

## **Male Attitudes to Cases of Unwanted Pregnancy and their Involvement in Abortion Decision-Making in Southwest Nigeria**

In Nigeria, contraceptive knowledge is low and access to family planning services is poor. The 2003 NDHS results indicate that while 13 percent of currently married women are using a method of family planning, only 8 percent are using a modern method. The 2003 NDHS shows that knowledge of contraception is low in the country and women may be at risk of unwanted pregnancy if their family planning needs are not met. Consequently, cases of unplanned pregnancies, especially among young unmarried women are increasingly common. Studies have shown that high incidence of unsafe abortion exists among students who resort to illegal abortion to avoid expulsion from school (WHO, 1994; Becker et al., 1992), ‘when they experience contraceptive failure’ (Okonofua et al, 1996) and for financial concerns and fear of social reprisal because of an out-of-wedlock pregnancy (Makinwa-Adebusoye, 1989). Women who resort to abortion are most likely to be adolescents and women under age 25 years (Barker and Khasiani, 1995).

However, cases of unwanted pregnancies and abortions are not peculiar to young unmarried adolescents alone, many of the married women also engage in illegal and clandestine abortions for diverse reasons. For instance in Ghana, studies revealed that out of 900 women seeking an induced abortion or reporting complications from induced abortion, more than half (about 55%) were married and one-fourth were adolescents (WHO, 1994a).

A common reason mostly given by women for unwanted pregnancy and eventual termination was poor timing of the pregnancy or the need to space births better. Evidence

from Demographic and Health Survey (DHS) also revealed that many women who want to avoid pregnancy are not using contraceptives because their husbands object to it (Ogunjuyigbe, Akinlo and Ebigbola, 2005). In many cultures, men make decisions that affect women's reproductive health as well as their own (Riley, 1997, Ogunjuyigbe, 2008). These include decisions to take contraceptives (Danforth, 1995), when and where to seek treatment and the type of services to use (Ogunjuyigbe and Liasu, 2007).

The need to have men more involved in reproductive health received world-wide support at the 1994 International Conference on Population Development (ICPD), held in Cairo, Egypt. The ICPD, 1994 specifically called for equal participation of men and women in reproductive health. The conference emphasized men's shared responsibility in sexual and reproductive health as well as the benefit of men's active involvement in responsible parenthood and reproductive health. Also at the 1995 United Nations Fourth World Conference on Women, held in Beijing, China, it was recommended that men be encouraged to take steps toward achieving gender equality and better reproductive health (United Nations, 1995). The call for gender equity and equality and involvement of men is grounded in the principles of human rights and the belief and assertion that all human beings are equal in dignity and rights. This is based on the principles of equal rights for all, of non-discrimination and equality of women and the elimination of all forms of violence and coercion. The ICPD recommendations were directed primarily towards improving the condition of women by considering the role of men in their sexual and reproductive health needs and rights (United Nations, 1994b).

The role of men either covertly or overtly, directly or indirectly is of significant determinant in abortion decision making. Ideally, the role of the male partners should be

expressed and felt through series of emotions that include love and caring before and during pregnancy; the joy and support during pregnancy and after should be shared equally by both men and women.

In spite of the low prevalence of contraceptive, high rate of unwanted pregnancy and the danger of and threats of induced abortion on the reproductive health and lives of women, little effort has been made on the documentation and studies of the male partners' involvement in decision making process among Nigerian couples. Also, the attitude and characteristics of men in influencing abortion decision in various ways have not been properly researched and documented. These include the attitude of men in declaring the status of pregnancy as unwanted with or without the consent of the woman involved; the initial reaction of male partner at the knowledge of such pregnancy; and payment of service charges. Also their efforts at preventing future occurrence of unwanted pregnancy and subsequent abortion deserve special consideration. These and some other important issues are the focus of this paper

## **Materials and method**

The data for the study were obtained from a survey which took place in Osun state between April and June, 2004. Osun state has 30 Local government areas with a total population of 3,423,535 (1,740,619 males and 1,682,916 females) and 485,637 households in 1991 (FRN, 2006). According to the Nigeria Reproductive Health service provision survey in 2002, Osun state is the fourth primary level health facility provider with 15 Dispensary, 65 Health posts, 10 Maternity centres, and 408 Primary Health centers with a ratio of 1 PHC to 10,000 people. These include three Teaching Hospitals

located in urban and rural communities in the state. Each Local Government Area (LGA) in Osun State has a Medical Officer on Health in charge of its PHC department. In addition, each LGA has a secondary referral facility and each district has a primary referral centre. There is limited access to quality reproductive health services while utilization of available services is poor.

