POWER DYNAMICS AND THE USE OF CONTRACEPTIVES AMONG COUPLES IN NIGERIA.

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Abstract

Previous research tends to ignore couple's contraceptive use based on existing power dynamics at the household level. Social Dominance Theory suggests that though men dominate at the household level and influence all the decisions, these men become really invisible when it comes to contraceptive use. This study attempts to explain the impact of power dynamics on contraceptive use among couples in Nigeria. Couple's data from the Nigeria Demographic and Health Survey from 2003-2013 were pooled together. Data were analyzed using Chi-Square, Cramer's V and Logistic Regression. The results showed that couple's decision making power have a significant impact on contraceptive use in Nigeria ($P<0.05$). Couples who desire more than two children are less likely to use contraceptive. Women who report intimate partners' violence are more likely to use a contraceptive. This study therefore suggests that men should be involved in family planning programs to enable increase in couples contraceptives use.

Background

The population of Africa, which is currently growing faster than any other major continents in the world, is estimated to account for 21 percent of world's population by the year 2050, from just 9 percent in 1950 (Population Reference Bureau, 2013). National Population Commission (2012) reported that Nigeria adds about 3.5 million people to its population annually, and if the growth rate is left unchecked, the population will double itself in the next 24 years. The use of contraceptives has been identified as an important tool to controlling this rapid population growth and protecting women's health. The total fertility rate among married couples is still on the high side, and one of the reasons for this is the low usage of contraceptives in Nigeria (Odusina, Akinyemi and Bisiriyu, 2014). Throughout the world, contraceptives use have also help prevent an estimated 2.7 million infant deaths (Darroch, Singh, & Nadeau, 2008).

Recent research estimates that there are 222 million women in developing countries with unmet needs for contraceptives (Darroch and Singh, 2013), and from the standpoint of women's reproductive health rights, unmet needs can be considered as an indicator of the violation of women's right and absence of empowerment (Ahlburg, Kelly and Manson 1996). The social dominance theory school of thought explains the factors responsible for this violation of women's right as a function of power relations between gender categories in the society and its influence on the use of contraceptives (Jalal, 2014). This theory indicated four bases for the power difference among couples in the society, which are; consensual ideologies, resource control, force and social obligation. The consensual ideologies explains gender roles and any other beliefs or expectation about men and women that are generally agreed upon in a society or culture that often put women in a weaker position in comparison to men (Rosenthal and Levy 2010). For instance, in many societies, it is commonly believed it is the duty of the men to protect and take care of the women, which is referred to as benevolent sexism (Glick et al. 2000). Such benevolent sexism puts women in a weaker position and helps to maintain low decision

making power and enhance gender inequality in the household (Anurag, 2014). In areas where wives' decision making is limited, the use of contraceptives is not extensive, and there are differences in husbands' and wives' fertility preferences, as well as use of contraceptives (Kurimoto and Mai Do, 2012). Control of resources by the household is also significant to the use of contraceptives, whoever controls the cash earnings of the family most times have more decision making power on contraceptives use, but generally control over productive resources (e.g. income, assets, e.tc.) usually favors men than women worldwide, and thus allows men's dominance in decision making regarding women reproductive health and contraceptive use (Connell 2005).

The fear of domestic and intimate partner violence(force) have been reported in many settings as a barrier to contraceptive use, the use of some contraceptives method, such as the pill, may raise the male partner's suspicion of infidelity, as well as challenge his authority, which may result in physical and domestic violence (Williams, Larsen and McCloskey, 2008). In sub-Sahara Africa, evidence of the relationship between domestic or physical violence and contraceptive use remains scarce, women who are victims of domestic violence are not likely to use any form of contraceptives, with the exception of Alio et al., who found that women who had experienced intimate partner violence were more likely than others to report contraceptive use (Alio 2009).

Furthermore, social obligations in many African societies place women in a weaker position regarding their contraceptives use desires by their responsibilities of childbearing and child caregiving (Jalal 2014). One study revealed that women in sub-Saharan Africa are expected to begin childbearing shortly after marriage to fulfill their roles as wives and mothers (Hindin 2000).

