



Determinants of Family Planning Uptake among Men in Ibadan, Nigeria

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Keywords

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ABSTRACT

Background: Adoption of family planning by men or their spouses many times is influenced by men particularly in developing countries. This is despite evidence that reduction of maternal mortality and morbidity is tied to family planning use. In order to design programmes that enhance adoption of family planning methods by men, this study was carried out to identify determinants of family planning uptake among them.

Methodology: A cross sectional survey of 259 men aged 15-65 years with at least one child less than 3 years of age was conducted employing a multistage sampling technique. Information was collected on socio-demographic characteristics, awareness, perception of family planning and use. Data were analysed with SPSS version 22 using descriptive and inferential statistics. Level of significance was set at 5%.

Results: Contraceptive awareness was high (93.1%), with use moderate (56.0%). About half (51.4%) believed that the decision to use family planning methods is for men while 41.7% would communicate with their wives about the need for either partner to use family planning and 44.0% knew where to obtain commodities. Monogamy, primary education and having three to five children were associated with use ($p < 0.05$). Education (OR 0.43, 95% C.I 0.20-0.94) and number of children (OR 2.22, 95% C.I 1.09-4.51) were predictors of use.

Conclusion: Family planning use is not commensurate with knowledge with very little adoption of joint decision making. Spousal communication is necessary to facilitate method use as well as programmes that highlight communication strategies and foster joint reproductive health decision making.

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INTRODUCTION

Traditionally, family planning programs have focused primarily on women. However, following the 1994 International Conference on Population and Development in Cairo, Egypt, the need for family planning programs to engage men and acknowledge their role in reproductive health services as a means to improve the reproductive health of women and men was re-emphasized.¹ Hence in recent years, research has shown that decision-making about contraceptive use is the shared responsibility of both men and women.²

In Nigeria, as in the rest of sub-Saharan Africa, there is a substantial need to improve family-planning uptake. Despite modern contraceptive use almost tripling since 1990 in Nigeria, the prevalence rate for contraceptive use for any modern method in 2008 and 2013 were 9.7% and 9.8% respectively. Studies

have identified that there is a link between male involvement and increases in contraceptive use,⁵⁻⁸ and also that men are usually the primary determinants of the use of family planning in many traditional patriarchal settings.¹ Over the years, education of men on contraception has been advocated as a way of increasing their uptake.¹¹⁻¹³ Interestingly however, research has shown that the increased awareness of family planning alone has not been sufficient enough to promote high level use and this is also true for Nigerian men.,

Only about half of surveyed men were found to use family planning methods despite high levels of knowledge about it. In spite of this however, attitude has been found to play a key role in increasing family planning method uptake among men.^{12,15}

Influencing men's attitude towards the uptake of

family planning methods is therefore critical in increasing contraceptive prevalence.

So far, the determinants of male reproductive health decision-making and contraceptive use have not been fully explored in Nigeria. Consequently an identification of the factors that influence male decision making to adopt family planning methods is crucial in order to tailor programmatic approaches in this direction. This study was therefore designed to identify the determinants of family planning uptake among men in Ibadan, Nigeria.

METHODOLOGY

Study setting

This cross sectional study was carried out in Ibadan, the capital of Oyo State, employing quantitative techniques. Oyo State is an inland state in south western Nigeria with its capital city being Ibadan. It is bounded in the north by Kwara State, in the east by Osun State and in the south by Ogun State and the west partly by Ogun State and partly by the Republic of Benin. It has a population of about 4.5 million people.¹⁶ The State is homogeneous comprising mainly of the people of the Yoruba ethnic group. This notwithstanding, there are sub-ethnic groups with varying distinct dialects.¹⁶

A multistate sampling technique involving three stages was carried out to obtain the unit of enquiry in the order as follows:

Stage 1: A sampling frame of all the eleven local government areas in Ibadan was obtained and two local government areas were selected by simple random sampling i.e. balloting

Stage 2: Two communities from each of the 22 wards that make up the two selected local government areas were selected by simple random sampling.

