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Male participation in childcare and development: A case study of reproductive responsibilities of men in Ibadan SouthWest Local Government, Oyo State

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ABSTRACT: The central role of African men in families has not influenced their involvement in some household issues, which have direct bearing on child's development. This study aimed to investigate the level of male participation in childcare practices at household level. A descriptive study was conducted among 622 men randomly selected from urban communities, using focus group discussions and combination of indicators from Child Survival Strategies and UNICEF Conceptual Framework on malnutrition to develop a rating scale. Data were analyzed using thematic approach for qualitative and descriptive statistics and Chi-square at 5% level of significance for quantitative data. Focus group discussions revealed that culture and societal expectations play significant roles in determining level of male participation in childcare. The quantitative data showed that variables including level of education, religion and age of men at marriage were significantly related to male participation in childcare at $p < 0.05$, while level of income was not. Also, 458 (73.6%) men scored below 50% level of participation in childcare and only 136 (21.9%) scored above this. Many men were found to be inadequately equipped in childcare practices. It is suggested that sensitization programmes should be organized for men to improve their level of participation in childcare.

Introduction

The problems associated with child survival and efforts to reduce the prevalence of undernutrition are receiving gradual change, which has led to the adoption of a "household system" approach through the use of a gender lens mechanism. Analysis of the family or household unit and the multiplicity of factors influencing its access to, adequacy and utilization of food resources and childcare are now being adopted as the basis for integrated programmes for intervention. Gender consideration from the male perspective is attracting attention in household nutrition security and childcare to provide better insight into the associated problems.

In Nigeria, male involvement in household nutrition security (HNS) and childcare is an emerging imperative, because of the assumption that these are more of women's issue. In most African societies, including Nigeria, men play dominant role in decision-making process, which directly or indirectly affects allocation of scarce resources at the household level. In spite of men's leadership role at the household and community levels, little efforts have been directed at harnessing this leadership potential to enhance HNS and childcare.

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Father's minimal participation in direct childcare in many societies is linked to cultural beliefs that men's high level of participation in childcare is not a gender appropriate behaviour for them [1]. As a consequence, most men find it rather inappropriate becoming deeply involved in provision of care for their children. Under the concept of safe motherhood, some men are not in tune with what their roles are, especially in ensuring that the wife practices exclusive breastfeeding, which will benefit the baby and also protect her against unplanned pregnancy [2]. Apart from this, many men have not understood Planned Parenthood programme more than the fact that it educates them to reduce their family [3]. Past efforts on gender role in nutrition and childcare had focused mainly on women as the primary caregivers, although recognition of men's role in family health and nutrition is increasing [4]. It should be realized that men determine the state of household nutrition security because in most instances they serve as breadwinners, decide the family size, contribute mainly to the accessibility of healthcare facilities and also responsible for the type of housing and neighbourhood the family resides. All these are variables, which determine childcare and invariably child development.

Fathers' minimal participation in direct childcare in many societies is linked to cultural beliefs that this is not gender-appropriate behavior. In one area of China men and women believe that fathers are inherently incapable of handling infants [1]. In some parts of West Africa, contact between fathers and very young children are actually a taboo [1]. In Zimbabwe fathers were surprise to learn in an educational seminar that they should play with their children from birth onward to ensure healthy development; they expected to wait until their children could talk before interacting with them [5]. A study in a small, industrial town in Italy found that men believe it would be culturally inappropriate for them to be involved in the care of babies and young children. Furthermore, they feel incapable of providing such care - a view shared by mothers and other family members [6]. Given the overwhelming dominance of men in family life there is the urgent need to change their orientation and behaviour as a prelude to a positive change in family relationships and behaviour, which have cultural roots [7].

Presently, there is dearth of information on the roles of men in childcare and development in Southwestern Nigeria. This article presents information on male participation in childcare and development including the reproductive responsibilities of men in Ibadan southwest local government, Oyo State. The objectives were to document the level of male participation in childcare and development in the study community in order to provide information on those areas where men may need educational intervention to enhance their level of participation in childcare and development.

