



Male Involvement in Spousal Reproductive Healthcare Services Utilization in Rivers State: An Application of the Theory of Planned Behaviour

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Abstract

This study investigated the determinants of male involvement in reproductive healthcare services utilization among men in Rivers State. Descriptive design was used. The population consisted of 2,670,903. Sample size was 1,200. The multi-stage sampling was used. Data was collected using questionnaire. A reliability co-efficient of 0.79. Data was collected by face-to-face delivery of questionnaire to the respondents. Mean, standard deviation and Pearson Correlation at 0.05 level of significance was used for data analysis. The result showed that there was very low non-significant relationship between perceived behavioural control and male involvement as $p > 0.05$ ($n = 1,167$; $r = 0.16$; $p = 0.09$). Also, there was a moderate and non-significant relationship between behavioural intention and male involvement ($n = 1,167$; $r = 0.41$; $p = 0.08$). Furthermore, there was a low and non-significant relationship between subjective norm and male involvement as $p > 0.05$ ($n = 1,167$; $r = 0.34$; $p = 0.09$). It was concluded that, male involvement in reproductive healthcare is determined by multiple factors. It was recommended that, public healthcare practitioners should give special attention to organizing campaigns targeted at men by collaborating with community health workers to involve men in reproductive healthcare; and Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) should put more effort in disseminating reproductive healthcare information through campaigns to sustain good knowledge and improve on those with poor knowledge of reproduction to influence male involvement.

Keywords: Determinants, Behavioural Control, Male involvement, Subjective Norm,

Introduction

Male involvement plays a key role in promoting reproductive healthcare services utilization. Male involvement in reproductive healthcare can enhance its utilization because they are the key decision makers in the home. Reproductive healthcare has been seen as a woman's affair for a long time and this has in no small measure continue to dwindle its optimal utilization. The World Health Organization (2015) statistics showed that, globally, male involvement in reproductive healthcare remains a challenge to safe motherhood and that ninety-nine percent (99%) of all maternal deaths occurs in low and middle-income countries of which almost half of these occur in sub-Saharan Africa including Nigeria where male involvement is very poor. A study in sub-Saharan African countries showed low involvement of men in reproductive healthcare services utilization (Vouking et al., 2014). About 40.0% in Uganda (Dougherty et al., 2018) and in Ethiopia, Wondim et al. (2020) reported that, only 12.5% of males were directly involved in reproductive healthcare services utilization. In Nigeria, the report of Fagbamighe and Ojebuyi (2017) revealed that only 15% of the partners were involved in reproductive healthcare. According to Amuzie et al. (2022), male involvement in reproductive healthcare remains low in male-dominant communities thus, increasing male involvement in reproductive healthcare services utilization services is crucial in reducing maternal morbidity and mortality in patriarchal societies such as Nigeria.

Male involvement goes beyond men just showing concern about reproductive healthcare for their wives or female partners. According to the Federal Ministry of Health (2019), male involvement in reproductive healthcare services utilization refers to all organizational activities aimed at men as a discrete group which has the objective of increasing

the utilization reproductive healthcare services. The involvement of males in reproductive healthcare is believed to be determined by several factors. Determinants as used in this study are factors that are related with male involvement. These factors as given by Arundhati (2011) include: male's perceived behavioural control, their socioeconomic and demographic profiles, national policies in place, mass media campaigns, inter-personal communication from health workers, advice from family members, and health systems in place. In this study, the determinants of male involvement considered were: subjective norm, behavioural intention, and perceived behavioural control.

