

Qualitative Analysis of Factors Influencing Modern Contraceptives Use Among Couples in A Rural Settlement in Ekiti State, Nigeria

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Abstract

This study conducted a qualitative analysis of factors influencing modern contraceptives use among couples in a rural settlement in Ekiti State, Nigeria. The study examined the influence of knowledge of spousal communication, decision making on modern contraceptive choices, myths and misconceptions affecting uptake of modern contraceptives. The research design adopted in the study was a descriptive design of the survey type, using qualitative method. The sample consisted of 36 spouses chosen through balloting of the zones. Focus group discussions and interview guide were used to elicit data. The data collected in this study were subjected to content analysis. The findings revealed spousal communication was evident but women were mostly initiators while men remained as decision makers. It was evident that men chose to remain as supportive agents and not as clients. Based on the findings, it was recommended among others that couples irrespective of their age-group should embrace modern contraceptive by asking the health worker, telling their spouse about the information and counselling received and visiting the family planning providing facility for a desired method.

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Introduction

The widely accepted strategy in regulating and controlling fertility is through contraception. Modern contraceptive coverage continues to be low in developing countries. In Africa and Nigeria in particular, the subject of contraception is sensitive and controversial and even resentful to some partners, due to the heterogeneity of our culture. Solanke (2017) submitted that few of the many reasons for low uptake were women's misconceptions of contraceptive use, use of unproven concoctions, religious beliefs, spouse disapproval among others. Ajayi, Nwokocha, Akpan, Adeniyi (2016) also iterated that in patrilineal societies despite the women's education levels and socio-economic development, cultural barriers, traditional preferences and desires for more children and lineage, are part of what affects the uptake of family planning.

Despite the high rate of sexual activity and widespread awareness of various contraceptive methods through various means, contraceptive prevalence rate in Nigeria is still at 17% and fertility rate at 5.3% (Nigerian Demographic Health Survey, NDHS 2018). Sensoy et al. (2017) submitted that for couples who utilise modern contraceptives, they stand to enjoy higher levels of education, better employment opportunities, higher socioeconomic status and empowerment, it also prevents unwanted pregnancies and related maternal and infant mortalities. However, for those who refuse to regulate fertility, there is impacting maternal and child morbidity and mortality, increase in the number of times a woman is exposed to the risks of child bearing, e.g. unsafe abortions, iron deficiency anaemia, and/or maternal death from haemorrhage or other complications, high fertility leads to economic stress, large families, potentially resulting in food insecurity and child malnutrition (Ndayizigiye, Fawzi, Lively & Ware 2017).

Lack of free communication between partners about family planning choice, myths and misconceptions and men as decision makers among others are part of the reasons influencing utilisation rates of modern contraception. There seems to be low contraceptive coverage where there are health facility, then without any facility it may be more difficult for couples to access family planning services; it is in view of this that the researcher became interested in this study. This study conducted qualitative analysis of factors influencing modern contraceptives use among couples in a rural settlement in Ekiti State, Nigeria. It specifically:

1. found out the link between spousal communication and uptake of modern contraceptives;
2. identified who makes decision on modern contraceptive choice among couples;
3. assessed the extent to which myths and misconceptions affect couples in uptake of modern contraceptives; and
4. found out the extent to which male involvement in family planning affect utilisation of modern contraceptives.

Research Questions

The following research questions were raised to guide the study:

1. What is the link between spousal communication and uptake of modern contraceptives?
2. Who makes decision for modern contraceptive choice among couples?
3. What extent will myths and misconceptions affect use of modern contraceptive methods?
4. What effect will male involvement in family planning have on the increase in the use of modern contraceptive methods?

Methodology

A descriptive cross-sectional survey design was utilized to explore the factors influencing modern contraceptives use. The study population were couples resident in Ilokun community of Ekiti State. Thirty-six (36) spouses were selected through simple balloting of the nine zones in the community. A self-developed focused group discussion/interview guide was used for data collection. The validity of the research instrument was done through face and content validity techniques. The guide was subject to thorough scrutiny and elimination of ambiguity by experts of Tests and Measurement with background in Health Education. The zones were rolled in a paper and picked blindly through balloting, zone 3, 4 and 9 were selected.

Husbands willing to participate were interviewed according to the guide to elicit information on spousal communication, male involvement, decision making on contraceptive choice, myths and misconceptions on a Sunday evening. Each group consisted of at least six husbands and the interview lasted for 10 minutes. Wives willing to participate were interviewed according to the guide on a Saturday morning on one on one basis in the selected zones. Four wives willing to participate were selected purposively in the zones (3, 4 and 9). Five research assistants who are fluent in Ebira, Yoruba and English languages were trained for a day and assisted in data collection. Four research questions were raised. Voice recordings were done arranged into themes and content analysed.

