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SUPPLEMENT ARTICLE

Factors associated with contraceptive ideation among urban men in Nigeria

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ABSTRACT

Objective: To determine factors influencing the readiness of urban Nigerian men to adopt contraceptive methods. **Methods:** The data were derived from a cross-sectional household survey conducted in Ibadan and Kaduna between September and November 2012. The sample included 2358 men from both cities. An ideation framework was constructed and a multilevel analysis performed to identify factors associated with positive thinking about contraception. **Results:** Correlates of ideation operated at the individual, household, and community levels. There is considerable cluster-level variability in ideation score. The key correlates included exposure to family planning promotion campaigns, education, age, religion, marital status, and community norms. Compared with no education, high education is associated with an approximately 6.7-point increase in ideation score ($P < 0.001$). Men with a high level of NURHI program exposure had an average ideation score that was about 3.4 points higher than for their peers with no exposure ($P < 0.001$). The ideation score for Muslims was lower by approximately 1.7 points, on average, than for Christians ($P < 0.001$). **Conclusion:** A comprehensive strategy of communication and behavior change activities surrounding contraceptive use should be tailored to meet the needs of specific groups of men. Community-level interventions designed to mobilize community members and change social norms that hinder the spread of ideational characteristics that favor contraceptive use should be part of this comprehensive strategy.

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1. Introduction

In Nigeria, only 15.1% of currently married women use any contraceptive method, with just 9.8% using a modern method of contraception [1]. The consequences of such low contraceptive use include unintended pregnancies and maternal mortality owing to complications associated with pregnancy and childbirth. Fertility remains high in Nigeria with an average rate of 5.5 children per women [1]; moreover, the national maternal mortality ratio is among the highest in the world, at an estimated 630 deaths per 100 000 births in 2010 [2]. The 2013 Nigerian Demographic and Health Survey found no change in contraceptive prevalence since 2008 [1]. Moreover, fertility desires continue to be high among both Nigerian men and women [1, 3].

Nigerian men are often the final decision-makers on key household issues, including those related to household purchases, health of family members, timing of pregnancies, family size, and education of children. The attitudes of men toward family planning can affect their partner's

contraceptive attitudes, even when spousal communication about reproductive health is not the norm [4]. Programmatic and policy efforts to promote contraceptive use have often focused on women [5]. Nevertheless, women-only programs or those that involve men in a limited way are not sufficient to bring about the magnitude of change in contraceptive use that is required for fertility decline at a national level [6]. This situation has prompted a shift toward increased involvement of men and a realization that social construction of masculinity and femininity should inform effective strategies for promoting contraceptive uptake and reducing unplanned pregnancies [7]. The evidence suggests that engaging men in reproductive health decisions as partners can lead to increased spousal communication about family planning, which in turn fosters contraceptive use [8].

Kincaid [9] defined ideation as “new ways of thinking and the diffusion of those ways of thinking by means of social interactions in local, culturally homogeneous communities.” Ideation is constructed as a model with three components, each of which comprises several elements: cognitive (knowledge, attitudes, perceived risk, subjective norms, and self-image); emotional (emotional response, empathy, and self-efficacy); and social interaction (social support and influence, spousal communication, and personal advocacy) [9]. The model is predictive, with the ideation variables working individually and synergistically to

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influence health outcomes. Conceptually, ideation measures a person's readiness to act.

Contraceptive use has been linked to individual ideational elements, including spousal communication, perceived spousal approval of contraception, perceived normative support, perceived peer behaviors, perceived self-efficacy for contraceptive use, and positive attitudes about contraception [10–12]. By contrast, negative attitudes—such as fear of adverse effects or perception of the disadvantages of contraception—are frequently cited reasons for lack of contraceptive use [13]. Some research has correlated the ideation model with contraceptive use and contraceptive intention in various settings. Using a score for ideation derived from several variables, these studies have shown that increases in the level of ideation are associated with a rise in contraceptive prevalence and intention to use [9, 14, 15].

The importance of ideation for contraceptive use among women is well documented; however, there has been little research on the correlates and effects of ideation among men. Understanding the factors that influence contraceptive ideation among men (i.e. the way individuals think about contraception for limiting or spacing pregnancies) is relevant for developing appropriate engagement strategies.

