

Influence of husband consent to family planning and spousal communication on the use of family planning among young mothers in peri-urban, Nigeria

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Abstract

Men are perceived as significant barriers to the uptake of contraception in some communities, and lack of spousal communication regarding contraception is evident in some studies conducted in South-West and Northern Nigeria. The objective is to identify and discuss how husband consent to family planning (FP) and spousal communication influence family planning use among peri-urban dwellers in Nigeria. The study was limited to the primary dataset collected among young mothers that resides in peri-urban between the age of 15-30 years in South West, Nigeria. The result showed that the use of family planning was high among the respondents whose husband give consent to the use of family planning, and respondents who had appropriate spousal communication. Similarly, respondents whose spouse asks questions or whose husband advises on communication are likely to use FP. On the other hand, respondents whose husband didn't give consent, respondents with inappropriate communication with the spouse, respondents whose spouses didn't give advice, and those whose spouses didn't ask questions are less likely to use FP.

Keywords: *Husband Consent, Family Planning, Spousal Communication, Young Mothers, Peri-Urban*

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Introduction

A significant factor underlying high birth rates in sub-Saharan Africa is the lack of family planning, an estimated 35 million women in sub-Saharan Africa have an unmet need for family planning^{1,2}. Meanwhile, Unsafe abortions account for about 14% of maternal deaths on the continent³ while roughly 51% of all maternal deaths involve African women aged from 15 to 29 years⁴, with total fertility rates (TFR) of around five births per woman of reproductive age⁵. Consistent utilization of family planning (FP) methods has the full potential to decrease birth rate, maternal mortality rates⁶.

Impressive global gains have been made in recent decades in improving contraceptive prevalence rates and decreasing fertility rates. At the same time, increasing numbers of men and women in developing countries want to adopt family planning and exercise their right to freely decide the number and spacing of their children⁷.

Initially, women were the primary target for family planning. Still, there is growing recognition that reproductive health is a joint responsibility of men and women, several studies reported that men are vital persons in the reproductive decision-making process and their decisions have profound influences on women's health^{3,4,8}, failure in involving men in family planning programs can hamper the contraceptive use of women even if they are educated and motivated because of opposition from their husbands⁹.

It has been reported that interventions to promote the involvement of men in family planning have yielded some positive results in other low-income countries¹⁰. Still, this concept is yet to be fully explored in Nigeria. Men are perceived as significant barriers to the uptake of contraception in some communities and lack of spousal communication regarding contraception being evident in studies conducted in South-West and Northern Nigeria^{3,11}.

Lack of access to reproductive health services among young women is associated with the increased risk of unplanned pregnancy; unsafe abortion; STIs, including HIV; and early school dropout due to pregnancy, youth constitute a crucial target in reproductive health Strategies, access to reproductive health services remains an issue for young women and men because of cultural, medical and financial barriers¹². Previous researches have stressed the importance of helping young people in developing countries to be effective contraceptive users¹²⁻¹⁵.

A study in Ghana discovered that partners' consent to the use of family planning methods was very crucial to the success of any family planning intervention³, concurrence-agreement between partners developed through the process of couples openly discussing fertility preferences and desires increases the likelihood of contraceptive use¹⁶.

The major driving force for health education is communication either at the interpersonal, group, cultural, or societal level; effective interpersonal communication skills are essential ingredients for a healthy social relationship within spousal relationship¹¹.

Spousal communication encourages approval of family planning method such that 79% of woman who discussed with their partners use family planning method³, several studies in the past have shown that spousal communication can increase contraceptive uptake and continuation^{8,11,17,18}. Partner's agreement is a reliable predictive of positive on women's reproductive health outcomes¹⁹.

Spousal communication about fertility and family planning in Africa is quite low, and more exceptional communication may increase the accuracy of a spouse's perception of family planning use²⁰.

Studies conducted in two South-Western states, Nigeria, to examine the level of spousal communication and its impact on the use of contraceptives indicated that contraceptive use was high among couples who discussed and made joint decisions on contraception²¹.

Despite the government's and health workers' efforts at providing family planning services in Nigeria¹, there are still underlying factors discouraging the use of these services, and the dominant factors are spousal's objection and lack of consent and communication^{10,14,22} among other resilient factors. Women should be free to choose or deny family planning services, including abortion or sterilization. Considering the low prevalence of contraceptives in Nigeria, there is need to promote the self-liberation²³. Still, in African societies, men occupy crucial roles¹⁰, including taking reproductive health decisions⁸. Hence, it's imperative to examine the Influence of husband consent to family planning and spousal communication on the use of family planning among young mothers in peri-urban, Nigeria.

Scope of the study

This study was limited to the primary dataset collected among young mothers aged 15-30 years in a peri-urban of South-West, Nigeria. The young mothers are those who already had a child in the last year, and this study is expected to provide insight into how consent and communication among young partners influence family planning use.

