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Family Planning Knowledge, Attitudes And Practices of Males in Ilorin, Nigeria

“Although the use of contraceptives among [Ilorin] men in our study was limited, favorable attitudes toward family planning and a willingness to use contraceptives have clearly emerged, probably recently, among some of the population.”

By Gbolahan A. Oni and James McCarthy

Summary

A household survey conducted between September 1988 and January 1989 in Ilorin, Nigeria, yielded data on the contraceptive knowledge, attitudes and practices of 1,022 men. Although the sample is not representative of the city, the data provide comparative information by level of education and area of residence, which serves as a proxy for socioeconomic status.

Contraceptive knowledge is virtually universal among these men, with the condom and oral contraceptives the most commonly known methods. The condom is also the most commonly used method, yet less than half of men from the most educated and highest socioeconomic groups have ever used it.

The majority of men at all education and residence levels have positive attitudes toward family planning, and contraceptive use is associated with communication about family planning between husbands and wives. Among men who say they have had such discussions, 22–60 percent report that their wives use a method, compared with 4–10 percent of those who say they have not discussed family planning with their wives.

Introduction

In research on the determinants of fertility in sub-Saharan Africa, and in programs designed to increase contraceptive use among African populations, increasing attention is being paid to the contraceptive knowledge, attitudes and practices of African men.¹ This interest stems from the widely held belief that in the patriarchal, traditional African family, the role of husbands is paramount in couples' decisions

about fertility regulation.² Although this belief is widely supported by the research of many scholars, there are relatively few empirical studies of the family planning knowledge, attitudes and practices of African men.

In contrast, as a result of such international efforts as the World Fertility Surveys (WFS) and the Demographic and Health Surveys (DHS), there are a fair number of large, comparable, nationally representative surveys on the fertility attitudes and behaviors of African women. Although women are the best sources of information on actual fertility and its proximate determinants, a thorough understanding of the social and cultural determinants of fertility, especially in patriarchal societies, requires that studies of men also be undertaken.

Most recent studies of men's perspectives on fertility have been based on analyses of data from selected populations, often those of single cities. Until such projects as the WFS and DHS include males in their country surveys, results from the smaller studies will continue to provide essential information both to scholars interested in the determinants of fertility in Africa and to policymakers and program officials interested in effective interventions to promote contraceptive use.

The traditional African pattern of male involvement in fertility decision-making is clearly reflected in existing studies of men's influence over these matters in Nigeria. In a study carried out among married Nigerian students, one out of every five women who were not using a contraceptive method gave husband's objection as the reason for nonuse.³ Another study reported that men fear their wives' use of contraceptives will undermine their own authority as head of household or encourage their wives to be promiscuous.⁴

However, most of these studies were conducted some time ago, and more re-

cent research throughout Africa, particularly in Nigeria, has shown an increase among both men and women in knowledge about, favorable attitudes toward and ever-use of contraceptives.⁵ Some attribute these changes to the severe economic deterioration that has hit Nigeria since the end of the oil-fed boom of the 1970s and early 1980s. Although there is some dispute over the long-term effect of such crisis-led changes on fertility and contraceptive use,⁶ public policy in Nigeria has clearly altered dramatically with regard to fertility and contraceptive use during the current economic crisis. Evidence can be found in the very existence of an explicit population policy that has specific targets for fertility reduction, and in the recent development of large public information and service delivery programs designed to increase the use of contraceptives.⁷

In this article, we examine the contraceptive knowledge, attitudes and practices among a sample of men in Ilorin, Nigeria, who are married to women aged 15–49. We are interested specifically in finding answers to the following questions:

- To what extent are married men aware of family planning?
- Do they know of specific methods?
- What are their sources of information and how long ago did they first receive this information?
- Do men use contraceptives? If so, what method do they use and how long ago did they start using it?
- Do men have positive attitudes towards contraception?
- Do they generally discuss family planning with their wives? What are their wives' attitudes toward using contraceptives?
- Do men think they or their wives should have the primary responsibility for deciding about contraceptive use? Which of them do they think should be responsible for using the contraceptives?