Methods

This was a descriptive study, which provided information on level of male participation in childcare and development using some selected indicators. The study also described the inter-links between variables and indicators that measure male participation in childcare and development. The primary target population was men of reproductive age (18 years and above), with special consideration for men with at least a child. The justification for this target audience was borne out of the fact that the object of focus for this study involved men who need to provide certain measure of care to their wives and children as the case may be. The consideration for men with at least a child was to ensure that they will be more knowledgeable about family issues than men without such responsibilities. In addition, married women were also engaged in focus group discussions as secondary target group. They provided information on what their expectations are from men in terms of their participation in childcare and development.

The study sites were Ibadan Southwest and Ogbomoso North Local Government Areas of Oyo State, Nigeria. These local government areas were predominantly urban, with few areas having the semblance of rural communities. The study areas were selected using multi-stage sampling technique. The list of Enumeration Areas (EAs) in the local government area was obtained from the National Population Commission Office in Lagos, Nigeria. Systematic random sampling technique was used to select 10 EAs from each of the stratified communities. In all 20 EAs were selected for the study. Five wards were randomly selected from each of the selected EAs. A total of 100 wards were finally selected for the study. House numbering was conducted in the randomly selected wards to list the households where eligible respondents were recruited for the study.

Study Instruments

Two sets of information (qualitative and quantitative) were collected from the target population using qualitative and quantitative study instruments, which were developed from the study objectives. Qualitative data were obtained using Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) on the target population and community stakeholders respectively. The discussions and interviews were facilitated using a study guide developed from the study objectives. In all, 10 FGDs and 4 KIIs with stakeholders (2 male community leaders and 2 women leaders) were also conducted. Information collected from the qualitative data was used to develop a survey questionnaire, which contained structured and unstructured questions. A total of 700 questionnaires were administered by the trained interviewers. In all, 622 questionnaires were considered valid for analysis.

Qualitative Data (Focus Group Discussions and In-Depth Interviews)

Research questions were transformed into a guide with addition of probing questions. These were asked in a natural, logical sequence to stimulate and encourage group discussions. A conducive environment was ensured by group homogeneity and prevention of undue interference from non-participants to nurture different perceptions and points of view, without pressuring participants to agree or reach a consensus. The course of FGDs ensured that individual took a less directive and dominating role, allowing the members to share their own ideas and stimulate new topics of concern regarding the subject being discussed. In all, 8 FGDs were conducted for men and 2 were for women. Two men leaders were involved in IDIs.

Each FGD group consisted of between 8 and 11 participants, with an average duration of one hour and fifteen minutes per session, the longest was one hour and forty minutes and the shortest was fifty-five minutes. The discussion process was tape recorded for later transcription.

Procedure for Analysis of FGD and IDI Data

Qualitative data (focus group discussions (FGDs) in-depth interviews) were collected and analyzed using Colaizzi's methods respectively [8]. Each of the FGDs' and IDIs' audio taped discussions was initially listened to and transcribed followed by subsequent reading of the transcripts for accurate translation from Yoruba language to English. Relevant statements and comments related to the phenomena of interest from the interview guide i.e. male participation in childcare and development were first highlighted and then extracted from the transcribed data manually. The relevant statements were again reviewed to ensure that formulated meanings truly reflected the intent of the statement. The outcomes of this were theoretical statements that answered the research questions and supported by quotations.

The FGD and IDI interviews, which yielded 10 and 2 transcripts respectively, with multiple relevant statements, were covered in the five sub-themes, which include: Local perceptions of respondents on childcare, current level of male participation in childcare and development, hindrances to male participation in childcare and development, suggestions on how male participation in childcare and development can be improved, men's information needs on childcare and development.

Development of Quantitative Study Instruments

The questionnaire for this study was developed within the context of study objectives, using a combination of variables under Child Survival Strategies (9) and UNICEF Conceptual framework on causes of malnutrition. The questionnaire was adapted to target male respondents. The questionnaire consisted of items in these major areas: Socio-demographic information, male perceptions of childcare, determinants of levels of male participation in nutritional care, male hindrance to participation in childcare and development, men information need on participation in childcare and development, 14-item Scale consisting of modified variables on Child Survival Strategy.

Measurement of Male Participation in Childcare and Development

The main goal of this study was to provide information on the level of male participation in childcare and development in 2 LGAs in Oyo state. An adapted 14-item Scale consisting of modified variables on Child Survival Strategy [9] was administered to estimate the level of male participation in childcare and development. The use of this instrument was to measure level of male participation in childcare and development. Each of the 14 items was

scaled with a set of measurable indicators that are related to childcare and household nutrition issues. The interviewers scored the responses obtained from the target population.

