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Spousal Communication, Changes in Partner Attitude and Contraceptive Use Among the Yorubas of Southwest Nigeria

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ABSTRACT The paper highlights the relevance of spousal communication on male attitude towards their partners' contraceptive use. Data for the study were obtained from a survey carried out in three Oyo, Osun and Ondo states, mainly inhabited by the Yorubas. The results show that men have significant role to play in the adoption of contraception. Communication between husband and wife on reproductive matters was also recognized as a factor that may influence men participation in family planning. The results therefore suggest that men involvement in family planning should be encouraged through interspousal communication.

INTRODUCTION

Though it is realized that the target group in family planning are the females and especially, women of childbearing age, it is averred that the male is an important factor with far reaching positive or negative implications for the practice. In this context, the decision to have or not to have children is male's and invariably his decision is usually in favour of having children, as more and more children further enhance his status as a man in the society. Isiugo-Abanihe (1994) and Raimi (1994) noted that male dominance is particularly profound in matters of reproduction. They generally view reproduction as their prerogative, an issue in which the compliance of their wives is taken for granted.

Men need information about contraceptive methods for women as well as about those for men. Well-informed men can use a method themselves or support their partners in using a method. They can also talk with their wives and cooperate in assessing their needs and choosing a family planning method. Except for female prostitutes, men are likely to have more sexual partners than women. They have more control over condom use and are more likely to control the frequency of sexual relations and the possibility of abstinence within a relationship. Furthermore, the relatively high fertility level in Nigeria point to the need for a closer examination of the mechanisms of spousal communication about fertility decision-making among couples in different family settings. One factor deriving emphasis on couple over the individual, as observed by Biddlecom and Fapohunda (1998), has been an increasing number of studies that demonstrate the influence of man's preferences and power on reproductive outcomes such as contraceptive use (Mbizvo and Adamchak (1991), childbearing (Bankole, 1995; Isiugo-Abanihe (1994), and views about family planning (Ezeh, 1993). Based on these studies and corroborating Becker's (1996) position, one could argue that reproductive health programmes which attempt to reach women will have a higher probability of success if they also involve the husband or at least encourage such involvement. Therefore, an understanding of males' influence and the role they play in decision-making on contraceptive use can throw better light on mechanisms through which fertility reduction can be achieved.

DATA AND METHODS

The data for this paper are derived from the survey conducted in three states of South Western Nigeria. These are Osun, Oyo and Ondo States mainly inhabited by the Yorubas. The primary respondents are 600 married men aged 15-59 years while their wives constitute the secondary respondents. In each state, the state capital and two adjacent rural areas were selected for the study. A multistage, stratified random sampling design was used to select respondents from the towns. In the rural areas, selection of respondents was by simple random sampling

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technique. However, the random selection was made in such a way that all the different parts of the locations were represented.

While structured interview was employed to collect information on social, demographic and reproductive-related variables that could be quantitatively measured, focus group discussions (FGDs) were used to collect additional information on the cultural practices of the people. For the purpose of analysis, the dependent variable was contraceptive use, which was related to a number of motivational, demographic and socioeconomic independent variables.

Generally, the data collected were analysed at three levels and each level requires different analytic procedures. The first level involved an examination of the distribution of the respondents according to each of the selected characteristics. The second level involved the examination of the patterns of association between the dependent and independent variables. In this paper, multivariate analyses are employed to examine the interrelationships between respondents' background characteristics and contraceptive use. Logistic regression models are employed to assess the association between some selected background variables like age, place of residence, religion, educational attainment etc. and contraceptive use. Contraceptive use takes a value of 1 if both partners reported use thus indicates that both partners recognize that they are adopting a method for the purpose of delaying or preventing pregnancy, and zero (0) if only one or none of them reported use at the time of the survey. The results of the logistic regression models are presented as relative odds in Table 5.

RESULTS AND DISCUSSION

Sample Characteristics

The socioeconomic characteristics of the respondents are presented in Table 1. The table shows that majority of the respondents fell within age range 25-39 (60.3 percent). Whereas males outnumbered females in ages 40 years and above, the females were more than males at lower ages. A higher percentage of the respondents reside in urban areas (56.4 percent). More than 90 percent of male population and 86.2 percent of female population had received formal education. The highest being secondary for both male and female respondents. Marriage was largely universal and stable among the respondents. About 93 percent of the female respondents were still in their first marriage while about 74 percent of them were first wives of their husbands. About 80 percent of both male and female respondents were engaged in one

Table 1: Background characteristics of respondents (percentage distribution)

