Influence of Radio Health Messages on Knowledge, Perception and Attitude of Married Men towards Family Planning in South Western Nigeria

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Abstract

The trend of high population in Nigeria has not been adequately addressed despite the preponderance of Radio Health Messages on family planning (FP). Thus, this study investigated the influence of Radio Health Messages on knowledge, perception and attitude of married men towards family planning in South Western Nigeria. The participants were 634 men of between ages 21 and 60 drawn from nine (9) local government councils in Osun, Ondo and Ogun states through the use of Multistage Sampling Technique. The questionnaire was the instrument used for data collection while descriptive and inferential statistics were employed for data analysis. The hypotheses were tested and findings revealed that radio health messages have significant influences on the knowledge and perception of FP among married men while they do not have any significant influence on their attitude towards FP. The study recommended that media practitioners should make their FP messages on radio target men as it also targets women while the messages should be more of a "mental picture" painting approach because radio has a visual disadvantage and that they should always carry listeners along with updates on FP issues. As well, governments are employed to continue pushing the issue of FP into the mainstream agenda, even if they will set up a radio station to that effect while also collaborating with different stakeholders like religious bodies, community heads and NGOs on the ways to reduce the population of the country that is forecast to hit 400million in 2050, if not controlled.

Keywords: *Radio Health Messages, Knowledge, Perception, Attitude, Family Planning*

Introduction

Radio as a genre of the media has been widely used in Nigeria and beyond for national developmental issues and sensitisation of the citizenry (Oyedokun, 2014). This usage is ascribed according to Odero and Kamweru (2014) to the fact that radio is an affordable medium reaching wide, diverse and heterogeneous audience. It spans literacy gaps, geographical boundaries as well as language barriers.

In Nigeria, radio remains a veritable tool for disseminating health related issues such as children immunisation, campaign against HIV/AIDS, Fight Against Malaria, Operation Kick Out Polio, family planning adoption, wash your hand campaign during the outbreak of Ebola in 2014 to the recent campaign on the

measures to contain the spread of the dreaded COVID-19 in 2019/2020. Essentially, such campaigns as sponsored by governments and non-governmental bodies are presented in different formats such as dramas, jingles, news, or discussion (Kincaid, 1992).

An example of such health messages was the jingle produced by popular Nigerian artistes, King Sunny Ade and Onyeka Onwenu titled "Wait for me" and aired on Nigerian Television Authority in August, 1987 as sponsored by the Planned Parenthood Federation of Nigeria (PPFN). From that time till now, there has been an influx of such health messages and programmes on the media waves. In the South Western Nigeria, such programmes include "Ilera Loro" (Health is wealth) on Osun State Broadcasting Corporation (OSBC); Health Check on Orange FM, Akure; "Ilera Loro" (Health is Wealth) on Family FM, Ogun State; "Se e ri gbo?" (Have you heard of it?) on Ogun State Broadcasting Corporation (OGBC), to mention but a few. Essentially, those health messages on the radio stations are of importance to this study, especially those targeted at family planning.

Family Planning according to the World Health Organisation (WHO, 2018) refers to the practice of allowing couples as well as individuals to anticipate and attain the number of their desired children in addition to the spacing and timing of their birth. To United Nations Population Fund (UNFPA, 2001), family planning is the recognised fundamental human rights enabling couples and individuals to determine the spacing and number of their children. Family planning has been said not to imply absence of children but a measure meant to see to a low rate of reproduction and nothing un-natural and inhumane (Iqbal, 2013).

Focusing on nations of the world with the high population, India and China come to mind. In 1951, India became the first developing nation to create a state-sponsored family planning programme which is tied to a series of plans within five years aimed at economic growth and restructuring which will benefit the nation in the long-term sense (Banerji, 2012). Over that period, the birth control preference shifted from rhythm method to focus on Sterilisation and usage of IUDs (Rosana, 2010). As at 2012, India has contraceptive usage rate of 39.2% among their women; in 2017, it rose to 39.57, and in 2020, it is predicted to be as high as 40.87% courtesy of government enhanced policy using media propagation (FP2020, 2019).