Results

Research question 1: What is the link between spousal communication and uptake of modern contraceptives?

Two men in the focused group had never discussed modern contraceptives with their spouses (2:24), while in the one on one interview group, only one woman has never discussed modern contraceptive with her husband among the twelve women interviewed. Age gap among the spouses spanned from two to ten years, only a woman claimed the wide age gap can instil fear in the wife to commence a family planning topic in her house as her husband is 7years older than her.

None of the men interviewed was on any modern contraceptive, they claimed they will not use ordinary condom with their wife talk more of doing vasectomy. On utilisation of modern contraceptives among the respondents interviewed, only one woman reported use of injectables, two women use calendar method, others were on implants, three women were not currently on any family planning method while two women did family planning without their husbands consent.

Research question 2: Who makes decision for modern contraceptive choice among couples?

On who should make decision on modern contraceptive, two women believes husband should make decision on family planning choice, only one man believes husband should singly make the decision, other men in the focused group said it should be jointly decided, there was discrepancy however on who should initiate the decision making process on modern contraceptive choice, almost all the respondents believes wife should initiate such discussion.

Research question 3: What extent will myths and misconceptions affect use of modern contraceptive method?

On myths and misconceptions, almost all the respondents reported big stomach as a myth and also believes it occurs except a man in one of the focus groups. Other myths were twin myth, Cancer, delay in return to fertility, cessation of menses, leanness, unexplainable sickness, fainting attacks, reduced sex drive, pus at site of implant especially during removal and that family planning is unscriptural. Few of the respondents reiterated the need for counselling and screening prior to uptake of family planning choice.



Research question 4: What effect will male involvement in family planning have on the increase in use of modern contraceptive methods?

All the men opined that communication should exist on family planning methods and between husband and wife before it is commenced but two women believes one can bypass the husband if he jettisons family planning discussion especially because of the economic burden at home. All the discussants in the focus group and female interviewee emphasized the husband's participation as a supportive agents but not a client.

Discussion

Spousal communication and uptake of modern contraceptives

Only a woman claimed the wide age gap can instil fear in the wife to commence a family planning topic in her household. She said *'my husband is 7years older than me, it is difficult to start a contraceptive discussion with him'*. This is in line with Ismaila and Rajwani (2016) who concluded that age-gap narrows spousal communication and it has implication on younger bride's ability to communicate well and freely with their husbands. A clergy man in one of the groups who is 8 years older than his wife said they had both searched the internet on several types of family planning, its benefits and side-effects even before his wife visited the family planning facility to commence implants

On utilisation of modern contraceptives among the respondents interviewed, only one woman reported use of injectables, two women use calendar method, others were on implants, three women were not currently on any family planning method while two women did family planning without their husbands consent and a husband of one of the two women later realized. This is in concord with the study of Ndayisigiye et al (2017) in rural Burundi, it was discovered that women using contraceptives fear conflicts with disapproving spouses. The stakes of such conflicts may be especially high if the woman depends on her husband for financial support. Major conflicts may result in withdrawal of such support – a real threat for economically dependent wives. To avoid this, women may choose to hide their use of contraceptives from their husbands to avoid conflict.

Decision making and initiation of modern contraceptive choice

On who should make decision on modern contraceptive, two women believes husband should make decision on family planning choice, only one man believes husband should singly make the decision, other men in the focused group said it should be jointly decided. There was discrepancy however on who should initiate the decision making process on modern contraceptive choice, as almost all the respondents believes wife should initiate. A respondent in the focus group said *"any woman who goes behind me to commence a family planning method will be sent packing"* Another man in a focus group in his late thirties with three children claimed *"I stopped being responsible, I lost trust in my wife when I noticed she went behind me to do implants"*.

This issue of decision making and partners approval or disapproval reflected in the study of Afriyie and Tarkang (2019) in their study on factors influencing use of modern contraceptives among married women in Ho West, Ghana, 64.2% of the 225 respondents submitted partners disapproval and issues with decision making. Some women who do not have decision making problems at home were found to be 4 times more likely to use modern contraceptive methods. An earlier study in Ethiopia revealed high decision making powers were associated with modern contraceptive use, though the woman faces the music on whatever side-effects that occurs from her reproductive health decision while the other group of women had their spouses supportive of their modern contraceptive usage (Bogale, Wondafrash, Tilahun & Girma 2011).