Characteristics	*Sex Composition*		
	Male (N=521)	*Female (N=647)*	*Both Sexes (N=1168)*
Age			
15-29	7.1	39.3	23.5
30-44	55.9	57.9	56.9
45+	36.9	2.8	19.9
Residency			
Urban	60.0	52.7	56.4
Rural	40.0	47.3	43.6
Education			
None	6.7	18.8	12.8
Primary	11.1	16.7	14.1
Secondary	57.8	46.0	51.9
Tertiary	20.0	16.7	18.2
Other	4.4	1.9	3.0
Marital Status			
Married	92.9	92.7	92.8
Divorced	2.5	3.6	3.1
Widowed	4.5	3.6	4.0
Position Among Husband's Wives			
1st wife	-	73.4	-
2nd wife	-	17.9	-
3rd wife or higher order wife	-	8.9	-
Presently Working?			
Yes	72.5	87.2	79.8
No	28.5	12.8	20.1
Occupation			
Farming	18.6	23.3	20.9
Trading	34.5	41.7	38.1
Public/civil servant	21.3	11.6	16.4
Professional	9.5	5.3	7.4
Artisan	11.8	8.6	10.3
Other	4.3	9.5	6.9
Religion			
Catholic	17.8	13.0	15.2
Protestant	20.0	18.5	19.2
Other Christian	40.0	50.0	45.5
Islam	20.0	16.7	18.2
Other	2.2	1.9	2.0
Total	100.0	100.0	100.0

employment or the other. However, the dominant occupation among the respondents, as shown in Table 1 was trading (38.1 percent) followed by farming and public/civil service with 20.9 percent and 16.4 percent respectively. About 80 percent of the respondents professed to be Christian comprising 15.2 percent Catholic, 19.2 percent Protestant and 45.5 percent belonging to other sect. About 18 percent were Muslims while the remaining belongs to other religious groups.

Men's Influence in Reproductive Issues

Table 2 shows that in almost all cases of reproductive issues, husbands and wives reported joint spousal decision-making. The marginal frequencies however show that men are less likely than their wives to report joint decision-making and are more likely to report that they alone usually take decisions. Thus corroborating Isiugo-Abanihe's findings in an earlier study which indicated that 40 percent of men and more than 50 percent of women decision about their family size was jointly taken (Isiugo-Abanihe, 1994). This response must however be seen within the context of the Yoruba traditional society where the man is expected to have absolute control of his household and the woman is expected to respect whatever decision the husband takes. The desire to boost his ego and show that he is in control could make a man report that he alone takes decision (even when the issues are discussed with the wife) and the need to portray that the woman is well cultured through deference to her husband may make her report that only the husband takes decisions on these issues. This situation is more likely among respondents with low level of education and those in the rural areas. Despite these high levels of discordance in partners' responses, a significantly high proportions of couples still reported joint decision-making. About 37 percent of the respondents reported joint decision-making on 'when to have another child', 40.8 percent on 'whether to stop having children', and 44 percent on 'what to do to stop childbearing'. The sums of the principal diagonal elements which indicate agreement between partners' responses indicate that 52.3 percent, 53.4 percent and 55 percent of partners gave similar responses on who take decisions on when to have another child, whether to stop childbearing and what to do to stop childbearing.

Table 2: Husband and wife's responses on who takes decision on reproductive issues

Husband	*Wife*			
	Husband only	*Wife only*	*Husband and wife*	*Other*
When to Have Another Child				
Husband only	15.1	2.7	19.5	2.1
Wife only	0.6	0.9	1.4	0.2
Husband and wife	12.8	3.5	37.2	-
Other	1.1	0.2	2.2	0.5
Whether to Stop Childbearing				
Husband only	10.7	3.4	16.4	1.8
Wife only	1.1	0.9	0.6	0.1
Husband and wife	11.8	2.5	40.8	0.6
Other	4.0	0.6	3.7	1.0
What to do to Stop Childbearing				
Husband only	7.4	7.7	15.8	1.5
Wife only	0.5	2.1	3.6	0.2
Husband and wife	4.6	4.4	44.0	0.3
Other	1.7	0.9	0.9	1.5

Attitude to Family Planning

Many men appear ready to change their reproductive behaviour and are willing to participate more in reproductive health activities. However, some, for certain reasons (e.g. health concern, side effect or want of children) may oppose such participation. Respondents were asked if they 'approve' or 'disapprove' the statement that "many couples do something to delay or prevent a pregnancy so that they can have just the number of children that they want and have them when they want them". About 63 percent of the men compared to just 35.7 percent of women would give consent to the use of family planning (Table 3). This is in spite of the claim by most of the respondents that they discuss family planning issues. At least 50 percent of women and 38.1 percent of men indicated that they had discussed family planning matters with their spouses on three or more occasions. About 36 percent of the respondents gave an indication that their spouse would not stop them from using family planning methods; however, we

discovered that more of the male respondents as against female respondents (37.3 percent males as against 35.5 percent females) could ascribe to this claim. Table 3 further shows that more than 30 percent of the respondents had ever discussed family planning matter with other persons aside from the spouses.