China remains the highest population in the world as of today with 1.4355 billion people. The family planning policy used then in China forced couples not to have

more than one child. This was as a result of the country's population reaching as high as 1.1717 billion as early as 1992. The policy began in 1979 and was officially phased out in 2015 (Kane, 2017). Essentially, the policy was reinstated to control the rapid population growth occurring in the nation at that time.

In Africa as at 1991, almost 20 African governments had adopted population policies and established agencies with the responsibility of coordinating such policies and programmes (Roudis, 1991). Regardless of the population status, almost all African countries have a direct or an indirect family planning support programme (Vogel, 2014) and according to Cleland (2012) extensive research has been sponsored to develop modern contraceptives with optimum efficacy and minimum defects which is equally suitable for couples.

In Nigeria, efforts have been made and a lot of money expended on policies and programmes to control the nation's population which is predicted to hit 400 million in 2050, if not controlled (FP2020, 2019). Among such was the country's maiden population policy promulgated in 1988 and revised in 2004. The policy specifically set the number of children per woman at 4 throughout her lifetime (NPC & Macro, 2004; NPC & ICF International, 2014). Also, the country has been organising conferences. The latest of the biennial conferences which started in 2010 was held from December 3rd to December 6th, 2018 with the title "Family Planning in Nigeria: The Journey So far". (Family Planning Conferences in Nigeria, 2018).

On financing, the total cost expended on the Family Planning blueprint from 2013-2018 was US$603 Million. In total, US$183 Million or 30.3 percent of the overall cost were for commodities, including contraceptives and consumables. In the aspect of media funding, US$37,405,234 was expended on radio and TV broadcasting yearly, Advertising and Printed materials (promotion, billboard, poster, flyer, pamphlet and brochure) gulped US$24,531,796 per year while US$ 177,253,282 was spent on the purchase and provision of contraceptives (Male and female condoms, Combined Oral Pills, Progestin Only Pill, Injectable, IUDs Female and Male Sterilisation Consumables, among others) (FMOH, 2014).

To further show the government commitment to family planning, a campaign tagged "Green Dot" Initiative was launched on the 12th September, 2017 by the Ministry of Health under the then Minister of Health Professor Isaac Adewole. The initiative was among President Muhammad Buhari's Economic Growth and Recovery Plan (ERGP) aimed at devising a strategic approach to curtail the

nation's scary population. On her part, the Director of Media Relation of the Federal Ministry of Health, Mrs Boade Akinola harped on the need to push the issue of family planning into the mainstream agenda while addressing the misconception about it as well as promoting empathy and understanding of family planning among men. This viewpoint was based on the accusation that family planning messages are targeted at women alone whereas men's approval too is a major determinant in family planning adoption process.

To this end, the researcher is interested in investigating the influence of radio health messages on knowledge, perception and attitude of married men towards family planning in South Western Nigeria with the following objectives:

(1) To find out the perception of family planning among married men in South West Nigeria;
(2) To assess the knowledge of family planning among married men in South West Nigeria;
(3) To determine the attitude of married men towards family planning in South West Nigeria;
(4) To investigate the influence of Radio Health Messages on knowledge of family planning among married men in South West Nigeria;
(5) To investigate the influence of Radio Health Messages on perception of family planning among married men in South West Nigeria;
(6) To examine the influence of Radio Health Messages on attitude towards family planning among married men in South West Nigeria;
(7) To examine the moderating influence of demographic variables of religion, culture, family background, social class, educational attainment on the relationship between Radio Health Messages and family planning among married men in South West Nigeria.

Research Hypotheses

The following hypotheses were generated for this study and later tested:

$H_0$1: Radio Health Messages have no significant influence on knowledge of family planning among married men in South West Nigeria.