Abortion is a leading cause of death especially among youth and adolescents in the state. In addition, the level of awareness among the inhabitants on population and family life issues is inadequate. It is in this respect that Osun State has been chosen as the research location. Within the state, Ilesa town, broken down into Ilesa East and Ilesa West Local government areas (LGAs) was selected. The town is located about 50 kilometer Southeast of Osogbo, the state capital and about 105 kilometer Northeast of Ibadan, then Oyo State capital. It is an ancient town in South-western part of Nigeria. The residents are predominantly Yoruba with a substantial number of Hausa, Igbo and other ethnic groups in Nigeria. The town has two of the major health facilities in Osun State – Obafemi Awolowo University Teaching Hospital Complex and several private hospitals; the town is also littered with several Pharmaceutical and patient medicine stores as well as diagnostic laboratories.

The town was divided into four strata based on the housing structure and pattern, economic, educational and social considerations. These include: the more developed elite area, the traditional setting area, the migrant area and the mixed area. Simple random sampling procedure was then used to select a street from a list of streets in each selected settlement. From each of the selected streets, systematic random sampling method was used to select the housing units from which the respondents were interviewed. Only one

household was chosen in a housing unit and only one eligible male respondent aged 18 years and above (married or not married) was interviewed in a household. On the whole 297 respondents made up of 166 married males and 131 unmarried were successfully interviewed. However, the unmarried men may likely include those men who were once married but are now divorced, separated or lost their wives to mortality. Data from the questionnaire were coded and then entered into the computer using Microsoft EXCEL software; SPSS software was however used for subsequent analyses. Results were presented in the form of percentages and descriptive measures.

In the analysis, marital status was controlled for responses of the selected variables. Respondents' marital status is considered a very important variable in the study of gender activities and roles in unwanted pregnancy and abortion decision. It is generally believed that reproductive health and fertility decisions and attitudes differ according to marital status of the individual concerned. Married couples may likely show some commitment and respect to their spouses especially on abortion and fertility-related issues. This may not likely hold among the unmarried category. For instance, it is expected among the Yorubas (the major ethnic group in the study location) that married women should be submissive to their husbands in fertility-related matters and decision on such matters should either be taken by the husbands or at best, married women secure permission of their husbands before any decision could be taken.

## **Background Characteristics**

Table 1 shows that the highest proportion of the married male were in the age group 30-39 years, while majority of the unmarried men were in age group 20-29. Thus,

the table shows that 30 percent of married men are over 40 years as against only 2 percent among the unmarried group. The mean ages are 36.8 years and 25.6 years for married and unmarried men respectively. Literacy level is high for both married and the unmarried men reflecting the general situation in Southwest Nigeria. The national policy of Universal Primary Education adopted in the area in 1976 gave every child the right to free education and this might be the major factor responsible for the pattern observed in the study location. Almost 76 percent of the respondents had post secondary education (69% and 75.8% for married and unmarried men respectively). Majority of the married men are civil servant (50%); almost 33 percent of the unmarried men compared with only 13 percent among married men are either students or belong to the non-working class. This is expected as most of the unmarried men are relatively young. A higher proportion of the unmarried compared with married men engage in trading (8.0% and 16.3% respectively). The income level is generally low in the area with majority of both married and unmarried men earning below N10,000 a month. Table 1 further shows that Christianity predominates in the area with almost 82 percent of the respondents claiming to be adherent of the religion. This pattern is similar among both the married and unmarried men. Most of the unmarried men (48.5%) live in single room apartment. As for the married men, 43 percent reside in a flat, while another 40 percent reside in a room and a parlour indicating that status of most of the people involved in the study may be low. Only 6.3 percent of the respondents live in a duplex and less than 5 percent live in a bungalow.