Stage 3: Fathers aged 15-65 in the communities selected were then randomly selected. Random selection was achieved by tossing a coin with heads indicating a start to the left and tails a start to the right from the centre of community which was determined during community entry while interacting with the community leaders. Once that

was determined, every consecutive household was approached and fathers found in these households were interviewed. An average of six fathers were interviewed from each of the 44 communities that were selected in order to ensure even spread across the communities bearing in mind the sample size utilized.

The study population consisted of men aged 15-65 years who had at least one child that was less than three years of age. A minimum sample size of 245 was calculated using the Leslie Kish formula for survey sampling¹⁷ assuming that the estimated proportion of men that used or spouses used family planning methods is 80.0%. A total sample size of 259 was utilized.

Study instrument and data collection

We used a semi-structured interviewer administered questionnaire to obtain data on basic socio-demographic characteristics, knowledge and perception of family planning as well as its use. The questionnaire was developed in English language but was translated to the local language (Yoruba) and then back translated to English language to ensure that its original meaning was retained. To assure data quality, the questionnaire was pretested on a similar population, outside the study site after research assistants were trained to use the instrument over a period of two days.

Data analysis

Questionnaires were checked for consistency and completeness and were coded before computer entry. Data were managed using the Statistical Package for the Social Sciences version 22 with analysis being with the use of descriptive statistics, bivariate analysis and logistic regression. Level of significance was set at 5%.

Ethical consideration

Approval for the study was obtained from the Oyo State Ministry of Health. In addition, the purpose of the study was explained to respondents and their consent obtained after which the questionnaire was administered.

RESULTS

Socio-demographic characteristics

A total of 259 men were interviewed. The mean age of the respondents was 40.4 ± 11.4 years. Almost half (47.1%) of the respondents had at least secondary education and were mainly artisans by occupation (59.8%). Majority (84.2%) had only one wife and 44.8% had 3 to 5 children (Table I)

Knowledge and use of family planning

Most (93.1%) of the study respondents were aware of family planning services but only 44.0% knew where to get family planning commodities while only 56.0% reported using a family planning method currently with their spouse. About one-fifth (21.2%) of the respondents expressed the desire to have another child in two or more years.

Table I: Socio-demographic characteristics of respondents

Variables	Frequencies N =259	Percentage (%)
Age (Years)		
15 -24	6	2.3
25 -34	88	34.0
35-44	77	29.7
45-54	50	19.3
≥55	38	14.7
Religion		
Christianity	109	42.9
Muslim	150	57.1
Ethnicity		
Yoruba	242	93.4
Non - Yoruba	17	6.6
Occupation		
Artisans	155	59.8
Traders	54	20.8
Civil servants	21	8.1
Others	29	11.3
Type of marriage		
Monogamy	218	84.2
Polygamy	41	15.8
Educational status		
Primary	90	34.8
Secondary	122	47.1
Tertiary	47	18.1
Number of children		
0 - 2	96	37.2
3 - 5	116	44.8
≥6	47	18.0

(Table II)

Of these, [16, (29.1%)] were not using any family planning method (Figure 1) and 23 (41.8%) of them did not know where to obtain information about family planning methods (Figure 2).

Perception of family planning and Spousal communication

About half (51.4%) of the study participants believed that the man is solely responsible for the decision about the use of family planning methods while 20.5% believed that it should be a joint decision by the couple. However, less than half (41.7%) had discussed issues of family planning with their spouses. (Table III)

Table II: Knowledge and use of family planning methods by at least one partner

Variables	Frequencies N=259	Percentage (%)
Awareness about family planning		
Yes	240	92.7
No	19	7.3
Knowledge of where to get family planning commodities		
Yes	145	56.0
No	114	44.0
Current use of a family planning method		
Yes	145	56.0
No	114	44.0
Desire for another child		
Within 2 years of study	80	30.9
More than 2 years from time of study	55	21.2
Stopped having children	43	16.6
Undecided	81	31.3

From bivariate analysis (Table IV), the characteristics that were significantly associated with the use of family planning methods were monogamy, secondary education and having three to five children. Having controlled for confounding variables, multivariate analysis (Table IV) showed that those with three to five children were over two times more likely to use family planning methods compared to those with six or more children and those with primary education were about 40% less likely to use family planning methods compared to those with tertiary education.

