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AN ASSESSMENT OF GENDER ROLE ATTITUDES TOWARD REPRODUCTIVE HEALTH DECISION IN KADUNA NORTH LOCAL GOVERNMENT AREA, NIGERIA

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ABSTRACT

The views of gender have not received proper attention, thus leading to a backdrop of knowledge on the role of gender and responsibility in reproductive health decision. Hence, this research tends to assess the role and responsibility of both men and women toward reproductive health decision making in Kaduna North Local Government Area of Kaduna State. Data for the research was acquired through questionnaire, in-depth interview with key informants and focus group discussions (FGDs). Krejcie and Morgan, (1970) formula was used to determine the sample size of 400 out of the total population of 497,783. Multi-stage sampling techniques was used in which purposive, systematic and random sampling techniques were used at different stages. Both graphical and inferential statistical techniques were employed in the analysis of data collected. The findings revealed that 38.0 % of the respondents had ever used one Family Planning method or the other and 57% have not used FP at all. The study further shows that injectable, oral contraceptive pills, and condoms are the most patronized modern methods of FP. 63% said that the decision to practice FP was made jointly by husband and wife, while 21% of the respondents reported that FP decision is the husband's responsibility and only 13.2% of the respondents said that the wife takes such decision even if she has to do it secretly. The study recommend that intervention that encourages and supports dialogue and communication about gender norms and sexuality can shift gender relations and positively influence family planning use for both gender.

KEYWORDS: Gender, Role, Attitude, Decision, Reproductive Health

INTRODUCTION

Nigeria accounts for an estimated 14% of global burden of maternal mortality (Kana et al., 2016), though Nigeria's population is just barely 2% of global population, Federal Ministry of Health (FMH, 2005). It has been demonstrated that by reducing high parity births, family planning lowers a country's maternal mortality rate by an estimated 45% during the transition from low to high contraceptive use (Stover in Kana et al., 2016; Mohammed-Durosinlorun et al., 2016). The benefits go beyond health improvement, as it affects household wellbeing and income, while also reducing maternal deaths and morbidities, and poverty.

From the foregoing, it is obvious that the health, social and economic benefits of family planning are numerous. Besides the family's ability to better support their children economically and socially, contraceptives affect the quality of life, productivity, income, and the burden on the public and environmental resources in a positive way. Despite the known benefits, however, evidence from the

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Nigerian Demographic and Health Survey (NDHS) in 2013 has shown that only 15.1% of currently married women use any contraceptive method, with just 9.8% using a modern method of contraception (NPC & ICF Intl., 2014). Such low contraceptive prevalence rate has been shown to be associated with higher rates of unintended pregnancies, complications of pregnancy and childbirth, higher incidences of maternal mortality and/or morbidities.

Family planning is one of the most cost-effective public health interventions and is pivotal to reducing fertility, mortality and morbidity of mothers and infants and have such a breadth of positive impacts (Bongaarts et al., 2009).

Before the current dramatic increase of about 10.2 percentage point in contraceptive prevalence rate (CPR), Kaduna State had recorded low CPR in the preceding two decades; and a preference for large family size, natural family planning methods and an aversion for modern contraceptive methods (NPC & ICF Intl., 2014). Family planning offered by the public sector did not fulfill the demand for contraception, particularly among the urban poor, and rural dwellers. In the private sector, cost was a major constraint, Nigerian Urban Reproductive Health Initiative (NURHI, 2010:2015; MLE., 2013). It is therefore important to understand factors influencing the current rise in the CPR and influence of role in reproductive health decision.

Kaduna North LGA, a Hausa society located in northern Nigeria is patrilineal with a strong male influence on many household decisions including those involving reproduction. The negative perception of health decision making by most people in this society and to a larger extent northern Nigeria is remarkably influenced by the Islamic religion, which is deeply rooted in their culture and tradition. Islam teaches that children are gifts from God. The negative view about health decision making is also related to the external source of the programme. This makes the attitudes of male toward Health decision making and contraceptive use a significant factor influencing the overall fertility level in the area. Given the decision-making powers of Nigerian men and the fact that they also control economic resources, it is important to consider their attitudes towards and willingness to use contraceptives to control family size. This study made use of CARE's family planning results initiative theory of change (2016) due to its practicability and tendency to produce the desired result needed.

