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Examining males' perceptions and concerns about adopting modern family planning methods in Delta State, Nigeria

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Abstract

In many parts of Nigeria, women bear the greater burden of family planning responsibilities because of men's negative attitude towards modern family planning methods (MFPMs). This situation has the propensity to promote high fertility and adverse reproductive health outcomes. This study examined men's perceptions and concerns about adopting MFPMs in Delta State, Nigeria. Understanding men's concerns about the use of MFPMs is important for addressing some misconceptions and stimulating uptake of MFPMs among men. The study was mainly qualitative involving 24 in-depth interviews (IDIs) and three focus group discussions (FGDs) among men ages 15 and 64 years. Findings indicate that most men have knowledge of condom, but regular use was low. Many of them were opposed to their wives' adoption of MFPMs. Also, knowledge of vasectomy was low and some men feared that adopting vasectomy would harm their sexual vitality. The study concluded that these concerns operate as barriers to adequate adoption of MFPMs among men. The study recommended intensive reorientation on vasectomy, and men who have achieved their desired fertility can be encouraged to undergo the procedure. (*Afr J Reprod Health 2021; 25[6]: 68-75*).

Keywords: Condom, contraception, misconceptions, vasectomy, women

Résumé

Dans de nombreuses régions du Nigéria, les femmes portent le plus lourd fardeau des responsabilités en matière de planification familiale en raison de l'attitude négative des hommes envers les méthodes modernes de planification familiale (MFPM). Cette situation a la propension à favoriser une fécondité élevée et des résultats défavorables en matière de santé reproductive. Cette étude a examiné les perceptions et les préoccupations des hommes concernant l'adoption des MFPM dans l'État du Delta, au Nigéria. Il est important de comprendre les préoccupations des hommes concernant l'utilisation des MFPM pour lutter contre certaines idées fausses et stimuler l'adoption des MFPM chez les hommes. L'étude était principalement qualitative et comprenait 24 entretiens approfondis (IDI) et trois discussions de groupe (FGD) parmi des hommes âgés de 15 et 64 ans. Les résultats indiquent que la plupart des hommes connaissent le préservatif, mais que son utilisation régulière est faible. Beaucoup d'entre eux étaient opposés à l'adoption des MFPM par leurs épouses. De plus, la connaissance de la vasectomie était faible et certains hommes craignaient que l'adoption de la vasectomie ne nuise à leur vitalité sexuelle. L'étude a conclu que ces préoccupations agissent comme des obstacles à l'adoption adéquate des MFPM chez les hommes. L'étude a recommandé une réorientation intensive sur la vasectomie et les hommes qui ont atteint la fertilité souhaitée peuvent être encouragés à subir la procédure. (*Afr J Reprod Health 2021; 25 [6]: 68-75*).

Mots-clés: Préservatif, contraception, idées fausses, vasectomie, femmes

Introduction

Adequate male involvement in the usage of modern family planning methods (MFPMs) is key to addressing high fertility and negative reproductive health outcomes in sub-Saharan Africa. However, across the sub-continent, with special reference to Nigeria, males exhibit negative attitude towards modern contraceptives¹⁻

⁴. Not only that this negative attitude affects the usage of MFPM among men, it tends to inhibit women's ability to adopt MFPM because of lack of approval by their spouses¹⁻⁵. In Nigeria, though the level of knowledge of modern contraceptive methods among men is about 95% high, the level of adoption is less than 15%⁶. Moreover, the 95% level of knowledge reported is measured mainly by the male condom, and not much is known

about some less popular but more reliable modern method of contraception for male such as vasectomy⁷.