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Ilorin, the capital of Nigeria's Kwara State, has a population of approximately 700,000. It became the capital in 1967, when the first 12 states were established in Nigeria (the number of states has since increased to 21). Prior to 1967, Ilorin could have been characterized as a traditional town, with indigenous occupations that included farming, pottery-making, weaving, leather work and embroidery. Substantial population growth accompanied the city's becoming a state capital, and additional opportunities for employment have opened up in federal and state agencies (including a university, a polytechnic and both a general and a teaching hospital) as well as in manufacturing and construction. Many of the people who have filled these new positions in the modern sector are educated men and women from other parts of Nigeria, drawn to Ilorin by job opportunities. Ilorin can now be described as an emerging modern city, with a diverse population.

The availability of contraceptives in Ilorin has also changed in recent years. Modern contraceptives can be obtained at three government clinics and in dozens of private hospitals, chemist shops and drug-stores. Most of these sources were unavailable before 1983, when there were only two government clinics providing any extensive service. In addition, in 1986 the Kwara State Ministry of Health, in collaboration with Columbia University in New York, introduced community-based distribution of family planning methods in Ilorin; this made it possible for some market women and traders to sell certain types of contraceptives, including the pill and the condom. Kwara State also sponsored one of Nigeria's first state-wide media campaigns to promote contraceptive use and the idea of having small families.⁸

Data and Methods

The data analyzed in this paper are from a household survey fielded in Ilorin between September 1988 and January 1989 that focused on fertility attitudes and behavior, knowledge and use of contraceptives, and a number of important socioeconomic background characteristics. Separate samples of married women ages 15–49 and men currently married to such women were collected. In 1983, a similar survey of women only was carried out with a sample of wives aged 15–35.⁹

The decision to interview separate samples of men and women was based on practical considerations. Although a survey of couples would have allowed a direct comparison of responses from hus-

bands and wives, such a design could also create problems in a setting as traditional as Ilorin. Kwara State, and Ilorin, are on the border between largely Muslim northern Nigeria and largely Christian southern Nigeria; many aspects of husband-wife relations in Ilorin, especially among the more traditional segments of the population, are similar to those typical in northern Nigeria. For example, the consent of the husband is often required before a woman can participate in a study such as the one we conducted. In this context, a woman might be reluctant to answer ques-

tions her husband had already been asked. Thus, the local investigator concluded that the practical difficulties of interviewing husbands and wives of the same families outweighed the analytical benefits.

Because the last reliable census in Ilorin, and in all of Nigeria, was conducted in 1963, when Ilorin was a very different place, no adequate data to establish a representative sample of the Ilorin population existed. Hence, the sampling frame for the current study was designed to collect data from groups of men and women that represented the socioeconomic range of the population.

Ilorin administrative wards were stratified into three groups, depending on whether they represent a low, medium or high socioeconomic area. The identification of each ward was carried out by the local investigator, in consultation with colleagues from the University of Ilorin who have carried out research studies in the city and were familiar with the characteristics of each ward. One or two wards were selected from each stratum, and random samples of households were drawn from the selected wards. Trained male interviewers administered questionnaires to men married to women aged 15–49 who were not included in the female sample. This article concentrates on the data from a total of 1,022 males.

We emphasize that the resulting sample of men is not representative of the Ilorin population. This limitation, however, does not interfere with analysis of the data to reveal differentials in knowledge and behavior that are likely to characterize the distinct socioeconomic groups living in Ilorin, and we confine our analysis and discussion to those groups. Table 1 presents basic information on knowledge and use of contraceptives for the entire sample and within categories of a number of social and demographic variables; all other results are reported within categories of either area of residence (the variable on which the sample was stratified) or level of education of the respondent (which is highly correlated with residence). If adequate census figures on the distribution of the population by residence should become available, appropriate weights can be applied to each case and overall prevalence levels for the population can be calculated.