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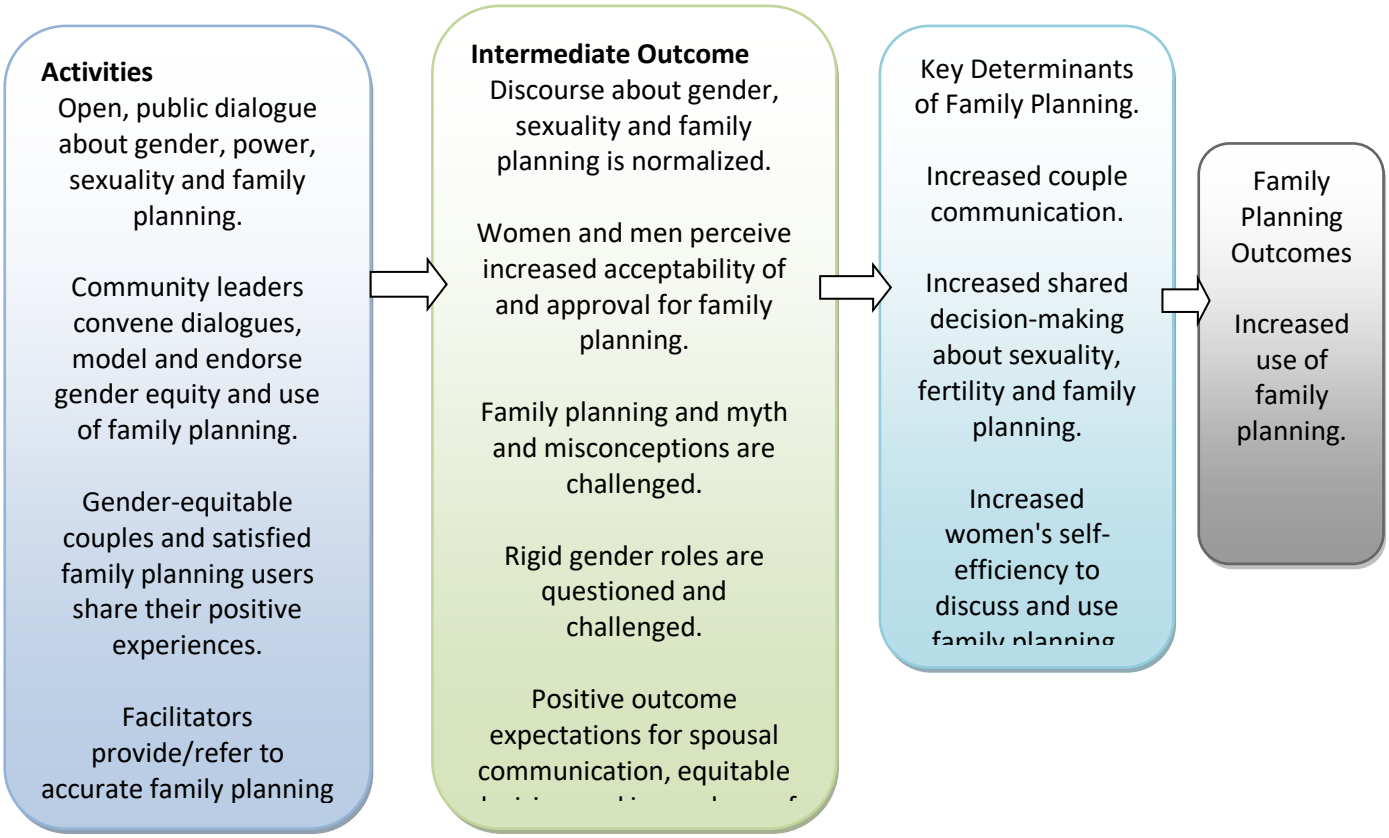

Fig 1. Adapted after CARE's Family Planning Results Initiative Theory of Change (2016).