Methodology

This study analyses data from the couple's recode data of the NDHS datasets from 2003, 2008 and 2013. The three datasets was pooled together.

The sample size for the three datasets pooled together is 17,934. 1,148 respondents were drawn from the 2003 NDHS dataset, 8,342 from the 2008 NDHS dataset, while 8,444 respondents were drawn from the 2013 NDHS dataset. This study use the NDHS concepts of contraceptives use, there are about 13 different types of contraceptives as explained by the NHDS, these are pills, condoms, injectable, IUD, diaphragm, Female sterilization, periodic abstinence, withdrawal, Female condom, implants, Lactational Amenorrhea Method(LAM), other modern methods and standard days methods. Those couples who are not using any form of contraceptives are coded No = 0, and those who are currently using are coded Yes = 1.

The NDHS datasets from 2003, 2008 and 2013 couples recode was pooled, processed and analyzed using STATA application package (STATA 12.0). Univariate analysis in this study was carried out using tables of frequency distribution to describe the background characteristics of the respondents and. Bivariate analysis was done using the chi-square (χ^2) and Cramer's V test to show the association between use of contraceptives and the various socio economic and demographics background characteristics that are categorical variables. Furthermore, Logit regression model was used in the multivariate analysis to determine the strength of association and identify predictors of contraceptives use of couples in the study area, following the equation:

$\text{Log}\left(\frac{p}{1-p}\right) = \beta_o + \beta_1 x_1 + \beta_2 x_2 + \ldots \beta_n x_n.$ Hypothesis for this study was tested at 0.05 level of significance.

Result and Discussions.

Table1:

Logistic regression model showing the effect on the independent variables on Contraceptives use among couples, reported in Odds Ratio (Unadjusted)

	Pooled		2003		2008		2013	
Contraceptives use	**OR**	**P>|z|**	**OR**	**P>|z|**	**OR**	**P>|z|**	**OR**	**P>|z|**
Decisions (Wife)	1.0(RC)		1.0(RC)	-	1.0(RC)		1.0(RC)	
Husband	0.28	0.000	1.12	0.879	0.56	0.118	0.16	0.000
Joint decisions	0.56	0.002	1.31	0.731	0.85	0.672	0.43	0.000
Resources (Wife)	1.0(RC)	-	1.0(RC)	-	1.0(RC)	-	1.0(RC)	
Husband	1.22	0.027	1.72	0.175	1.14	0.299	1.28	0.053
Joint Decision	1.54	0.000	1.43	0.226	1.62	0.000	1.49	0.000
Force (No)	1.0(RC)	-	-	-	-	-	-	-
Yes	0.52	0.000	0.32	0.002	0.51	0.000	0.60	0.001
Ideal no of children(1-2)	1.0(RC)	-	1.0(RC)	-	1.0(RC)	-	1.0(RC)	-
3-4 Children	0.82	0.427	0.38	0.387	1.18	0.659	0.64	0.222
5+	0.22	0.000	0.10	0.039	0.28	0.001	0.20	0.000
No of living Children (0)	1.0(RC)	-	1.0(RC)	-	1.0(RC)	-	1.0(RC)	-
1-2 Children	5.14	0.000	9.88	0.029	3.41	0.000	7.52	0.000
3-4 Children	10.67	0.000	12.39	0.017	7.02	0.000	16.59	0.000
5+ Children	12.50	0.000	18.86	0.005	8.91	0.000	18.03	0.000

Source: NDHS, 2003-2013

The datasets pooled together, households where the husband alone makes decision are 72% less likely to use contraceptives. In 2003, those households are 12% more likely to use a contraceptive, while in 2008, such households are 15% less likely to use a contraceptive and in 2013 such households are 84% less likely to use a contraceptive compared to households where the wife alone makes decisions. Moreover, households where joint decisions are made are 54% less likely to use contraceptives when pooled together, and in 2003 households where joint decisions are made are 31% more likely to use a contraceptive to use, while in 2008, such households are 15% less likely to use a contraceptive and in 2013, 57% less likely to use a contraceptive, compared to households where wife alone makes decisions.