Results

The sample of 1,022 married men was fairly evenly divided among the three types of residential areas, and included substantial numbers of men with a second

Table 1. Percentage of men who have knowledge of contraceptives and those who have practiced family planning, by selected socioeconomic and demographic characteristics, Ilorin, Nigeria, 1988

Characteristic	N	Have knowledge	Have practiced
All	1,022	97	32
Education			
None	259	89	6
Primary	194	96	21
Secondary	173	98	33
Postsecondary	395	99	53
Socioeconomic residence			
Low	350	90	8
Medium	438	98	40
High	234	99	50
Occupation*			
None	359	97	23
Traditional	330	92	16
Modern	655	97	40
Religion			
Muslim	482	92	17
Christian	536	98	45
Age-group			
15–24	27	85	7
25–29	120	95	27
30–34	220	94	29
35–39	217	98	36
40–44	189	97	37
45–49	125	97	37
≥50	122	93	25
Type of marriage			
Monogamous	801	96	33
Polygamous	186	94	26
Children ever born			
0–2	329	96	26
3–4	327	97	36
5–6	204	94	35
≥7	158	94	32
Additional child wanted			
Yes	690	95	23
No	265	97	52

*Traditional occupations include farming, various crafts and petty trading. Modern occupations include professional positions as well as manufacturing and service positions.

Note: Numbers of cases in categories do not always add to 1,022 because of missing values for some cases.

Table 2. Among men with knowledge about family planning, percentage who have heard of specific methods, by education and residence

Method	Education				Socioeconomic residence		
	None	Primary	Secondary	Post-secondary	Low	Medium	High
Pill	43	71	78	84	51	79	82
IUD	24	48	41	54	31	48	53
Injectables	46	66	74	76	52	73	76
Female sterilization	19	43	49	58	26	50	60
Condom	46	73	82	88	55	83	83
Withdrawal	31	55	55	73	36	65	70
Diaphragm	23	36	32	60	26	46	70
Spermicides	21	39	46	66	26	51	66
Male sterilization	17	41	45	57	24	46	60

dary or postsecondary education (Table 1—page 51). We are certain that the distribution of the population of married men in Ilorin differs from the distribution in our sample in that there are proportionally fewer well-educated men in the city and more living in poor areas. Table 1 also presents the distribution of the sample among categories of several other variables that are usually of interest in studies of African fertility.

• *Knowledge and Use of Contraceptives.* The data presented in Table 1 reveal that some knowledge of contraceptive methods is virtually universal among men in Ilorin (97 percent overall). Even among men with no formal education and among those living in the poorest areas of the city, approximately 90 percent reported that they knew of some family planning method. Levels of ever-use of contraceptives are considerably lower, and vary much more by residence and education. Ever-use ranges from six percent among men with no education to 53 percent among those with a postsecondary education, and from eight percent among those living in the poorest areas to 50 percent among those residing in the most affluent areas.

Respondents who said they had some knowledge of contraceptives were asked to indicate which of a list of methods they

had heard of, and to report which methods they had used. As Table 2 shows, knowledge of specific methods is much lower among men with little or no education than among those with a postsecondary education. For example, 43 percent of men with no education said they knew of the pill, compared with 84 percent of those with a postsecondary education. Similarly, 24 percent of men with no education said they knew of the IUD, compared with 54 percent of those with a postsecondary education. Across all education groups, the condom was the method most likely to have been heard of; yet less than half (46 percent) of respondents with no education knew about it, compared with 88 percent of those in the highest education group. Sterilization, the diaphragm and spermicides were known by the lowest proportions of men of all levels of education. The pattern of knowledge according to residence is very similar to that according to education.

