EVALUATION OF MEN'S FAMILY PLANNING BEHAVIORAL APPROACHES TO FERTILITY AND POPULATION CONTROL IN ABUJA, FCT – NIGERIA

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Abstract

Men's family planning approval could reduce reproductive health burden and improve maternal health to produce healthy children. Men's family planning intervention can prevent STDs pains and improve family health and happiness. Therefore the aim of the study is to analyze spectrum of men's family planning intervention on fertility and population control in the study area between 2017 and 2022. The design was a descriptive survey of men's FP behavioral approaches by using two stage sampling technique and systematic sampling technique to administer questionnaires among 382 household heads of age 15 to 59 years that were registered through immunization. A Kruska-Wallis H-test was used to assess differences in effects of men's family planning on fertility. Result showed that there is difference in effects of men's family planning intervention on fertility; H computed =14.67, 18.435 and 15.458 are greater than the H critical = 2.37 and P- value = 0.001, 0000 and 0.000 are less than the level of significance = 0.05 at 2 degree of freedom. The major hindrance to the adoption is wrong decision making because of culture and religious belief of household heads. Men's involvement in the practice is germane to achieve population control goals. Recommendation is formation of an NGO, Men-Health Clamant for men's health up keep, teleconferencing and online medical consultancy for family planning use mobilization for childbearing and wellbeing.

KEY WORDS: *Maternal health, approval, online medical consultancy, intervention, childbearing and well-being, mobilization.*

Introduction

The history of family planning is dated back to the advent of men on the earth surface due to evidence of both natural and modern methods of family planning practice in Nigeria. Family planning is a child spacing method adopted by couples to regulate the number of children they can adequately cater for and to determine when to have them. Similarly, family planning is the planning of when to have children to ensure good health care, nutritional care and qualitative education for the children (Nelson, Telfer and Anderson, 2012). Therefore, natural methods of child spacing include abstinence from sex, breast feeding, withdrawal method, basal body temperature, cervical mucus billing ovulation and rhythm (Umeh, 2011). Couples at every stage of civilization space children to revamp health of mothers and children to reduce both maternal and infant mortality. Nevertheless, Michael (2017) suggested that, the merger of both traditional and modern family planning methods are necessary for adequate family planning sustainability. Technologically improved methods of child spacing are family planning pills, injectable hormonal drugs, sheath, diaphragm, male and female condom, intra-uterine device, foaming tablets and sterilization.

The relevance of family planning cannot be over emphasized; for instance, family planning prevents unintentional gestation which can eventually prevent child abandonment, and its attendant social problems. The prevalence of child abandonment confirmed by social work department and Federal Capital Territory

Unity Children's Home in the region. This a result of common unwanted pregnancies in the Federal Capital Territory Nigeria which can impair women reproductive health. Hence, there is need to examine involvement of men in family planning practice in Nigeria for sustainable development. Family planning is also important in controlling unintentional gestation which can retard socio-economic development of a country. Family planning should be encouraged to reduce dependency rate and its negative effect on national sustainable development. This is confirmed by Awosusi (2014) that there is high dependency rate in developing countries due to uncontrolled population growth.

The implication of Demographic Transition Theory for development is that, there is high fertility and mortality in most developing countries of the world. The high fertility and mortality regimes imply low level of economic development. There is need to improve educational facilities to cater for large youth population and more health facilities for large population. Implication to Nigeria situation is that; the population growth rate of FCT in 1950 was 0% due to influence of hot climate and no infrastructural development. In 2000 the population growth rate rose to 19.61% due to Federal Capital Territory influence. This reduced to 8.62% in 2006 because of FCT stability and further reduced to 5.69% in 2021. However, this is greater than what we have as average in Nigeria which is 2.61% (UN, 2018). The fall in death rates in Nigeria is as a result of improved medical health care, drugs and scientist inventions. Uncontrolled population size in Nigeria directly and indirectly leads to problems like environmental degradation, pollution, insecurity, intertribal clashes, abortion, child delivery complications, child abandonment and high infant and maternal mortality rate in the FCT. However, demographers call for viable family planning control to reduce these population problems.

Besides, due to health risk of unprotected sex, some men face severe physical and mental suffering through Sexual Transmission Disease Infections (STDs) like hepatitis B, syphilis and gonorrhea. Those social problems might have been reduced if adequate family planning method is utilized. It is a particular proposition therefore, to investigate men's family planning behavioral attitudes in the FCT. This is to allow men take wise decisions and to be objective in policy formulation. As a matter of fact, the population of the FCT is vast and heterogeneous in nature and from there, we can draw our generalization. This is necessary because twenty percent of global maternal mortality happens in Nigeria as recorded by World Health Organization (WHO, 2019). As such, there is need for viable family planning control to moderate fertility level and family size. Family planning will foster healthy family and national health to validate number three sustainable development goal that seeks to ensure healthy lives and promote well-being for all at all ages (UN, 2018).