Main research question/Objectives

The question of interest is to identify and discuss how spousal's consent and communication predict contraceptive use among young mothers in the peri-urban of South West, Nigeria.

Significance of the research

Conducting a study on how spousal consent and communication predict contraceptive use among young mothers in peri-urban of South West, Nigeria is particularly relevant for policymakers, since more information is needed about hidden factors that are significantly influencing the non/low use of family planning in Nigeria and knowing the factors could contribute to the development of programs that are particularly relevant to use of family planning in Nigeria.

Methods

Sample size

The study population comprised young mothers (within reproductive age 15 – 30 years) who already had a child in the last year. The study area was purposively chosen to capture contraceptive use among this group. The primary data collection was done in three senatorial districts of Osun state, Nigeria. 140 respondents were interviewed in each senatorial district to give 420 respondents in total.

Research Instrument

The study employed a cross-sectional method of data collection that is a quantitative method of data collection. Semi-structured questionnaires were used to collect information on socio-demographic characteristics, family planning use, communication, consent, and support among young mothers.

Ethical considerations

The researcher ensured that the informed consent of the respondent was sought by explaining the purpose of the study; anonymity was maintained by not including their names, and confidentiality was assured and kept as all information gotten were used strictly for this study. Before administering the questionnaire, a copy of the research protocol was submitted for a full review to the Research and Ethics committee of Institute of Public Health, Obafemi Awolowo University, Ile-Ife (IPH, OAU) and was approved with approval number *HREC NO: IPHOAU/12/1446* and informed consent was obtained from each resident before the administration of the tool.

Data Analysis

Table 1: Respondents and Respondents' Husband Socio-demographics characteristics

Variable	Frequency N=420	Percent	Variable	Frequency N=420	Percent
Respondent's age			Husband age		
Below 20	19	4.5	25-29	96	22.9
20-24	99	23.6	30-34	173	41.2
25-29	252	60.0	35-39	110	26.2
30+	50	11.9	40+	41	9.7
Mean age: 26 years, SD: 3.4			Mean age: 33 years, SD: 5.4		
Respondent's level of education			Husband level of education		
No formal education	15	3.7	No formal education	2	0.5
Primary	44	10.4	Primary	9	2.1
Secondary	177	42.1	Secondary	138	32.8
Post-secondary	184	43.8	Post-secondary	271	64.5
Respondent's religion			Husband religion		
Christianity	279	66.4	Christianity	279	66.4
Islam	139	33.1	Islam	141	33.6
Traditional	2	0.5	Traditional	0	0.0
Respondent's Occupation status			Husband Occupation status		
Unemployed	39	9.3	Unemployed	30	7.1
Employed	381	90.7	Employed	390	92.9
Living arrangement					
Living with you	338	80.5			
Living elsewhere	82	19.5			
Family type					
Monogamous	341	81.2			
Polygamous	79	18.8			
Children ever born					
1-2	255	60.7			
3+	165	39.3			
Mean CEB: 2.2, SD: 1.0					

Table 1 represents the respondents and respondents' husband socio-demographic characteristics. The table shows that more than half of the respondents were between age 25-29 years (60%) with an average age of 26 years. Respondent's level of education shows that the majority (85.9%) attended secondary (42.1%) and post-secondary (43.8%). More than half of the respondents practice Christianity (66.4%) as religion. The table also

revealed that majority of the respondents (90.7%) were employed, almost all were living with their husband/partner (80.5%), 81.2% of the husband of respondents married just one wife and more than half had 1-2 children before the study with average children ever born of 2.2 children. While respondents' husband socio-demographics shows that the average age of the respondent's husband was 33 years, with almost half between the ages of 30-34 years. Level of education shows that more than half (64.5%) have post-secondary education. Christianity was the dominant respondent's husband religion with 66.4%, and almost all (92.9%) were currently employed

Table 2: Spousal Communication, Husband consent to family planning and Use of FP

Variable	Frequency N=420	Percent
Communication on money matters		
Poor	64	15.2
Good	356	84.8
Communication on the number of children		
Poor	114	27.1
Good	306	72.9
Communication on use of Family Planning		
Poor	92	21.9
Good	328	78.1
Husband consent to family planning		
No	96	22.9
Yes	324	77.1
Use of family planning		
No	77	18.3
Yes	343	81.7

Table 2 presents spousal communication, husband consent to family planning, and use of family planning. The table shows that majority of the respondents have good spousal communication with their husbands/partners in that 84.8% have good communication concerning money matters, 72.9% have good communication concerning the number of children, and 78.1% have good communication concerning communication around the use of family planning. The table also shows that 77.1% informed their husband/partner before using family planning, and the current use of family planning shows that 81.7% were using any method of family planning.

