

Male Partners Involvement in Spousal Contraceptive Use: A Perspective of a Contemporary African Setting

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Abstract – Background: Contraceptive use by women is one of the tools used for promoting family health and slowing population growth. Evidence has suggested that contraceptive use in Nigeria is below acceptable levels in spite of the fact that family planning services are readily available, accessible and affordable. The involvement and participation of males in spousal contraceptive use is seen as the driver to achieving better reproductive outcomes. Hence, this study aimed to determine the level of male involvement in spousal contraceptive use so as to provide evidence based and people oriented information on the available male partner support system for contraceptive use and factors influence it. **Methodology:** This was a cross sectional study conducted among 80 male partners between April and May, 2017 using quantitative method of data collection and SPSS version 20 was used for data analysis. Crude and adjusted odds ratios as well as 95% confidence interval were used in this study with a p-value of ≤ 0.05 considered statistically significant. **Results:** The mean age of the respondents in the study was 40.0 ± 10 years with only 13 (16.3%) of the respondents adjudged as being involved in their spousal contraceptive use. Currently use of male contraceptive method was found to significantly influence involvement in spousal contraceptive use (AOR = 7.1; 95% CI = 2.1092 – 10.5818; P = 0.015). **Conclusion:** This study has demonstrated a low level of male involvement in spousal contraceptive use hence, relevant male educational intervention on contraception is required.

Index Terms : Male involvement, spousal contraceptive use, Plateau state.

I. INTRODUCTION

Contraceptive use by women is one of the tools used for promoting family health and slowing population growth among others [1]. Participation of men is crucial in attaining an increased level of spousal contraceptive use as a nexus for improving better reproductive health outcomes [2], [3]. In developed countries, men have been seen to have significant level of involvement in spousal contraceptive use while not much progress has been made in this regards

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in developing country particularly in Sub-Saharan African country [4]. Male involvement in spousal contraceptive use is of great importance as they are the decision makers and also saddled with the responsibility of providing the needed financial, behavioural and emotional support as well as the availability for timely decision making on contraception both at home and the health facility [5], [6]. Evidence has suggested that contraceptive use in Nigeria is below acceptable levels in spite of the fact that family planning services are readily available, accessible and affordable [7]. The involvement and participation of males in spousal contraceptive use is seen as the driver to achieving better reproductive outcomes. Hence, this study aimed to determine the level of male involvement in spousal contraceptive use so as to provide evidence based and people oriented information on the available male partner support system for contraceptive use and factors influence it.

II. METHODOLOGY

Study Area

The study was carried out in Gwash community located within Lamingo ward of Jos North Local Government Area (LGA) of Plateau State North central Nigeria. It is a suburban community where farming and trading are the major occupations. The community has a total 196 households, electricity supply from the national grid, relatively good road network but no pipe borne water. Primary Health Care (PHC) centre, a police station, one primary and secondary schools respectively were some of the social amenities available in the community.

B. Study Population

The study population comprised of all adult married men residing in household within Gwash community of Jos North L.G.A of Plateau State.

C. Study Design

This was a cross sectional study to assess the level of involvement of men in contraceptive use decision making conducted between April and May 2017 using quantitative method of data collection.

D. Sample size Estimation

The sample size for this study was determined using the appropriate sample size determination formula for a cross sectional study [8]. Where n is the minimum sample size, Z is the standard normal deviate at 95% confidence interval (1.96), q is the complementary probability ($1 - p$), d is the precision of the study set at 0.05 and p is the prevalence of

male involvement in family planning and contraceptive use from a previous similar study (4.8%) [9]. This gave a minimum sample size of 77 after addition of 10% to cater for non, poor and incomplete responses.

E. Criteria for Inclusion in the Study

All adult married men in households residing permanently in Gwash community who had at least a child within a year prior to the study and had consented to participate in the study.

F. Sampling Technique

A multi stage approach to sampling was used in this study; Jos North was selected out of the 17 Local Government Areas in the state using simple random sampling technique by balloting. Following which Lamingo ward was selected from the list of 20 in Jos North LGAs respectively using simple random sampling by balloting. Thereafter, simple random sampling technique by balloting was used to select Gwash community from the list of 4 communities in the ward. All inhabited buildings were listed and household enumeration was done giving a total of 196 households (defined as a group of person living together under the same roof and eating from the same pot) which formed the sampling frame. Sampling interval of 3 was obtained by dividing the sampling frame of 196 (Number of households) by the sample size of 77. The starting household was obtained by balloting with the sampling interval of 1 - 3 households where household one was selected and interval of 3 was used until the sample size was met. The next contiguous household was used in the event where the selected respondents declined participation

G. Data Collection

A semi structured interviewer administered questionnaire was used in this study consisting of four sections; Demographic characteristics of the respondents, Level of male involvement in spousal contraceptive use, Utilization of contraceptive and factors influencing male involvement in spousal contraceptive use. Three research assistants were trained on the content and method of administration of questionnaire prior to the commencement of the study by the principal researcher. The data collection instrument was pretested in Tudun Wada community of Jos North LGA. Ethical clearance was sought and obtained from Jos University Teaching Hospital Institutional Health Research Ethical Committee. Written and verbal informed consents were obtained from all the respondents with confidentiality and anonymity of their responses assured and maintained.

