

Fertility Desire and Contraceptive Use among Married Men in Akoko North East Local Government Ondo State, Nigeria

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Abstract

Background: Fertility desire of men is a strong indicator of contraceptive use, future childbearing and also a factor in population growth of developing countries.

Objective: This study is to determine the contraceptive prevalence rate among married men. Also, assessed the attitude of men towards the use of contraception and identified factors that influence contraceptive use among married men.

Material and Methods: The study was a descriptive cross – sectional survey that employed the use of quantitative and qualitative data collection techniques. Multistage sampling technique was used to select 300 respondents from communities in Akoko North East Local Government, Ondo State. An interviewer – administered questionnaire was used to collect data on socio-demographic characteristics of the respondents, fertility desire of married men, contraceptive use among married men as well as respondent's attitude towards the use of contraception. The qualitative part of the study employed 6 focus group discussion sessions conducted among the respondents. The quantitative data was analysed using the IBM Statistical Product for Service Solution (SPSS Version 21). The level of significance was determined at $p < 0.05$.

Results: The results showed that the mean age of respondents was 41.45 ± 7.40 years and 91% of the respondents married between ages of 20-34 years. The prevalence of current contraceptive use was 48.7% and 75.7% of the respondents are currently using male condoms and withdrawal method (62.2%). The respondent's partners used IUD (23.7%), implants (18.4%) and injectables (15.8%). 55% percent of the respondents had positive attitude towards use of contraception while 45% had negative attitude. Factors identified that significantly influenced contraceptive use among married men were age, marriage type, number of children, number of children desired, occupational status, religion and monthly income. Respondents who are below 40 years were 63% less likely to use contraceptives, respondents that are monogamous are six times more likely to use contraceptive, respondents who have less than three children are 95% less likely to use contraceptives, respondents who desired less than three children are 26% less likely to use

contraceptives respondents who are Christians are nine times more likely to use contraceptives, respondents who are skilled are 60 times more likely to use contraceptives and respondents who earn less than 45000 are 80% less likely to use contraceptives.

Conclusion: The study concluded that fertility desire is high among the respondents and contraceptive use among men is low in spite of the positive attitude towards contraception. Age, religion, number of children, marriage type and occupation were significant factors identified influencing contraceptive use.

Keywords: *Fertility Desire; Contraceptive use; Married Men*

Introduction

High fertility remains one of the problems of development in Sub-Saharan Africa. In Sub-Saharan Africa, fertility rates are among the highest in the world as a result of high fertility desires and unmet needs for contraception (Odunsina, Bisiriyu and Akinyemi 2015). Total fertility is an estimation of both marital and non-marital fertility which are on high side in most developing countries (Odunsina et al., 2014). Total fertility in West African countries ranges from 4.0 in Ghana to 7.0 in Niger, though there is evidence of slight decrease in few countries such as Algeria and Morocco with 1.5 and 2.1 respectively (Nigerian Population Commission and ICF Macro, 2004 and 2009). Total fertility in Nigeria (5.5) is higher compared to that of Ghana and Liberia in the same region of West Africa. Total fertility was 5.2 in Liberia and 4.0 in Ghana in 2007 and 2008 respectively. The countries with higher total fertility include Niger (7.0), Mali (6.6) and Burkina Faso (5.9) (NPC and ICF Macro, 1999, 2004, and 2009).

Fertility has been defined as the natural capability to produce offspring. Fertility desire of men is a strong indicator of contraceptive use, future childbearing and also a factor in population growth of developing countries (Mazharul and Bairag, 2003; Morga and Rackin, 2010). Odunsina et al., (2014) stated that fertility level of couples would not go below fertility desire even if unmet need of couples for contraception were satisfied. It has also been reported that decline in fertility desire was necessary for further decline in fertility rate (Casterline and Roushdy 2007).

Contraception refers to the deliberate prevention of pregnancy using traditional or modern methods (Olugbenga-Bello et al., 2011; Obinna, 2011). Men have different perspectives on the use of contraception among women, and by extension their partners. Men often overestimate their reproductive health knowledge, highlighting

the need for male-friendly and male-inclusive health services (Makenzius, Gadin, Tyden, Romild, Larsson, 2009).

In Nigeria, the current prevalence rate for contraceptive use is 15%, an increase of just 2% since 2003 NDHS. This rate is very low in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods in Nigeria (Odewale et al., 2016). Most of these contraceptive users rely on modern method (10%), 5% use traditional methods. Injectables (3%), male condoms (2%), and the pill (2%) are the most common used modern methods. Other modern methods are used by 1% of women or less and 3% of currently married women use withdrawal as a method of contraception (NDHS, 2013).