The question on why high level of knowledge of MFPMs among men in Nigeria has not translated to approximate level of usage of MFPMs has been a source of scholarly debate. Some studies suggest that the low level of adoption of contraceptives found among African men has to do with limited choices of existing male methods of family planning and the problems of accessibility and availability of these methods^{2,7,8,9}. Other studies argued that the perceived apathy to family planning among men in Africa results from the feminization of reproductive health knowledge and message and its confinement to clinical settings which excludes men from reproductive health information and services, especially because African men are not generally inclined to attend family planning clinics (FPC)¹⁰⁻¹³. These submissions are difficult to fault in the face of existing evidence, but they raise the question on why the rate of condom use among men in Nigeria is low despite its popularity and relative accessibility.

In any case, to address the challenge of limited availability of MFPMs for men, there have been calls for the promotion of the adoption of vasectomy as a more reliable and less expensive male method of birth control, especially for men who have reached their desired family size, thereby removing the possibility of women having unintended pregnancies after achieving their desired fertility¹⁴. Evidence demonstrates that Nigerian women, on the average, have one child more than they wanted as a result of their husbands' negative attitude to MFPMs⁶. This phenomenon can be prevented if men who have achieved their desired family size can be encouraged to take up vasectomy and other existing oral contraceptives for males.

References have also been made to the influence of some misconceptions about modern contraceptives as possible inhibitive factor affecting men's attitude to MFPMs¹⁴⁻¹⁶. The present study aims to understand the perceptions and concerns about adopting MFPMs and their influence on MFPMs uptake among men. Such understanding would aid efforts at closing the gap between knowledge and uptake of MFPMs among men in Nigeria. The study's specific objectives are to determine the level of knowledge and

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conception of vasectomy among men in Delta State; explore the contextual factors of adoption of vasectomy and MFPMs in general, and understand the concerns on the use of MFPMs among men.

Methods

Study setting

The study was conducted across six local government areas (LGAs) in Delta State, Nigeria. The state is one of the six states located in the South-south geopolitical zone in Nigeria. It was mainly qualitative involving focus group discussions (FGD) and in-depth interviews (IDI) conducted among males aged 15 to 64 years old that were sampled from six LGAs across the three senatorial districts in the State. Overall, 52 males participated in the study. They consisted of 24 in the IDIs and 28 in three FGD sessions. Ethnographically, the State consists of two major subgroups: the Igbo subgroups comprising the Ukwani, Ndokwa, Aniocha and Ika (collectively referred to as the Anioma), while the other subgroup consists of the Delta people of Urhobo, Ijaw, and Isoko ethnic groups. The Igbo subgroups inhabit Delta North Senatorial District, while the Delta people occupy the Central Senatorial and South Senatorial Districts. The samples reflected the broader population of the State.

Recruitment of participants and data collection

The FGD consisted of three sessions with each session comprising eight to 12 participants, while the IDI consisted of 24 participants. The participants were purposively selected. From each senatorial district, two LGAs were selected, and from each LGA, four IDI participants were sampled comprising two from an urban area and two from a rural area. The interview guides covered six sections involving the themes under investigation. Audio recorders were used to record the interviews after obtaining the permission of the research participants. Besides the audio recorder, one RA functioned as an observer and took notes during the FGD sessions which served as a backup to the audio file peradventure the recorder developed problem. In addition, the observer ensured that the clues from the body languages of the participants were captured because such important non-verbal hints that cannot be captured

by tape recorder can provide useful information in a qualitative study. Hints from participants' body language were equally noted in the IDIs sessions.

The interviews were conducted in English and Pidgin English depending on which language the participants were