Perceived behavioural control plays a crucial role in determining male involvement in reproductive healthcare services utilization among men. This concept, rooted in the Theory of planned behaviour ((Ajzen, 1991), refers to individuals' perception of their ability to perform a particular behaviour or take a specific action. In the context of male involvement in reproductive healthcare, perceived behavioural control encompasses men's beliefs about their capacity to actively participate in discussions, decisions, and actions related to reproductive health. Gathuto (2014) noted that, men perceived that involving themselves in reproductive and fertility issues would be "unmanly" and that such activities fell outside their area of responsibility. This perception held by most African men had deterred their involvement in reproductive healthcare services utilization. The study of Molly (2014) found that, one key determinant of male involvement was negative perceptions towards reproductive healthcare by men that it is a woman's affair because they are the ones who get pregnant. Possibly, most men see reproductive healthcare clinic as women's space and fundamentally female oriented.

Subjective norm is one key factor which influences men behaviour such as involving themselves in reproductive healthcare. According to Brown and Miller (2019), subjective norms refer to an individual's perception of social pressures and expectations regarding a specific behaviour. In the context of male involvement in reproductive healthcare, subjective norms are influential because they reflect the perceived approval or disapproval of others, including friends, family, and healthcare providers. If a man's friends or peer express positive attitudes toward male involvement in reproductive healthcare, such as discussing family planning or attending prenatal classes, he is more likely to perceive that these behaviours are socially acceptable (Brown & Miller, 2019). This positive reinforcement can increase his intention to participate the gender of child he is expecting notwithstanding.

Behavioural intention is a crucial determinant of male involvement in reproductive healthcare services utilization among men (Ajzen, 1991). Behavioural intention refers to an individual's subjective likelihood or willingness to engage in a specific behaviour. In the context of reproductive healthcare, it encompasses the extent to which men are motivated to actively participate in reproductive health services, including family planning, sexual health screenings, prenatal care, and discussions about reproductive health issues. According to Montano and Kasprzyk (2015), if a man's partner expresses the importance of his involvement in reproductive healthcare and values his support, his intention to engage in such services is likely to be strengthened.

In a State like Rivers which is dominated by patriarchal system, women still assume the central focus in reproductive issues, because, it is felt that they carry the pregnancy and give birth themselves. This gender-biased approach has not in any way helped to boost reproductive healthcare. Even in the academic world and health sector, reproductive healthcare research, as well as policy and programme formulation, have generally relied on data collected from women yet, Nigeria's population has risen exponentially in the past few years, indicating that, female-centered approach is not enough to get desired result for reproductive issues. This points to the need for male involvement, however, less attention is being paid to the inclusion of men. This poor involvement of males has contributed in no small measure to the deterrent of reproductive healthcare. Though, efforts have been made by both governmental and non-governmental organizations to promote reproductive healthcare in the country by providing free birth control methods for both men and women, also insist on their presence before given certain reproductive healthcare to women yet, males are scarcely seen to indicate interest about it. Thus, there is an urgent need to investigate the factors linked to their involvement. Hence, this study was carried out to examine the determinants of male involvement in spousal reproductive healthcare services utilization among men in Rivers State. The following research questions were answered in this study:

1. What is the relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State?

2. What is the relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State?
3. What is the relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State?

Hypotheses

The following null hypotheses stated to guide the study was tested at 0.05 level of significance:

1. There is no significant relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State.
2. There is no significant relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State.
3. There is no significant relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State.

Methodology

The study adopted a descriptive survey design. The population for this study consisted of all men in Rivers State. The population of men in Rivers State was two million, six hundred and seventy thousand, nine hundred and three (2,670,903) (Bureau of Statistics, 2023). The sample size for this study was 1,200 which was selected using a multi-stage sampling procedure. First, the stratified sampling technique was used based on senatorial district three with each District forming a stratum. Secondly, simple random sampling technique was used to select four Local Government Area each to give every LGA an equal opportunity of being selected for the study. At the third stage, proportionate stratified sampling was used to determine the number of persons selected from each Local Government Area. At the fourth stage, the simple random sampling technique was used to select the respondents from communities in the selected LGA. The instrument for data collection was a self-structured questionnaire titled “Male Involvement Questionnaire (MIQ)”, with a reliability coefficient of 0.79. Data was collected by a face-to-face delivery of the instrument to the respondents. The data collected were analyzed with the aid of Statistical Product for Service Solution (SPSS) version 27.0 and both the research questions and hypotheses were tested using Pearson Correlation at 0.05 alpha level.