**Table 1: Socio-economic and demographic characteristics of respondents**

<b>Variable</b>	<b>Married (N=166)</b>	<b>Unmarried (N=131)</b>	<b>Total (N=297)</b>
<b>Age</b>			
<20		13.9	4.8
20-29	13.0	82.1	51.5
30-39	57.0	2.0	31.2
40+	30.0	2.0	12.5
<b>Educational Level</b>			
None	1.0	-	0.5
Primary	6.0	2.0	2.5
Secondary	24.0	22.2	21.6
Tertiary	69.0	75.8	75.4
<b>Occupation</b>			
Farming	3.0	1.0	1.5
Trading	8.0	16.3	14.0
Civil Servant	50.0	30.6	48.0
Professional	19.0	12.2	14.6
Artisan	7.0	7.1	3.6
Student/not working	13.0	32.7	18.3
<b>Religion</b>			
Christianity	78.0	86.9	81.5
Muslim	19.0	12.1	17.5
Traditional	3.0	1.0	1.0
<b>Month Income</b>			
Less than N3000	6.1	27.0	16.5
3000-4999	23.6	28.1	22.9
5000-6999	26.3	21.3	27.9
7000-9999	20.2	11.2	17.3
10000+	24.2	12.4	15.4
<b>Type of dwelling unit</b>			
Single room	4.0	48.5	25.6
Room and a parlour	40.0	23.2	27.2
Flat	43.0	22.2	36.4
Bungalow (Self contained)	6.0	2.0	4.5
Duplex	7.0	4.0	6.3
Total	100.0	100.0	100.0

## Sexuality and knowledge of pregnancy signs

Majority of the married males interviewed (89.6 percent) are monogamists; about 43 percent reported themselves to have been married for ten years and above, 29.6 percent were between 5-9 years in marriage while 27.6 percent were less than 4 years in marriage (Table 2). Majority of the respondents (50.6 percent married and 63.2 percent unmarried) claimed to have had sexual partners living outside. The strength of the relationship ranges from stable partners to casual girl friends, second wife, and fiancée. Knowledge of pregnancy signs is significantly high among married men ( $p < .01$ ). About 69 percent knew of early pregnancy signs, though majority of men with this knowledge happened to be married men (73.2 percent among married and 45.8 percent among the unmarried).

**Table 2: Distribution of Men by Sexuality and Knowledge of Pregnancy Signs**

Characteristics	Married (N=166)	Unmarried (N=131)	Both (N=297)
<b>Number of wife</b>			
One wife	89.6	Na	-
Two wives	5.2	Na	-
Three and above	5.2	Na	-
<b>Duration of marriage</b>			
<4 years	27.6	Na	-
4-9 years	29.6	Na	-
10 years and above	42.8	Na	-
<b>Have girl friends/sexual partners outside home?</b>			
Yes	50.6	63.2	55.8
<b>Knowledge of early pregnancy signs?</b>			
Yes	73.2***	45.8	59.6
<b>Partner(s) ever been pregnant?</b>			
Yes	88.2	40.4	63.5
Total	100.0	10.0	100.0

P<.001, na= not applicable

## Experience with Cases of unwanted pregnancy and abortion

Table 3 shows that more of the single men have had a female partner with cases of unwanted pregnancy (46.8 percent and 43.8 percent among unmarried and married men respectively) ( $p < .01$ ). Among married men who had experienced unwanted pregnancy, 52.4 percent reported only single case of abortion, 35.4 percent claimed to have experienced it twice, and less than 10 percent experienced it on three or more occasions. However, majority of the both married and unmarried men claimed to have experienced it from the same female partner (65 percent). On the strength of the relationship with the female partner, 64.5 percent reported that they had it from stable girlfriend, 15.8 percent claimed it was from a ‘casual girlfriend’, and only 5.3 percent experienced it from their fiancée.

**Table 3: Percentage distribution of respondents who had experienced unwanted pregnancy and abortion**

Characteristics	Married (N=166)	Unmarried (N=131)	Both (N=297)
<b>Partner ever had pregnancy that was not expected?</b>			
Yes	43.8 (73)	44.8 (60)**	44.0 (133)
No	56.2 (93)	55.2 (72)	56.0 (165)
<b>How many times have you experienced such unwanted pregnancies?</b>	<b>(N=73)</b>	<b>(N=60)</b>	<b>(N=133)</b>
Once	46.8 (34)	59.5 (36)**	52.4 (70)
Twice	44.4 (32)	24.3 (15)*	35.4 (47)
Three or more times	8.8 (6)	16.2 (10)	12.2 (16)
<b>If more than once, are the pregnancies from the same person?</b>			
Yes	61.4 (44)	68.4 (41)	65.0 (85)
<b>What your relationship with the person?</b>			
Wife	40.8 (30)	-	21.1 (30)
Casual friend	29.6 (22)*	16.0 (10)**	23.1 (32)**
Stable friend	29.6 (22)**	64.0 (38)	46.2 (60)
Fiancée	-	20.0 (12)	9.6 (12)