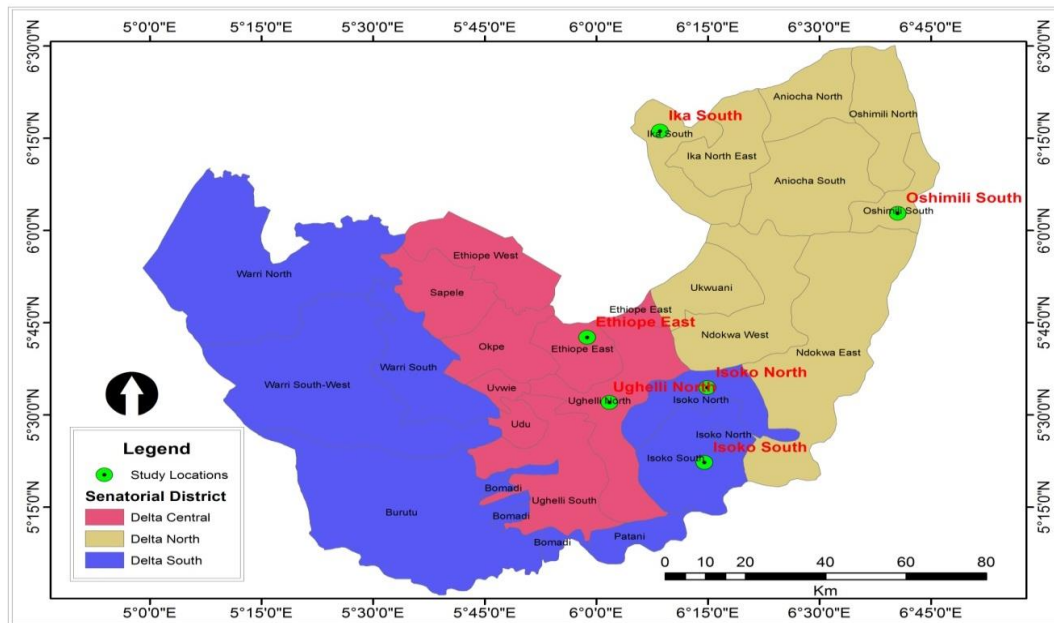


Figure 1: Map of Delta State indicating the study locations

comfortable with. However, most of the interviews were conducted in English. At the end of the interview, the responses were transcribed, and to ensure quality control in the transcription, the audio was replayed and the recorded words were compared with the transcript, making sure that the actual words of the study participants were captured in the transcript. Data were analyzed using strict manual content analysis and verbatim quotations, and presentation followed themes and variable-oriented approach to analysis. The results of the study are presented in three thematic areas in what follows.

Results

Men's knowledge and perceptions of modern family planning methods for male

In the study, MFPMs for male were measured by male condom, vasectomy and gossypol. Vasectomy involves a surgical procedure that severs or blocks the tubes (vas deferens) that carry sperm to the ejaculatory ducts. Gossypol, which is administered orally or through injection, is a synthetic compound that suppresses sperm production, while condom is a close-fitting rubber

worn over erect penis during sexual intercourse to prevent pregnancy and the spread of sexually transmitted infections (STIs). To understand the participants' knowledge and conception of the methods, they were asked to share their views and experiences about the methods.

Findings from both IDI and FGD sessions revealed a high level of knowledge of condom among the participants and corroborated existing literature on knowledge of condom among men in Nigeria⁶. Although there was a general lack of knowledge of vasectomy, some of the participants claimed to have heard about the method, and only a small number of them reported knowledge of gossypol. Of these three methods, condom was the most widely used, but many of the respondents noted that they were not regular users even in sexual contexts where pregnancy is not intended. None of the participants reported ever-used of vasectomy. In fact, the body languages of some participants on the question on vasectomy revealed a general dislike for the procedure. About half of the respondents showed interest in gossypol and indicated that they would adopt it if the method is available and safe.

Probe questions on low use of condom, and why they were dreadful of vasectomy, revealed some misconceptions, especially vasectomy. For instance, one of the participants noted the following on vasectomy:

Yes, I know the method. People do it to their dogs and goats if they want them to grow well, and the animals cannot meet female animals like them (IDI/27/8/2015/Ika South/Rural).