Most of the respondents (60 percent) reported that they had learned about family planning through radio, television or newspapers (not shown). In addition, except for those men with a postsecondary education, a majority of men reported first learning about family planning within the last five years.

As is evident from the data in Table 3, ever-use of most methods is low. The most commonly used method is the condom, with only four percent of those with no education and 43 percent of those with a postsecondary education reporting that they had ever used that method. Even among the most educated men, ever-use of all other methods was very low: Fourteen percent of these men had used withdrawal, and seven percent reported that their wives had used the pill, the IUD, injectables or sterilization; 10 percent said they had used some other method. Again, the pattern by residence is similar to that by education.

Although a thorough analysis of male-female differences in contraceptive knowledge, attitudes and practices is beyond the scope of this article, we compared reports of use obtained separately from men and women and found that the overall levels of ever-use do not differ much by gender. However, reports of the use of specific methods differ dramatically between men and women. Of the women sampled, very few reported use of condoms or withdrawal, and the methods most commonly ever used were the pill and the IUD. Since this pattern differs from that of the male respondents, it is unclear which report is more accurate, or whether a complete account of contraceptive use in Ilorin might require analysis of reports from both men and women.

• *Attitudes Toward Family Planning.* Regardless of their education or residence category, the vast majority of the male respondents who have knowledge of family planning said they have a positive attitude toward it (Table 4). However, men living in the poorest areas and having no formal education are considerably less likely than the other respondents to approve.

Large proportions of men in the highest socioeconomic and education categories had discussed family planning with their wives (71 percent and 77 percent, respectively). In contrast, very small proportions in the lowest socioeconomic and education groups had done so (16 percent and 13 percent, respectively). Those men who had discussed contraception with their wives were asked about their wives' attitude toward it; the vast majority of them reported that their wives had a positive attitude, regardless of residence or education.

The men were also asked if they would support their wives' use of contraceptives and whether they themselves would consider using a method in the future. Support for their wives' use of contraceptives

Table 3. Percentage of men reporting that they or their wives have ever used specific methods, by education and residence

Method	Education				Socioeconomic residence		
	None	Primary	Secondary	Post-secondary	Low	Medium	High
Effective female methods*	0	3	4	7	2	6	6
Condom	4	14	26	43	6	30	43
Withdrawal	0	4	9	14	2	10	13
Others	1	3	6	10	1	8	8

*The pill, the IUD, injectables and sterilization.

ranged from 46 percent among men in the poorest areas to 78 percent among those in the most affluent areas. The pattern of support for wives' use is similar across categories of education. Men were slightly less likely to be willing to use contraceptives themselves in the future. Willingness to be the user varied by residence and education in the same way that support for wives' use varied. Approximately one-third of men in the poorest areas and with no education reported a willingness to use contraceptives in the future, compared with roughly two-thirds of men in the most affluent areas and with the highest levels of education.

To further understand the process through which men, women and couples make decisions about family planning, we asked men who should make the decision about using contraceptives and whether it should be the husband's or the wife's responsibility to use them (Table 5). Very few men, regardless of area of residence or level of education, felt that husbands alone should be the ones to actually use birth control, and between 40 percent and 59 percent of men, across all categories of education and residence, felt that wives alone should be the ones to use contraceptives. The greatest variation in responses appears when we consider those men who thought that both the husband and the wife should use or that neither should use. The proportions favoring joint use were much higher among men living in the most affluent areas and those with a postsecondary education (49 percent and 47 percent, respectively). Very few men in any category of residence or education felt that the wife should be the sole decision-maker. Most men living in the poorest areas, as well as most of those with no formal education, thought the husband should decide (61 percent and 60 percent, respectively). Among men in the most affluent areas and with the highest level of education, the majority believed that the decision should be a joint one (57 percent of each). However, even in these groups, approximately one-third said the decision should be the husband's alone.

• *Communication and Contraceptive Use.* One of the more interesting sets of findings in our analysis concerns the association between discussion of family planning with one's spouse and actual use of contraceptives.