The total score obtainable from the scale was 52 points. A score between 1 and 25 was regarded as Poor male participation in childcare and reproductive responsibilities. Also, a score between 27 and 52 was considered as High level of participation while a score of 26 point was tagged as Fair.

The use of this instrument assisted in providing the opportunity to determine the actual level of male participation that was obscured when respondents were asked general questions in the main questionnaire.

Analysis of Quantitative Data

Administered questionnaires were sorted out for incomplete and wrongly filled questionnaires, cleaned and coded to facilitate data entry. Computer analytical software package, Statistical Package for Social Sciences (SPSS) Version 10.0 was used to analyze the quantitative data. Univariate, bivariate and multi-variate statistical manipulations were used to draw inferences from the data. Findings from univariate statistical analysis were presented using frequencies and percentages. Bivariate and multi-variate statistical analyses were used to define the relationship between independent and dependent variables.

The level of significance between dependent and independent variables (set at 5% level of statistical error) was determined using Chi-square to show the relationship between independent variables e.g. age, years of marriage, level of education, number of wives, religion, etc. and dependent variables i.e. Participation in childcare and development.

Results

Socio-demographic Information of Respondents

The result showed that 80.1% of the respondents were between the ages of 31-50 years. The respondents were mainly Yoruba from Oyo State, making up of 97.4% of the total population. Occupation of respondents showed that 40.8% were traders while artisans and civil servants recorded 26.4% and 15.8% respectively. Information on the educational status of the respondents showed that 35.0% had secondary education and 23.2% had tertiary. Those with primary and informal education accounted for 13.8% and 19.9% in this order. The data on marital status showed that the majority of the respondents were married. The respondents were mainly Moslems and Christians with 55.9% and 41.5% respectively. The assessment of age of respondents at first marriage showed that the majority of respondents, 66.6% got married between the ages of 26-35 years. This is also a true reflection of the present general age at first marriage of most men in Nigeria. It was also shown that 31.8% of respondents entered first marriage between the ages of 18 and 25 years. The data presented on household size revealed that 55.6% of respondents had between 6 and 10 persons in the family.

The number of children in a family may reflect the level of compliance to family planning methods, especially the disposition of the man to control the family size. The data presented on number of biological children showed that almost 40.0% of respondents had more than four children, which could be regarded as large family size. The data obtained on income earning revealed that 85.9% of respondents earned below N15, 000 per month.

Role of men in ensuring that households have access to good nutrition

Family spending in most instances rests on the man, who heads the family. The data obtained revealed that 79.4% of respondents mentioned that men decide how much to spend on food. It was only 10.6% of respondents who claimed that women decide how much to spend on food.

Nutrition is usually regarded as women's terrain and therefore most many do not consider their involvement as appropriate. Along this line, in the contrary, however, the data revealed that 95.2% of respondents agreed that they had roles to play in ensuring that the households have access to good nutrition. The information from the FGD however, clarified what men actually regarded as involvement in household nutrition by showing that they meant just provision of financial contribution.

In addition to the above findings, the quantitative findings were very much comparable to the qualitative findings; except that some respondents mentioned that they could only buy some food items but would rather give the money to their wives to buy other things they believed were inappropriate for men to buy, as stated below:

"I am a farmer and I bring most of the foods that we eat from the farm...those that I cannot provide I usually give money to my wife to buy, especially items like pepper, cooking oil, etc..."

FGD participant

"...there is nothing that can take me to the market, I give money to my wife to do the buying..."

FGD participant

The respondents were asked if there is any rule, which says they should not buy things from the market or they should not buy a particular food items, especially things like pepper and vegetables that are considered as sources of micronutrients. The response showed that it was more of observational learning from their parents and the socio-cultural environment.

"...when I was young, I did not observe my father buying such things for my mother and I learnt this from him..."

-FGD participant

"I normally go to market to buy foodstuffs and meat or fish. My wife will buy the cooking ingredients to prepare the meal. I can also buy all the food ingredients if I want to"

FGD participant.