Table 3: Relationship between spousal communication, husband consent to FP and use of FP

Variable	Use of Family planning		
	No	Yes	Total
Communication on money matters			
Poor	43 (67.2)	21 (32.8)	64
Good	34 (9.6)	322 (90.4)	356
Chi2: 120.36, P-value:0.000			
Communication on the number of children			
Poor	55 (48.3)	59 (51.7)	114
Good	22 (7.2)	284 (92.8)	306
Chi2:93.51, P-value:0.000			

Communication on use of Family Planning			
Poor	54 (58.7)	38 (41.3)	92
Good	23 (7.0)	305 (93.0)	328
Chi2:128.18, P-value:0.000			
Husband consent to family planning			
No	77 (80.2)	19 (19.8)	96
Yes	0 (0.0)	324 (100.0)	324
Chi2:318.21, P-value:0.000			

Table 3 presents the relationship between spousal communication, husband consent to family planning, and the use of family planning. The table shows that there is a significant relationship between spousal communication and use of family planning in that almost all the respondents that have good communication in terms of communication on money matters, communication on the number of children and communication on the use of family planning were using family planning (90.4%, 902.8%, and 93.0% respectively). The table also shows that husband consent to family planning was significantly related to the use of family planning in that all the respondents that seek consent from their husband were using family planning.

Table 4: Logistic regression of spousal communication on the use of family planning

Variable	Odd ratio	P-value	Confidence interval
Communication on money matters: RC- Poor			
Good	2.72	0.035*	1.0742 – 6.9110
Communication on the number of children: RC- Poor			
Good	2.40	0.045*	1.0214 – 5.6220
Communication on use of Family Planning: RC- Poor			
Good	5.89	0.000*	2.5537 – 13.6013
constant	0.41	0.001*	0.2380 – 0.7081

Table 4 presents the logistic regression of spousal communication on the use of family planning. This was done to determine the Influence of spousal communication on the use of family planning. The results show that there is a significant relation relationship between spousal communication and the use of family planning in that respondents with good spousal communication in terms of communication on money matters, communication on the number of children, and communication on the use of family planning were more likely to use family planning.

Table 5: Logistic regression of husband's attitude during spousal communication on the use of FP

Variable	Odd ratio	P-value	Confidence interval
Listen: RC- Yes			
No	2.48	0.093	0.8597 – 7.1703
Asks questions: RC- Yes			
No	0.24	0.003*	0.0971 – 0.6122
Respond appropriately: RC- Yes			
No	0.08	0.000*	0.0407 – 0.1673
Shows interest: RC- Yes			
No	1.04	0.924	0.4305 – 2.5308

Gives advice: RC- Yes			
No	0.36	0.010*	0.1673 – 0.7799
Expresses his feelings: RC- Yes			
No	1.97	0.086	0.9094 – 4.2602
constant	19.29	0.000*	10.6448 – 34.9641

Table 5 presents the logistic regression of the respondent husbands' attitudes during spousal communication on the use of family planning. This was done to check the husband's attitude during spousal communication on the use of family planning. The results show that respondents with the husband that ask questions, respond appropriately, and advises on spousal communication were more likely to use family planning.

Discussion

This study examined the Influence of spousal communication and husbands' consent to family planning on the use of any methods of family planning among women who have already had one child before the commencement of the study. The result showed that the use of family planning was high among the respondents. This may be because of husbands' consent to and spousal communication concerning communication around the use of family planning²⁴. Various studies have documented that spousal communication can increase family planning uptake and continuation, and partner's agreement is a strong predictive of positive on women's reproductive health outcomes^{6,17,24}.

Spousal communication was significantly associated with the use of family planning in this study in that women with good spousal communication in terms of communication on money matters, communication on the number of children, and communication on the use of family planning were more likely to use family planning. This may be because effective spousal communication gave women the confidence to use contraceptives compared to women who had poor communication¹¹.

The husband's attitude during spousal communication on the use of family planning was significantly associated with the use of family planning in this study in that women with husbands that ask questions, respond appropriately, and advises on communication were more likely to use family planning. This may be because men had good attitudes towards family planning practice³.

Conclusion

The level of contraceptive use overall is low in Nigeria²⁵. However, this study revealed a wide variation by spousal communication and husbands' consent to use of family planning in the use of any family planning method among young mothers aged 15–30years. Spousal communication was significantly associated with the use of family planning. Women with good spousal communication on the use of family planning were more likely to use family planning. Also, the husband's attitude during spousal communication on the use of family planning was significantly associated with the use of family planning in this study in that women with husbands that show good attitudes during spousal communication towards the use of contraceptive were more likely to use family planning. To further increase the use

of contraceptives, spousal communication, and husband consent to the use of family planning should be taken into consideration. Efforts should be made to adopt policies and programs that encourage male involvement in decision-making processes regarding contraceptive use among their spouses.

