Men's Involvement In Contraceptives Use And Quality Of Life Of Women In Nigeria: Implications For FP2020

Over the last six decades, the world has looked for ways of curtailing the growth of population, with specific emphasis on policies and programmes that could enhance the use of contraceptives, lower number of births per woman, with improvement on their quality of life. The 1994 International Conference on Population and Development (ICPD) action plan effectively changed earlier strategies of achieving demographic targets specifically through the provision of family planning to addressing critical essential issues (safe motherhood, exposure to reproductive tract infections, sexually transmitted diseases) with the aim of improving quality of life and the wellbeing of women (UNFPA, 1995). In achieving this, prominence has been given to male involvement in health issues regarding women with the focus on achieving gender equality and promoting reproductive rights of women. In a wider context, this has been closely linked to the impact of gender – based violence on the well-being of women, coerced sex in marriage, dating without contraceptives, rape, early and child marriage and the overall quality of life of women in varied settings (Bernstein & Hansen 2006). Early marriage, for instance, apart from the health risks of exposure of the girl child to early and unintended pregnancies, reduced childhood, access to health care and family planning services has been linked to limited capacity to earn income (Haberland, Nicole, Eric. Chong & Bracken 2006,Adedokun & Adeyemi 2016). While the notion of reproductive rights entails the rights of women to engage in sexual relations, decide on the number of children and when to have next child, it also includes the right to make decisions regarding reproduction free of discrimination, coercion and violence. In most parts of Africa, studies have shown that several millions of women have unmet needs for modern contraceptives which continue to result in unintended pregnancies, with attendant complications in pregnancy, during child birth or from unsafe abortions (Nicole, Eric. Chong and. Bracken. 2006). The women study projects conducted in Mali and Zimbabwe revealed that family planning offers numerous benefits such as reduced fear of unplanned pregnancies, freedom to enjoy sexual relationships, relieving women from the stress of caring for large families, economic security and opportunities for higher education (Adedokun, , 2000; Baraba et al 1999). It has also been confirmed that women who spaced their children and have few number of children commit more time and resources to each child (Blake, 1989), a possible indication of a better quality of life.

However, the persistent (household and marital) power dynamics between men and women in most countries of sub-Saharan Africa has continued to deny women necessary access to contraceptive use as decision-making on this is still highly controlled by their male partners. Also, several socio-cultural factors in most of these Africancountries restrain women from fulfilling their child-spacing desires and accessing health care services, including family planning services. A growing number of literatures have therefore recognized men as a clog in the wheel of women's reproductive health issues and believe that involving men in reproductive health decisions will transfer power from men to women (Cleland, Ndugwa, Zulu. 2011, NpopC 2009, Greene & Biddlecom, 2000, Biddlecom & Fapohunda, 1998).) . Hartmann, Gilles, Shattuck, Kerner & Guest (2012), in their study explained that men's involvement in the use of contraceptives will improve spousal relationship and women's participation regarding reproductive decision making. Some studies have also confirmed that good knowledge and positive attitudes of men towards birth spacing, ideal family size and contraceptives will greatly influence women's uptake of family planning (Vouking, Evina & Tadenfok 2014, Oyediran, Ishola & Feyisetan 2002 Ezeh, Seroussi & Raggers 1996).

In Nigeria (and indeed many African countries), the need for deep introspection and action against a growing population problem is urgent, to avoid a demographic disaster in the next few decades. In a setting where the social norms are in favour of men, male involvement should be considered a dominant factor for a successful outcome of reproductive health programmes, especially family planning. It is mainly through this that one can predict the success of achieving an additional 120 million women and adolescent girls using modern contraceptives by year 2020. This study therefore examines the relationship between men's involvement in contraceptive use and quality of life of women in Nigeria, with implications for FP2020.

Research Questions

- What are the levels of male involvement in contraceptive decision- making in Nigeria?
- Do socio-demographic characteristics of women influence male involvement in contraceptive use among women in Nigeria?
- Does male involvement in contraceptive use influence quality of life of women in Nigeria?
- Is there any differentials (place of residence, religion and region) in quality of life among women whose partners are actively involved in contraceptive use decision- making?

Hypotheses

- There is a significant relationship between males involvement in contraceptive use and quality of life of women
- There is no significant relationship between socio-demographic characteristics and male involvement in contraceptive use
- There is significant differentials among women whose husbands are involved in contraceptive use decision-making.

METHODOLOGY

Nigeria Demographic and Health Survey (NDHS) data were used for the study after the approval had been sought from Measures DHS. Three sets of data, 2003, 2008 & 2013 were used to establish the trends for male involvement and contraceptive use among women in Nigeria. This is expected to be useful in the achievement of projection of MCPR in Nigeria. The individual women recode data were downloaded and weighted for proper representation. From each of these data, women that used modern contraceptives methods were extracted.