\* $p < .05$ ; \*\* $p < .01$

Table 4 shows that the majority of newly married men (i.e. below age 20 years) experienced neither problem of unwanted pregnancy nor abortion. This is expected and is culturally supported in the area; to the Yorubas, the essence of marriage is mainly for procreation and newly married couples are eagerly looking forward towards fulfilling this purpose. Married men in age group 30-39 reported the highest cases of both unwanted pregnancy and abortion (56.5 percent and 53.3 percent respectively). However, among the unmarried men, the highest cases of unwanted pregnancy and abortion were reported among those in age group 20-29 (89.2 percent and 88.6 percent respectively), indicating that the problem of unwanted pregnancy and abortion are very common among adolescents and very young adults.

The distribution by level of education indicates that both cases of unwanted pregnancy and abortion are very common among respondents with some levels of education. Almost 74 percent of married men with tertiary level of education as against only 4.3 percent among those with primary level of education had experience cases of unwanted pregnancy in the past. The pattern is similar for unmarried men where 59.5 percent with tertiary level of education as against only 8.1 percent among those with primary education indicated that they experienced unwanted pregnancy on one or more occasions. This is similar to what obtains for abortion cases. Majority of both married and unmarried men that reported cases of abortion were those with secondary or higher levels of education. Table 4 however, shows that a higher proportion of unmarried men with secondary level of education claimed to have engaged in induced abortion in the past. This is the level where many adolescents and young adults experiment with sex. More cases of both unwanted pregnancy and abortion were also reported among the Christians.

This is not to say that Christianity supports the practices; Christianity actually preaches against these unwholesome practices. This outcome shows that the design is religiously bias as the majority of men involved in the study happened to be Christians.

**Table 4: Ever experienced unwanted Pregnancy and Abortion<sup>†</sup>**

Variable	Experienced Unwanted Pregnancy		Experienced Abortion	
	Married (N= 46)	Unmarried (N= 37)	Married (N= 45)	Unmarried (N= 35)
Age				
<20	-	5.4	-	5.7
20-29	26.1**	89.2***	26.7*	88.6***
30-39	56.5	2.7	53.3	2.9
40+	17.4	2.7	20.0	2.9
<b>Educational Level</b>				
Primary or less	4.3	8.1	11.1	5.8
Secondary	21.8***	32.4***	48.9***	57.1***
Tertiary	73.9	59.5*	50.0	37.1**
<b>Religion</b>				
Christianity	89.1	91.9	90.4	92.6
Muslim	10.9	9.1	9.6	7.4
Total	100.0	100.0	100.0	100.0

<sup>†</sup> *The proportion of abortion rate to prevalence of unwanted pregnancy by male partners indicates that 96.3 percent of unwanted pregnancies were resolved through induced abortion.*

\*p<.05; \*\*p<.01; \*\*\*p<.001

## Attitudes towards abortion practices

The attitude and feelings of the men towards the decision to solve problem of unwanted pregnancy through induced abortion was examined. Fear of the outcome of abortion process came out clearly in the study. Being afraid of the outcome and consequences of abortion process was positively associated with marital status. Table 5 shows that majority of the respondents (38.7 percent) were afraid of the outcome and likely consequences of their action (47.5 percent among married and 28.6 percent among unmarried). Those that were nervous and confused formed about 17.3 percent; the same proportion claimed to be naïve and shy about it. However, a higher proportion of unmarried men were more likely to express fear for the outcome and consequences of abortion process (p<.01) and to be nervous and confused (p<.05).

Responses to their feelings after the abortion process show that majority of the respondents felt relieved (58.8 percent); this comprised of 42.2 percent and 80 percent of married and unmarried men respectively. Those that were afraid of the girl's mood and behaviour concerning the continuity of the relationship after the process include 17.8 percent married and 5.7 percent unmarried men. However, 11.2 percent claimed to have become highly experienced in the act. Though male partner is responsible for all the expenses incurred on abortion process, however, female contribution towards abortion process is also significant ( $p < .01$ ) (Table 5).