The two modern methods of contraceptives available to men are use of condom and vasectomy. Condom is commonly used by men between the age of 15 to 49 (33%) (Olayinka and Alele, 2016) and vasectomy is a rarely used among Nigerian men. There are only two cases of voluntary vasectomy performed over a 30-year period at University College Hospital in Ibadan (Akinwuntan and Shittu, 2008). In a study in Jos, Northern Nigeria, only 10 cases of vasectomy were recorded over a 16-year period compared with 3,675 female sterilizations (Mutahir et al., 2004).

A high level of awareness on contraception but very low level of use has been established in studies in Nigeria (Adeyemo, Oladipupo and Omisore, 2012). There are several obstacles to contraceptive use in the country. Studies in Nigeria and elsewhere in sub-Saharan Africa have shown that major obstacles to the adoption of modern contraceptive behavior include myths and misinformation or rumors and unconfirmed information passed within social networks (Olugbenga, Abodunrin, and Adeomi, 2011).

A study on the socio-cultural factors influencing contraceptive use among couples in Ibadan Metropolis indicated five factors affecting contraceptive use; these include age differences, religion, occupation, and parity and marriage type (Oladeji 2008). It was also positive age, religion affiliation, previous contraceptive use, awareness of contraceptive side effects, educational level, occupation, and spousal communication about contraception, approval of contraceptive methods and number of children ever born as factors influencing contraceptive use (Oyedokun 2007).

Conversely, communities with higher proportions of Muslim and polygamous marriages negatively predicted use of modern contraceptives (Hussain et al., 2013). The South West Zone compared with all the other zones of the country except the South East zone had significant lower odds of contraceptive use (Ejembi et al., 2015). Poverty and rural residence had no significant effect on use of modern contraceptives (Ejembi et al., 2015). The study was a descriptive cross – sectional survey which employed quantitative and qualitative survey.

Methods

Multistage (two stage) sampling technique was employed in this study, his questionnaire was pre-tested among 30 married men in Akoko Southwest local government, Ondo state, Nigeria. This was done to validate the instrument. Thereafter, the instrument was subjected to a measure of internal consistency using the Cronbach's Alpha. Also, the focus group discussion guide consists of 5 questions which were centred on fertility desire of men to complement the data from quantitative study. Questions were asked on family size, number of children and sex preference.

Three levels of statistical analyses were employed; univariate analysis was used to determine proportion of socio-demographic variables (age, level of education, religion affiliations, marriage type, occupation, number of children ever born). The current contraceptive use was the proportion of men who were using contraceptive in the study population. At bivariate level, chi-square test was used to determine association between socio-demographic factors and fertility desire and as well as current contraceptive use. Multivariate analysis (binary logistic regression) was used to identify factors influencing current contraceptive use. Data from focus group discussion were transcribed and analysed using content analysis. The information on fertility desire were presented in themes and subthemes. The information was used to complement the findings

of quantitative survey. Data were entered and analysed using IBM Statistical Product for Service Solutions (IBM SPSS 21 version).

Results and Discussion

The study showed that fertility desire among respondents was high. Most of the respondents desired to have more children (Table 1). This was in agreement with study conducted in Uyo, Akwa Ibom State which showed high fertility (Umoh, Abba and Ekanem (2011). All the respondents desire to have children with most of the respondents desired to have between 4 and 5 children (Table 1). This was consistent with report of a review of reproductive preferences in 60 countries using data from Demographic and Health Surveys (DHS) conducted between 1998 and 2008 which concluded that the number of children desired remained highest in western and middle Africa with an average of 6 children desired during that period (Westoff, 2008). Most of them desire to have male children than female. This was in agreement with a study conducted on desire for son and excess fertility in India which reported the desire for male children (Chauduri, 2012).

Variables	Frequency (n)	Percentage (%)
Age group (years)		
24-29	18	6.0
30-34	18	6.0
35-49	219	73.0
50 and above	45	15.0
Mean±SD	41.45±7.40	
Age at marriage		
15-19	6	2.0
20-34	273	91.0
35 and above	21	7.0
Mean±SD	26.88±4.53	
Marriage type		
Monogamy	231	77.0
Polygamy	69	23.0
Number of children		
1-2	81	27.0
3-4	129	43.0
5-6	90	30.0
Mean±SD	3.82±2.00	
Number of children ever born		
1-2	64	21.0

3-4	143	48.0
5+	93	31.0
Mean±SD	3.84±2.12	
Ethnicity		
Yoruba	243	81.0
Igbo	33	11.0
Hausa	24	8.0
Religion		
Christianity	141	47.0
Islam	158	52.7
Others (Traditional)	1	0.3

Table 1: Socio-demographic Characteristics of Respondents (N= 300).