Data also showed that 61.1% of respondents believed that both boys and girls should be given the same opportunity of eating as they desire. Meanwhile, 38.9% did not share this view. They believed boys and girls are not supposed to eat the same quantity of food. Apart from the sharing of food at the household level, men were asked if there are special nutrients required by a girl child. The low response to this question buttressed the point that many men have little or no knowledge as far as nutrition is concerned. Only 11.6% of respondents stated that girl child needs some special nutrients than a boy child. It was shown that 25.7% of respondents did not support this view. However, a whopping 62.7% of respondents did not know anything about this. The importance of adequate intake of iron for adolescent girls and women of reproductive age could not be mentioned by this percentage of men.

Control of family size as part of men's responsibilities in childcare

One of the ways by which men manifest their responsibilities in childcare is the adoption of family planning methods to ensure they have manageable family size. In responding to why men should adopt family planning methods, findings showed that 37.9% and 21.9% of respondents mentioned ability to provide care for the family and prevention of poverty respectively. The data also showed that 11.3% of respondents mentioned it is important for men to have reasonable family size. However, 22.5% of respondents did not consider control of family size as necessary.

The quality and quantity of foods a family consumes may be affected by the size of that family. Investigation revealed that 92.0% of respondents reiterated that there were some quality foods that they cannot consume presently because of the fact that the food cannot go round.

Level of Male Participation in Child's Immunization Programme

Good nutrition is hinged on a tripod stand of food, health and sanitary environment. Men need to participate actively in these three areas to enhance family welfare. One of such areas, which relates to childcare is immunization. Men were asked to present their disposition to child immunization. The data showed that 93.6% agreed that they were in support of child immunization. This was a good development because if men should refuse their wives to take the children for immunization, the children would be denied that health benefit.

Hindrances to male participation in childcare and development

Male involvement in childcare is influenced by many factors of which culture plays a crucial role. The respondents were asked if there were some cultural factors that might have influenced their involvement in childcare and reproductive responsibilities. The data presented showed that 47.6% agreed that cultural factors have influenced

their level of involvement while 52.4% declined culture has affected their involvement in childcare and reproductive responsibilities.

Measurement of Male Participation in Childcare and Reproductive Responsibilities

The summary of level of male participation in childcare and reproductive responsibilities was presented in percentages. The data showed that 73.6% of men had poor level of participation in childcare and reproductive responsibilities while 21.9% had high level of participation. Only 4.5% were considered to have fair level of participation.

Discussion

Although, women's earnings may be less overall than men's, these earnings tend to be steady and women generally control their use [10, 11, and 12]. Moreover, women's income, more than men's tends to be used to meet their families' food, health, and nutritional needs. As such, their income earning opportunities are key to family well-being, especially in poor households that are net food buyers [13, 14]. Therefore, the level of income can influence how men take active part in childcare and development and other reproductive health responsibilities. This study revealed that 85.9% of respondents earned below N15, 000 per month and this low income further hinders men from taking active role in childcare and development. Men have been found to be responsible for taking decisions on reproductive health issues including the family size determination and the adoption of any family planning methods. However, this study revealed that there were other aspects of family life where men take decisions. It was revealed, that 50.5% of the respondents agreed that fathers decide on what types of food the family should buy. IDIs and FGDs also contributed to the fact that men take some household decisions on food so also women.

"...men normally tell the wives what type of food to buy at home...in most instances this would depend on our own preferences and taste".-IDI respondent

"In my own case, it's my wife who decides the type of food to buy at home ...mine is to provide the money to buy the food".-FGD participant

Family spending in most instances rests on the man, who heads the family. This study revealed that 79.4% of respondents mentioned that men decide how much to spend on food. It was only 10.6% of respondents who claimed that women decide how much to spend on food. This is consistent with the fact that men's role in family health and nutrition is increasing [4].

Nutrition is usually regarded as women's terrain and therefore most men do not consider their participation as appropriate. Along this line, in the contrary, however, this study revealed that 95.2% of respondents agreed that they had roles to play in ensuring that the households have access to good nutrition. Information from the FGD however, clarified what men actually regarded as involvement in ensuring in household nutrition by showing that they meant just provision of financial assistance and support. Also, quantitative findings were compared with the qualitative findings; except that some respondents mentioned that they could buy some food items on their own but would give the money to the wife to buy other things they believed were inappropriate for men to buy, as stated as follows:

"I am a farmer and I bring most of the foods that we eat from the farm...those that I cannot provide I usually give money to my wife to buy, especially items like pepper, cooking oil, etc..."-FGD participant

"...there is nothing that can take me to the market, I give money to my wife to do the buying".-FGD participant

The respondents were asked if there is any rule, which says they should not buy things from the market or they should not buy a particular food items, especially things like pepper and vegetables that are considered as sources of micronutrients. The response showed that it was more of observational learning from parents and the socio-cultural environment.