H. Grading of Response

Male partner’s involvement in spousal contraceptive use was adjusted as involved following eliciting favourable response to 3 or more these composite practice questions

- accompany of spouse to family planning clinic
- providing transportation support for the spouse for accessing contraception
- providing financial support for procurement or purchase of contraceptive device
- giving approval or permission for spousal contraceptive use
- Engagement in discussion of contraception with spouse

I. Data Analysis

The data obtained were processed and analyzed using SPSS version 20 where socio-demographic characteristics of the respondents were expressed in frequency and percentage. Mean ± standard deviation were used as summary indices for age of the respondents. Crude and adjusted odds ratios were used as point estimates in the logistic regression model while 95% confidence interval was used as the interval estimate. A probability value of less than 0.05 was considered statistically significant in this study.

III. RESULTS

The mean age of the respondents in this study was 41 ± 10 years with 50 (62.5%) of them being 36 years and above. Assessment of the main occupations of studied participants revealed a diversity of occupations as 26 (32.5%) were artisans, 29 (36.3%) farmers, 13 (16.2%) civil servants and 12 (15.0%) engaging in one form of trading or the other. Slightly less than half (47.5%) of the men in this study had completed secondary education while about a third (31.3%) and less than a quarter (21.3%) had completed primary and tertiary education respectively. Majority (93.7%) of the respondents had their family type as monogamous with 30 (37.5%) having 5 or more children alive as at the time of this study and 31 (41.3%) being aware of female contraceptive use. See Table 1

Table 1: Socio-demographic characteristics of the respondents

Characteristics	Frequency	Percentage
Age Group		
≤ 35 years	30	37.5
36 years and above	50	62.5
Total	80	100.0
Mean Age	Mean ±SD 41.0 ± 10 years	
Main Occupation		
Artisan	26	32.5
Civil Servant	13	16.2
Farming	29	36.3
Trading	12	15.0
Total	80	100.0
Level of Education		
Primary	25	31.3
Secondary	38	47.5
Tertiary	17	21.3
Total	80	100.0
Family Type		
Monogamous	75	93.7
Polygamous	5	6.3
Total	80	100.0
Number of Children		
≤ 4	50	62.5
5 and more	30	37.5
Total	80	100.0
Awareness of contraceptive methods		
Yes	33	41.3
No	47	58.2
Total	80	100.0

SD = Standard Deviation,

Awareness of spousal contraceptive is a pointer to approval of its use and some form of involvement in it use

by the male partner. In this study very few (17.5%) of the respondents knew of their spousal contraceptive use with 5 (35.7%) mentioning oral pills, 7 (50.0%) injectables and 2 (14.3%) Norplant respectively. Less than a quarter (16.3%) of the men in this study had ever used any form of male contraceptive method while very few (6.3%) are currently

using male contraception. The male contraceptive method alluded to by those who had ever used or currently using was male condoms. In furtherance to this, only 13 (16.3%) of the respondents in this study were adjudged as being involved in their spousal contraceptive use. See Table 2

Table 2: Contraceptive use and level of involvement

Characteristics	Frequency	Percentage
Spousal contraceptive use		
Yes		
No	14	17.5
Total	66	82.5
	80	100.0
Type of Spousal Contraceptive Method		
Oral Pills	5	35.7
Injectables	7	50.0
Norplant	2	14.3
Total	14	100.0
Previous Male Contraceptive use		
Yes		
No	13	16.3
Total	67	83.7
	80	100.0
Current Male Contraceptive Use		
Yes		
No	5	6.3
Total	75	93.8
	80	100.0
Involvement in Spousal Contraceptive Use		
Involved	13	16.3
Not Involved	67	83.7
Total	80	100.0

The odds of involvement of men in their spousal contraceptive used among those who are currently engaging in male contraceptive use is 7.1 times the odds among those who are not currently using any form of male contraceptive method. (AOR = 7.1; 95% Confidence interval = 2.1092 – 10.5818; P = 0.015). Respondents with completed secondary and tertiary levels of education were found to have a higher odds of involvement in spousal contraceptive use respectively when compared with

primary level of education before and after adjustment though not statistically significant for secondary level of education while tertiary level of education was statistically significant before adjustment but not after adjustment for other factors. Similarly, other factors assessed did not significantly predict involvement in spousal contraceptive use after adjustment for other factors except civil service as form of occupation when compared to artisan COR = 7.3; 95% Confidence interval = 1.1730 – 15.2543) . See Table 3.