$H_0$2: Radio Health Messages have no significant influence on perception of family planning among married men in South West Nigeria.

$H_0$3: Radio Health Messages have no significant influence on the attitude towards family planning among married men in South West Nigeria.

$H_0$4: Radio Health Messages have no significant influence on family planning among men in South West Nigeria;

$H_0$5: Demographic variable of religion, culture, family background, social class and educational attainment have no significant moderating effect on the relationship between Radio Health Messages and family planning among married men in South West Nigeria.

Literature Review

Radio Health Messages

Health communication means different things to different individuals, thus, prompting different definitions from scholars. Hence, there is no universally accepted definition of Health Communication but there are different views. In one of those views, Sixsmith (2017) defines health communication as the studying and usage of communication strategies to inform and influence individual and community decision towards health enhancement. It includes health promotion and protection, disease prevention and treatment, as well as other pivotal activities on the overall achievement of the objectives and aims of public health.

According to Ratzan (2014), Health Communication is the technique and art of influencing, informing and motivating individual, institutional, and public audiences, about important health issues. Ratzan`s definition is adopted for this study because of its precise description of health communication; calling it an art and a technique of not only informing but also influencing various health behaviour. Essentially, all health communications passed across through the media of Mass Communication, especially radio are called Radio Health Messages. These consist of speech, music or other sounds whether live or recorded (Uyeh, 2017).

Family Planning

Onokerhoraye (2017) sees family planning as "the provision of birth prevention information, services and appliances. Also, it involves the teaching of men and women about their bodies as well as how to prevent births usually with contraceptives but sometimes also with abortion or sterilization." Family planning could further entail the decisions on how many children couples want to have with the use of different methods to achieve that, ranging from contraceptives to use of condoms, male and female sterilization among others.

Notably, family planning has been identified by the World Health Organisation (WHO) as one of the six essential health interventions needed to achieve safe

motherhood and by United Nations Children Fund (UNICEF) as one of seven strategies for child survival.

Essentially, there are five different family planning methods. These are; barrier methods, hormonal methods, emergency contraception, intrauterine methods, sterilization (Planned Parenthood Federation of America, 2016). Barrier Methods are designed to prevent sperm from entering the uterus, such as using condoms, diaphragm, cervical caps, contraceptive sponges and spermicides. Hormonal methods of birth control, on its side, uses hormones to regulate or stop ovulation and prevent pregnancy; such hormones can be introduced into the body through various methods, including pills, injections, skin patches, transdermal gels, vaginal rings, intrauterine systems, and implantable rods. Also, Intrauterine Methods refer to using small, T-shaped devices inserted into the uterus to prevent pregnancy. It can be Copper IUD or Hormonal IUD.

Lastly, sterilisation method is a permanent form of birth control that either prevents a woman from getting pregnant despite having sexual intercourse or prevents a man from releasing sperm during sexual intercourse. Sterilisation as a method of family planning is done through surgery and the procedures are usually not reversible like the other methods of family planning (American College of Obstetricians & Gynecologists, 2011).

Methods

The study covered three states of South West of Nigeria, specifically, Osun, Ondo and Ogun states. In each of the states, male employees were selected from three local government areas. In Osun, the local governments selected were Osogbo, Ife East and Aiyedade local governments. In Ondo, they were Ilaje, Akoko South West and Akure South local governments and in Ogun, they were Abeokuta South, Ado-Odo/Ota and Ijebu North local governments. The local government were purposively selected as the local government with the first, second and third largest population in their respective senatorial districts. In total, the population of the study was 2,591 male employees (total number in the 9 local governments) while 634 were selected as the sample size through a Multistage Sampling Technique of the working population using first stratified Sampling Technique; second, proportional distribution of sample and third, Simple Random Sampling Method. The instrument for data collection was a six-point likert scale questionnaire while descriptive and inferential statistics were employed as the methods of data analysis. Simple linear regression was used to test hypotheses

one (1) to four (4) while analysis of the moderating effect in hypothesis five (5) was carried out using moderation model 1 in process analysis adopting bootstrapping method with bias-corrected confidence estimate and with 95% confidence interval, which was obtained with 5000 bootstrap re-samples in SPSS version 25. Out of the 634 copies of the questionnaire administered, 596 (94%) were duly returned and analysed while the formulated hypotheses were tested with statistical tool.