Results

The results of the study are shown below:

Table 1: Pearson Correlation showing relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Behavioural control	Remark
Male involvement	Pearson correlation	1	0.16	Very low relationship
	N		1167	
Behavioural control	Pearson correlation	0.16	1	
	N	1167		

Guide: 0.00-0.19 = very low, 0.20-0.39 = low, 0.40-0.59 = moderate, 0.60-0.79 = high and ≥ 0.80 is high relationship
 Table 1 showed the Pearson Correlation between perceived behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed a correlation coefficient, $r = 0.16$ indicating a very low relationship. Thus, the relationship between behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State was very low.

Table 2: Pearson Correlation showing relationship between subjective norm and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Subjective norm	Remark
Male involvement	Pearson correlation	1	0.34	Low relationship
	N		1167	

Subjective norm	Pearson correlation	0.34	1
	N	1167	

Guide: 0.00-0.19 = very low, 0.20-0.39 = low, 0.40-0.59 = moderate, 0.60-0.79 = high and ≥ 0.80 is high relationship

Table 2 presents the Pearson Correlation analysis on significant relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed a correlation coefficient, $r = 0.34$ indicating a moderate relationship. Thus, the relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State was very low.

Table 3: Pearson Correlation showing relationship between behavioural intention and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Behavioural intention	Remark
Male involvement	Pearson correlation	1	0.34	Low relationship
	N		1167	
Behavioural intention	Pearson correlation	0.34	1	
	Sig.	1167		

Table 3 presents the Pearson Correlation analysis on significant relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed a correlation coefficient, $r = 0.34$ indicating a moderate relationship. Thus, the relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State was low.

Table 4: Pearson Correlation showing relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Behavioural control	Decision
Male involvement	Pearson correlation	1	0.16	H_0 not rejected
	Sig.		0.09*	
	N		1,167	
Behavioural control	Pearson correlation	0.16	1	
	Sig.	0.09*		
	N	1,167		

*Not significant; $p > 0.05$

Table 4 presents the Pearson Correlation analysis on significant relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed that there was no statistically significant relationship between perceived behavioural control and male involvement as $p > 0.05$ ($n = 1,167$; $r = 0.16$; $p = 0.09$). Thus, the null hypothesis which stated that there is no significant relationship between perceived behavioural control and male involvement in reproductive healthcare services utilization among men in Rivers State was not rejected.

Table 5: Pearson Correlation showing relationship between subjective norm and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Subjective norm	Decision
Male involvement	Pearson correlation	1	0.34	H_0 not rejected
	Sig.		0.09*	
	N		1,167	
Subjective norm	Pearson correlation	0.34	1	

Sig.	0.09*
N	1,167

***Not Significant; $p > 0.05$**

Table 5 presents the Pearson Correlation analysis on significant relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed that there was no statistically significant relationship between subjective norm and male involvement as $p > 0.05$ ($n = 1,167$; $r = 0.34$; $p = 0.09$). Thus, the null hypothesis which stated that there is no significant relationship between subjective norm and male involvement in reproductive healthcare services utilization among men in Rivers State was not rejected.

Table 6: Pearson Correlation showing relationship between behavioural intention and male involvement in reproductive healthcare services utilization in Rivers State

Variables		Male involvement	Behavioural intention	Decision
Male involvement	Pearson correlation	1	0.34	H_0 not rejected
	Sig.		0.08*	
	N		1,167	
Behavioural intention	Pearson correlation	0.34	1	
	Sig.	0.08*		
	N	1,167		

***Not Significant; $p > 0.05$**

Table 6 presents the Pearson Correlation analysis on significant relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State. The result revealed that there was no statistically significant relationship between behavioural intention and male involvement as $p > 0.05$ ($n = 1,167$; $r = 0.41$; $p = 0.08$). Thus, the null hypothesis which stated that there is no significant relationship between behavioural intention and male involvement in reproductive healthcare services utilization among men in Rivers State was not rejected.