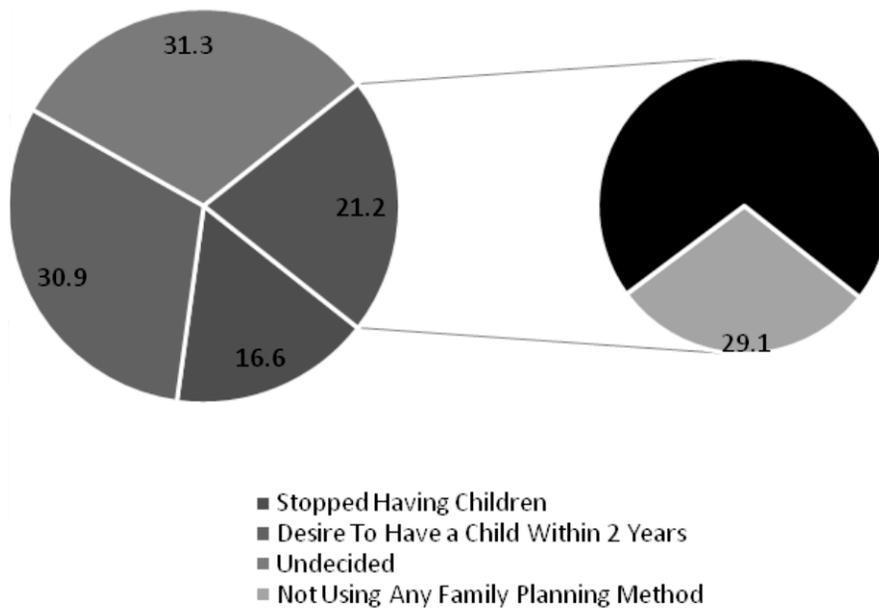


Figure 1: Fertility desire and use of any family planning method

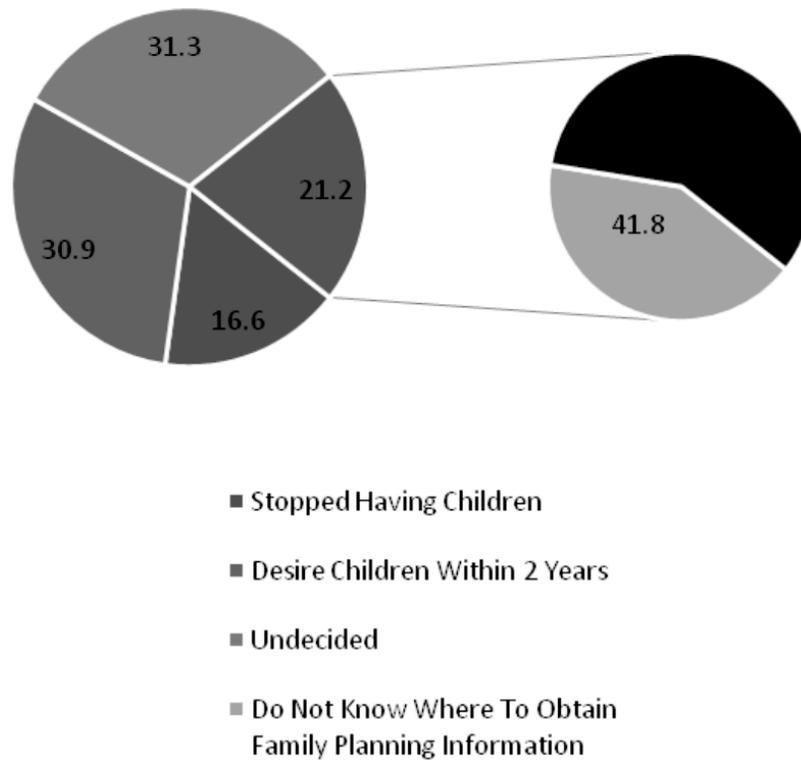


Figure 2: Fertility desire and knowledge of where to obtain family planning information