From the response above, it is clear that vasectomy was misconceived as castration by the participant. Similar responses of lack of knowledge and misconception of vasectomy were reported from more than half of the participants. However, a respondent from an urban area did not equate vasectomy with castration, but expressed the fear that the procedure will affect a man's sexual vigour which could make his wife look elsewhere for sexual satisfaction. He noted that women can divorce their husbands or involve in extramarital affairs because of lack of sexual satisfaction. In his words:

When a person is married, both partners expect sexual satisfaction. If somebody should do this operation and lose his erection, what do you expect the woman to do? She will go out and look for another man. Some will even divorce you. So, how do we know that this thing is not going to render a man useless? (IDI/2/9/2015/urban).

The foregoing revelation is equally a product of misconception of vasectomy as a procedure that can result in lack of penile erection, even though he did not refer to it directly as castration. Thus, there was a general misconception about the notion of vasectomy among the study participants.

Contextual factors affecting the willingness to adopt vasectomy and condom

The study explored the contexts that tend to facilitate or negate the adoption of vasectomy and condom. To elicit information on vasectomy, participants were asked whether they would adopt the method if it was available. Here is the response of one of them:

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I am into medicine business, so, I know the meaning of vasectomy even though I have not seen anyone that has done it. It will be difficult to do because one cannot tell what will happen. For instance, my wife died after four children. I remarried and my new wife said we need to have children together, and we have two children together. When I married my late wife, nobody knew what will happen. Supposed I did vasectomy, I would not be able to remarry (IDI/30/8/urban).

From the foregoing revelation, the role of demographic and reproductive imperatives within conjugal context is evident. Mortality and the need for procreation in the course of remarriage and the fear of infertility, serve as important barriers. Some participants also reported that condom tends to burst or slip off during sex, a disruption they claimed discourages the continuous use of condom. Data equally revealed the challenge of unavailability of condom during some moment of sexual negotiation. For instance, a participant in an urban area who revealed that he does not adopt condom regularly, stated:

There are sometimes that you meet somebody somewhere and you have an "opportunity" to meet her, and the two of you agree to enjoy yourselves, but you don't have a condom because you did not plan for it, and you don't want to miss the "opportunity", you can go ahead. The girl can take care of herself (IDI/5/10/urban).

Besides indicating that lack of regular availability affects the regular use of condom, the above response reinforced the assumption in many societies in Africa that the responsibility for contraception falls on women¹⁷. This tendency among men to ignore the epidemiological and health implications of lack of condom use in casual sexual contexts can pose serious public health concern.

Men's concerns about use of modern family planning methods

Participants were asked to share their concerns about adopting MFPMs and allowing their spouses to use MFPMs. One area of concern is the fear that condom's lubricant is carcinogenic and may have

other side effects. During an IDI session, the participant made clear his dislike for condom in a very vocal manner. Using pidgin English, he noted:

Condom get chemical inside. What if the chemical no good for women body? The thing fit mix with her blood and cause problem. God don create everything to make sure that when a woman reached a time, she go stop to born children. Tell me, what is the need for condom? (IDI/15/11/rural).

Furthermore, data suggest that some participants were concerned that allowing their wives to adopt contraceptives could make them engage in extra marital affairs. According to one of them:

I won't allow my wife to use it. You don't give women chance because they can do anything. See, let me tell you. Women can easily be deceived. If you allowed her to be using family planning, she can go outside and use it. But if you don't allow her, and you are not around, if she goes outside, you will know when she becomes pregnant (IDI/2/9/2015/urban).

The participant made his point clear both verbally and through some body movements such as shrugging his shoulders and snapping his fingers to symbolize his disapproval. Again, during one FGD session, the role of men's suspicion of wives tendency for extra marital affairs was equally observed. In the words of one participant (which had the nods of about half of the group):

Don't trust women. If you allowed them, they will continue to do what they liked. My wife knows I don't like it, yet I caught her one day with this tiny pipe women put near their armpits. When I asked, she said she only got it, but was not using it. But I know she was using it from the way she was behaving that day. I asked her: so you are using this thing without telling me? It means you are going outside. When I threatened to report her to our family members, she started begging. Women are too stubborn. It is better not to allow them to use it (FGD/5/9/2015/urban).