The data presented in Table 6 (page 54) show that communication about family planning between husbands and wives is associated with considerably greater use of contraceptives, within all categories of

Table 4. Among men with knowledge of contraceptives, percentage reporting various attitudes toward them, by residence and education

Education and residence	N	Have positive attitudes	Discuss with wives	Wives have positive attitudes*	Supports wives' use	Will use themselves
Education						
None	231	51	13	90	39	32
Primary	186	70	42	83	60	51
Secondary	169	80	54	81	73	64
Postsecondary	390	87	77	89	84	70
Socioeconomic residence						
Low	315	52	16	82	46	38
Medium	430	84	66	84	75	66
High	232	85	71	93	78	65

*Only those who had discussed family planning with their wives were asked about wives' attitudes.

residence and education. For example, 60 percent of men with a postsecondary education who had discussed family planning with their wives reported that their wives were using contraceptives. By contrast, in the same education category, only 10 percent of husbands who had not discussed family planning with their wives reported that their wives were using contraceptives.

Although use is much lower among the wives of men with no formal education, the relative difference between those who talk with their wives about family planning and those who do not is similar: Twenty-seven percent of those who had discussed family planning reported that their wives use a method, compared with

only four percent of those who had not discussed family planning. The pattern of results is virtually the same when use and discussion are examined across categories of residence.

One possible interpretation of these results is that differences in use by whether or not family planning is discussed can be explained simply by the fact that those men who talk with their wives are more likely than those who do not to know if their wives are using a method. We examined method-specific patterns of use to determine if methods used by women are reported proportionally more often among couples who discuss family planning. Men who had discussed family planning with

Table 5. Percentage distribution of men with knowledge about contraceptives, by who they believe should use them and who should make the decision to use them, according to residence and education

Education and residence	N	Husband	Wife	Both	Neither	Total
WHO SHOULD USE						
Education						
None	231	5	59	10	2	100
Primary	186	6	53	26	15	100
Secondary	169	8	47	34	11	100
Postsecondary	390	4	44	47	5	100
Socioeconomic residence						
Low	315	6	58	12	24	100
Medium	430	7	49	37	9	100
High	232	4	40	49	6	100
WHO SHOULD DECIDE						
Education						
None	231	60	4	10	27	100
Primary	186	60	4	23	13	100
Secondary	169	46	7	41	6	100
Postsecondary	390	36	6	57	2	100
Socioeconomic residence						
Low	315	61	4	12	21	100
Medium	430	46	6	43	5	100
High	232	33	7	57	3	100

their wives were much more likely to report having used both male-specific and female-specific methods than men who had not discussed family planning with their wives. This leads us to conclude that the differences in level of use between the two groups are accurate and not simply a reflection of whether men are aware of use by their wives.

Summary and Conclusions

The results of our study provide a greater understanding of the determinants of reproductive behavior in Ilorin, and illustrate both the accomplishments of and challenges to a recently enacted Nigerian population policy. Many of these findings are contrary to what one would expect based on the traditional views of the attitudes of African men towards child-bearing.

First, our data reveal that the vast majority of men in Ilorin are aware of the concept of fertility regulation, but that a smaller proportion have detailed knowledge of specific methods of contraception. Their knowledge has been acquired fairly recently, usually through radio or television shows. The extensive media campaigns in Ilorin and Kwara State in recent years have clearly reached a large part of the urban audience. However, most of the material presented in these radio and television spots is general. More detailed information is typically provided at health centers and clinics, facilities that focus their services on women and children, and that are rarely visited by men.

