names is still preferred. The male children are seen as the perpetuators of the family lineage, so couples cannot afford to live without having them.

Odimegwu et al. (2014) note that family planning decisions often depend to a large extent on the current situations within and outside the family. Each conception may, therefore, be influenced by a different set of motivational, cultural and family conditions. The conditions like inadequate knowledge of different family planning methods, a culture of silence where couples do not discuss sex and the number of children to have, and the influence of relatives and friends, among

others. When the couples are unable to agree on the use of family planning practices (FPPs) to adopt, it will lead to many unhealthy rivalries that can lead to family instability, with an adverse effect on the well-being of members of the household and the entire society.

For this study, the researchers used resource theory and empowerment perspective as the bases for the theoretical orientations since the two are useful in explaining how the attainment of gender equality might enhance the effective participation of couples in family planning decisions. The resource theory maintains that the more resources a man has the more power he has over decision-making. However, it is stated that the more resources a person actually has, the less that person will actually use force in an open manner (Goode, 1991). The empowerment perspective states that those who are disadvantaged and powerless can be educated to have a clear understanding of the root causes of their situations and are enabled to develop skills that will motivate them to cope with life challenges and take rational decisions to enable them to bring out positive changes in their situations (Cattaneo & Goodman, 2015; Page and Czuba, 1999). The hypothesis tested in this study is that women's inability to use

family planning services is significantly related to men's control of family planning decision-making.

### Data Sources and Method

A cross-sectional survey design was used in this study. This design helped to provide representative information on certain variables in the study population at one point in time (Obikeze, 1990). This study area consists of three autonomous communities namely Nru, Ihe-Owerre and Nkpunano. The population of the study area is estimated at 325,000 (National Population Commission (NPC), 2006). The three autonomous communities have a number of Enumeration Areas (EAs). Nru has 74EAs, Ihe/Owerre has 222EAs and Nkpunano has 112EAs, with 90, 30 and 45 buildings in each EAs respectively (NPC, 2006). These consist of 15,030 buildings (houses) in Nsukka urban from where the researchers selected their sample.

The sample size consisted of 300 couples (300 males and 300 females), who were selected from the villages within the three autonomous communities using a quota sampling technique. In each of the villages selected for the study, the researchers and their assistants purposively selected households where the husband and the wife live together. In

a household where there is more than one wife, the husband and the first wife were selected. The age range of the respondents was between 19 to 59 years for males and 15 to 49 years for females because they are within the reproductive age.

A structured questionnaire was used for data collection. The questionnaire collected information on the socioeconomic and educational status of couples and issues of gender factors in family planning decisions among couples. The researchers recruited two field assistants that were trained in the methods of data collection. The questionnaires were checked after data collection by the researchers to ensure that all the data was collected and appropriately recorded. This also ensured that incomplete questionnaires were completed as quickly as possible. The data were computed using Statistical Package for the Social Sciences (SPSS) where descriptive statistics and chi-square ( $\chi^2$ ) were used to interpret the data. SPSS was chosen because of its popularity within both academic and business circles, making it the most widely used package of its type. It is a versatile package that allows many different types of analyses, data transformations (Arkkelin, 2014),

and forms of output, and adequately served our purposes in this research work.

## Results

The following tables show the results of the research.

**Table 1:** Percentage distribution of couples according to the socioeconomic and demographic characteristics, Nsukka Urban, Enugu, Nigeria