Decision on adoption of family planning practices is a responsibility that rests on the shoulders of both partners in a household. The success of its adoption consequently depends heavily on the attitude of both man and woman in household. Statistical researches have been conducted in different parts of the world assessing the attitude of partners towards FP. However, comparatively more research

information is available on the attitude of women perhaps because they are considered as the ones that play larger role in family reproductive health. Men as head of most families with household decision making processes depend on their preferences. It is expected that where their attitude to FP becomes positive the successes of the practices would become higher. Nevertheless, men's unprotected forced sex in marriage, dating and raping may lead to sexual infections and men's emotional instability during sex. Also, men's partner FP denial and threat with forced abortion are worrisome. Those men's induced crime might have reduced if men are involved in FP practice. Thus, more research information is needed on the attitude of men towards FP. This is supported by Fleming, Shakya, Farron, Brooks, Lauro, Levton, Boyce, Aliou and Silverman (2020) as well as Wondim, Degu; Teka and Dire (2020) including Nangia (2010) who bided for men's FP models. However, the study x-tray men's FP intervention on fertility and population control in the FCT, Nigeria. The need for this information constitutes the problem of research interest to this study. The study seeks to advance an understanding in this regard using Abuja as a case study. Abuja provides a good testing ground for this kind of investigation because of the fact that, it serves as a melting pot of culture and traditions in the country with practically every society in the country represented in the region.

The following are the research questions for this study:

i. What are the social effects of men's family planning on fertility and population control in the study area?
ii. What are the health effects of men's family planning on fertility and population control in the study area?
iii. What are the economic effects of men's family planning on fertility and population control in the study area?
iv. What is the major men's FP intervention on fertility and population control

The primary aim of this study is to analyze the spectrum of men's family planning intervention on fertility in the FCT, Nigeria. To achieve the aim, the following objectives are set to:

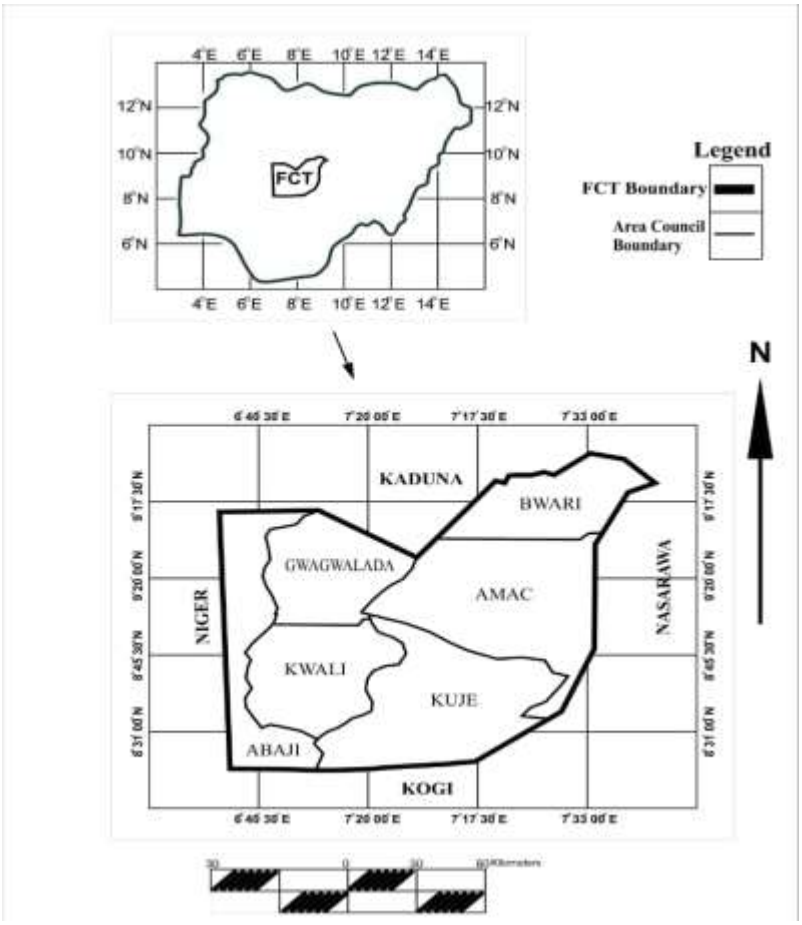
i. Investigate the social effects of men's FP on fertility and population control in the study area.
ii. Investigate the health effects of men's FP on fertility and population control in the study area.
iii. Investigate the economic effects of men's FP on fertility and population control in the study area.
iv. Identify the major men's FP intervention on fertility and population control

Ho: There is no significance difference in effects of men's FP practice on fertility and population control based on men's age at first marriage in area councils of the FCT, Nigeria