Furthermore, this study focused on six radio stations and their programme contents on Health Related Matters, especially Family Planning. The stations used are the two major stations in each state based on their audience-listenership base.

Results of Findings

A majority of the participants were between the ages of 31 to 50 (69.5%) while few were above 50 years of age (8.6%). Also, many of the respondents were from Ondo State (46.6%), followed by Ogun State (28.9%), while participants from Osun State were least represented in this study (24.5%). Out of the Local Government Areas selected in this study, Akure had the highest proportion of participants (17.3%) followed by Ilaje (16.1%), Akoko South West (13.3%), Ijebu North (12.1%) while Ado-Odo Ota had the least proportion of participants (7.2%). On demographic characteristics of the respondents, Muslims had 50.5 percent representation, Christians had 48.3 percent representation while adherents of traditional religion (1.2%) had the least proportion of representation in the study. A majority of the participants indicated that they had average family background (65.1%), 15.3 percent were wealthy; while 19.6 percent were poor. Many of the respondents also stated that their social class was the middle management (GL 7-12) (43%); 34.1 percent were in the lower management (GL 1-6) while 23 percent were in the top management (GL 13-16). A majority of the married men were literate because many had B.A/B.Sc./B.ED/HND academic qualifications (45%) followed by those who had Masters/PhD/Professional qualifications (27.3%) while only 2.9 percent had primary six/modern school qualification. This implies that the majority of the married men could read and write and had advanced reading, writing, inductive and deductive skills. Finally, participants had an average of 1 wife and 3 children, which suggests that respondents had an average sized nuclear family.

On knowledge of family planning among married men, participants partially agreed they were knowledgeable about family planning ($\bar{x}$= 4.08). Specifically,

respondents agreed they were knowledgeable about family planning in the following ways: fertility awareness (Safe periods, abstinence) is a method of family planning ($\bar{x}$= 5.45); barrier methods (Male/female Condoms) is a method of family planning ($\bar{x}$= 5.15); family planning guards against unplanned pregnancies ($\bar{x}$= 4.94); family planning provides information on child spacing ($\bar{x}$= 4.92); and family planning is a process by which couples take proactive steps to consciously determine the number of children they want to have ($\bar{x}$= 4.74).

Furthermore, respondents partially agreed with the following statements: Long Acting Reversible Contraception (Implants, IUDs) is a method of family planning ($\bar{x}$= 4.24); there were different methods of family planning ($\bar{x}$= 3.98); and they knew various family planning centres ($\bar{x}$= 3.58). Participants on the other hand partially disagreed they were knowledgeable about the following: they knew how to use different family planning methods ($\bar{x}$= 3.33); hormonal contraceptives (pills, injections) is a method of family planning ($\bar{x}$= 3.20); and emergency contraception (Pills, Copper IUDs) is a method of family planning ($\bar{x}$= 2.91). Finally, respondents disagreed they were knowledgeable about permanent contraception (Sterilisation) being a method of family planning ($\bar{x}$= 2.48).

On perception of family planning, married men partially disagreed with the family planning perception scale. Married men specifically agreed that family planning methods had many side effects that were manageable ($\bar{x}$= 4.57) and that adherence to family planning ideals is beneficial to the development of the nation at large ($\bar{x}$= 4.55). The participants partially agreed that family planning information were clearly communicated for easy understanding ($\bar{x}$= 4.46) and that family planning issues were given appropriate attention by authorities ($\bar{x}$= 3.64). In addition, respondents partially disagreed that family planning is good for women still bearing children ($\bar{x}$= 2.63), information about family planning was often focused on men ($\bar{x}$= 2.42), family planning is in line with their cultural belief ($\bar{x}$= 2.21) and that family planning is in line with their religious belief ($\bar{x}$= 2.11).