Age	Sex		Total
	Male	Female	
15-25 years	1(0.3%)	18(6%)	19(3.2%)
26-36 years	59(19.7%)	152(50.7%)	211(35.2%)
37-47 years	138(46%)	106(35.3%)	244(40.7%)
48-58 years	87(29%)	24(8%)	111(18.5%)
59-69 years	15(5%)	0(0%)	15(2.5%)
<b>Educational Qualification</b>			
No formal education	4(1.3%)	4(1.3%)	8(1.3%)
F.S.L.C.	30(10%)	30(10%)	60(10%)
SSCE/WAEC/NECO	56(18.7%)	64(21.3%)	120(20%)
Diploma	43(14.3%)	49(16.3%)	92(15.3%)
B.Sc.	94(31.3%)	115(38.3%)	209(34.8%)
M.Sc. and above	73(24.3%)	38(12.7%)	111(18.5%)
<b>Income Level</b>			
N5,000-N15,000 monthly	36(12%)	76(25.3%)	112(18.7%)
N16,000-N26,000 monthly	31(10.3%)	42(14%)	73(12.2%)
N27,000-N37,000 monthly	23(7.7%)	31(10.3%)	54(9%)
N38,000-N48,000 monthly	26(8.7%)	12(4%)	38(6.3%)
N49,000-N59,000 monthly	25(8.3%)	17(5.7%)	42(7%)
N60,000-N70,000 monthly	15(5%)	10(3.3%)	25(4.2%)
N71,000 and above	139(46.3%)	81(27%)	220(36.7%)
Non-income earners	5(1.7%)	31(10.3%)	36(6%)

<b>Table 1 continues...</b>	<b>Sex</b>		<b>Total</b>
<b>Occupation</b>	<b>Male</b>	<b>Female</b>	
Farming	9(3%)	8(2.7%)	17(2.8%)
Trading	38(12.7%)	58(19.3%)	96(16%)
Artisan	7(2.3%)	2(0.7%)	9(1.5%)
Civil Servant	200(66.7%)	181(60.3%)	381(63.5%)
Politician	3(1%)	0(0%)	3(0.5%)
Others specify - Student, Builder, Nurse, Banker, Clergy, etc.	43(14.3%)	51(17%)	94(15.7%)

  

<b>Religion</b>	<b>Frequency</b>	<b>Percent (%)</b>
Traditional	0	0
Christianity	598	99.7
Atheist	1	.2
None of the above	1	.2

  

<b>No of Children</b>	<b>Frequency</b>	<b>Percent (%)</b>
1-4 children	355	59.2
5-9 children	169	28.2
10 children and above	6	1.0
No child yet/still expecting	70	11.7

A total of 600 married respondents were used and the sexes were equally represented in the study. Table 1 show that the majority of the respondents (40.7%) were aged between 37–47 years. Among the male respondents, those between the ages of 37–47 years constituted the majority of the respondents (46%). Among female respondents, those between the ages ranges of 26–36 years constituted the

majority (50.7%) of the respondents. It also shows that 34.8% of the respondents had B.Sc., while only a few respondents (1.3%) had no formal education. The table also shows that the majority of female respondents (38%) had a B.Sc. certificate, while the males in the same category had 31.3 percent. The finding shows that the majority of the respondents were literate.

Table 1 further shows that the majority of the respondents (36.7%) earn between ₦71,000 and above monthly. More male respondents (46.3%) are in this category, while 27 percent are females. Up to 18.7 percent of the respondents earn between N5,000 and N15,000 monthly and the majority in this category are female respondents (25.3%), while males comprise 12 percent. Six percent of the total respondents are non-income earners. Moreover, the table also shows that the majority of the respondents (99.7%) were Christians; one person indicated to be an atheist and one

respondent has no religion at all. It also shows that 59.2% of the total respondents had between 1-4 children, while 28.2 percent of the respondents had within the range of 5-9 children. The respondents still expecting their babies comprised 11.7 percent, while 1.0 percent had 10 children and above. It also shows that the majority of the respondents (63.5%) were civil servants: 66.7 percent of male respondents and 60.3 percent of female respondents are in the same category. Only 0.5 percent of the respondents were politicians.