**Table 5: Distribution of men by their attitude and feelings towards abortion practices**

	<b>Married (N=166)</b>	<b>Unmarried (N= 131)</b>	<b>Both (N=297)</b>
<b>Feelings during and after abortion process</b>			
Afraid of outcome and consequence	47.5***	28.6***	38.7***
Nervous/confused/jittery	10.0	25.6**	17.3
Naivety	7.5	28.6	17.3
Shy and fear of parents	7.5	2.9**	5.3
Guilty conscience/pity her	7.5	-	4.1
Feel sad and restless	5.0	5.8	5.2
Indifference	15.0*	8.5	12.1
<b>Feeling after the process</b>			
Relieved	42.2**	80.0**	58.8**
Confused	6.7	5.7	6.2
Exhausted	6.7	-	3.8
Became experienced	13.3	8.6*	11.2
Afraid of her mood	17.8	5.7	12.5
I hated her	4.4	-	2.5
Indifference	8.9	-	5.0
<b>Who was responsible for the finances?</b>			
Male partner	86.7	71.3	80.0
Self (female partner)	11.1	22.9**	16.3
Friends/relative	2.2	5.8	3.7
Total	100.0	100.0	100.0

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## **Knowledge of Abortifacients commonly used for abortion**

As shown in Table 6, series of abortifacients commonly used in the area were mentioned by the respondents ranging from oral, surgical to some that may be inserted through the vagina. The knowledge of dilation and curettage (D&C) is high among both married and the unmarried males being the most popular method in the area (40.1 percent and 23.2 percent among married and unmarried males respectively). A higher proportion of married males also claimed to have knowledge of some traditional method (17.6 percent), while 17.6 percent of unmarried males claimed knowledge of menstrogen. The use of a mixture of potash with either lime or hot drinks is also popular among the respondents. Probably because abortion is illegal in the area, the use of confessional methods such as manual vacuum aspiration (MVA), which is currently the safest and most effective method of pregnancy termination worldwide and RU 486 were not mentioned by any of the respondents.

**Table 6: Distribution of Men by knowledge of abortifacient methods commonly used to induce abortion\***

<b>Characteristics</b>	<b>Married (N=166)</b>	<b>Unmarried (N=131)</b>
D & C	40.1	23.2
Menstrogen	4.9	17.6
Gynacosid	8.8	16.5
Postanol	2.2	3.8
Beecodine (+hot drink)	4.4	7.7
Traditional (insertion)	17.6	8.2
Hot drinks + Potash	6.1	10.9
Lime + Potash	15.9	12.1

*\*Multiple responses allowed*

## Perception and knowledge of health consequences of abortion

Knowledge of the health consequences suffered by female partners as a result of the abortion process was examined and presented in Table 6. The table shows that majority of the men claimed ignorance any health consequence suffered by women arising from abortion process. Among those that claimed to have knowledge of health implications, the most frequently reported ones include: bleeding, loss of weight and critical pain. However, on their perception of induced abortion process, majority of the men claimed that abortion is bad and dangerous (39 percent). About 17 percent suggested that efforts should be directed towards the prevention of unwanted pregnancy rather than focusing attention on problems of induced abortion.

**Table 6: Distribution of men by knowledge of health consequences and their perception about abortion process**

	<b>Married (N=166)</b>	<b>Unmarried (N=131)</b>	<b>Total (N=297)</b>
<b>Knowledge of health consequences</b>			
Abdominal pain	11.4	12.5	11.8
Bleeding	9.1	18.8	13.2
Bleeding and Abdominal pain	11.4	6.3	9.3
Bleeding, loss of weight , critically ill	20.5	18.8	19.8
Infertility	6.8		3.9
Psychologically/emotionally disturbed	2.2	3.1	2.6
Womb damage/removal	2.2	3.1	2.6
None	36.4	37.4	37.4
<b>Perception about abortion process</b>			
It is bad and dangerous	38.3	40.0	39.0
Bad but saves from undue problem	6.4	14.3	9.8
Good if therapeutic	12.8	4.3	9.1
It is sinful and ungodly	3.2	5.7	4.3
Risky, killing and destructive	10.6	8.6	9.8
An effort at preventing unwanted outcome	23.4	8.6	17.1
To be encouraged but controlled	1.1	11.4	5.5
To be made free, safe and available	2.1	4.3	3.0
Indifferent	2.1	2.8	2.4

Total	100.0	100.0	100.0
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## Support abortion legislation?