On attitude towards family planning, participants partially agreed with the family planning attitudinal scale. Married men particularly partially agreed that family planning information had positively influenced them ($\bar{x}$= 3.49); married men partially agreed they believed family planning was worthy of adoption ($\bar{x}$= 3.48) and that they partially encouraged others to adopt family planning ($\bar{x}$= 3.47). In addition, married men disagreed that family planning information had changed their cultural perspective towards family planning ($\bar{x}$= 2.28) and that family

planning information had affected their religious perspective towards family planning ($\bar{x}$= 2.22).

Test of hypotheses

Hypothesis formulated	**Correlation**	**Status**
$H_0$1	(r = 0.403, p<0.05)	The null hypothesis was rejected.
$H_0$2	(r = -0.245, p<0.05).	The null hypothesis was rejected.
$H_0$3	(B= -0.150, t= -1.385, p>0.05).	The null hypothesis was accepted.
$H_0$4	**(**r = 0.403, p<0.05)	The null hypothesis was rejected.
$H_0$5	Religion:	The null hypothesis was generally rejected for religion. Individually, it was rejected for Islam while it was accepted for Christianity.
	Islam: (B= 1.353, t = 5.045, p<0.05)	The null hypothesis was rejected.
	Christianity: (B= 0.064, t = 0.210, p>0.05)	The null hypothesis was accepted.
	Culture: B= 0.212, t = 2.289, p<0.05)	The null hypothesis was rejected.
	Family background: (B= 0.513, t= 1.604, p>0.05).	The null hypothesis was accepted.
	Social Class:(B= -0.151, t = -0.538, p>0.05)	The null hypothesis was accepted.
	Educational attainment:(B= -0.226, t = -1.039, p>0.05)	The null hypothesis was accepted.

Discussion of Findings

Findings here are discussed in relation to the research objectives from where the research questions were coined. Findings revealed that married men are partially knowledgeable about family planning. They are knowledgeable about the barrier method of family planning, Long Acting Reversible Contraception (Implants, IUDs), and various family planning centres and they know that family planning is a process by which couples take proactive steps to consciously determine the number of children they want to have. Despite this, usage level is still low. However, they are partially not knowledgeable on the usage of the different methods of FP, such as, hormonal contraceptives, emergency contraception and sterilisation. These findings were in line with the findings of Ofonime and Ikobong (2015) that the knowledge of family planning methods was high among the women but their use was relatively poor, and also with Sonia, Mahvish, Sana, Muhammad and Farahnaz (2018) who concluded that most of the men and women have comprehensive knowledge and assertive attitudes regarding the use of contraceptive methods; however, the practice of family planning methods is still low. These findings were however opposed to the results from the study of Rose (2016), Oyedokun (2017), Omondi-Odhiambo (2015), and Alade (2012).

Further, findings revealed that married men favourably perceived family planning in its adoption as being beneficial to the development of the nation, its methods and side effects as being manageable and that the information was clearly communicated for easy understanding. However, they did not perceive FP positively because they said it is not good for women still bearing children, that it is not in line with their religious and cultural beliefs and that information on FP was not often focused on men. The findings are in line with the findings of Taranga and Gambhir (2014) which concluded that people perceived FP favourably, but adopting low family planning methods among the eligible couples was majorly due to husband's disapproval thinking that it may cause family disharmony, religion prohibition and fear of adverse effects. This is also the view of Olawande and Fasasi (2017) and Dauda and Apuke (2016). However, these findings were opposed to the findings of Levesque and Minniti (2016) and Monisola (2015) which show that radio health messages do not influence the perception of married men towards FP.

