

Level of men's involvement in spousal contraceptive use among married men in a local government, Nigeria

Oluwatosin Ruth Ilori¹, Stella Ogedengbe¹ and Phillip Oluwatobi Awodutire^{2*} 

¹Department of Community Medicine, Ladoke Akintola University of Technology, Ogbomosho, Oyo, Nigeria. ²Department of Mathematics and Computer Sciences, University of Africa, Toru Orua, Bayelsa, Nigeria. *Author for correspondence. E-mail: Phillip.awodutire@gmail.com

ABSTRACT. Engaging men in family planning programs holds promise as a means to improve access and use of family planning in Nigeria. A growing number of programmatic examples and research findings in the region, as well as global evidence, demonstrate the benefits of male engagement. The aim of this study is to determine spousal involvement in issues pertaining to family planning usage by their wives. The community based study was carried out among married men in Akure South Local Government in Ondo state between May 2021 and August 2021 using a multistaged sampling method. One hundred and ninety-six men were sampled using a semi structured questionnaire developed by the author from previous similar studies with the aid of research assistants. Data was analyzed using SPSS version 22. Frequency tables were drawn and chi square used to test for association between respondents' socio demographic characteristics and their support for contraception, p value was set at <0.05. One hundred and seventy-two (90.5%) respondents have heard about contraceptives before, health personnel being the commonest source of income. Condom happened to be known by 133 (71.9%) respondents. Fifty (28.7%) respondents have good spousal involvement in contraception while 124 (71.3%) are poorly involved. The perceived reason why men do not support their wives in issues that pertain to family planning is because contraceptives are assumed to be women affair (101,55.5%). Also, the irreversible nature of family planning commodities was identified by 55, 30.6% respondents. Occupation and estimated monthly income of respondents were statistically significant with spousal involvement with a p value of 0.030 and 0.012 respectively. Spousal support for family planning was poor in this study. More enlightenment and education is recommended to be offered to men in order to increase the uptake of family planning among women of reproductive age group.

Keywords: Contraceptive; family planning; men's involvement; spouse.

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Introduction

Family planning has been the subject of many classic studies in recent times. It has been described as one of the tools for the promotion of family health and slowing population growth in any country (Hassan et al., 2018). Family planning is an integral part of reproductive, maternal, and child health intervention, which helps in the prevention of maternal mortality, reduction in preterm birth and low birth weight infants and reduction in neonatal and infant death (Ojo, Ndikom, & Peter, 2020). Couples have a basic human right to determine freely and responsibly the number as well as the spacing of their children (Karen & Charlotte, 2015). In 1994, during the Cairo (ICPD) Action Plan, there was a shift in focus on men's reproductive health, to promote gender equality and equity, empower women, and improve family health in the society. (Nana, Muhammad, Ummi, & Zainab, 2020) Changing and improving the way in which men are involved in reproductive health can only have a positive impact on women, men, and children's health. It's been documented that spousal communication as well as male involvement in decision-making can also influence family-planning use and continuation positively (Cleland, Ndugwa, & Zulu, 2011) Men in the developing world (and particularly in sub-Saharan Africa) are often the primary decision-makers about family size and use of family planning (Nana et al., 2020). Couple discordance about fertility intention and contraceptive use can pose a major barrier to consistent contraceptive use that is difficult to measure (Cleland et al., 2011).

Unmet need for family planning is still very high and one of the major reasons why women of reproductive age group don't use family planning is because of their husband's disapproval (Eliason, 2014; Ilori, 2017). Thus, there is an urgent need to explore the level of involvement of men in issues relating to family planning and to examine the reasons why they would not allow their wives to use family planning.

There are few existing studies that have actually explored men's involvement in the use of family planning. The purpose of this study is therefore to determine men's involvement in issues pertaining to family planning usage by their wives.

Material and Methods

A quantitative method of data collection was used to assess spousal support in the use of family planning among married men in Akure Local Government using a multistage sampling method between May 2021 and August 2021. Akure is one of the major cities in Southwestern Nigeria. This city became the state capital on 3rd February 1976, and it is located between latitudes 7° 15' and 7° 17' north of the Equator and between the longitudes 5° 14' and 5° 15' east of the Greenwich Meridian. It is bounded eastward by Ibadan the capital of Oyo state, westward by Benin City the capital of Edo state, northeast by Lagos, and southwest by Abuja, the Federal Capital Territory of Nigeria. The Akure town expands through over an area of about 15,500 km² in nearly 370m more than the sea level.