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When the respondent was asked what he would do if his wife became pregnant after achieving their desired fertility because of lack of use of contraceptives, he retorted:

Let her born it, God will take care of the child.

The respondent noted that extra marital affair is now common among women, and attributed it to the freedom being accorded them. The expressions from the majority of the participants suggested that they agreed with the opinion of the respondent.

Discussion

Evidence indicates that most men in Nigeria have negative attitude towards MFPMs. This does not only result in low use of contraceptives by men, it also affects their wives ability to use contraceptives. This study sought to understand the perceptions and concerns that tend to inhibit men's use of MFPMs in Delta State. Findings from the study revealed a high level of knowledge of condom that contrasted with low level of use of condom. There was low level of knowledge of vasectomy and gossypol, and apparent lack of willingness to adopt the methods. Also, some misconceptions about vasectomy were observed. For instance, vasectomy was misconstrued as castration. Though vasectomy has a question of reversibility, there is no evidence to suggest its link with lose of penile erection as supposed by some participants. Similar concerns about lack of sexual vigour associated with vasectomy have been reported by Adongo et al.¹⁴, even though the study focused on women. This might suggest that the concern about vasectomy cuts across gender in societies in sub-Saharan Africa.

Furthermore, condom and gossypol were thought of as being carcinogenic and likely to have some side effects. However, there is no irrefutable evidence to support this view. Gossypol had been used in China and parts of Europe. Although its use is said to be associated with some side effects such as hypokalemia (a medical condition of low level of potassium in the body)¹⁸, but the position has been contested by another study that suggests that the association of gossypol with hypokalemia was misinterpreted, and argued that the incidence of hypokalemia found among some subjects was as a result of diet and genetic

predisposition¹⁹. The only concern, according to the study, is the lack of complete reversibility in about 20 percent of subjects¹⁹. Thus, it was recommended that gossypol be prescribed for men who have completed their fertility, and its lack of reversibility among some subjects should be seen as an advantage that makes it an alternative to vasectomy. As a MFP, gossypol is not popular in sub-Saharan Africa. Only Kenya is noted to be making efforts to promote its adoption, and studies in Kenya and Brazil demonstrate that gossypol is well tolerated²⁰.

Similarly, it was evident in the study that some men feared that they would facilitate their wives' tendency for extra marital affairs if they allowed their wives to adopt MFPs. This attitude serves as a factor that inhibits women's ability to use modern contraceptives. Some participants gave anecdotal experiences to support this position. Similar findings have been documented elsewhere^{1,15}. The act of extramarital sexual relationship among women in many societies in Africa is viewed as an aberration with serious social and moral consequences.

Whereas many men in Africa can involve in extramarital sexual relationship – and sometimes, openly marry multiple wives – it is a taboo for a woman to engage in an open extramarital relationship. Among the Anioma people of Delta State, some existing local tales suggest that a married woman having extra marital relationship will attract misfortune to her family such as causing her husband to become wretched, and the children produced in the marriage will begin to die right up from the youngest child, if she failed to confess. Although anecdotal evidence indicates that some women involve in successional polyandry (a practice in which a woman gets a man as a marriage partner, leaves the relationship and repeat this in sequence), involving in open multiple sexual relationship by women is generally abhorred. Also, level of maternal and child mortality seem to inhibit adoption of MFPs according to data. That is, the uncertainty about child survival to adulthood and the need to remarry and bear children in the event of the death of ones' wife, makes most men become dreadful of vasectomy.