Respondents were asked if they support the move by some groups that abortion should be legalize in the country and made safe, affordable and available on demand. Table 7 shows that majority of the respondents were against the legalization of abortion. A higher proportion of married men (80.1 percent) were of the opinion that abortion should not be legalize. This position was corroborated by a 36-year old married male engaged in an in-depth interview in Bolorunduro area of the town who submitted that *“it is God that gives such thing, why then should abortion be legalized?”* An unmarried 26-year old man in Ilaje area also observed that: *“The damage to reproductive life cannot be overemphasized; it kills, causes infertility and other problems”*.

A married man in Ilaje even expressed his disgust and observed that:

*“Whichever angle abortion is viewed, it is morally wrong, ungodly and a threat to good health. After suffering the consequences (often death or infertility), the society will also descend on you and God will still ask for the soul you have terminated”* (55-year old married man in Ilaje area).

These statements laid credence to the clamour of National Council of Women Societies of Nigeria who has been working assiduously against the legalization of abortion in Nigeria since 1981. The statement also supports the position of religious leaders in the country against the legalization of abortion based on the general belief that a pregnancy is ‘God-ordained’ and hence immune from human interference.

However, one unmarried male from Bolorunduro expressed some reservation for legalization of abortion in the country. He said,

*“Legalization depends on the circumstances surrounding conception and the duration of the pregnancy. In case of fetal deformity, rape and incest, I may support the decision to terminate pregnancy through abortion. This can however be done if the pregnancy is still in its early stage” (A 34-year old man in Bolorunduro).*

The above statements point to the fact that there are different and diverse opinions on the issue of abortion legalization in Nigeria ranging from religious, medical, sociological and political considerations and these add to the depth of people’s opinion on the subject matter. As Table 7 shows, majority of both married and unmarried males would support abortion for the sake of mother’s health, to avoid deformity of the baby and when the person responsible for the pregnancy could not be identified.

**Table 7: Distribution of Respondents by whether or not they support abortion legislation**

	<b>Married (N=166)</b>	<b>Unmarried (N=131)</b>	<b>Both (N=297)</b>
<b>Support legalization of abortion?</b>			
Yes	19.9	29.9	21.3
<b>Reason for supporting abortion</b>			
Financial incapacitated	4.2	4.2	4.2
Unknown father	11.6	6.3	9.0
Mother’s health at risk	74.7	68.7	71.7
To avoid baby’s deformity	31.6	20.2	25.9
Irresponsible intending father	4.2	13.1	8.7
Others	6.3	10.1	8.2
Total	100.0	100.0	100.0

## **Multivariate Analysis**

Table 8 presents the results of logistic regression models assessing the relationship between social and demographic characteristics of men and their attitudes to reproductive health issues, especially, cases of unwanted pregnancy and induced abortion. The results revealed that there is positive relationship between age and

contraceptive use. Men with high income had greater odds of using contraceptives than low income earners (1.57 and 2.86 respectively). Also, men of poor socioeconomic status were less likely to have used contraceptive than either the middle or high socioeconomic status.

Younger men below age 30 reported more cases of unwanted pregnancies than the older men (odds...). The odds of experiencing unwanted pregnancy is higher among men with low levels of education and among those with low income, thus lay credence to our earlier results at bivariate level. The odds of supporting abortion decision is higher among older men (odds ...). This may not be unconnected with the fact that men in early ages are more likely to have sexual affairs with females of relative age groups. So, they are likely to be the first confidant to such women when unwanted pregnancy happens and are privy to possible resolution which may likely be through abortion. The odds of supporting abortion decision increases with increasing level of education. Table 8 further shows that male partner's education level was positively and significantly associated with abortion resolution. The odds of being supportive to female partners' decision and actions to terminate unwanted pregnancy increased by 34 percent with levels of education.

Married men below N10000 had significantly lower odds than those earning N10,000 or more in a month to recommend and support their partners financially in the procurement of abortion. There is negative and insignificant relationship between religious affiliation and payment of abortion charges for both married and unmarried men.