This was a community based study where men were approached in their respective houses in Akure South Local Government using a multi staged sampling technique. Out of the eleven political wards in Akure South Local Governments, five (5) were chosen using balloting method (simple random sampling). Two settlements (2) each were selected from the five wards using simple random sampling, giving a total of ten (10) settlements. Men in households in the ten selected settlements were sampled in this study. The first house in each settlement was chosen by simple random sampling and the subsequent houses were chosen using systematic sampling. With the help of six research assistants, who were Community Health Extension workers, one hundred and ninety six respondents were sampled using a semi structured interviewer administered questionnaire after consent was received from them. The research assistants were trained two times for 30minutes in each session to avoid ambiguity in the interpretation of the questions during data collection. The study instrument was a semi structured interviewer administered questionnaire which was adapted by the author from previous similar studies. Data was manually sorted out and analyzed using SPSS version 22. Frequency tables were drawn at the univariate level while Chi square was used to determine the association between knowledge of men about family planning and their attitude as well as their involvement. The inclusion criteria were men in their reproductive age group and who are currently married. The study excluded those who didn't consent for this study. Ethical clearance for the study was obtained from the Ethical review board of the Primary Health Care Authority, Akure. Conferir espaço entre linhas do texto????

Results

The result shows that one hundred and fifty one (79.5%) respondents were Yoruba by tribe, 180 (94.7%) were married. Out of the married respondents, 20 (8.5%) have more than one wives with 8 (40.0%) having two wives. One hundred and thirty three (70.0%) have tertiary level of education, 133(70.0%) are skilled workers. Ninety nine (52.1%) of respondents earn more than #50,000 on a monthly basis (Table 1).

One hundred and twenty five (65.2%) respondents' spouse have tertiary level of education and 125 (65.8%) are skilled workers. Seventy (36.8%) earn greater than #50,000 on a monthly basis (Table 2). Also, One hundred and seventy two (90.5%) respondents have heard of contraceptives before and 118 (63.8%) were informed by the health workers. One hundred and thirty three (71.9%) knew condom as a form of contraceptives (Table 3).

Furthermore, one hundred and fifty eight (86.3%) do not approve contraception while 14 (13.7%) approved of it. 162 (87.3%) of the respondents will also allow their wives to use. One hundred and twenty seven (69.4%) spouses had used contraceptives before while 45 (30.6%) had never used. One hundred and eight (59.0%) spouses are currently on contraception and 31 (28.2%) are using implant as a form of contraception. The reason why 33 (44.6%) will not use any form of contraception presently is because they want more children (Table 4).

Sixty (36.3%) support their wives on family planning by discussing contraceptives with her and the greatest perceived reason (101, 55.5%) why husbands do not support their wives on family planning was because men feel that family planning is only for women (Table 5).

The occupation of respondents and estimated monthly income were shown to be statistically significant with spousal involvement in family planning (Table 6). According to Figure 1, one hundred and twenty four (71.3%) have poor involvement of family planning while 50, (28.7%) have good involvement.

Table 1. Socio-demographic characteristics of respondents.

Variables	Frequency	Percentage
Age		
<30	15	7.9
31-40	87	45.8
41-50	69	36.3
51-60	17	8.9
>60	2	1.1
Tribe		
Yoruba	151	79.5
Igbo	23	12.1
Hausa	4	2.1
Others	12	6.3
Religion		
Christianity	168	88.4
Islam	18	9.5
Traditionalist	4	2.1
Marital status		
Married	180	94.7
Divorced	3	1.6
Separated	7	3.7
Family setting		
Monogamy	170	92.5
Polygamy	20	7.5
Number of wives		
Two	8	40.0
Three	6	30.0
Four	2	10.0
More than four	4	20.0
Educational status		
No formal	4	2.1
Primary	15	7.9
Secondary	38	20.0
Tertiary	133	70.0
Occupation		
Unemployed	4	2.1
Unskilled	16	8.4
Semi-skilled	37	19.5
Skilled	138	70.0
Estimated monthly income		
<5,000	3	1.6
5,000-10,000	23	12.1
10,100-50,000	65	34.2
>50,000	99	52.1

Table 2. Socio-demographic characteristics of respondents' spouse.

Variables	Frequency	Percentage
Educational status of spouse		
No formal education	9	4.7
Primary	20	10.5
Secondary	36	18.9
Tertiary	125	65.2
Occupation of spouse		
Unemployed	7	3.7
Unskilled	19	10.0
Semi-skilled	39	20.5
Skilled	125	65.8
Estimated income of spouse		
<5,000	13	6.8
5,000-10,000	43	22.6
10,100-50,00	64	33.7
>50,000	70	36.8

Table 3. Knowledge of respondents about contraception – R.