**Table 2:** The Level of Couples’ Awareness of Family Planning, its Usage and cross-tabulation by Educational Qualification and Reasons for not using it

Gender	Have you heard about family planning before?		Have you used family planning before?		Total Respondents
	Yes	No	Yes	No	
Male	276(92%)	24(8%)	195(65%)	105(35%)	300(50%)
Female	278(92.7%)	22(7.3%)	197(65.7%)	103(34.3%)	300(50%)
Total	554(92.3%)	46(7.7%)	392(65.3%)	208(34.7%)	600(100%)
<b>What is your reason for not using family planning?</b>					
Responses	Primary School education & below	Secondary school education & equivalent	Diploma	University degree	Total
Culture/religion forbids it	3(9.1%)	3 (5.9%)	7(19.4%)	13(14.8%)	26(12.5%)
Men take the decision on	10(30.3%)	23(45.1%)	18	49(55.7%)	100(48.1%)

the use of Family planning			(50.0%)	)	
Limited or no knowledge of family planning	20 (60.6%)	25(49.0%)	11 (30.6%)	26(29.5%)	82(39.4%)
<b>Total</b>	<b>33(15.9%)</b>	<b>51(24.5%)</b>	<b>36 (17.3%)</b>	<b>88 (42.3%)</b>	<b>208(100%)</b>

Table 2 shows that the majority (92.3%) of the respondents have heard about family planning. It also shows that 65.3% of the male and female respondents indicated that they have used family planning before. Respondents' reasons for not using family planning services according to the rating are: (a) that men take decisions on the use of family planning (48.1%), (b) limited or no

knowledge about family planning (39.4%), and (c) that culture and religion forbid it (12.5%). More respondents with primary school education and below (60.6%), followed by those with secondary school education and equivalent (49.0%), 30.6 percent of respondents with diplomas and 29.5 percent of those with university degrees identified limited/ no knowledge of family planning as a constraint.

**Table 3:** Gender and couples' choice of family planning methods and cross-tabulation of gender and couples' perception about the discussion of the number of children to have

Which method of family planning is more acceptable to you?	Gender		Total
	Male	Female	
Traditional methods like the use of 'echi' or charms	3(1.3%)	1(0.4%)	4(0.9%)
Modern contraceptive devices like the use of pills, use of condoms, Injectable, IUDs etc.	68(29.7%)	73(32.4%)	141(31.0.)
Natural or Ovulation method (Calendar and Periodic abstinence)	158(67.0)	151(67.1%)	309(68.1.)
Total	229(50.4%)	225(49.6%)	454(100%)
<b>Do you think it is acceptable for couples to discuss the number of children they want to have?</b>			
<b>Yes</b>	240(80.0%)	247(82.3%)	487
<b>No</b>	60(20.0%)	53(17.7%)	113

Table 3 shows that among the couples that used family planning methods 68.1 percent prefer natural family planning, which includes the use of ovulation method or Billings' method, calendar method and periodic abstinence, 31.0

percent prefer modern contraceptive devices, and only 0.9 percent prefers traditional method. 81.2% of the couples agreed that it is acceptable for couples to discuss the number of children to have, while 18.8% disagreed.

**Table 4:** Couples' Child Gender Preference and Reasons

Couples' gender preference	Male	Female		No preference	Total
	95(15.8%)	15(2.5%)		490(81.7%)	600(100%)
Reasons for Male preference		Reasons for female preference		Reasons for no preference	
Males help in farm work and are less troublesome	25 (26.3%)	Girls bring good fortune to families	10 (66.7%)	Children are gifts from God	244 (49.8%)
For inheritance and perpetuation of the lineage	65 (68.4%)	I already have 2 boys	5 (33.3%)	Both are profitable with their different values	208 (42.4%)
A woman feels secure in her husband's house if she has a male child	5(5.3%)			No reason	38(7.8%)

Table 4 shows that 81.7 percent of respondents had no gender preference, while 15.8 percent prefer male children and 2.5 percent prefer female children. The table also shows that 68.4 percent who indicated a preference for males said that it is for inheritance and perpetuation

of their lineage. This was followed by 26.3 percent that said that boys help in farm work; while 5.3 percent said that a woman feels secure in her husband's house if she has a male child. It further shows that 66.7 percent who indicated a preference for female children do so

because they bring good fortune to families; assist in domestic work and for getting money/gifts from in-laws, while 33.3 percent said they already have males. Finally, it shows that the reasons adduced by the respondents why they

have no gender preference for children are that children are gifts from God and that they do not have the power to decide which one to have; they believe that both boys and girls are important in their unique values/roles in the family.