Methodology

The longitudinal location of the FCT is between 6° 35^{1}E and 7° 45^{1}E, East of Greenwich Meridian and the latitudinal location of the FCT is between 8° 25^{1} N and

9^{o} 25^{1}N, North of the equator. The FCT is relatively located at the North of the Niger-Benue confluence and on the Southern part of Zuma rock (Macmillan, 2010). Edicha and Mgbanyi (2013) reported that FCT is geographically located at the centre of the country with the size of landmass of approximately 8,000 km^2 which is several times larger than the former capital (see figure 2.1). Abuja is about 480km northeast of Lagos. There are currently six Area Councils in the FCT, namely: Abaji Area Council (AAC), Abuja Municipal Area Council (AMAC), Bwari Area Council (BAC), Gwagwalada Area Council (GAC), Kuje Area Council (KAC) and Kwali Area Council (KWAC) (see figure 1). There are sixty-two wards in the FCT, Nigeria i.e. twelve in AMAC and ten in each other Area Councils respectively. Federal Capital Territory is bounded in the north by Kaduna State and in the south by Kogi State. Also, it shares boundary with Nasarawa State in the east and in the west by Niger State. According to Dawan and Ebehikhalu (2008), the FCT, was created in 1976 by General Yakubu Gowon to replace Lagos as the Federal Capital of Nigeria, based on the recommendation of Justice Akinola Aguda Panel. The reasons for creation of FCT include the peripheral location of Lagos in the South West area of the country and acute shortage of land in Lagos for expansion. In addition to that, Lagos served dual and conflicting roles as both the Federal Capital and the State Capital. The FCT, is located however at the centre of the nation. This, therefore, minimizes the travelling distance of all Nigerians to the Federal Capital Territory, Nigeria.



Source: Modified from the Administrative Map of Nigeria, 2020.

Figure 1: Map of Abuja showing the Location of the Federal Capital Territory, the Study Area

Methodology

The central point of this research was to analyze the spectrum of men's FP intervention on fertility control in the FCT, Nigeria. Therefore, two stage sampling technique was employed to sample House Hold heads who attended to questionnaire. The reason was ability to select sample area councils and sample of specified number of settlements in selected clusters (Shalabh, 2014). The population of household heads in the FCT, Nigeria was divided into 6 groups based on the 6 area council geographical demarcations. For this work, the first stage selection of area was by using a simple random sampling without replacement. Three area councils were selected as first stage unit. They were AMAC, BAC and GAC. The reason was that, all the area councils had equal chance of being selected. All the area councils had equal propensity of child bearing and mean HH size for FCT which is 4.2 for all settlements (NBS, 2016 in Akanbi, 2016). In addition, settlements were sampled in second stage by using Probability Proportional to Size (PPS). The reason was that, settlements in selected area councils vary in number. Therefore, 40 settlements were sampled out of 401 settlements which is 10 percent. From those settlements, questionnaires were administered. To achieve objectives of the study, the questionnaire were divided into two (2) sections which include; section for men's Biodata, and men's FP intervention on fertility and population control. Household heads of age 15 to 59 years, based on Demographic and Health Survey Specification, formed the population of the study. Therefore, 74,109 households were registered in sampled area councils settlements through Routine Immunization Records (RIR) in Federal Ministry of Health department located in the region in March, 2018. However, sample size (382) was determined by using Bukhari's sample size specification, out of which questionnaire administration, IDI and FGD were conducted. The sample size was representative of the accessible population which was a subset of target population. The sample size was determined at 95% confidence level and 5% margin error. However, the inferential statistics was used to analyze data collected from questionnaire to justify the set hypothesis. In this non-parametric statistics, the statistical hypothesis was tested which was concerned with assessing the difference between men's FP on fertility. The data was subjected to the Kruskal Wallis H-test due to categorical and non-normality nature of the men's FP use variable. Dependent variables are the effects of men's FP use while independent variable is the age of men at first marriage.

Table 1: Distribution of the Sample Size among Randomly Selected Area Councils

Area Councils (SRSWOR)	No of Settlements	Settlements/ Segments sampled	HH Head Population	Sample Size

			(PPS)	(RIR)	
i.	AMAC	185	19	34145	176
ii.	BAC	133	13	24444	126
iii.	GAC	83	8	15520	80
	Total	**401**	**40**	**74109**	**382**

Margin Error: 5%, confidence level: 95%

Source: Bukhari (2021) Sample Size Specification

The study involved the use of two-stage sampling methods, for the distribution of sample size among randomly selected area councils. However, two stage sampling technique was adopted to reduce cost and for convenience in carrying out the demographic survey. In considering the population of the study which is number of registered households, the sample size 382 was adopted. Therefore, respondents were administered questionnaires by using systematic sampling techniques in the selected area councils.