The research adapted the CARE's theory of change as illustrated in Fig. 1. From left to right, the activities undertaken as part of CARE's Family Planning Results Initiative, the expected intermediate outcomes that will lead to improvements in three key determinants of family planning which, ultimately, will lead to an increase in the use of family planning in the intervention community.

Related Empirical Studies

Ghana and Bour (2009) studied gender and utilization of health care services in Ashanti region using questionnaires. Their findings showed that females had greater need for health care than males, yet they only have little utilization of such opportunities. Whereas, quality of service, health status, service cost and education have greater effect on male utilization than females with distance and income having a higher impact on female utilization.

Abdulazeez (1990), considered knowledge, attitude and practice of family planning among the Nigerian Army's wives in, Kaduna north. The study revealed that majority of women, have great awareness of family planning. However, practice of family planning was found to be very poor. Isakoto (2002), also studied the effect of family planning on reproductive behavior in Kaduna north and showed that despite the side effects of contraceptives, women were not deterred to practice

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family planning. Omotolani (2002), studied people's perception of family planning methods in Kaduna north and focused types of family planning methods, knowledge of, attitude towards and level of usage of contraceptive methods. The study revealed that contraceptive knowledge is high but the level of usage is very low in urban Kaduna north.

Going by the analysis, and existing gaps in current literature in Kaduna North Local Government, it is observed that numerous studies(Abdulazeez, 1990; Ndiga, 1992; Mu'azu, 1994; Dogo, 1998; Mairo,2012; Abdul Razaq et al., 2014; Ejembi et al., 2015; Babalola, 2015; Mohammed-Durosinlorun, 2016) have discussed family planning knowledge, attitude and practices as a way to identifying determinants of family planning uptake. However, these studies have been carried out with women as primary respondents, except Mairo (2012) which study was conducted in Zaria with a male focus. The views of gender have not received proper attention, thus leading to a backdrop of knowledge on the role of gender and responsibility in reproductive health decision.

Hence, this research tends to assess the role and responsibility of both men and women toward reproductive health decision making in Kaduna North Local Government Area of Kaduna State.
This would be achieved through the following objectives, which are:

To identify the various methods of family planning adopted in the study area.
To identify the major decisions makers on fertility and FP issues in the study area.

STUDY AREA AND METHODOLOGY

Study Area

Kaduna North is a local government in Kaduna State. It is located between latitudes 10º29'0"N to 10º 38'59"N and longitudes7º26'E to 7º31'E. It has its secretariat at Magajin Gari area of Doka District. Kaduna North LGA is bordered by Chikun Local Government Area in the South and South-eastern part, while at Northern part by Igabi Local Government Area, and to the West by Kaduna South Local Government Area. Kaduna North Local Government areas as is made up of 12 wards as: Badarawa/Malali, Hayin banki/Ugwan Kanawa, Kabala ward, Kabala Costain, Maiburuji, Kawo/Rafin guza, Shaba Ward, Ungwan Liman, Ungwan Rimi, Ungwan Shanu/Abakwa, Ungwan sarki,, and Ungwan Gaji