Although actual use of contraceptives is still not widespread among men in Ilorin, some men have used certain methods, particularly the condom. However, it is difficult to interpret the demographic significance of reported contraceptive use by men, for several reasons. First, we do not know the extent to which men are fully informed about their wives' use of contraceptives. Reports on husband-wife communication suggest that husbands may not be aware of their wives' contraceptive practice. Furthermore, approximately 18 percent of the men interviewed report having more than one wife. Questions on men's use of contraceptives do not ask if patterns of use are similar with all wives. In all likelihood, contraceptive use is not similar among all wives. Finally, we do not know the extent to which methods are used by married men as part of nonmarital sexual activity. Since the condom is the method most commonly reported by men, it is possible that much of this use is outside marriage.

Table 6. Percentage of men whose wives use contraceptives, by whether or not they have discussed family planning with their wives, according to residence and education

Education and residence	Have discussed		Have not discussed	
	N	% using	N	% using
Education				
None	30	27	195	4
Primary	75	33	106	5
Secondary	86	43	71	6
Postsecondary	289	60	84	10
Socioeconomic residence				
Low	49	22	258	4
Medium	275	56	138	7
High	156	49	61	7

Attitudes toward the use of contraceptives are generally positive, although there is considerable variation by socioeconomic status. One interesting aspect is that men are somewhat more willing to support their wives in using contraceptives than they are to consider using them themselves. Differences in the relative authority and responsibility of men and women are also revealed by the finding that men feel they should have a major role in the decision to limit fertility but that the responsibility for actual use of contraceptives lies predominantly with women. Among men from the less traditional sectors of Ilorin, there is a tendency to believe in sharing both the authority to make decisions and the responsibility for implementing them.

A particularly important set of findings relates to the level of communication between husband and wife and the association between communication and use of family planning. Use is dramatically higher among couples who have discussed family planning with each other, and it may be that couples who do discuss family planning find, to their surprise, that both of them support the use of contraceptives but that neither was aware of the other's positive view. As another study in urban Africa recently found: "The men thought that women were largely ignorant of family planning, generally opposed to it and in need of education. . . . The women said the same thing about men."¹⁰

These findings have several important implications for population policy in Nigeria. First, it is clear that men in Ilorin are now well aware of the issue of family planning and that ongoing efforts by the federal government of Nigeria and the Kwara State government should explore ways in which more detailed information about specific methods could be conveyed to

men. A particularly important group that might benefit from such information would be those men who have already decided that they do not want any more children but who have not yet used contraceptives.

Additionally, future efforts to promote fertility regulation need to consider ways to encourage communication between husbands and wives. Such efforts, especially among the more traditional segments of Ilorin, will not be easy or straightforward; it is likely that women are often not included in many family decisions. Nevertheless, encouraging open communication between husbands and wives ought to be seriously considered as a focus of future population education programs.

Findings from this study also have implications for our understanding of the determinants of fertility in Ilorin and of the prospects for fertility declines in the future. Although the use of contraceptives among men in our study was limited, favorable attitudes toward family planning and a willingness to use contraceptives have clearly emerged, probably recently, among some of the population. These changes in attitudes toward the use of contraceptives are important indicators of potential changes in fertility, even if they are still confined to those segments of the population that are more closely linked with the modern sectors.

Important questions remain. Can we expect to see signs of fertility reduction, especially among the most highly educated and otherwise advantaged segments of the population of Ilorin? How long will it take for positive attitudes to become diffused throughout all segments of the population of Ilorin? An essential factor in the answers to each of these questions is the role of continued efforts on the part of both state and federal governments in Nigeria to achieve the ambitious population goals that the country has set. Since Nigeria contains one-fifth of the population of all of sub-Saharan Africa, close monitoring of fertility trends in that country should interest researchers and program officials alike.

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planning and protection from infection.

Our results generally agree with findings from two other research projects recently undertaken in Jamaica by the Ministry of Health of Jamaica and The Futures Group. A baseline survey of AIDS knowledge and attitudes in Jamaica indicated that the image of the condom as a family planning method was enhanced by its role in AIDS prevention.⁴ Focus-group research conducted at the same time found that most participants regarded AIDS protection as a "bonus" when using the condom as a contraceptive.⁵ There is evidence, however, that people who already held a negative image of condoms may have had these opinions reinforced.