To sample 176 respondents in AMAC, where we have 19 settlements, sample interval: K = $\frac{N}{n}$ = $\frac{34145}{176}$ = 194 Where K = Sample Interval N = Area Council Population n = Area Council Sample Size

Random start was 1, then second household → 1 + 194 = 195. Sequentially till the last household is sampled among listed households in AMAC. To have a defined and identifiable boundary of the households, NPOPC digital map for EAs was consulted.

To sample 126 respondents in BAC, where we have 13 settlements.

Sample interval: k== $\frac{N}{n}$ = $\frac{24444}{126}$ = 194. Random start was 1 and second household was 1 + 194 = 195 sequentially until the last household is sampled in the area council, based on the EAs specified by NPOPC digital map for the sample settlements/ segments.

To sample 80 respondents in GAC, where we have 8settlements, sample interval k= $\frac{N}{n}$ = $\frac{15520}{80}$ = 194. Random start was 1 and second households was 1+ 194 = 195 sequentially until the last household was sampled, based on the EAs specified by NPOPC digital map.

Result and Discussion

Respondents Family Planning Social Intervention on Fertility and Population Control

Data on Respondents FP social intervention on fertility and Population Control were presented in Table 3

Table 2: Respondents FP Social Intervention on Fertility

		A Good Management Policy	%	Wife Approval for Limiting children	%	Preventing panic sex	%	Prevention of Venereal Diseases	%	Grand Total	%
AMAC	A	11	2.9	6	1.5	2	0.5	1	0.26	20	5.2
	B	17	4.45	11	2.9	5	1.3	2	0.5	35	9.2
	C	2	0.5	4	1.1	1	0.3	1	0.26	8	2.1
Total		**30**	7.9	21	5.5	8	2.1	4	1	63	16.5
		7.9	**7.9**	**5.5**	**5.5**	**2.1**	**2.1**	**1**	**1**	**16.5**	**16.5**
BAC	A	5	1.3	1	0.3	6	1.56	2	0.5	14	3.7

	B	9	2.3	4	1	11	2.9	4	1.1	28	7.3
	C	1	0.3	-	-	2	0.5	-	-	3	0.8
Total		**15**	**3.9**	**5**	**1.3**	**19**	**5**	**6**	**1.6**	**45**	**11.8**
%		**3.9**	**3.9**	**1.3**	**1.3**	**5**	**5**	**1.6**	**1.6**	**11.8**	**11.8**
GAC	A	3	0.7	2	0.5	2	0.5	2	0.5	9	2.3
	B	5	1.3	2	0.5	4	1.1	4	1.1	15	3.9
	C	1	0.3	1	0.3	-	-	-	-	2	0.5
Total		**9**	**2.3**	**5**	**1.3**	**6**	**1.56**	**6**	**1.6**	**26**	**6.7**
%		**2.3**	**2.3**	**1.3**	**1.3**	**1.56**	**1.56**	**1.6**	**1.6**	**6.7**	**6.7**
Grand Total		**54**	**14.1**	**31**	**8.1**	**33**	**8.6**	**16**	**4.2**	**134**	**35**
%		**14.1**	**14.1**	**8.1**	**8.1**	**8.6**	**8.6**	**4.2**	**4.2**	**35**	**35**

Source: Authors field survey, 2021.

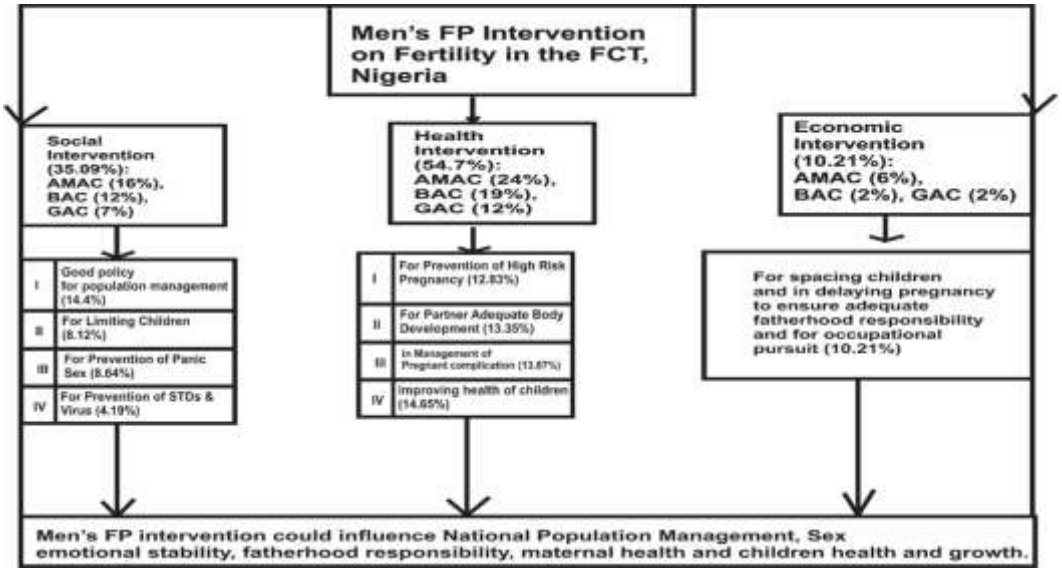
A = 15 years – 29 years, B = 30 years - 44 years, C = 45 plus years