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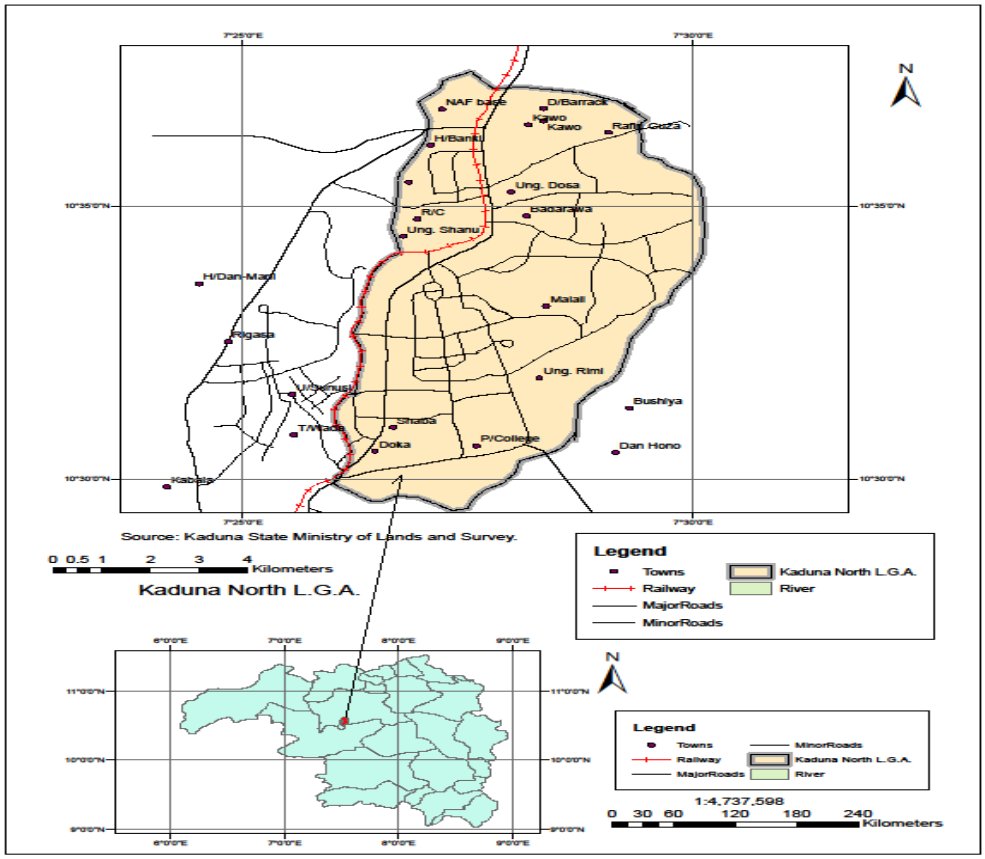

Fig. 2: Kaduna Metropolis Showing Kaduna North
Source: Adapted From Google Earth, 2018.

The Geology of Kaduna North is that of the Precambrian Basement Complex rock. The topographical relief is relatively flat, having an elevation of between 600–650 meters in large areas of the local government. It is over 650 meters above mean sea level in some places, and below 500 meters in places that slope downward towards the river Mamman (1992).

The climate is part of the tropical wet and dry climate of Nigeria. The wet season begins in April and ends in October, though there is fluctuation in the beginning and the ending of the wet season from year to year Mamman (1992). The annual rainfall received ranges between 900mm-1100mm with a raining period of 150-160 days. The peak of the rainy season occurred during the month of August. From October to April, the area is subjected to cool dry north-easterly winds which have no rain. During this time, farming can only take place by means of irrigation (Blair et al., 1977).

The mean maximum monthly temperature occurs in March to May which ranges between 33.40c and 34.90c while the mean minimum temperature were in December and January with records of 19.10c to 21.80c (Mamman, 1992). During the rainy season, especially in the month of August, humidity of

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more than 80% are recorded with low mean monthly records of less than 20% in January (Mamman,1992).

The soils of Kaduna North are typical red-brown to red-yellow tropical ferruginous soils. The soil is developed from the crystalline rocks of the basement complex, mainly sandstone sedimentary rocks which serves as parent material. (Mamman, 1992). The vegetation falls within the Northern sub-zone of the Guinea Savannah that is characterized by savannah type of vegetation which has been greatly altered and modified. The dominant species of trees include Isoberlina (doka), Isoberlinatomertosa, Monotes Kerstingii and Uapacatogensis. The savannah woodland has been severely exploited for grazing, cultivation, fuel wood, building materials, and construction purposes Mamman (1992).
The Tribes found in the study area are Gwari, Hausas and Fulani, Yoruba, Idoma, Calabar, Igbo and Igala etc. It has an area of 72 km² and a population of 357,694 at the 2006 census, with the population projection of 497,783 in 2017. The area has a mixed of population, but the major dominants ethnic groups are the Hausas. Kaduna North Local Government Area consists of several health care facilities both public and private. The public health care facilities in the area are Barau Dikko Teaching Hospital, General Hospital Kawo, Primary Health Care Badarawa, Primary Health Care U/Shanu and Zakari Isa Hospital; all these render Health Care services with free family planning services. The private health care centers are many; to mentioned few of them are Giwa Hospital, Garkuwa Specialist, Brains Specialist Hospital Limited, Albarka Hospital and Maternity, Alba Clinic andMedical Center Limited, Chasel Hospital, Jodeb Hospital and Marternity, Jowako Specialist Hospital, National Board for Technical Education (NBTE) Medical Center.