Table III: Perception of Respondents and Spousal communication about family planning

Variables	Frequencies N =259	Percentage (%)
Respondents opinion of decision maker for family planning		
Man	133	51.4
Woman	22	8.5
Couple	53	20.5
Others	51	19.6
Communication with spouse about family planning		
Yes	108	41.7
No	151	58.3

Table IV: Bivariate and Logistic regression analysis of factors associated with family planning use

Characteristics	Use of family planning Yes	No	P-value*	Adjusted OR (CI)**	Adjusted P value
Religion					
Christianity	58 (53.2)	51 (46.8)	0.26		
Muslim	87 (58.0)	63 (42.0)			
Ethnicity					
Yoruba	139 (57.4)	103 (42.6)	0.06		
Non-Yoruba	6 (35.3)	11 (64.7)			
Type of marriage					
Monogamy	128 (58.7)	90 (41.3)	0.03	1.6 (0.72-3.50)	0.250
Polygamy	17 (41.5)	24 (58.5)		1.00 (reference)	
Educational status					
Primary	42 (46.7)	48 (53.3)	0.04	0.43 (0.20-0.94)	0.034
Secondary	71 (58.2)	51 (41.8)		0.66 (0.32-1.34)	0.247
Tertiary	32 (68.1)	15 (31.9)		1.00 (reference)	
Number of children					
0-2	54 (56.3)	42 (43.8)	0.03	1.47 (0.68-3.16)	0.331
3-5	72 (62.6)	43 (37.4)		2.22 (1.09-4.51)	0.028
≥6	19 (40.4)	28 (59.6)		1.00 (reference)	

*P-value in Chi-square test **Adjusted OR: Adjusted odds ratio in logistic regression analysis; CI: Confidence interval

DISCUSSION

This cross-sectional study conducted in south western Nigeria found that there is a knowledge - practice gap for family planning among men. This finding is similar to other studies conducted in Nigeria and elsewhere, suggesting that knowledge of family planning alone does not determine the uptake of family planning among men and that other factors also influence the decision on whether or not to use family planning by men.

In assessing the opinion of the respondents on whom the sole decision-maker for family planning within the home should be, more than half of the respondents believed it was the sole purview of the man. Similar findings were documented in previous studies. Further assessment however revealed that in line with other studies in Nigeria¹⁴ and in Ethiopia, there was poor spousal communication on family planning decision-making issues and that men lacked the knowledge of where to get family planning commodities. These findings are critical considering the fact that spousal communication has been found to be a significant determinant of family planning uptake within the home.¹⁹ It also underscores the need to encourage male participation in family planning and other reproductive health issues as has been advocated in recent times.

The findings from this study showed that 29.1% of the study respondents who would wish to wait for at least two years before having another child were not using any family planning methods indicating an unmet need for family planning among men. As noted by Becker, the calculated unmet need for contraception is significantly different for husband and wife.²² The need therefore to assess unmet need for family planning among men is necessary as both spouses do not consistently agree on fertility preferences²² and several studies have focused on unmet need for family planning among women.²³⁻²⁶

This study found that education influences contraceptive use among men which is in agreement with Ijadunola¹⁴ but contrary to the findings of Gustina.²⁷ Respondents with only primary education in this study were about forty percent less likely to use family planning methods compared to those with tertiary education. The number of children was also found to influence use of contraception in this study as respondents with three to five children were more likely to use family planning. This is similar to the findings documented by Gustina in Thailand.²⁷

CONCLUSION AND RECOMMENDATIONS

Awareness of family planning was high among the study respondents but the uptake was not

commensurate. Men also identified themselves as the major family planning decision-maker in the home but this was in the face of poor spousal communication. Education and number of children were found to be correlates of family planning uptake. There is a need for greater involvement of men in reproductive health matters with emphasis on increased spousal communication on family planning decision making.

We acknowledge the limitation that our results may not be generalizable since our sample size was limited as was the geographical location in which the study took place. In spite of this, our findings have implications for the design of family planning programs. Interventions that address spousal communication would be of value and are advocated.

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