About half of the respondents reported joint decisions in determining family size. This was also in line with reports of study on fertility behaviors and decision-making among couples in Cross River State, Nigeria. It stated that spousal communication and the involvement of men in fertility planning enhances the chances of fertility control and increases couples chances of happier life (Undelikwo et al., (2013). Majority of the respondents desired many children as they believe it is a gift from God. However, it was reported that it is not right to specify the number of children. This suggested that there was no communication on family size among the couple. This might be as a result of cultural and religion beliefs of the respondents. All these might be responsible for high fertility desire in the study area. The study showed that majority of the respondents has ever used contraceptives (Figure 1). This was in line with report of studies that demonstrated widespread knowl-edge of contraceptive options in Nigeria and high proportion of ever use of contraceptives (Ikechebelu et a., 2005; Monjok et al, 2010). The prevalence of contraceptive use among respondents is 48.0%. This was slightly above 38% prevalence reported in a study conducted in Nigeria (Adeyemi et al., 2015). Majority of the respondents are currently using male condoms followed by withdrawal method. This was in line with finding of the study conducted in Ondo State on prevalence and determinants on male condom utilization which reported condom as the common methods of contraceptive use (Olayinka and Alele, 2016). It was also similar to the finding of the study conducted in Nigeria on assessment of contraceptive use among sexually active men in Nigeria which reported condom as the dominant method followed by withdrawal and abstinence (Asa, Titilayo, 2016). Hussain et al (2013) reported the dominance of condom use in his study among

among male soldiers in Sobi barracks, Ilorin, Nigeria. Most of the respondent's partners preferred IUD as their choice of contraceptives. This was similar to the findings of the study conducted on contraceptive uptake among women attending family planning clinic in a Nigerian tertiary health facility which concluded that IUD was the most popular method of contraception in Ife-Ijesha area of Nigeria (Ijarotimi et al., 2015). The problem encountered by respondents in the current use of contraceptives was mostly reduction of sexual pleasure (55%). This was in line by the study conducted in Ghana among married men on condom myths and misconception which reported that most of the condom users complained of reduction of sexual pleasure (Daniel, 2012).

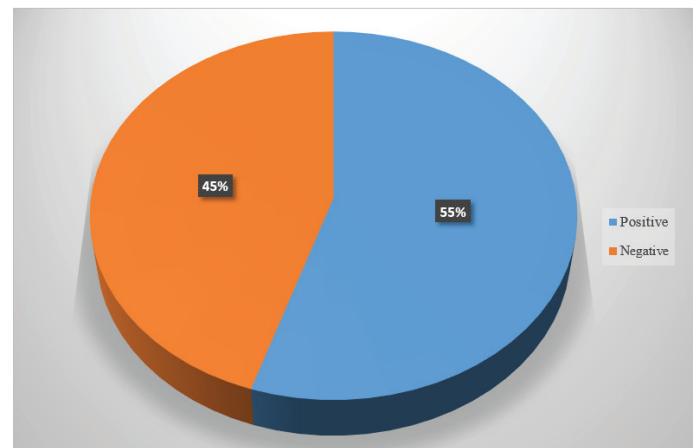


Figure 1: Categories of Attitude of respondents towards the use of contraception.

The study showed that majority of the respondents agreed contraceptives is safe and have very few contradictions. This was in agreement with the findings of the study conducted on determinants of family planning among married people in Lagos-state in which majority of the respondents professed that contraceptives are safe (Alade, 2012). Most of the respondents agreed vasectomy is against cultural belief. This was supported with the findings of the study conducted on attitudes and acceptance of Nigerian towards vasectomy which concluded that about 74% of their respondents rejected vasectomy and the major reasons provided were fear cultural belief and fear of surgery (Tijani et al., 2013).

More than half of the respondents have positive attitude towards contraceptive use (Table 2). This was in agreement with the report of the work conducted in seven countries; attitude to contraceptive use is significantly positive among currently married men compared with never-married men (and sometimes formerly married men) (MacQuarrie et al., (2015). Also, Judith E, Anna V, Neil M. (2009) concluded that men generally had a favourable attitude towards the use of contraceptives. This was also supported by report from a study on Knowledge and attitude of men about vasectomy as a method of family planning among married men working in Babcock University, Ogun state, Nigeria which reported positive attitude towards vasectomy (Owopetu et al., 2012).