The aim of the present study was to use a multilevel analytic approach to identify key correlates of contraceptive ideation among men living in two Nigerian cities.

2. Materials and methods

An analysis was performed using data derived from a mid-term cross-sectional household survey conducted by the Measurement, Learning & Evaluation Project in Ibadan and Kaduna, Nigeria, from September to November, 2012 [16]. This survey formed part of a complex strategy to evaluate the effects of the Nigeria Urban Reproductive Health Initiative (NURHI), a project funded by the Bill and Melinda Gates Foundation. The Nigeria National Research Health Ethics Committee, Federal Ministry of Health, Abuja, Nigeria, and the institutional review board of the University of North Carolina at Chapel Hill, Chapel Hill, USA, approved the present study. All participants gave their verbal consent to be interviewed.

The two urban sites that were surveyed by the Measurement, Learning and Evaluation Project differed in terms of contraceptive methods used. Although the contraceptive prevalence rate among in-union women was comparable in Ibadan and Kaduna (36.9% vs 35.1%), 34.2% of the women who reported contraceptive use in Kaduna were using the lactational amenorrhea method versus 6.7% in Ibadan [16]. Conversely, contraceptive pills, injectable contraceptives, long-acting methods, and permanent methods contributed to 64.8% and 47.3% of the contraceptive prevalence rate in Ibadan and Kaduna, respectively [16].

The survey used a two-stage sampling design with random selection of both clusters and households within each cluster [16]. All eligible men aged 15–59 years in the selected households were approached to be interviewed. A total of 2358 men completed the interview.

The dependent variable assessed in the present study was contraceptive ideation, operationalized through 25 survey items that measured contraceptive awareness; myths and rumors about family planning; approval of family planning; spousal discussion of family planning; approval of government officials' open discussion of family planning; and perceived self-efficacy to use contraception under various conditions (Box 1). The standardized Cronbach α value for these 25 items was 0.781. The predictive values of several independent variables were assessed, including those measured at the individual, household, community, and city levels. The individual level variables include age; number of children ever born; level of exposure to the NURHI family planning campaign; education; religion; marital status; and employment status. The role of household wealth was assessed using quintiles for each city that were derived by principal component analysis of household and environmental assets. Media saturation in the cluster of residence and the predictive value of the city of residence were also evaluated.

Box 1

Items used to compute the score for contraceptive use ideation.

Contraceptive awareness The participants were first asked to list all of the contraceptive methods that they had ever heard of. They were then asked about any methods not mentioned. Spontaneous and probed responses were used to assess participants' awareness of the following methods:

- Female sterilization
- Male sterilization
- Oral contraceptives
- Intrauterine devices
- Injectable contraceptives
- Implants
- Female condom
- Lactational amenorrhea method

Myths and rumors about family planning Participants' level of disagreement with the following statements was measured using a Likert scale:

- The use of contraceptive injection can make a woman permanently infertile
- People who use family planning end up with health problems
- Contraceptives reduce women's sexual urge
- Contraceptives can cause cancer
- Contraceptives can lead to deformed newborns
- Contraceptives are dangerous to women's health
- Women who use family planning could become promiscuous

Approval of government officials' open discussion of family planning Measured using a "yes" or "no" question:

- Government officials should speak openly in favor of family planning

Perceived self-efficacy to use contraception Participants' perceived self-efficacy regarding the following scenarios was measured using a Likert scale:

- To start a conversation with his partner about family planning
- To convince his partner that they should use family planning
- To get to a place where family planning is offered if he decided to use it
- To obtain family planning if he decided to use it
- To use family planning even if his partner opposed such use
- To use family planning even if none of his friends or neighbors used it
- To use family planning even if religious leader did not think that he should

Spousal discussion of family planning Measured using a "yes" or "no" question:

- Discussed contraceptive use with his partner during the past 6 months

Approval of family planning Measured using a "yes" or "no" question:

- Approved of family planning

Individuals are, at a minimum, nested within their neighborhoods in any given population. Ideally, analytic methods should take this factor into consideration. Mixed effects linear regression was used to account

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