The results from both Mexico and Jamaica indicate that AIDS information campaigns are likely to lead to an increase in knowledge of the condom as a method of AIDS prevention and a method of family planning. It appears unlikely that the introduction of AIDS-specific brands of condoms would hurt the image of other

condom brands for family planning, although we did not specifically research this question. Whether AIDS-specific brands are needed in order to increase condom use for AIDS prevention, however, is unclear.

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Resumen

En una encuesta de hogares realizada entre septiembre de 1988 y enero de 1989 en Ilorin, Nigeria, 1.022 hombres informaron sobre sus conocimientos, actitudes y prácticas en materia de anticoncepción. Si bien la muestra no es representativa de la ciudad, los datos sirven para comparar información según el nivel de instrucción y el lugar de residencia por nivel socioeconómico.

Los conocimientos sobre anticonceptivos son prácticamente universales entre estos hombres, siendo el preservativo y la píldora los métodos más conocidos. El preservativo es también el método más generalizado en esta muestra de hombres casados con mujeres de entre 15 y 49 años, aunque menos de la mitad de los hombres de los grupos de mayor instrucción y nivel socioeconómico lo han utilizado alguna vez.

La mayoría de los hombres de todos los niveles de instrucción y áreas de residencia tienen una actitud positiva frente a la planificación familiar. El uso de anticonceptivos, además, está asociado con la comunicación al respecto entre marido y mujer. De los hombres que dijeron haber hablado del tema con su mujer, entre el 22 y el 60 por ciento informaron de que ésta usaba algún método. En el caso de los

Resumen

Investigaciones realizadas en zonas urbanas de México indican que los programas de información sobre el SIDA no perjudican la imagen del preservativo como método de planificación familiar. Gracias a una campaña informativa y a la publicidad que se le dio, aumentó el conocimiento espontáneo del preservativo como método anticonceptivo y de prevención contra el SIDA. Ambos tipos de conocimientos estaban estrechamente relacionados.

Résumé

Les recherches effectuées dans les zones urbaines du Mexique révèlent que les programmes d'informations sur le SIDA ne nuisent pas l'image du préservatif comme méthode de planification familiale. La connaissance spontanée du préservatif, comme méthode de prévention du SIDA aussi bien que comme méthode contraceptive, a augmenté sous l'effet d'une campagne d'information publique et de la publicité qui l'a entourée. Les deux types de connaissances étaient en étroite corrélation.

que manifestaron no haberlo hecho, en cambio, la proporción variaba del cuatro al 10 por ciento.

Résumé

Une enquête effectuée entre septembre 1988 et janvier 1989 auprès de ménages d'Ilorin, au Nigéria, a rendu des données sur les connaissances, les attitudes et les pratiques de 1.022 hommes en matière de contraception. Bien que l'échantillon ne soit pas représentatif de la ville, les données offrent des informations comparées par niveau d'instruction et rang socio-économique (tel que mesuré par zone de résidence).

La connaissance des contraceptifs est pratiquement universelle chez ces hommes, le préservatif et la pilule étant les méthodes les mieux connues. Le préservatif constitue également la méthode utilisée le plus souvent; cependant, moins de la moitié des hommes provenant des groupes les mieux instruits et des classes socio-économiques les plus élevées en ont jamais fait usage.

La plupart des hommes à tous les niveaux d'instruction et de résidence ont des attitudes positives à l'égard de la planification familiale, et l'utilisation des contraceptifs est liée à une communication entre maris et femmes au sujet de la planification familiale. Parmi les hommes déclarant avoir eu ces discussions, 22 à 60 pour cent signalent que leurs épouses utilisent une méthode, par rapport à 4-10 pour cent de ceux qui affirment n'avoir pas discuté de planification familiale avec leurs épouses.