Myths and misconceptions held unto and believed in

Almost all the respondents reported big stomach as a myth and also believes it occurs but only one man in the focus group had a different opinion *“A lazy woman is the one who will commence a family planning method and have big stomach, she supposed to commence exercises to keep herself in shape, my wife has no big stomach and she is on implants”*. Other myths are after twins, an Ebira man in his late 40s listed that Alaba, Idowu, Idogbe, and Salako must be given birth to after the birth of twins or else the woman will be falling sick unnecessarily says one Ebira man in the focus groups. The Ebira man narrated *“how his aunt gave birth to twins after five children then she went to do family planning which led to her unexplainable sickness, until the family planning was stopped and she had two more, she didn’t fall sick again*. This is in support of what happens among the Ugandas as revealed by kabangeyi et. al. (2016), it is abominable for a woman to give birth to a twin as last-born, there should be a follower, a special name is given to the parents likewise the twins.

Cancer, delay in return to fertility, cessation of menses, leanness, unexplainable sickness, fainting attacks, reduced sex drive, pus at site of implant especially during removal and that family planning is unscriptural were also listed as myths of family planning. Fayehun (2017) has reported cultural norms, misconceptions, that people who use it have health problems, permanent infertility, reduced sexual urge, increased promiscuity as reasons that shape contraceptive uptake in Nigeria. Seyife et al (2019) in their study on family planning use in refugee camps also reiterated that non-utilisation was fuelled by beliefs and myths, contraception induced infertility and birth defects.

Men to be involved as supportive agents and not as clients

All the discussants in the focus group and female interviewee emphasized the husband’s participation as a supportive agents but not a client. A woman in her early 50’s on injectables recounted the need for husband and wife to be involved early, this commences from the number of children they can conveniently cater for and after attaining it they can jointly begin a modern contraceptive. Another discussant in another group a clergy man married to a health worker said *“a woman who goes behind her husband to commence family planning has broken the marital vow”*.

Two women in separate interviews explained the effect of the economic burden of having many children as they believed that the more the kids the more the grip of poverty. In her words, a 35-year-old housewife said *“the woman should get herself some sense and use family planning after two or three children depending on the couple financial capacity if the husband isn’t ready for a discussion or involvement to commence a choice on family planning”*. This is in line with the findings of Tololu et al (2017) in a study among pastoralist women who are users of contraceptive, it revealed that the Pastoralist women who discussed with their husbands about child spacing are 4.4 times more likely to use contraceptives than their counterparts who never discuss, 62.4% of the couple however belief in couple discussion before uptake, approximately 70% of the pastoralist women never discuss family planning issues with their spouses. (Tololu et al.2017)

Men’s engagement will harness family planning support through gender equitable attitudes (Gebrie, Abraha, Garoma, Deribe, Tefera & Morankar 2017). Debebe’s study revealed that women who have debated about modern contraceptive methods with their husbands were 6.09 times more likely to utilise modern contraceptive methods than those who did not. This might be due to the discussion that can result in effective decision on FP method choice and utilisation and the presence of discussion in the rural area showed that there might be good awareness about the FP methods.

Summary of Major Findings

The study revealed the following:

1. Twin myths, big stomach, Cancer, delay in return to fertility, cessation of menses, leanness, unexplainable sickness, fainting attacks, reduced sex drive, pus at site of implant especially during removal and that family planning is unscriptural.
2. Good spousal communication was evident among most of the respondents
3. Men are mostly decision makers but wives are the initiators of modern contraceptives.
4. Few women commenced contraceptive without their spouses' approval.
5. Men prefer to be supportive rather than be a client

Conclusion

It can be concluded and that married men still refuse to be family planning clients but supporters. Myths and misconceptions like having more children after twins, delay in return to fertility, cancer, leanness, prolonged bleeding, protruded stomach among others are held on and believed to affect modern contraceptives use.

Recommendations

Based on the findings of this study, the following recommendations are made;

1. The proportion of modern contraceptive utilisation among couples in the study area was found to be average, therefore the health care providers should organize outreaches to increase awareness and counseling about contraceptives and also to empower couples on choice to make.
2. Stakeholders in the health committee of the community should liaise with nearby health facility for quarterly outreach program in the community pending the availability of her own health facility.
3. Different media such as billboards and posters to dispel myths and misconceptions attached to modern contraceptive should be strategically placed in the community
4. Men should be involved as clients, supportive partners and change agents in the community. As clients to receive family planning using male family planning services and using male family planning methods; as supportive partners to actively involved in family planning issues, communicating and negotiating fertility desires and family planning use with their partners; as change agents those acting as leaders in shifting societal norms, attitudes and behavior towards women and girls and their place in families, communities and societies at large.

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