Discussion

The result revealed that there was a very low relationship between perceived behavioural control and male involvement. Though the relationship is low, it is in a positive direction, which implies that, every little increase in perceived behavioural control will also increase male involvement. This relationship may not be surprising because, perceived behavioural control which encompasses men's beliefs about their capacity to actively participate in discussions, decisions, and actions related to reproductive health can bridge the gap in men's negligence to the reproductive health of their wives. However, poor behaviour control of men can deter their involvement in reproductive healthcare services utilization. It can make them see their involvement in reproduction would be unmanly and that such activities fell outside their area of responsibility. The result of the study is in line with that of Bifato (2016) study on partners support in Angola which showed a relationship between behavioural control and male involvement. The finding of this study Muema (2016) among pastoralist community of afar region eastern Ethiopia showed a relationship between behavioural control and involvement in reproductive healthcare. The finding of this study is in keeping with that Molly (2014) study on factors influencing male participation in family planning: a case of Kutus township in Kirinyaga County in Kenya which showed a relationship between behavioural control and male involvement. The similarity found between the previous studies and the present study could be attributed to the homogeneity of the study population.

The result indicated that there was a low positive relationship between subjective norm and male involvement. This finding is expected because subjective norms are influential as they reflect the perceived approval or disapproval of others, including friends, family, and healthcare providers. If a man's friends or peer express positive attitudes toward male involvement in reproductive healthcare, he is more likely to perceive that these behaviours are socially acceptable. This positive reinforcement can increase his intention to be involved in reproductive healthcare. The finding of this study gives credence to that of Bishwajit et al. (2017) study on factors associated with male involvement

in reproductive health in Bangladesh which revealed a significant relationship between subjective norms and male involvement. The finding of this study is in line with that of Brown and Anderson (2019) whose study on health insurance coverage and male involvement in reproductive healthcare services revealed a relationship between subjective norms and male involvement. The similarity found between the previous studies and the present study could be attributed to the homogeneity of the study population.

The result revealed that there was moderate relationship between behavioural intention and male involvement. The result was expected because if a man expresses the importance of his involvement in reproductive healthcare and values his support, his intention to engage in such services is likely to be strengthened. Behavioural motivates men to actively participate in reproductive health services, and vis visa. The finding of this study gives credence to that of Bishwajit et al. (2017) study on factors associated with male involvement in reproductive health in Bangladesh which revealed a significant relationship between socio-cultural environment/behavioural intention and male involvement. The result of the study is in line with that of Bifato (2016) study on partners support in Angola which showed a relationship between behavioural intention and male involvement. The finding of this study is also in keeping with that of Montano and Kasprzyk (2015) which indicated a relationship between behavioural intention and male involvement. The similarity found between the previous studies and the present study could be attributed to the homogeneity of the study population.

Conclusion

It was concluded that, male involvement in reproductive healthcare is determined by multiple factors. Reproductive healthcare is a critical index in advancing a nation hence its recognition in MDG Goal 3 for the reduction of mortalities, which underpin the importance of male involvement leading to improved utilization of reproductive healthcare.

Recommendations

Based on the findings of the study the following recommendations were put forward.

1. Public healthcare practitioners should give special attention to organizing campaigns targeted at men by collaborating with community health workers to involve men in reproductive healthcare.
2. Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) should put more effort in disseminating reproductive healthcare information through campaigns to sustain good knowledge and improve on those with poor knowledge of reproduction to influence male involvement.
3. Government agencies and their partners should engage in behavioural change communication and remodeling of workers dispositions during patients care to inculcate positive attitude among healthcare workers.

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