Variables	Frequency	Percentage
Ever heard of contraceptive		
Yes	172	90.5
No	18	9.5
Definition of contraceptives		
Correct answer	97	51.7
Incorrect	93	49.3
Source of information		
Friends	35	18.9
Health personnel	118	63.8
Internet	52	28.1
Television	72	38.9
Radio	71	38.6
Types of contraceptive you know**		
IUD	65	35.1
Implant	69	37.3
Jelly foam	11	5.9
Female sterilization	15	8.1
Male sterilization	17	9.2
Emergency contraception	20	10.8
Condom	133	71.9
Oral pills	90	48.6
Abstinence	42	22.7

Table 4. Contraceptive use by respondent/spouse.

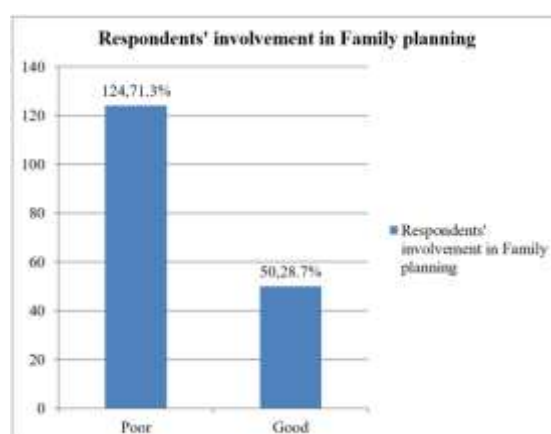
Variables	Frequency	Percentage
Approve contraception		
Yes	158	86.3
No	14	13.7
Will allow wife to use contraception		
Yes	162	87.3
No	10	12.7
Ever used by wife		
Yes	127	69.4
No	45	30.6
Which one has she used		
IUD	20	14.5
Implants	45	32.8
Female sterilization	3	2.2
Male sterilization	1	0.7
Emergency contraception	5	3.6
Condom	26	19.0
Oral pills	26	19.0
Abstinence	6	4.4
Injectable	36	26.3
Spouse currently on contraceptives		
Yes	108	59.0
No	64	41.0
Which contraceptives		
IUD	17	15.5
Implants	31	28.2
Female sterilization	2	1.8
Male sterilization	1	0.9
Emergency contraception	1	0.9
Condom	18	16.4
Oral pills	15	13.6
Abstinence	3	2.8
Injectable	25	22.9

Table 5. Spousal involvement in family planning - This table shows spousal involvement in family planning.

Variables	Frequency	Percentage
How do you support your wife		
I don't support it	23	12.8
I give her money to access contraceptive service	60	33.1
I follow her to the hospital to access care	28	15.5
I discuss family planning with her	66	36.3
I use condom	64	35.2
I have been sterilized	3	1.7
Reasons for not supporting family planning		
Family planning is only for women	101	55.5
Irreversible nature of some family planning	55	30.6
Family is not male friendly	19	10.4
Attitude of health worker	38	20.9
Family planning is costly	16	8.8
I don't know	5	2.7

Table 6. Association between socio-demographic of respondents and their involvement in family planning.

Variables	Involvement in Family Planning		Total	Statistics
	Poor	Good		
Age (in years)				
<30	11 (78.6)	3 (21.4)	14 (100.0)	Chi= 5.387 df=4 p-value=0.250
31-40	55(68.8)	25 (31.3)	25 (31.3)	
41-50	49 (76.6)	15 (23.4)	15 (23.4)	
51-60	7(50.0)	7 (50.0)	7 (50.0)	
>60				
Religion				
Christianity	111 (71.6)	44 (28.4)	155 (100.0)	Chi= 0.598 df=3 p-value=0.897
Islam	10 (66.7)	5 (33.3)	15(100.0)	
Traditionalist	3 (66.7)	1 (33.3)	4(100.0)	
Level of education				
No formal	3 (75.0)	1 (25.0)	4(100.0)	Chi= 3.952 df=3 p-value=0.267
Primary	9 (69.2)	4 (30.8)	13 (100.0)	
Secondary	17(56.7)	13 (43.3)	30(100.0)	
Tertiary	95 (74.8)	32 (25.2)	127 (100.0)	
Occupation				
Unemployed	4 (100.0)	0 (0.0)	4 (100.0)	Chi= 7.438 df=3 *p-value=0.030
Unskilled	9 (81.8)	2 (18.2)	11 (100.0)	
Semiskilled	29 (85.3)	5 (14.7)	34 (100.0)	
Skilled	82 (65.6)	43 (34.4)	125 (100.0)	
Estimated monthly income				
<5,000	0 (0.0)	3 (100.0)	3 (100.0)	Chi= 11.009 df=3 *p-value=0.012
5,000-10,000	16 (88.9)	2 (11.1)	18 (100.0)	
10,100-50,000	42 (66.7)	21 (33.3)	63 (100.0)	
>50,000	66 (73.3)	24 (26.7)	90 (100.0)	