This study revealed that most of the respondents believed contraceptives are safe with few side effect. This showed awareness about contraceptives functions and usage are increasing which is definitely a positive trend for the usage. Also, most of the respondents agreed contraceptive help to maintain good health especially for women of reproductive age to ensure child spacing and unwanted pregnancy. It was also deduced from this study that the coverage of family planning clinic is not enough as most the respondents agreed contraceptives should more available and accessible.

Attitudinal Statements	Agreed		Disagreed		Indifferent	
	N	(%)	N	(%)	N	(%)
Contraceptives are safe and have very few contradictions	267	(89.0)	30	(10.0)	3	(1.0)
Contraceptives can cause delay in pregnancy in later life	213	(71.0)	75	(25.0)	12	(4.0)
Men should advise their partners to use contraceptives during sexual intercourse.	237	(79.0)	54	(18.0)	9	(3.0)
Contraceptives can only be used if approved by one's partner	225	(75.0)	69	(23.0)	6	(2.0)
Contraceptive should be available over the counter (OTC) without prescription	201	(67.0)	66	(22.0)	33	(11.0)
Contraceptives are good for spacing children	261	(87.0)	30	(10.0)	9	(3.0)
Contraceptives help to maintain good health	186	(62.0)	60	(20.0)	54	(18.0)
Women are responsible for the upbringing of children and house-keeping and men decide on contraceptive use	219	(73.0)	63	(21.0)	18	(6.0)
Husband and wife should make decision on spacing of children	261	(87.0)	18	(6.0)	21	(7.0)
Men should accompany spouse/partner to hospital or pharmacy to purchase contraceptive	246	(82.0)	39	(13.0)	15	(5.0)
Men should decide the type of contraceptive to be used	240	(80.0)	51	(17.0)	9	(3.0)
Practice of vasectomy is against cultural belief	228	(76.0)	27	(9.0)	45	(15.0)

Table 2: Attitude of respondents towards use of contraception.

*Preferred methods	Frequency (n=300)	Percentage (%)
Withdrawal	117	39.0
Male condom	237	79.0
Female condom	24	8.0
Oral CP	27	9.0
Injectable	63	21.0
Implants	60	20.0
IUD	72	24.0
Sterilization	3	1.0

Table 3: Preferred Methods of Contraceptives for Respondents and their Partners.

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Factors	Current use		Total n= 228	χ^2 fisher's exact	p value
	Yes n (%)	No n (%)			
Age of respondents (years)					
<40	54 (39.1)	84 (60.9)	138 (100)	12.773	0.001*
\geq 40	57 (63.3)	33 (36.7)	90 (100)		
Age at marriage (years)					
<25	21 (35.0)	39 (77.4)	60 (100)	6.103	0.013*
>25	90 (53.6)	78 (46.4)	168 (100)		
Marriage type					
Monogamy	105 (54.7)	87 (45.3)	192 (100)	17.542	0.001*
Polygamy	6 (16.7)	30 (83.3)	36 (100)		
Number of children					
<3	15 (18.5)	66 (81.5)	81 (100)	45.760	0.001*
>3	96 (65.3)	51 (34.7)	147 (100)		
Number of children desired					
<3	60 (70.5)	25 (29.5)	85 (100)	25.069	0.001*
\geq 3	51(35.7)	92 (64.3)	143 (100)		
Level of education					
Primary	30 (47.6)	33 (52.4)	63 (100)	0.128	0.938
Secondary	30 (47.6)	33 (52.4)	63 (100)		
Tertiary	51 (50.0)	51 (50.0)	102 (100)		
Occupation status					
Unskilled	30 (32.3)	63 (67.7)	93 (100)	18.164	0.001*
Skilled	30 (66.7)	15 (33.3)	45 (100)		
Professional	51 (56.7)	39 (43.3)	90 (100)		
Monthly income (Naira)					
<45000	9 (30.0)	21 (70.0)	30 (100)	4.827	0.028*
>45000	102 (44.7)	96 (48.5)	198 (100)		
Religion					
Christianity	69 (60.5)	45 (39.5)	114 (100)	12.798	0.001*
Others (Muslim, Traditional)	42 (36.8)	72 (63.2)	114 (100)		
Ethnicity					
Yoruba	93 (49.2)	96 (50.8)	189 (100)	0.121	0.728
Others (Igbo, Hausa)	18 (46.2)	21 (53.8)	39 (100)		

*significant

Table 4: Factors influencing current contraceptive use among respondents.