Men's FP social intervention on fertility is below average (35%), 17% respondents in AMAC, 12% respondents in BAC and 6% respondents in GAC communities. Below average respondents opined that men FP practice could affect growth of population (14.14%) because it is a good policy to regulate population; 8% respondents in AMAC, 4% respondents in BAC and 2% respondents in GAC communities. Middle age men in the study area supports FP as a good policy to control population.

In like manner, 8% respondents agreed to men's approval of wife family planning practice for child spacing which can moderate population growth rate; 6% in AMAC and 1% in both BAC and GAC communities respectively which were supported by middle age men in AMAC communities (5%) while there were poor response in both BAC and GAC communities (1%). Implication is that confirmation of men's FP in prevention of unplanned gestation (8%) could reduce dependency rate, beggar prevalence and child dissertation as social benefit.

Also, respondents regarded FP as a mechanism to prevent panic sex that could hinder men sex relation conjugal role (9%); 5% respondents in BAC communities and 2% in both AMAC and GAC communities respectively. Implication is that, men self and partner FP approval could prevent panic sex among couples which may foster emotional stability for social pleasure and happiness. In line with that, 4% respondents approved FP for prevention of sex transmission diseases, most especially in both BAC and GAC communities (2%). Implication is that, men's failure to endorse practice of abstinence from sex and use of condom in extra-marital affairs may lead to continuous spreading HIV/Aids and other sex transmitted diseases.

Therefore, FP is a good policy (14%) for management of pregnancy in limiting number of children to be born (8%) viable to make men emotionally stable (9%) and in prevention of sexual transmission diseases for national fertility planning and national health assessment for sustainable development. Men involvement in FP practice is therefore germane to achieve a good social reasonable population control goals.



Source: Author's Model of the Effects of Men's FP on Fertility based on Socio-economic and Health Characteristics, 2021

Fig. 2: Model of Men's FP Intervention on Fertility as Socio-Economic and Health Care Responsibility.

Therefore, model of men's FP intervention on fertility is hereby introduced to improve national population management, sex emotional stability, fatherhood responsibility and improving maternal and child health.

Respondents Family Planning Health Intervention on Fertility and Population Control

Data on respondents FP health intervention on fertility were presented in Table 4

Table 3 Respondents Family Planning Health Intervention on Fertility

	Approve of FP for management of pregnancy complications	%	Preventing high risk pregnancy	%	Improving health of mother development	%	Improving Health of Children to develop	%	Grand Total	%
AMAC A	8	2.1	8	2.1	5	1.3	7	1.8	28	7.3
B	16	4.2	12	3.2	11	2.9	14	3.7	53	13.9
C	3	0.8	2	0.5	2	0.5	2	0.5	9	2.4
Total	**27**	7.1	22	5.7	18	4.7	23	6	90	23.5
%	**7.1**	**7.1**	**5.7**	**5.7**	**4.7**	**4.7**	**6.0**	**6**	**23.5**	**23.5**
BAC A	5	1.3	6	1.6	6	1.6	5	1.3	22	5.8
B	11	2.9	11	2.9	11	2.9	10	2.6	43	11.3
C	2	0.5	2	0.5	2	0.5	1	0.3	7	1.8
Total	**18**	**4.7**	**19**	**5**	**19**	**5**	**16**	**4.2**	**72**	**18.9**
%	**4.7**	**4.7**	**5**	**5**	**5**	**5**	**4.2**	**4.2**	**18.9**	**3.4**

GAC	2	0.5	2	0.5	4	1.1	5	1.3	13	7.3
A										
	5	1.3	5	1.3	8	2.1	10	2.6	28	1.6
B										
	1	0.3	1	0.3	2	0.5	2	0.5	6	12.3
C										
Total	**8**	**2.1**	**8**	**2.1**	**14**	**3.7**	**17**	**4.4**	**47**	**12.3**
%	**2.1**	**2.1**	**2.1**	**2.1**	**3.7**	**3.7**	**4.4**	**44**	**12.3**	**54.8**
Grand Total	**53**	**13.9**	**49**	**12.8**	**51**	**13.4**	**56**	**14.6**	**209**	**54.7**
%	**13.9**	**13.9**	**12.8**	**12.8**	**13.4**	**13.4**	**14.6**	**14.6**	**54.8**	**54.7**

Source: Author's Field Survey, 2021.