**Table 5:** Cross-tabulation of gender and couples' attendance of family planning programmes; gender and couples' reasons for attending and not attending family planning programmes with their spouses

Have you ever attended family planning programmes?	Gender		Total
	Male	Female	
<b>Yes</b>	119(39.7%)	124(41.3%)	243(40.5%)
<b>No</b>	181(60.3%)	176(58.7%)	357(59.5%)
<b>If yes, why did you go with your spouse?</b>			
For better planning, proper execution of the plan and to bear the number we can cater for	100(53.8%)	86(46.2%)	186(100%)
<b>If no, why did you not attend with your spouse:</b>			
It is women's programme,	102(73.4)	131(77.1)	233(75.4%)
No information about the family planning programme	37(26.6)	39(22.9)	76(24.6%)

Table 5 shows that 357(59.5%) of the male and female respondents did not attend family planning programmes, while 243(40.5%) attended. Specifically, it indicates that 60.3percent of the males

and 176(58.7%) of the females have never attended family planning programmes. The table also shows that the reasons some couples attended family planning programmes with their spouses

include the need for them to be able to plan together and achieve their desired number of children. It also shows that the majority of couples 233(75.4%) that did not attend with their spouses are of the

view that the programme is meant for women. This perception cuts across both genders, showing that the community norm is that family planning is the responsibility of women

**Table 6:** Consequences of couples' disagreement on the use of family planning; knowledge of women that died during childbirth and reasons for deaths during childbirth

Do you know anybody that died during childbirth?	Yes	No	No Reason	Total
		446(74.3%)	148(24.7%)	6(1.0%)
Reasons for death during Childbirth	Frequency/ (%)	Consequences of couples' disagreement on the use of family planning	Frequency/ (%)	
Poor medical facilities, poor attention and prolonged labour	95(19.5%)	Increased maternal and child mortality	81(17.0%)	
Post-partum haemorrhage (bleeding after birth)	153(31.5%)	Bearing more children than they can cater for	252(53.0%)	
Neglect/carelessness; ignorance of family planning, wife-beating.	64(13.2%)	Couples are not able to enjoy sexual relationships due to fear of getting pregnant, lack of understanding in marriage and family instability, etc.	143(30.0%)	
Maybe her destiny; a spiritual attack	21(4.3%)			
I don't know	112(23.1%)			
Due to multiple pregnancies	41(8.4%)			
<b>Total</b>	<b>486(100%)</b>	<b>Total</b>	<b>476(100%)</b>	

Table 6 shows that the majority of the respondents (74.3%) knew women that died during childbirth; 24.7 percent do not know and the remaining 1.0 percent had nothing to say. The likely consequences of couples' disagreement on the use of family planning as shown in the table include increased maternal and child mortality, couples bearing more children than they can cater for, couples' inability to enjoy their sexual relationship for fear of having unwanted pregnancies, lack of understanding in marriage and

family instability. The implication is that there is high maternal mortality in Nsukka urban. The table also shows that causes of maternal death identified by respondents include post-partum haemorrhage and complications (31.5%), poor medical facilities/attention, and other related medical lapses (19.5%); neglect/carelessness; ignorance of family planning, wife-beating (13.2%), and frequent pregnancies (8.4%), among others

**Table 7:** Chi-square result of women's ability to use family planning method and male dominance in family planning decision

<b><i>Men dominate in decisions on family planning</i></b>			
	Observed N	Expected N	Residual
Women's ability to use family planning method	475	300.0	175.0
Men dominate in decisions on family planning	125	300.0	-175.0
Total	600		
<b>Test Statistics</b>			
	Women's ability to use family planning method	Men dominate in decisions on family planning	
Chi-Square	79.240 <sup>a</sup>	204.167 <sup>b</sup>	
Df	2	1	
Asymp. Sig.	.000	.000	

Table 7 shows the result of the chi-square analysis which tests the hypothesis that women's inability to use family planning services is significantly related to men's control of family planning decision-making. It shows a significant relationship between women's use of family planning methods and men's control in family planning decisions ( $\chi^2_{\text{cal}} = 79.240^a$ ,  $p = 000 < 0.05$ ). This implies that if men and women are empowered with the knowledge of various methods of family planning and both genders participate effectively in family planning decisions, women might be able to use them without male control. The gender influence will be reduced by the mutual participation of both male and female couples in family planning decisions.