METHODOLOGY

Data Required

The types of data required for the research are information on sex, age, level of education attained, place of residence, occupation, religion, income, family planning status, and knowledge about family planning, method of family planning on each household. List of public health care centers in the study area. Registered number of men and women in the health care centers that are taking part in family planning, different methods of family planning adopted.

Sources of Data

The data needed for this study was obtained through the administration of questionnaire, in-depth interview with key informants. Focus group discussions (FGDs) was also used to provide information on what people perceive on the role of gender in reproductive decision making. Data were Also collected from the following: - Kaduna State Ministry of Health, Public Health Care Centers, National Population Commission Office.

SAMPLING DESIGN

In this study, Purposive, systematic and random sampling techniques were used at different stages. Kaduna north local government area has a projected population of 497,783 people in 2017, and 12

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wards. The wards were used as the basis for selecting respondent for the study. Five residential study areas were selected, they include Kawo, Ungwan Rimi, Kabala, Badarawa/Malali and Ungwan Shanu. These wards consist of virtually all ethnic occupational, educational, income and religious groups found in Kaduna north Local Government Area of Kaduna State. To select the actual households for sampling, systematic sampling technique was employed. Where more than one eligible respondent is found, a random selection process is embarked upon to pick the eligible respondent in the household. Both men and women were interviewed and that do not have to be a couple.

The researcher made use of Krejcie and Morgan, (1970) formula to determine the sample size as:

$SS = \frac{N}{1+N(e)2}$. Where SS = sample size, N = Number of population under study, e = Degree of precision (0.05). SS = 492,100/1+492,100(0.05)^2. SS = 400

Sample Procedure

The wards selected for the study, and the population projection for the various wards were obtained using the "Population Projection-Geometric" Pt = Po(1+r) t

Table 1, 1991 population of 5 wards and the projected population of 2016, percentage and number of questionnaire given.

Table 1, Population Projection and Proportional Sample for Questionnaire Administration.

S/No.	Name of ward	1991 Population	2016 Projected Population	Percentage (%)	No. of Questionnaire given
1	Kabala ward,	13,305	29,058	19	76
2	Ungwan Rimi	11,771	25,708	17	68
3	Ungwan Shanu/Abakpa	7,373	16,139	10	40
4	Badarawa/Malali	17,061	37,261	25	100
5	Kawo	19,744	43,120	29	116
	Total	69,254	151,286	100.0	400

DATA ANALYSIS

Both graphical and inferential statistical techniques were employed in the analysis of data collected. Graphical method was used to describe the characteristics of respondents using frequency distributions, percentages, table and charts. With respect to inferential statistics, the chi-square analysis was used to ascertain the relationship between socio-economic variables (marital status,

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educational attainment, occupation, income, religion, ethnicity)and knowledge, current use of FP as Reproductive Health Decision Making, who makes family planning and FP methods used.

RESULT AND DISCUSSIONS

The Various Methods of Family Planning Adopted In Kaduna North

Ever Use and Current Use of Family Planning

In this study, ever use refers to use of a Family Planning (FP) method in the past and current use connotes using contraceptives at the time of survey. Figure 3 shows that 38.0 % of the respondents had ever used one FP method or the other and 57% have not used FP at all. This result does not agree with Umoh et al (2012) whose study revealed that 52.6% of its respondents had used FP in the past and 47.4% had never used any form of FP method that might be because the study focused on women only and that of Abubakar (2012), could be due to its focus on men only.

For current use of FP, Figure 3, shows that only 34.2% of the respondents were currently using a FP method. The figures shows that ever use is higher than current use of FP; it also revealed that the use of FP is low, even though many respondents have high preference for modern methods of FP.