A = 15 – 29 years, B = 30 – 44 years, C = 45 years plus

Men's FP health intervention on fertility is above average (55%); 24% in AMAC communities, 19% in BAC communities and 12% GAC communities. For that reason, 14% respondents approved wife family planning for management of pregnancy complications, 7% respondents in AMAC, 5% respondents in BAC and 2% respondents in GAC communities. In addition, 13% men used family planning to prevent high risk pregnancies that can jeopardize the health condition of both partner; 6% respondents in AMAC, 5% in BAC and 2% in GAC communities. Also, 13% men approved partner family planning to ensure adequate body development of mother before another conception; 4% respondents in GAC communities and 5% respondent in both AMAC and BAC communities respectively.

In addition, 15% men approved child spacing methods for wife to produce healthy children and for children to grow well; 6% in AMAC, 4% in both BAC and GAC communities respectively. The positive effects of men's FP on maternal health was pronounced in AMAC because of high level of education in the region. Implication is that, men's approval of child spacing may be inevitable in management of pregnancy complication (14%) in prevention of high risk pregnancy (13%) for maternal health improvement and improving health of children for adequate growth (15%) which could reduce maternal and infant mortality rate in Nigeria.

Respondents Family Planning Economic Intervention on Fertility

Data on men's FP Economic Intervention on Fertility were presented in Table 5.4

Table 4 Respondents Family Planning on Economic Intervention on Fertility

Area Council		Wife Approval for Spacing Children	%	For Delaying Pregnancy	%	Grand Total	%
AMAC	A	7	1.08	10	2.62	17	4.39
	B	13	3.20	7	1.83	20	5.10
	C	4	1.03	5	1.31	9	2.30
Total		**24**	6.03	22	5.76	46	11.79
%		**6.03**	**6.03**	**5.76**	**5.76**	**11.79**	**11.79**
BAC	A	2	0.55	5	1.31	7	1.81
	B	5	1.25	6	1.57	11	2.88
	C	2	0.55	8	2.09	10	2.63

Total		**9**	**2.35**	**19**	**4.97**	**28**	**7.32**
%		**2.2**	**2.35**	**4.97**	**4.97**	**7.32**	**7.32**
GAC	A	2	0.55	4	1.05	6	1.57
	B	4	1.03	1	0.26	5	1.29
	C	1	0.25	3	0.78	4	1.06
Total		**7**	**1.83**	**8**	**2.09**	**15**	**3.92**
%		**1.83**	**1.83**	**2.09**	**2.09**	**3.92**	**3.92**
Grand Total		**41**	**10.21**	**49**	**12.83**	**89**	**23.03**
%		**10.21**	**10.21**	**12.83**	**12.83**	**23.03**	**23.03**

Source: Author's Field Survey, 2021

A = 15 to 29 years; B = 30 to 44 years; C = 45 plus years.

Men's FP economic intervention has very low percentage (23%); 12% respondents in AMAC communities; 7% respondents in BAC communities and 4% respondents in GAC communities. It is noteworthy that the respondents who allowed wife FP use are not many (10%); 6% respondent in AMAC communities and 2% respondents in both BAC and GAC communities respectively. That is, those men who are not affected by erroneous belief in FP due to religion or cultural orientation were convinced based on family doctor perception. Implication is that, to overcome FP constraints professional are needed to stress the need for FP in our society for general acceptability. Whereas, higher percentage of respondents allowed delaying of pregnancy either for men to get freedom from learning a trade or for pursuing academic career to boost financial status (13%); 6% respondents in AMAC communities, 5% respondents in BAC communities and 2% respondents in GAC communities. Implication is that there is possibility of men using FP to delay pregnancy among couples to pursue occupational prospects.

In addition, child spacing to limit number of children to be born for adequate care that may reduce dependency rate may facilitate given birth to qualitative children and for children independent dispersion. Implication is that, it is mandatory for men to provide necessary support and encouragement for partner to breastfeed baby for two years as a natural child spacing method which is supported by all cultural groups and religious institution in Nigeria. As a result, proposition of model of men's family planning intervention on fertility based on sexual behavior is hereby presented for further review, see Fig. 3. The postulations include:

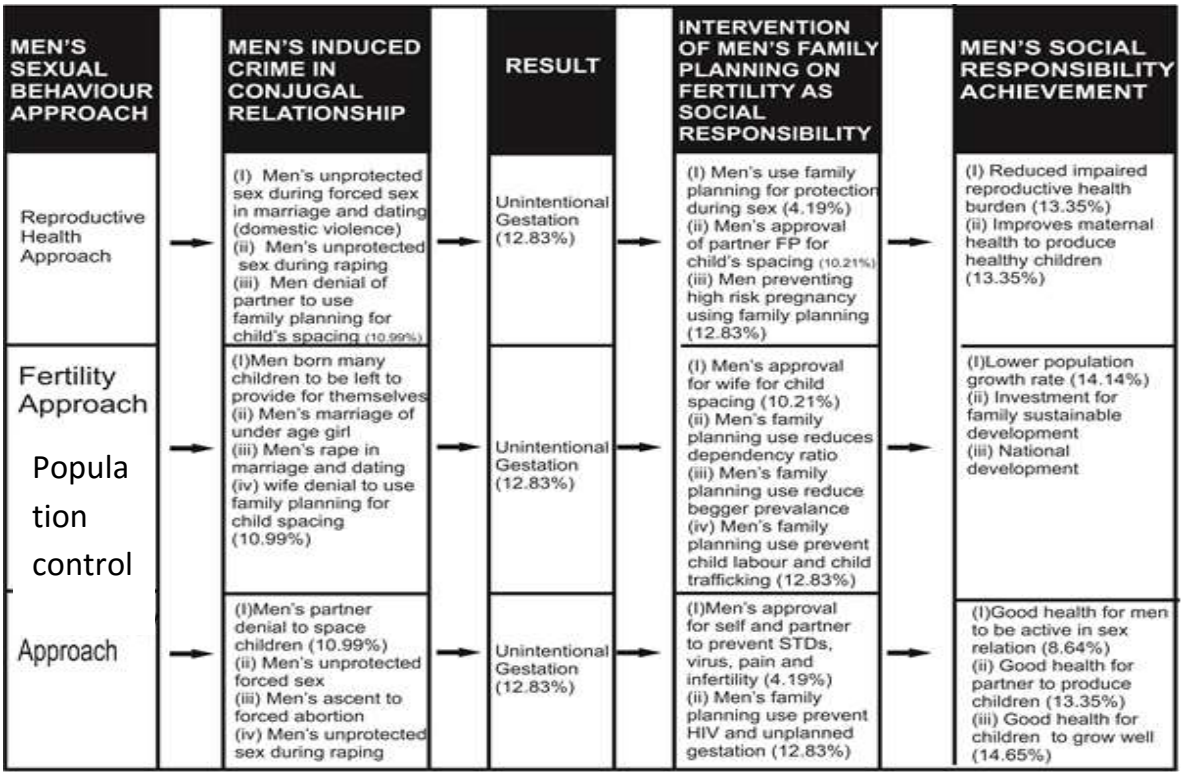


Fig. 3: men's FP intervention on fertility and population control based on sexual behavior.

The postulations of men's FP interventions on fertility model include:

i. Men use of FP for protection during sex for preventing high risk pregnancy and partner FP approval could reduce impaired reproductive health burden and improve maternal health to produce children

ii. Men's approval of partner FP for child spacing and use of FP to produce accommodating children could lower population growth rate and give room for family investment which would affect national development

iii. Men approval of FP for self to prevent STDs pains and infertility could positively affect men good health and active sex relation

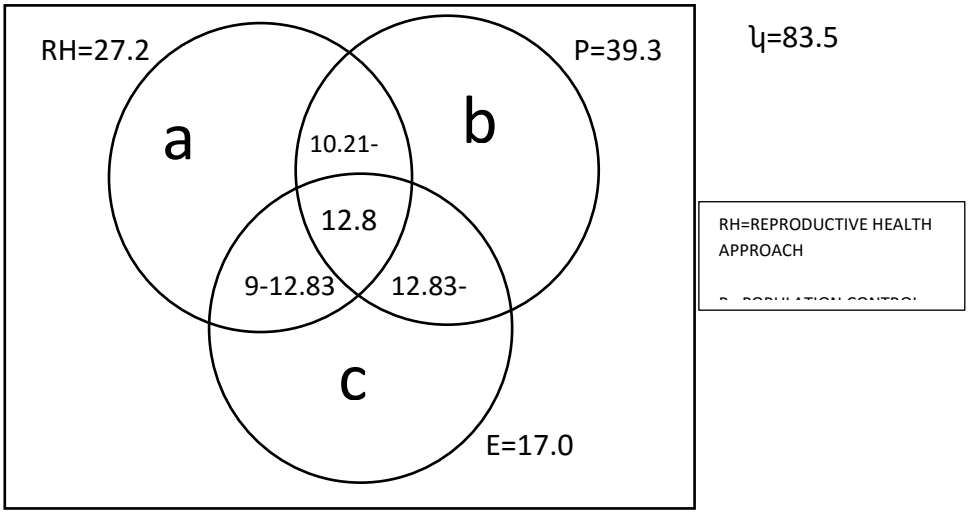
iv. Men approval of FP for self and partner could generate good health for children to grow well

This is an outlined summary for the basic components in the formation of male role ideology on family planning and how this related to sexual and reproductive attitude.