### Discussion

The study shows that women's decisions to use family planning methods are significantly influenced by men's control in family planning decisions. The views of a sample of 600 (comprising both male and female couples) in Nsukka urban, Enugu State Nigeria were analysed. Although 92.3 percent of respondents indicated that they have heard of family planning, only 40.5 percent attended

family planning programmes. More males (60.3%) than females (58.7%) have not attended family planning programmes and only 65.3 percent mentioned that they have used family planning services. This implies that the awareness about family planning is not translated into use in attending family planning programmes and services. This reflects the findings from a study of family planning awareness in Ghana which demonstrated gaps in knowledge of family planning and use (Nettey, et al., 2015). Some authors have attributed such a gap to socio-cultural and economic factors which constrain peoples' access to and acceptance of family planning. Such factors include the fact that women have poor decision-making powers (Chapagain, 2005), economic constraints and peoples' desire for large families (Bankole & Singh, 1998).

Male control was discovered as a key constraint in the use of family planning in the study area. Our results show that more respondents with primary education or below identified limited knowledge about modern methods of family planning as the reason why they do not use family planning services but male control in decision-making was identified across all educational levels as a

constraint in the use of family planning services. This shows that education does not improve participation in decision-making as regards family planning in the study area, which supports Ezumah's (2003) view that there are a culture of silence and male dominance or control in decision-making in family planning in the study she carried out in Anambra State, Nigeria.

Couples' attendance to family planning programmes is affected by gender. Our findings show that only 53.8 percent of males and 46.2 percent of females attended family planning programmes with their spouses. The reasons for attending with their spouses were to enable them to plan and achieve the desired number of children they wanted, while 75.4% of those who did not attend with their spouses indicated that they failed to do so because they felt it was a woman's responsibility. This finding is in line with Adelekan et al. (2014) view of males' lack of involvement in family planning as a result of their preconceived notion that it is a woman's responsibility.

The findings show that 81.2 percent of respondents agreed that it is acceptable for couples to discuss the number of children they want to have.

Unfortunately, the agreement did not

translate into real practice. They identified likely consequences of couples' disagreement on the use of family planning to include increased maternal and child mortality, couples bearing more children than they can cater for, couples' inability to enjoy their sexual relationship for fear of having unwanted pregnancies, as well as a lack of understanding in marriage and family instability. If such spousal communication occurs, it is an important development that can boost the use of family planning services in Nsukka urban. It was earlier reported that if couples make a joint decision on the use of family planning, it is an important determinant of contraceptive use (Feyisetan, 2018; Ogunjuyigbe et al., 2009).

Another finding is the choice of family planning method to use. Most people do not have knowledge of natural family planning or contraceptives. Where couples do have the knowledge, husbands do not cooperate. In a culture where women are not meant to talk about sex for fear of being thought wayward, this outcome is not unsurprising. This issue of gender, therefore, poses a threat to women's ability to take decisions on what concerns them in our society. While 68.1 percent preferred natural family planning (ovulation method, Billings method and

periodic abstinence), only 31.0% preferred the use of modern contraceptive devices; while 0.9 percent preferred traditional methods like the use of 'echi' or charms. This highlights the limited utilization of modern contraceptive devices in the study area; despite that many people do not think that natural family planning is reliable. This concurs with empowerment theory which emphasises enlightening couples through education to enable them to take informed decisions about family planning. These reasons occur due to a lack of proper education on how each of them works that needed the attention of social workers, sociologists and health workers to enable them to educate the masses properly on each method. These professionals play important roles in counselling and educating their clients (couples) on the importance of joint family planning decisions for optimal family health and stability.