“...when I was young, I did not observe my father buying such things for my mother and I learnt this from him...”-FGD participant

“I normally go to the market to buy foodstuffs and meat or fish. My wife will buy the cooking ingredients to prepare the meal. I can also buy all the food ingredients if I want to”- FGD participant.

This is in line with the fact that father's minimal participation in direct childcare in many societies is linked to cultural beliefs that men's high level of participation in childcare is not a gender appropriate behaviour for them [1]. When men were asked if there are special nutrients required by a girl child, the low response to this question buttressed the point that many men have little or no knowledge as far as nutrition is concerned. Only 11.6% of respondents stated that girl child needs some special nutrients than a boy child. It was shown that 25.7% of respondents did not support this view. However, 62.7% of respondents did not know anything about this! This is in contrast to Kurz finding that recognition of men's role in family health and nutrition is increasing [4]. The importance of adequate intake of iron for adolescent girls and women of reproductive age should be of paramount importance to men as major providers.

One of the ways by which men manifest their responsibilities is the adoption of family planning methods to ensure they have manageable family size. In responding to a question on why men should adopt family planning methods. Findings showed that 37.9% and 21.9% of respondents mentioned ability to provide care for the family and prevention of poverty respectively. This is in agreement with Adeyefa and Oyewole findings that many men have not understood Planned Parenthood programme beyond the fact that it educates them to reduce their family [3]. The data also showed that 11.3% of respondents mentioned having reasonable family size. However, 22.5% of respondents did not consider control of family size as necessary. The quality and quantity of foods a family consumes may be affected by the size of that family. This study revealed that 92.0% of respondents reiterated that there were some quality foods that they cannot consume presently because of the fact that the food cannot go round.

The demands of home management are quite enormous and this requires that both men and women become actively involved by underplaying gender role division. In this study, the respondents stated ways by which they have been assisting to reduce the workload of women, 74.6% of respondents claimed that they assist in household chores.

Good nutrition is hinged on a tripod stand of food, health and sanitary environment. Men need to participate actively in these three areas to enhance family welfare. One of such areas, which relates to childcare is improved health through immunization. Men were asked to present their disposition to child immunization. The data showed that 93.6% agreed that they were in support of child immunization. This was a good development because if men refused their wives to take the children to receive immunization, the children would be denied that benefit.

Male involvement in childcare is influenced by many factors of which culture plays a crucial role. The respondents were asked if there were some cultural factors that might have influenced their involvement in childcare and reproductive responsibilities. The data obtained showed that 47.6% agreed that cultural factors have influenced their level of involvement while 52.4% declined that culture has influenced their involvement in childcare and reproductive responsibilities.

Men need to acquire some basic information in order to be able to participate effectively in childcare and development. Along this line, men were asked to mention the types of information they could seek for in order to care for their children. The data showed that the majority of men stated that they would seek for information on breastfeeding, child's immunization and growth monitoring.

Other areas of interest where men sought information included the use of oral rehydration therapy, food combination to ensure good nutrition through dietary diversification and nutrient requirement of children according to sex and age. The data however showed that only very few men sought for information on causes and identification of nutrient deficiencies and nutrients requirement by members of the family, except the children.

It was also revealed that most men (74.0%) preferred the radio and television as the media of source of information on what they wished to do in terms of participation in child's care and development. The use of faith-based approach was the least mentioned by only 0.6% of respondents.

Conclusion

The findings from this study revealed that majority of men were found to be inadequately involved in childcare practices, which stems from cultural beliefs that men's high level of participation in childcare is not a gender appropriate behaviour for them and also, many men have not understood Planned Parenthood programme more than the fact that it educates them to reduce their family. It is suggested however, that sensitization programmes should be organized for men to improve their level of participation in childcare and development.

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