Variables

Outcome Variables

Quality of life was measured using the objective components of the definition of quality of life by United Nations. Out of the nine segments used to objectively measure quality of life, four of the components selected and used for this study are education, wealth index, human rights and occupation and work conditions. The human right component was divided into rights to family decision- making (women participation in health care, family purchase and family visits) and sexual rights. These variables were merged together and re-categorize into full autonomy and partial or no autonomy. Sexual right was determined by whether the respondents can refuse sex

and whether the respondents can ask the partner to use condom and women who took all the two decisions were categorized as having sexual right. On occupation and work conditions, three different variables used are respondent's employer, location of respondent's are work and type of earning,

Explanatory Variables

The explanatory variables identified were age, religion, place of residence, region, number of living children, total number of children ever born, age at first marriage, age at first intercourse and partners level of education.

Independent Variable

The independent variable was male involvement in contraceptives use. The variable used to measure this was decision making concerning contraception. This was re-categorized into three: respondent alone, husband/partner and joint decision were merged together and others

Data Analysis

The data for the study were analyzed using three statistical methods, univariate to show the frequency distributions of the socio-demographic characteristics of the respondents, outcome variables and explanatory variables. The bivariate analysis was used to show the differentials among women whose partners were involved in contraceptive use decision-making. For multivariate analysis, three statistical techniques were used and four models were constructed to test the formulated hypotheses. Binary logistic regression was used to show the relationship with male involvement and two components of quality of life i.e. rights and work conditions. For rights, decision making was dichotomized into two, full autonomy =1 and partial or no autonomy =0. Having sexual right= 1, no sexual right =0. In respect to work condition whom the respondents was categorized into worked for someone else =1, self/family=0.Types of earning was divided into cash =1, kind=0. Multinomial regression analysis was used for wealth index. The wealth index was categorized into three, poor, moderate and rich. Moderate was used as base outcome for the relative risk of not involving males in the decision making with respect to other categories. Poisson regression was used to test the effect of male involvement on the level of education of women, since year of schooling is a count variable.

Result.

The study revealed that more than two-thirds of women who were currently using modern methods involved their husband/partners in decisions- making concerning contraceptive use in all the three data sets. Male involvement in contraceptive use increased with the level of education of women up to secondary education in all the three data sets while it increased with age of the respondents up to 34 years of age which is the most critical period of fertility behavior among women of reproductive age. Positive significant effect of age at first intercourse, age at first marriage and CEB among women who are currently using modern methods that involved their partners were established in the study.(2003, age at first marriage x^2 23.57 Pvalue =0.005, 2008 ,age at first intercourse x^2 76.252 Pvalue= .000, age at first marriage x^2 12.215

Pvalue .000, CEB x^2 22.673 Pvalue= .000) and 2013, age at first intercourse x^2 50.940 Pvalue= .000, age at first marriage x^2 19.691 Pvalue= .020, CEB x^2 22.884 Pvalue= .006) Significant differentials among women whose partners/husbands were involved in contraceptive use decisions were confirmed with all the variables of quality of life except with wealth index and types of earning in 2003 data set. Except in 2003, multinomial regression model revealed a significant relative risk among the poorest women whose partner/husband were not involved in the contraceptive decisions when compared with women with moderate wealth index which is the base outcome. (2008 unadjusted β= 2,328 P value=.000, adjusted β=2.335 P value= .000, 2013 unadjusted β =1.364 P value=..039, adjusted β= 1.101 Pvalue= .003). A higher effect of male involvement on women's well-being was reaffirmed with the Poison regression model in all the three data sets.

Conclusion and Contribution to Knowledge

This study reaffirmed the significance of male involvement in contraceptive use decision-making among women in Nigeria. Since one of the commitments of the London Summit is to increase the demand and support for family planning by removing barriers to its access and use by 2020, it is very imperative to revisit strategies that involve men in family programmes, if" the right of an additional 120 women and girls in the world's poorest countries to use contraceptive without coercion and discrimination" will be achieved. For example, in Nigeria, only 15.1% of married women of reproductive age were currently using any contraceptive with a significant unmet need in this study. Achieving Contraceptive Prevalence Rate (CPR) of 36% by 2020 requires comprehensive knowledge and information on the relevance of family planning to families with respect to quality of life of women, apart from the reduction in maternal and infant mortality. Changing behavioural attitudes of men towards family planning is therefore essential and urgent, looking at the uncovered benefits in this study such as, sexual and reproductive rights, reduction in poverty, improved work conditions and wellbeing of well and children.