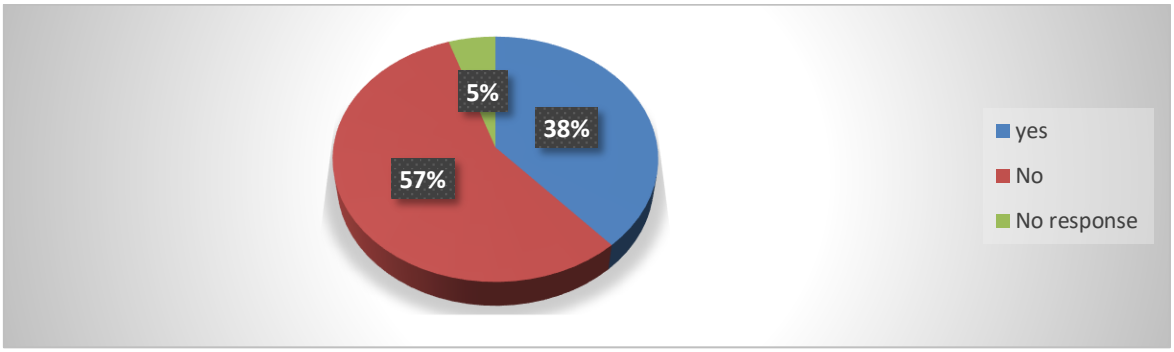

Figure 3, Percentage Distribution of Respondents by Ever Use of Family Planning
Source: Field Survey, 2017

The result corresponds with Ekpo's (2011) findings in Kaduna where 32.0% of the respondents were currently using FP methods against 59.1% who were not using any FP method and also that of Abubakar (2012). It is very important to know that there is a wide gap between knowledge and use of FP methods. Considering the wide gap between the proportion of population that has ever heard of FP 97.7% on the one hand, and the proportion that has ever used (38.4%) or is currently using (34.2%) on the other, some doubts may be cast on the reliability of the responses on the question under review. It is obvious that some of those who reported having heard of FP may find it difficult to admit having ever used or currently using a method.

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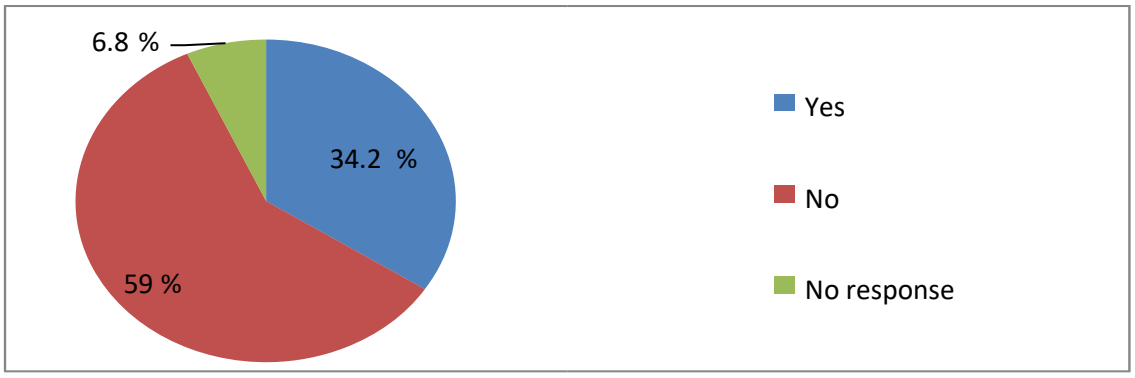

Figure 4: Percentage Distribution of Respondents by Current Use of Family Planning
Source: Field Survey, 2017

Generally, questions on the practice of FP seem to attract a high degree of 'no' response. Given the moral background of many (who live in rural settings), a sense of guilt normally surrounds the practice of FP.