The study identified age of respondents, marriage type, and number of children, religion, occupation status and income as factors influencing contraceptive use (Table 5). This was in agreement with report of the study on socio – cultural factors influencing family choices and contraceptive use among couples in Ibadan Metropolis. The study reported five factors affecting contraceptive use which include age, religion, number of children and marriage type

(Oladeji, 2008). Age of respondent is a significant factor that influenced contraceptive use. This was supported by finding of a study conducted in Nigeria where age, education, place of residence, number of children were key factors influencing contraceptive use (Oyediran, 2002, Ishola 2002). This was also in line with finding of a study conducted among sexually active men in Nigeria which reported age had a statistically significant effect on men's contraceptive use (Asa et al., 2013).

Factors	Current use		Total n= 228	χ^2 fisher's exact	p value
	Yes n (%)	No n (%)			
Age of respondents (years)					
<40	54 (39.1)	84 (60.9)	138 (100)	12.773	0.001*
≥40	57 (63.3)	33 (36.7)	90 (100)		
Age at marriage (years)					
<25	21 (35.0)	39 (77.4)	60 (100)	6.103	0.013*
>25	90 (53.6)	78 (46.4)	168 (100)		
Marriage type					
Monogamy	105 (54.7)	87 (45.3)	192 (100)	17.542	0.001*
Polygamy	6 (16.7)	30 (83.3)	36 (100)		
Number of children					
<3	15 (18.5)	66 (81.5)	81 (100)	45.760	0.001*
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Number of children desired					
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Level of education					
Primary	30 (47.6)	33 (52.4)	63 (100)	0.128	0.938
Secondary	30 (47.6)	33 (52.4)	63 (100)		
Tertiary	51 (50.0)	51 (50.0)	102 (100)		
Occupation status					
Unskilled	30 (32.3)	63 (67.7)	93 (100)	18.164	0.001*
Skilled	30 (66.7)	15 (33.3)	45 (100)		
Professional	51 (56.7)	39 (43.3)	90 (100)		
Monthly income (Naira)					
<45000	9 (30.0)	21 (70.0)	30 (100)	4.827	0.028*
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Religion					
Christianity	69 (60.5)	45 (39.5)	114 (100)	12.798	0.001*

Others (Muslim, Traditional)	42 (36.8)	72 (63.2)	114 (100)		
Ethnicity					
Yoruba	93 (49.2)	96 (50.8)	189 (100)	0.121	0.728
Others (Igbo, Hausa)	18 (46.2)	21 (53.8)	39 (100)		

Table 5: Factors influencing current contraceptive use among respondents.

The number of children and children desired were a significant factor influencing contraceptives use. This was in agreement with a study conducted in Nigeria on contextual factors influencing modern contraceptive use concluded that number of children is an important factors influencing contraceptive use (Ejembi, Dahiru and Aliyu, 2015). This finding was also supported by many other studies showing an inverse relationship between desire for more children and use of contraceptives (Caldwell, 2000; Mahmood, 1999; Stephenson et al., 2007; Uchindi 2001; Yihunie et al., 2013). Findings from this study revealed professionals are more likely to use contraceptives compare with the unskilled. This finding was supported by a study on trends in the contraceptive method mix in low and middle income countries which reported occupation and exposure play a significant role in the use of contraceptives.

In this study the odds of contraceptive use was higher among married men with more than three children. This was in an agreement with study which reported men who had few children (1-4) having increased odds of using contraception compared with men with no children (Kabagenyi et al., 2014). Religion is a significant factor influencing contraceptive use. This was supported by the report of lower levels of approval among Muslims compared to Christians in Sub – Saharan Africa (Kristin, 2015). This was also in agreement with the findings of the study conducted in Ilorin which reported that communities with higher proportions of Muslim and polygamous marriages negatively predicted use of modern contraceptives (Hussain et al., 2013). Marriage type was a significant factor influencing contraceptive use. This was in agreement with the report of contextual factors on modern contraceptive use in Nigeria that couple in monogamous unions and Christians had significantly higher odds of modern contraceptive use than couple in polygamous unions and Muslim (Ejembi et al., 2015).

Conclusion

The study observed that fertility desire is high among the respondents. The prevalence of contraceptive use was below average. Contraceptives commonly used among respondents are male condom and withdrawal method, while intrauterine device, implants and injectables are commonly used by their partners. Majority of the respondents had positive attitudes towards contraceptive use. Age, marriage type, occupation, religion, number of children and monthly income were factors identified influencing contraceptive use.

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