**Figure 1.** Respondents' involvement in Family planning.

Discussion

This study found that two third of respondents have poor knowledge about contraceptives in Akure South Local Government Area, Ondo State. The finding was inconsistent with those in previous study, which documented a high proportion of married men with good knowledge about contraceptive in Ethiopia. (Berhane, et al., 2011) A possible explanation for this discrepancy could be as a result of the difference in the study population of both studies. This finding suggests that those with poor attitude towards family planning were less likely to support it or get involved. Although, this finding was not very encouraging, it was in line with a previous study (Olaoye, Oluwatosin, Ogunsanmi, & Ayodele, 2015) where it was argued that the failure of men to support family planning of their spouses has to do with negative attitude towards family planning and misconception that it is assumed to be a female only affair.

In low and middle income countries, which Nigeria belongs, it was reported that a large proportion of couples rely on female-dependent contraceptives. This suggests that women hold most of the family planning responsibility while their male counterparts' opinions have more weight on the final decision (Chanthakoumane, Maguet, & Essink, 2020) Additionally, men's involvement towards the use of contraceptive has been argued as the driver to achieving better reproductive outcomes (Hassan et al., 2018). In recognition of this important issue as regards men's family planning, the third question, which sought to assess the level of men's support towards contraceptives in Akure South Local Government Area, Ondo State, found that more than two third of respondents have poor level of family planning involvement. This finding corroborates earlier study by Hassan (Hassan et al., 2018) which documented a low level of men's involvement in spousal contraceptive use. This implies that the use of male contraceptive method significantly influences men's involvement in spousal contraceptive use. Although, these findings do not differ from some published studies, they are inconsistent with those of Olaoye (Olaoye et al., 2015) which reported a high level of men's involvement in family planning procedures of their spouses. There are several possible explanations for this result, however, one of the supposed explanation could be the time of the studies.

In this study, spousal support for contraceptives was 28.1%. This is ridiculously lower than the spousal support gotten from a similar study in Rivers state where a prevalence of 58.1% was gotten (Peter-Kio, Boma, LongJohn, & Emily, 2021). The reason for this may be because of the differences between the study populations. The latter study was conducted among women of reproductive health while this current study was done among married men. This study stands a chance of bringing out the real prevalence as it was gotten from the concerned population. If family planning programs will thrive and succeed, continuous education and involvement of men cannot be overemphasized.

In this study, the reason why men do not support or contribute to family planning use in the family is because men considered contraceptive issues to be solely a woman affair. The reason for this may actually be because there are more female contraceptives compared to male. Also, women are the ones who attend clinics and most often than not, are the ones motivated through health talks to opt for a form of contraception or the other. This huge misconception should be addressed by increasing health education campaigns on social media handles as well as other channels of information dissemination, emphasizing the benefits men stands to get when they or their wives assess family planning services.

Furthermore, monthly incomes as well as occupation of men were statistically significant with their support for family planning. Men who can be classified to be in the low income earning class had poor spousal involvement while men who earn high income were more involved. In the current world, the rich give birth to fewer children while the poor are the ones giving birth to more children. This confirms the notion that the poor give birth to more children in the olden days to help them on their farms. Obviously a reduced involvement will invariably cause an increase in unplanned and unwanted pregnancies. This is however contrasting to another study done on spousal communication of family planning in Malaysia where ethnicity and number of children were statistically significant (Honarvar et al., 2020)

Conclusion

Men's knowledge about family planning is fair, with condom use being the most widely known form of contraception. A good number of respondents approve the use of contraception and more than two third of them will allow their wives to use contraceptive method. A little above average of respondents' wife is on a form of contraception or the other and implant happened to be the widely used form of contraception. Desire

for more children is a major reason why respondents don't support wife for the use of contraception. Only three out of ten respondents have good involvement in family planning. There should be a drastic shift from the misconception that family planning is only for women.

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