Table 3: Multiple Logistic Regression of Predictors of Involvement in Spousal Contraceptive Use

Factors	COR (95%CI)	AOR (95% CI)	P – value*
Age group (years)			
> 36 and above	3.5 (0.7116 -7.2146)	1.8 (0.2810 – 1.9653)	0.526
≤ 35	1 -	1 -	-
Current male contraceptive use			
Used	2.5 (3.3229 – 7.7299)	7.1 (2.1092 – 10.5818)	0.015
Not Used	1 -	1 -	-
Number of children			
5 and above	0.6 (0.1462 – 2.4158)	1.6 (0.2106 – 1.8122)	0.657
≤ 4	1 -	1 -	-
Family Type			
Polygamous	4.3 (0.6421 – 9.2434)	1.2 (0.0554 – 2.7316)	0.920
Monogamous	1 -	1 -	-
Level of Education			
Secondary	2.8 (0.2968 – 6.8621)	7.7 (0.4119 – 14.3077)	0.172
Tertiary	7.0 (1.8222 – 15.8910)	7.9 (0.3684 – 17.8230)	0.186
Primary	1 -	1 -	-
Main Occupation			
Civil servant	7.3 (1.1730 – 15.2543)	5.5 (0.4410 – 6.7199)	0.185
Farming	0.6 (0.0809 – 4.8991)	0.5(0.0503 – 5.8276)	0.613
Trading	0.8(0.0623 – 1.5790)	0.4 (0.0113 – 1.9248)	0.627
Artisan	1 -	1 -	-

COR = Crude Odds Ratio, AOR = Adjusted Odds Ratio, * = P – value for AOR

IV. DISCUSSION

The level of awareness of contraceptive methods and its importance to birth control could be instrumental to individual’s use and involvement in spousal uptake of contraception. In view of this, less than half of the respondents were aware of contraceptive methods either for themselves or their partners which is quite low compared to finding of another Nigerian study where almost all the study participants were aware of this [10]. This variation in the level of awareness of contraceptive methods within the same country though at different geopolitical zones could be attributable to the level of accessibility, availability and possibility the appropriateness of the medium of contraceptive information dissemination. More importantly, the ability of the individuals in these different settings to process and comprehend these information on contraception available in the public domain may also play a significant role in the level of awareness.

The respondents’ knowledge of spousal contraceptive use was found to be abysmally low in view of the importance of family planning to promoting family health. This is not quite surprising as similarly finding was obtained in Ethiopia [10]. This could be a pointer to the fact male partners may have perceived contraceptive use as a woman’s affair hence not deeming it necessary to pay sufficient attention to spousal contraceptive needs. Furthermore, the level of either previous or current male contraceptive use in this study was low when compared with what was obtained in studies from Nigeria, Ethiopia, Nepal and Indonesia respectively [9], [11-13]. However, another study conducted in Ethiopia also revealed an extremely lower level of male contraceptive use [14]. The variation in level of contraceptive use across and within countries could be due to self conviction, cultural belief system and literacy level among others. Hence, systems and

mechanisms must be developed to incorporate male into contraception and family planning programmes.

Male involvement in spousal contraceptive use is pivotal in promoting social and economic stability of the family. However, low level of male involvement in spousal contraceptive use was revealed in this study and corroborated by finding of another East African study [15]. Other studies reported a much higher level of male involvement [6], [10 – 11]. It is imperative to advocate for and encourage significant male involvement in spousal contraceptive use if population growth will be slowed particularly in Sub Saharan African Countries and well as also reducing morbidity and mortality associated with unwanted and high-risk pregnancies.

Current male partner contraceptive was found to have significant influence on involvement in spousal contraceptive use in this study which is in synergy with what was obtained in another Ethiopian study [11]. Other factors predicting male involvement in contraceptive use as demonstrated by other studies include availability of information on contraception, discussion with partners, age of male partners, education level, occupation and number of children among others [6], [11].

V. CONCLUSION

This study has demonstrated a low level of male involvement in spousal contraceptive use hence, interventions should be structured to provide male partners with sufficient and adequate information on contraception so as to serve as the lead way for promoting involvement in spousal contraceptive uptake.

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