Child gender preference is another significant influence on a couple's choice in family planning decisions in Nsukka urban. The majority of the respondents (81.7%) did not indicate any child gender preference but contradicted their actions when it comes to the quest for a particular sex, especially a male child. Most of them would want to have

children of both genders in the family since children have different values and roles to play in a home. This is contrary to the findings from a study in Cross River State, Nigeria, where 83.0 percent of respondents preferred male children, 9.5 preferred female children and only 7.5 had no preference (Ushie, 2013). This apparently is due to changes occurring in the contemporary Nigerian society on account of education, acculturation through travelling, and economic and social changes (Ozumba, 2005). Among those who indicated male child preference, 68.4 percent attributed it to the need for inheritance and perpetuation of lineage; assistance in farm work (26.3%), and to enable women to feel secure in marriage (5.3%). This corroborates findings from Olanrewaju (2015) who attributed male child preference among the Yoruba to their perceived role of male children in perpetuating family names.. The desire for security in marriage by women on account of a male child reflects a report that a woman's status in her husband's home is more secure if she has a male child (Umahi, 2010). Similarly, a study of the perception of pregnant Igbo women seeking foetal gender ultrasound reported that more than half of the women desired male babies due to their desire to protect

their marriages (Ohagwu et al., 2014). The literature identifies the adverse consequences of the desire for male children to include a prolonged period of childbearing for women (Ushie, 2013), and male opposition to family planning (Isiugo–Abanihe, 2003). Those who expressed a preference for female children linked it to the perception that female children provide benefits to families through assistance in domestic work and marriage relationships. Another author earlier reported that some couples prefer females because of socioeconomic benefits, such as bride price. (Isiugo–Abanihe, 2003).

Awareness about maternal deaths during childbirth by the respondents is high in the study area. The study reveals that 74.3 percent of the respondents are aware of women that died during childbirth in Nsukka urban. They attributed maternal deaths to postpartum haemorrhage and multiple pregnancies, women's inability to be decisive about family planning and complications among others. Most women in trying to obey their husband's decision on family planning will keep giving birth in search of a male child until they are no longer able to control the outcome. This corroborates the findings of a Nigerian study which attributed maternal

mortality to women giving birth to too many children (Igbokwe, 2004). This indicates serious gender implications in family planning decisions among couples in the study area.

### Conclusion

There are gender implications in family planning decisions among couples in Nsukka urban where men see family planning as women's business and this has led to many consequences like bearing children beyond their training capacity, increased maternal and child mortality, postnatal haemorrhage, couples not being able to enjoy sexual relationship due to fear of getting pregnant, lack of understanding in marriage and family instability and many others. These have psychological effects that need to be treated for optimal/healthy living of mothers, families and the entire society for sustainable national development to be achieved. There is also a gap in awareness and the use of family planning, male dominance in decision-making about the use of family planning, limited attendance of couples to family planning programmes due to the perception that family planning is women's responsibility, and limited knowledge about modern methods of family planning influence couples' use of family planning practices

in Nsukka urban. Since family planning decisions are actually influenced by gender, females need to be empowered to be able to use family planning services without being constrained by male control.

Male involvement in family planning programmes is crucial in order to promote dialogue among the couples and encourage sexual discussions that will lead to sexual satisfaction among couples. This will also lead to couples getting their desired child gender preference, which might enhance their ability to bear the number of children they can cater for and in turn promote the reproductive health of women. During the fertility period in a woman's cycle, the ovulation period can be determined and the choice of when to have sex to enable them to get their desired sex will be achieved. The government should develop/enforce a policy that will

incorporate joint participation of both male and female folk in family planning programmes, educate them on the need to discuss sex matters and inculcate such education in school curriculums from primary schools to university, breaking down the teachings in a way that children will grow with it. There should also be public awareness of the need for an informed decision in family planning. Social workers should be part of the policy-making body and should be able to re-orientate couples' mindsets on gender. It has been emphasized that measures should be taken to reduce inequalities arising from societal norms about what is considered appropriate for men and women (WHO, 2008). Further investigations might focus on the effective implementation of government policy on the use of family planning methods among couples.

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