Explanation of Men's FP Intervention on Fertility and Population Control Based on Sexual Behavior

Respondents' intervention on fertility based on sexual behavior is 83.53%. Out of which 27.23% is for reproductive health approach, 39.38% for population control approach and 17.02% for epidemiology approach. Ten percent for both reproductive health and population control (men's approval of partner's child spacing methods), 9% for reproductive health and epidemiology approach (men preventing high risk pregnancies and men approval for self and partner to prevent venereal disease through FP use average) and 12.83% is for both

population control and epidemiology approach (men's FP use approval for self and wife to prevent Hiv and unplanned gestation average) while 12.83% is for all reproductive health, population control and epidemiology approach (men's FP approval for the family to prevent unplanned gestation that is constant) Therefore, we use vein diagram to explain the overlapping and to identify those respondents who subscribe to reproductive health or fertility or epidemiology approach only.



a = 27.23 - (10.21-12.83+12.83+9-12.83)

= 27.23- 6.38
= 20.83%
b = 39.28- (10.21-12.83+12.83+12.83-12.83)
= 39.28-(-2.62+12.83+0)
= 39.28 + 2.62-12.83
= 29.07%
c = 17.02 – (9 -12.83+12.83+12.83-12.83)
= 17.02 – 9
= 8.02%

Therefore, reproductive health approach intervention of men's FP is 20.83%, population control approach intervention of men's FP is 29.07% and epidemiology approach intervention of men's FP on fertility is 8.02%. Therefore, men population control is important factor in family birth control determination.

The statistical hypothesis was tested in this study was concerned with assessing the difference between men's family planning practice on fertility in area councils of the FCT, Nigeria. The data was subjected to a Kruskal-Wallis H test due to categorical and non-normality nature of the men's FP use variables.

Table 5: Mean Rank of men's family planning practice on fertility in three area councils of the FCT, Nigeria

	Age	N	Mean Rank
AMAC	15-29 years	9	14.33
	30-44 years	9	20.89
	45 years plus	9	6.78
	Total	27	
BAC	15-29 years	9	15.39
	30-44 years	9	21.17
	45 years plus	9	5.44
	Total	27	
GAC	15-29 years	9	12.22
	30-44 years	9	19.61
	45 years plus	7	5.50
	Total	25	

Table 6: Kruskal Wallis Test of men's Family planning practice on fertility in three area councils of the FCT, Nigeria

	AMAC	BAC	GAC
Kruskal-Wallis H	14.677	18.435	15.458
Df	2	2	2
Asymp. Sig.	.001	.000	.000

A Kruskal-Wallis H test was used to determine if there was difference between the effects of men's family planning practice on fertility in the three area councils of the FCT, Nigeria. The mean rank reveals that there existed difference in the rank opinion of men's family planning practice on fertility in three area councils of the FCT, Nigeria;

AMAC *(mean rank= 14.33, 20.89 and 6.78);* BAC *(mean rank = 15.39, 21.17 and 5.44);* and GAC (*mean rank = 12.22, 19.61 and 5.50).*

The Kruskal Wallis test result presented in Table 5.27 also showed that; there was statistically significant difference between the mean effects of men's family planning practice on fertility in AMAC, BAC and Gwagwalada area council of the FCT, Nigeria. The null hypothesis was rejected in favor of the alternative hypothesis because; $H_{computed}$ = 14.677, 18.435 and 15.458 were greater than the $H_{critical}$ = 2.37 and p-value = 0.001, 0.000 and 0.000 were less than the level of significant = 0.05 at 2 degree of freedom (d.f.).

The decision reached here as determined by the Kruskal Wallis H test was that; there was a significance difference in effects of men's Family planning practice on

fertility in three area councils of the FCT, Nigeria.

Conclusion

Men's population control intervention is important foundation for men's modern FP progress and development [29%]. This is explained and analyzed through the presentation of men's FP intervention model on fertility control. Men's approval of partner's child spacing and use of FP for producing accommodating children could lower population growth rate [14%] for family care and childbearing wellbeing for national development. In-view of the major findings and the result obtained from the test of hypothesis, there is significance difference in effects of men's FP on fertility in the study area.

Recommendations

There is proposition of an NGO tagged men-health clamant (MHC) for men's mobilization and health up- keep which would carry out the following activities;

(a) A quarterly man's teleconferencing to interact with men all over the world on FP issues.
(b) Round table conference to trash out men's reported unhealthy sex related matters.
(c) Online medical consultancy to overcome reported men's FP defect for intervention..
(d) Conducting range of interview on men's total health appraisal on radio and television.
(e) Yearly men's free test of hepatitis B, high blood pressure, blood sugar level and body pain therapy by medical personnel associate for a better FP counseling during father's day.

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