Table 2 shows that injectable, oral contraceptive pills, and condoms are the most patronized modern methods of FP. For current use, the injectable has the highest patronage with 29.0%, followed by oral contraceptive pills (22.3%), condom (17.4%). Ameh and Sule (2007) in Kaduna north found injectable to be the most used FP method with (51.0%) while Solomon et al (2017) in their study in northern Nigeria also revealed that injectables was the most used FP method with (50.0%), followed by pills (21.0%) and the least used were Lactational Amenorrhea Method (LAM), herbs and condom with 2.3% each.

Breastfeeding is strongly supported culturally and religiously and it is particularly encouraged in hospitals during ante natal and post-natal clinics because it is effective in delaying pregnancy. However, respondents might not know that LAM is a method of FP knowing that breastfeeding is a natural process of feeding an infant. This shows that women practice FP more than men, due to the reality that they bear the direct burden of childbearing and child rearing. While women make use of tubectomy for different reasons to stop child birth permanently, vasectomy or male sterilization has not gained acceptance in Nigeria, where men are given high societal recognition for having large family sizes as such they do not venture using it.

Table 2: Distribution by Ever Use and Current Use of Family Planning by Methods

	Ever Use		**Current Use**	
FP Method	Number	Percentage	Number	Percentage
Abstinence	14	10.3	8	6.6
Withdrawal	18	13.2	10	8.3
Condoms	31	22.8	21	17.4

Oral contraceptive pills	36	26.5	27	22.3
Injectables	22	16.2	35	29.0
IntraUterine Contraceptive Device (IUCD)	4	2.9	9	7.4
Diaphragm	1	0.7	1	0.8
Tubectomy	0	0.0	1	0.8
Herbs	6	4.4	3	2.5
LAM/Breastfeeding	4	2.9	6	5.0
Vasectomy	0	0.0	0	0.0
Ring	0	0.0	0	0.0
Total	136	100.0	121	100.0

Generally, there is greater awareness of tubal ligation or female sterilization than vasectomy. The condom is the most used male method, followed by withdrawal which may be due to religious encouragement, particularly in Islam, as a natural means of preventing conception. Abstinence from sexual intercourse during the fertile period of a woman which sometimes cannot be observed, especially by men in monogamous settings is low (6.6%). From the hospital record, injectable is the most preferred accounting for 88.1% of the FP methods used (Table 3).

Table 3: Hospital Records Showing FP Methods Used

LAM Methods	Number	Percentage
Injectables	687	88.1
Pills	55	7.1
IUCD	30	3.9
Tubal ligation	7	0.9
Total	779	100.0

Source: Hospital Records, 2017

More so the positive attitude of nurses/service providers has improved its popularity. This was reported during the IDI when a nurse was asked the reason why injectable is preferred by clients.
"Most women choose injectables due to its ease and efficacy for longer durations, and sometimes women with medical conditions like hypertension who choose other methods are advised on a better alternative that suits their problems".(Nurse, Aisha)

The nurse also confirmed that recently more people are using FP methods, because some men accompany their wives to the hospital secretly to obtain FP methods. And women also come for FP even when the husbands do not approve its use. This confirms that some people do not like to disclose their usage of FP.

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The Major Decision Makers on Fertility and FP Issues in Kaduna North
Reproductive health Decision Making to Practice Family Planning

It is very important to know who makes the decision to practice FP, especially in patriarchal societies where the final say is given to men. Irrespective of couples' background characteristics, Figure 5, shows that 63% said the decision to practice FP was made jointly by husband and wife, because FP responsibility lies on both spouses. The question was put during the FGD session to participants on who should have the final say on FP issues and the response was: "I am a geographer, I feel every gender should be allowed to take decisions". (24-year-old Hadiza, Malali)

However, 21% of the respondents reported that FP decision is the husband's responsibility, because he rules and is the breadwinner of the house. The desire to show that he has the final say may make a man report that he alone takes decisions (when the wife could be the decision maker in FP issues). This must be seen in the context of the traditional Hausa society where men are expected to have absolute control of their households; including the practice of FP or child spacing and women are expected to respect their husbands' decisions. This is supported by the FGD where responses supporting the position of men in decision making on FP were made clear, thus:

"It is men who decide the practice of FP or choose the method of FP". (44 year old Abubakar Kabala ward)
"Men's decision is very important, their yes is yes and no is no. Since they marry women, decision making should be by the man but subjected to the sapproval of both of them". (29 year old, Murjanatu, U/Shanu)

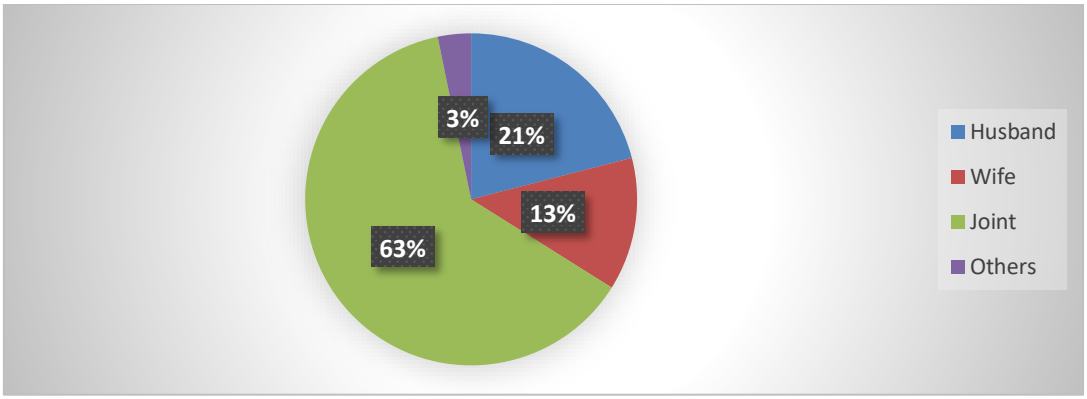

Figure 5: Percentage Distribution by Decision on the Practice of FP
Source: Field Survey 2017

This is followed by 13.2% of the respondents who say the wife takes such decision even if she has to do it secretly, since she is directly affected. This is supported by two FGD participants who said:

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"Men should allow their wives to make or take decisions by themselves". (29 year old Emmanuel, Kabala ward)

"With regards to my view about decision making on FP, they do not have anything to say, it is the woman who should think and choose what is best for her, if she makes the decision to use FP methods, she should tell her husband, and he will accept her decision. This is because from pregnancy, child birth up to the time a child matures; it is the woman who bears the greatest burden". (37 year old Fatima, U/rimi)

In addition, only 3.3% said the decision is made by neither the husband nor the wife but by medical professional, if there are health risks or relations such as the mother-in-law. This finding does not concur with that of Ekpo (2011) in Kaduna where 29.1% of the respondents reported joint decision making, followed by husband alone with 26.0%. This could be due to the fact that the research included only women.

CONCLUSION AND RECOMMENDATIONS

The findings revealed that 38.0 % of the respondents had ever used one Family Planning method or the other and 57% have not used FP at all. Injectable, oral contraceptive pills, and condoms are the most patronized modern methods of FP. 63% of the respondents said the decision to practice FP was made jointly by husband and wife, while 21% of the respondents reported that FP decision is the husband's responsibility alone and 13.2% of the respondents said that the wife takes such decision even if she has to do it secretly, since she is directly affected.

The role that men play in decision making was strong coupling with their religion belief, ethnicity and cultural belief. The desire for additional children and the attitude of gender towards Family Planning is greatly influenced by people's social values attached to family life, marriage and procreation. The small proportion of respondents currently using FP typifies it. It is imperative to change people's attitude towards large family size and the desire for such through intensive media campaign and individual contact by government and FP providers.

Greater political will from the local government officials, which includes more commitment in supporting family planning programmes, is needed and not just population policies on paper.

There should be spousal communication on FP matters, where both gender can come up with reasonable mutual decision on reproductive health issues. This will help facilitate transition to lower fertility.

The Kaduna North Local Government leaders should encourage western education, this will empower women to make rational decision and enhance the effective utilization of FP. Intervention that encourages and supports dialogue and communication about gender norms and sexuality can shift gender relations and positively influence family planning use, especially for women. The CARE's family planning results initiative theory of change should be applied in the study area.

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