Table 3: Percentage distribution of respondents by sex and attitude to family planning

Attitude	*Male*	*Female*	*Total*
(a) Approval of Family Planning			
Approved	62.7	35.7	50.5
Disapproved	7.8	26.2	16.1
Don't know	29.5	38.1	33.3
(b) How Often Do You Talk About Family Planning?			
Once	17.3	33.3	24.5
Twice	32.7	28.6	30.9
Three/More	38.1	50.0	44.7
(c) Does Your Partner Agreed With You Using Family Planning?			
Yes	37.3	35.5	36.3
No	62.7	64.5	62.6
(d) Ever Discussed With Any OtherPerson Aside From Spouse			
Yes	31.3	34.2	32.6
No	68.7	65.8	67.4
Total	100.0	100.0	100.0

Family Planning Information and Counseling

Information on counseling was obtained by asking each respondent to state if he/she had ever been counseled on family planning. The question was informed, among others by our knowledge of the activities of community-based distributors of family planning methods and other groups with respect to the provision of family planning information, education and counseling services in the study area. Table 4 shows that with respect to family planning information, education and counseling, the husbands have lower exposure rate. The significant impact of counseling on contraceptive use is worth noting, especially the implications for the participation of men in family planning. Men are more likely to take part in family planning once the needs for family planning are made clear to them.

Multivariate Analysis

As noted above, contraceptive use takes a value of 1 if a male partner reported use and zero if otherwise. The results of the logistic regression models are presented as relative odds in Table 5. The reference category of each dichotomously measured independent variable has a value of one and the values for other categories are compared to that of the reference category. A value less than one implies that individuals in that category have a lower probability of reporting current use of contraceptives than individuals in the reference category. For continuously measured independent variable, a value less than 1 implies a less risk and a value greater than 1, greater risk of reporting current use of contraceptives as value of that variable increases. Education, age, when to stop childbearing and the number of surviving children were found to have significant impact on contraceptive use. The impact of education is particularly pronounced when none of the partners had below secondary school education. Men with female partners below 25 years of age are also significantly more likely to use or report use of a modern contraceptive. The significant net impact of communication on contraceptive use is worth noting, especially the implications for the participation of men in family planning. The result draws attention to the possibility that men can actually use or support their partners' use of contraceptive if they are given adequate information, education and communication (IEC) on the need and ways to regulate fertility. Thus confirming the earlier studies by Ogunjuyigbe (1998) and Feyisetan and Bamiwuye (1998) which

Table 4: Percentage distribution of respondents by family planning information, education and counseling

Variable	*Male*	*Female*	*Total*
Ever Counseled on Family Planning?			
Yes	38.6	71.2	53.7
No	61.4	28.8	47.3
Counseling Status of Partners			
Both husband and wife counseled	-	-	31.5
Only one partner counseled	-	-	37.2
No partner counseled	-	-	21.3
Total	100.0	100.0	100.0

Table 5: Logistic regression result of effect of current use of modern methods

Background Characteristics	*Odds Ratio*
Residence	
Urban	1.472
Rural (RC)	1.000
Age	
15-24	4.235*
25-34	2.562
35 and above (RC)	1.000
Joint Education of Partners	
Both had primary or below	1.000
One had primary or below, the other secondary or above	1.265
Both had secondary	3.477*
At least one had post-secondary, the other secondary	4.512**
Desired Family Size	
Both partners want more (RC)	1.000
Husband more, wife no more	0.492
Husband no more, wife more	1.564
Both want more	0.519
Religion	
Protestant	0.673
Catholic	0.097*
Other Christian	0.469
Islam	1.000
Joint decision on contraception	
Yes	1.115
No	1.000
Joint decision on number of children	
Yes	3.217
No	1.000
Joint decision on when to stop childbearing	
Yes	0.678
No	1.000
-2 log likelihood	352.172
Model Chi-square	126.616

recognized the importance of counseling in contraceptive use. Whether partners take joint decision on when to stop childbearing and the number of surviving children have significant positive association with the probability that a man would report current use of a modern method after controlling for other factors.

CONCLUSION

The effects of a number of factors on current use of contraceptives were highlighted in the paper. Communication variables such as decision about family size and family planning as well as spouse's perception of partner's approval of current use of contraceptives. The study revealed that marital partners who discuss and take joint decisions on what to do to delay or stop childbearing are more likely to use contraceptive than their counterparts who have not discussed the issue. However, the significance of the impact decreases while controlling for other factors. The finding that joint decision-making was an important explanatory variable in current contraceptive use shows that men have a role in the adoption of contraception. We equally noticed that there is a highly significant impact of family planning counseling on contraceptive use, especially its implication for participation of men in family planning. Findings in the study tend to show that men are more likely to take part in family planning once the needs for family planning are made clear to them.

Finally, the relatively high fertility levels in Nigeria call for a closer examination of the mechanisms of fertility decision-making among couples in different family settings. But since the husband is very important in family decision-making, it is very essential that the male should be adequately informed on population issues. This is necessary in order to increase his understanding and enhance his encouragement and support for the wife who is the main target of contraceptive innovation. Male acceptance of contraception is at least as effective in preventing pregnancy as female acceptance, and perhaps more so as reflected in the higher continuation and use-effectiveness rates (Lamptey et al., 1978). The male partner may be highly motivated to obtain contraceptives. This may be related to his desire to control the use and choice of the contraceptive or to assure himself that the objective of avoiding an unwanted pregnancy is achieved, particularly in an extramarital relationship.

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