Conclusion and recommendations

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Negative attitude to usage of MFPs is pervasive among men in Nigeria. Understanding the foundations of this attitude is central to addressing the problem of persistent high fertility and adverse reproductive health outcomes in the country. Wrong perceptions about some MFPs, concerns about their health implications, and fear of wives' involvement in extramarital relationship operate to inhibit male adequate use of MFPs. For instance, data from the study suggest that vasectomy is associated with castration, while condom and gossypol were thought to contain substances that are likely to have side effects. Also, some men fear that performing vasectomy could make them childless or negate their ability to achieve their desired fertility should they lose their wives or their children untimely amidst high maternal and child mortality. The study concluded that these concerns and misconceptions are important barriers to contraceptive usage among men and their wives. On the basis of these findings, the following recommendations are presented:

1. Intensive reorientation on vasectomy to change its misconception and deconstruct its association with impotence. Vasectomy is popular India and China, and it is beginning to make inroad in Kenya. Men who have reached their desired family size in Nigeria should be encouraged to undergo the procedure, thereby eliminating the population growth impact of unplanned pregnancy among men who have achieved their desired fertility.
2. Cost and availability of MFPs were reported as barriers. Thus, establishing easily accessible, fully-subsidized family planning clinics for male, and popularized across the country, can increase contraceptive prevalence rate among men.
3. To mitigate instances of condom bursts and slippages during sexual intercourse, individuals should be encouraged to always obtain condoms that match their penis sizes. The information can be disseminated through radio and TV jingles under the auspices of the Federal Ministry of Health and National Orientation Agency of Nigeria.
4. Unwillingness to adopt vasectomy appeared to be associated with the fear of losing ones' spouse or child(ren) amidst high rate of maternal and child mortality. This can be addressed by intensifying efforts at improving quality of life and increase life expectancy.

If these recommendations are considered and properly implemented, it is hoped that there would be greater male involvement in MFPMs and the possibility of women becoming pregnant after achieving their desired fertility will be eliminated. Also, there will be a reduction in birth rate and induced abortion, and the incidences of adverse reproductive health outcomes in the country will be minimal.

Contribution of authors

Conception of the idea/study: Kennedy Eborka
Planning, literature review and study design: Collectively by all listed authors.

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Review of first draft of manuscript: All the listed authors

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Appendix

Appendix1: Socio-demographic characteristics of IDI participants

Participants' ID	Age	Marital Status	Education	Religion	Occupation	Residence
P1	48	Married	Secondary	Christianity	Business	Urban
P2	25	Single	Tertiary	Christianity	Civil Servant	Urban
P3	62	Married	Secondary	Christianity	Clergyman	Rural
P4	37	Married	Secondary	Christianity	Transporter	Rural
P5	52	Married	Secondary	Christianity	Trader	Rural
P6	48	Married	Tertiary	Christianity	Architect	Urban
P7	50	Married	Tertiary	Christianity	Lecturer	Urban
P8	18	Single	Secondary	Christianity	Student	Rural
P9	63	Widowed	Primary	Traditional	Blacksmith	Rural
P10	47	Separated	Secondary	Christianity	Civil Servant	Urban
P11	46	Single	Tertiary	Christianity	Councillor	Urban
P12	24	Married	Secondary	Christianity	Transporter	Urban
P13	31	Single	Tertiary	Christianity	Banker	Urban
P14	16	Single	Secondary	Christianity	Student	Urban
P15	23	Single	Secondary	Christianity	Unemployed	Urban
P16	61	Married	None	Traditional	Farmer	Rural
P17	42	Separated	Tertiary	Christianity	Pharmacist	Urban
P18	59	Married	Secondary	Christianity	Clergyman	Rural
P19	34	Married	Tertiary	Christianity	Farmer	Rural
P20	21	Single	Primary	Christianity	Unemployed	Rural
P21	28	Married	Secondary	Christianity	Barber	Urban
P22	38	Widowed	Secondary	Christianity	Tailoring	Rural
P23	52	Married	Secondary	Christianity	Farmer	Rural
P24	44	Married	Tertiary	Christianity	Teacher	Rural