Control of resources was more likely to determine contraceptives use among households where the husband alone makes decision by 22% when the datasets are pooled. In 2003, households where the husband makes the decisions are 72% more likely to use contraceptives, while in 2008, households where the husband alone makes the decision are 14% more likely to use contraceptives, and in 2013 households where the husband makes the decision alone 49% more likely to use contraceptives, compared to households where the wife alone makes the decision. More so, households whose decision are jointly made are 54% more likely to use contraceptives with the datasets pooled together, while in the 2003 dataset, households where joint decisions are made are 43% more likely to use any contraceptive method. In 2008, such couples are 62% more likely to use contraceptives, and in 2013, they are 49% more likely to use contraceptives, compared to households where the wife alone makes such decisions.

Households where the use of force is pronounced are 48% less likely to use contraceptives when the dataset is pooled, 68% less likely to use contraceptives in 2003, 49% less likely to use contraceptives in 2008, and 40% less likely to use contraceptives in 2013. This

was similar to the result of Alio et al (2009) in their study on intimate partner's violence and contraceptives use among women in sub-Sahara Africa.

Couples how desire 3 to 4 children are 16% less likely to use contraceptive when the data are pooled, 62% less likely to use contraceptives in the 2003 data, 18% more likely to use a contraceptive in the 2008 dataset and 36% less likely to use a contraceptive, in comparison to those who have 1 to 2 children. Also couples who desire 5 children and above are 78% less likely to use a contraceptives when the data is pooled. Couples who have living children are more likely to use contraceptives than couples who do not have any children.

However, there is a table for the unadjusted, which is not shown, but the result is shown below.

The datasets pooled together, households where the husband alone makes decision are 38% less likely to use contraceptives. In 2003, those households are 55% more likely to use a contraceptive, while in 2008, such households are 15% more likely to use a contraceptive and in 2013 such households are 60% less likely to use a contraceptive compared to households where the wife alone makes decisions. Moreover, households where joint decisions are made are 28% less likely to use contraceptives when pooled together, and in 2003 households where joint decisions are made are 38% more likely to use a contraceptive to use, while in 2008, such households are 11% less likely to use a contraceptive and in 2013, 44% less likely to use a contraceptive, compared to households where wife alone makes decisions.

In the pooled data, Control of resources was more likely to determine contraceptives use among households where the husband alone makes decision by 5%, and households where both couples make joint decisions are 30% more likely to use contraceptives.

Households where the use of force is pronounced are 11% less likely to use contraceptives when the dataset is pooled. Couples how desire 3 to 4 children are 31% less likely to use contraceptive, while couples who desire 5 children and above are 58% less likely to use a contraceptive, when the data are pooled. Couples who have living children are more likely to use contraceptives than couples who do not have any children.

Couples who are Muslims are 27% less likely to use a contraceptive, and those who practice traditional religion are also 42% less likely to use contraceptives, couples who also practice different religion are also 16% less likely to use contraceptives, compared to the Christians. Households where either couples are educated, or one of them is educated are also more likely to use contraceptives, compared to households where both couples are not educated. Couples who are rich and those who are of average income are more likely to use contraceptives than those who are poor. Couples who live in North East, North West, South East and South South region of Nigeria are less likely to use contraceptives compared to those who live in North Central, while couples who live in the South West are 33% more likely to use contraceptives. Couples who also live in rural areas are 32% less likely to use contraceptives compared to couples in urban areas

Findings and recommendations

Decisions on the use of contraceptives is very important, and from every standpoint household decision making on the use of contraceptives is not strong in Nigeria. The Government should make sure there is gender equality among gender categories in the society, this will enable both parties sit together and make informed decisions about family planning and contraceptives use. Also, programs on contraceptive should also be extended to men and not focused only on women, this will enable them use contraceptives and by doing so, fertility will be reduced and the population will grow at a slower rate.

If family planning program targets men as potential clients, it will achieve more success than if it targets women alone.