**Table 8: Odds ratios from logistic regression showing association of contraceptive use, unwanted pregnancy and abortion resolution among men by selected characteristics**

	Ever use or support partner's use of contraceptive?	Ever experienced unwanted pregnancy?	Supportive of female partner's abortion decision?
<b>Age</b>			
<30	1.00	1.00	1.00
30+	1.94	0.70**	0.15**
<b>Level of Education</b>			
Primary or below	1.00	1.00	1.00
Secondary and above	2.86**	0.15**	1.12**
<b>Marital Status</b>			
Unmarried	1.00	1.00	1.00
Married	0.14**	0.73*	1.22***
Divorced/widowed/separated	0.45	0.94	0.12
<b>Religion</b>			
Christian	1.00	1.00	1.00
Non Christian	0.17	0.32	0.77
<b>Income</b>			
Low income	1.00	1.00	1.00
High income	1.57*	0.77*	0.68
<b>†Socioeconomic status</b>			
Poorest	1.00	1.00	1.00
Middle	1.46	0.59*	2.31***
High	2.44***	0.47	1.91

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$  †Determined by the type of dwelling unit

## Discussion and conclusion

The study had shown that majority of the respondents out-rightly condemned abortion and its legalization in Nigeria. Despite the criminal status of abortion in Nigeria, it still contributes significantly to high maternal mortality rate in the country. Significant numbers of married and unmarried women suffer untold hardship or even death due to the problems of unwanted pregnancy and induced abortion. Unfortunately, male partners are often not considered when issues of unwanted pregnancy and induced abortion are being discussed and efforts to reduce these problems focus mainly on the female counterparts. Men have been partially underscored in the provision of family planning methods.

The significant influence which men exact over reproductive health matters in developing societies has been widely recognized (Ogunjuyigbe, 2005; 2007; Bankole, Singh and Haas, 1998; Danforth and Jezowski, 1994). This has been substantiated in this paper. For instance, our results showed that despite the overt rejection and condemnation of abortion by men, some male partners have been responsible for providing financial supports needed to accomplish abortions. Thus corroborating Renne's (1996) observation in a study of unsafe abortion among Ekiti Yoruba women of southwest Nigeria which revealed that in most cases, men actually paid for abortions and introduced their wives to doctor friends or traditionalists or procure some abortifacients drugs for their spouses.

It is evident from the study that the perceived role of men in reducing the prevalent high risk of unsafe abortion need to be properly researched and that intervention programmes in preventing unwanted pregnancies directed towards male partners have to be fully implemented. This paper therefore highlights the ways to go about providing more information in the area of male partner's involvement in cases of unwanted pregnancy and abortion decision-making. This will go a long way in reducing the high rate of maternal loss due to unsafe abortion in the country in particular and generally in the developing countries.

More attention focused on males' issues and their involvement in reproductive and fertility related matters should be encouraged. Also, the level of unmet needs of women at risk suggests that men have not been offering necessary support and assistance to their spouses in their quest to procure family planning services. Actions geared towards discouraging adult men, especially married men who engage in clandestine acts

of exploiting innocent young females and adolescents into early sexual intercourse which often result in unwanted pregnancies must be implemented.

Religious tenets, particularly Islam, do not encourage youth access to family planning services unless they are ready to marry (Ahmed 2000). Also, in most of the developing countries, especially religiously inclined nations, abortion is considered clandestine, immoral and threat to women's lives and reproductive health. In Nigeria, abortion is permitted only to save the pregnant women's life; it was out rightly bound in Egypt until recently when it was waived only to save the lives of women at risk. The Catholic Church viewed abortion as inextricably linked to the decline of Western morals in the society, and as "heinous evil" (WHO, 1994b). The Muslim community stigmatized abortion as "*haram*" i.e. forbidden. The context and circumstances of the unwanted pregnancy and the aggregate situation under which women are prompted to opt for abortion were not adequately considered. Therefore, Churches and Mosques can reach young unmarried male and their parents with the right kind of information and at the right time. Faith-based organizations are to impart moral education and fill the gap abdicated by the school and the family for the youth. However, there is need to harmonize the teachings to ensure that young men are not confused.

Finally, our findings indicate that significant proportion of the unmarried men are students, the school therefore, has an important role to play since most of the young men pick up most information on sexual matters from school, struggle with the influence of peer groups and eventually form habits. Communities should also strive to educate young men and reinforce cultural modalities for reaching them in order to curtail unacceptable sexual and reproductive behaviour.

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