References

1. Etukudo IW. Spousal approval, communication and contraceptive behaviour in rural Nigeria. *African Journal of Midwifery and Women's Health*. 2015;9(4):170-176.
2. Weinreb A. Family planning programs for the 21st Century: rationale and Design. In: Taylor & Francis; 2013.
3. Olaoye T, Oluwatosin A, Ogunsanmi O and Ayodele KO. Male spouses' support of family planning (FP) uptake by wives: the role of socio-biographical mediators. 2015.
4. Grant C and Bhardwaj M. Family Planning Communications. 2016.
5. Tilahun T, Coene G, Temmerman M and Degomme O. Couple based family planning education: changes in male involvement and contraceptive use among married couples in Jimma Zone, Ethiopia. *BMC Public Health*. 2015;15(1):682.
6. Ackerson K and Zielinski R. Factors influencing use of family planning in women living in crisis affected areas of Sub-Saharan Africa: A review of the literature. *Midwifery*. 2017;54:35-60.
7. PATH and United Nations Population Fund. Meeting the Need: Strengthening Family Planning Programs. Seattle: PATH/UNFPA; 2006.
8. Tilahun T, Coene G, Temmerman M and Degomme O. Spousal discordance on fertility preference and its effect on contraceptive practice among married couples in Jimma zone, Ethiopia. *Reproductive health*. 2014;11(1):27.
9. Adegbola O and Habeebu-Adeyemi FM. The influence of male partners on contraceptive usage in sub-Saharan Africa-Lagos experience. 2016.
10. Akaba G, Ketare N and Tile W. A community-based, mixed-methods study of the attitudes and behaviors of men regarding modern family planning in Nigeria. *International Journal of Gynecology & Obstetrics*. 2016;135(1):86-90.
11. Fagbamigbe AF and Ojebuyi BR. Influence of spousal communication about family planning and HIV/AIDS-related issues on modern contraceptive use in Nigeria. *Journal of Health Management*. 2017;19(2):320-333.
12. Sidze EM, Lardoux S, Speizer IS, Faye CM, Mutua MM and Badji F. Young women access and use of contraception: the role of providers' restrictions in urban Senegal. *International perspectives on sexual and reproductive health*. 2014;40(4):176.
13. Phillips A, Fatusi AO, Akinyemi AI and Bello B. Quality of spousal relationship on procurement of abortion in Peri-Urban Nigeria. *African journal of reproductive health*. 2015;19(4):14-22.

14. Sánchez-Páez DA and Ortega JA. Adolescent contraceptive use and its effects on fertility. *Demographic Research*. 2018;38:1359-1388.
15. Wirsiy FS and Yeika EV. Contraceptive Uptake among Adolescent Girls Attending Family Planning Units in Four Health Facilities in Cameroon. *J Womens Health Dev*. 2019;2:048-057.
16. Yue K, O'Donnell C and Sparks PL. The effect of spousal communication on contraceptive use in Central Terai, Nepal. *Patient education and counseling*. 2010;81(3):402-408.
17. Murithi LK, Brault M, Schensul S, Singh R, Verma R and Jadhav K. Understanding couple communication and family planning in Zambia. 2016.
18. Shakya HB, Dasgupta A, Ghule M, Battala M, Saggurti N, Donta B, Nair S, Silverman J and Raj A. Spousal discordance on reports of contraceptive communication, contraceptive use, and ideal family size in rural India: a cross-sectional study. *BMC women's health*. 2018;18(1):147.
19. Amos M. Contraceptive method choice and spousal communication: Examining the effect of family planning method using an instrumental variable approach. *Sexual & Reproductive Healthcare*. 2019;22:100458.
20. Prata N, Bell S, Fraser A, Carvalho A, Neves I and Nieto-Andrade B. Partner support for family planning and modern contraceptive use in Luanda, Angola. *African journal of reproductive health*. 2017;21(2):35-48.
21. Ibrahim MS, Sabitu K, Bashir SS and Olorukooba AA. Spousal communication on family planning, pregnancy, and delivery care among men in rural Northern Nigeria. *Sahel Medical Journal*. 2018;21(2):88.
22. United Nations and Department of Economic and Social Affairs. Population Division (2019), World Population Prospects 2019: Highlights (ST/ESA/SER.A/423).
23. Bolarinwa OA and Olagunju OS. Knowledge and factors influencing long acting reversible contraceptive use among women of reproductive age in Nigeria. *Gates Open Research*. 2020;3(7):7.
24. Kurniati A, Chen C-M, Efendi F, Elizabeth Ku L-J and Berliana SM. Suami SIAGA: male engagement in maternal health in Indonesia. *Health policy and planning*. 2017;32(8):1203-1211.
25. Do M and Kurimoto N. Women's empowerment and choice of contraceptive methods in selected African countries. *Int Perspect Sex Reprod Health*. 2012;38(1):23-33.