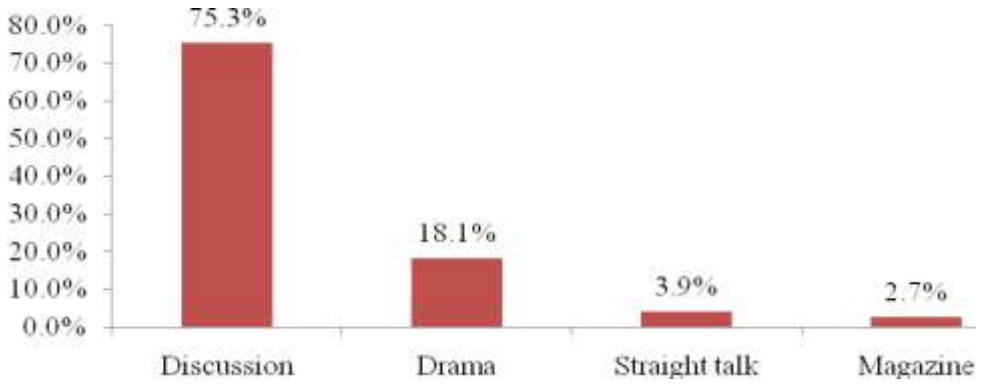
More so, the findings revealed positive attitude from the respondents in terms of FP being worthy of adoption and FP information having positive influence on them while they also revealed that FP information had not changed their religious

and cultural perception towards FP. These findings are in line with Abiodun and Omole-Ohonsi (2016) and Ezegbe and Eskay (2013), which found out that the attitude of women sampled was high and their use of family planning methods was significantly associated with respondents' ethnicity, occupation, and level of education.

In furtherance, majority of the respondents have access to radio, they mostly listened to Orange 94.5 FM, followed by OGBC 90.5 FM, OSBC 104.5 FM, Adaba 88.9 FM, Family 88.5 FM and lastly Gold 95.5 FM. As well, findings showed that they often listened to family planning related matters while their preferred radio programming format for FP programmes was discussion followed by drama (see the chart below). This finding is similar to that of Jacqueline, Hellen & Margaret (2017) which concluded that there is a positive and significant effect of interactive radio broadcast content and drama format on the comprehension of family planning programs in the selected radio stations and radio programmes among the population of Kigali City.

The Findings in Brief

1	Married men are partially knowledgeable about family planning.
2	They have favourable perception towards the adoption of family planning.
3	They have positive attitude towards family planning as worthy of adoption.
4	Radio Health messages have not changed the cultural misconception of the majority of the respondents.
5	A majority of the respondents have access to radio and mostly listened to Discussion format of FP radio programme.



Conclusion and Recommendations

This study has succeeded in investigating the influence of radio health messages on knowledge, perception and attitude of married men towards family planning in South Western Nigeria using samples drawn from nine local governments areas across Osun, Ondo and Ogun states based on such local governments population strengths (having the first, second and third largest population from each state). 634 questionnaires were administered to the sample size of the study while 596 were returned making 94% return rate. Based on the findings of this study, the following recommendations are made:

- Radio health message programmers and presenters should make FP information up to date and more descriptive, though the medium has a visual disadvantage. This can be done by painting the mental pictures of the information, especially the different methods available as a majority of the respondents revealed that they do not have knowledge of all the methods.
- The government and the media should team up to address the cultural and religious misconception about family planning, particularly by engaging different stakeholders such as religious and community leaders in their programming format.
- To address the low rate of FP among married men in South Western Nigeria, FP messages and information should be targeted at both men and women as findings showed that FP messages were not often focused on men but mostly on women while husband's approval is a major influence on FP adoption.
-To forestall the impending 400million population mark by 2050, governments at all levels should embark on a massive, pro-active and all-media channel campaigns on the benefit of FP to national development as a majority of the respondents agreed that FP contribute to national development. A radio station can be established to solely handle dissemination of enlightenment on FP issues.
- The programming format for FP messages and information should be majorly in discussion and drama as the two topped the respondents' preferred programming formats.

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