INTER-SPOUSAL COMMUNICATION AS A DETERMINANT OF CONTRACEPTIVE USE IN NIGERIA: A MIXED METHOD

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Abstract

The need for understanding the level of communication among couples is important in reproductive health. Agreement by couples on contraceptive adoption is a major consideration if population growth will be reduced. Therefore this paper tests the hypothesis that there is no significant relationship between inter-spousal communication and contraceptive use in Nigeria. The study employed both quantitative and qualitative method of data collection. The quantitative data employed the 2013 Nigeria Demographic and Health Survey Couple recode dataset, while the qualitative data was collected using Focus Group Discussion. Data was analyzed using Stata13 and the qualitative data was analyzed using NVivo 11 software**.** The result of the logistic regression model showed that there is a significant relationship between inter-spousal communication and contraceptive use ($P<0.001$). The result of the unadjusted model showed a Log-likelihood ratio [LLR] = 2335.0875, R^2 = 27.05% and Chi-square= 1731.32 on 29 degree of freedom while, the adjusted model showed a [LLR] = 435.0011, R^2 = 38.20%, Chi-square= 268.36 on 32 degrees of freedom, $p<0.05$. The reduction of 1296.3189 in the Log-likelihood ratio and an increase of 11.15 % in the R^2 indicate a very good fit. In the qualitative study the findings showed that majority of the couples using contraceptives discussed with their spouses and more than half of them received their husband's maximum support. We conclude that couples communication will improve the uptake of contraceptives and reduce the increasing population growth in Nigeria.

Keywords: Inter-spousal, Communication, Contraceptive, Quantitative, Qualitative, Nigeria

1. INTRODUCTION

There is a general consensus that low utilization of modern contraceptive is key determinant of high fertility in developing countries (Bongaart, 2008 ; Cleland, 2012) and especially in Nigeria (WHO, 2005; Bogale, Mekite, Titza & Eshetu 2011). Nigeria is currently the 7th most populous country in the world, and projected to take the 4th position by 2050 (Population Reference Bureau (PRB), 2016) but occupies one of the poorest country in the world. If this growth is sustained, poverty would be entrenched, and it could affect almost all facets of Nigeria economy including demographic challenges. PRB (2016) put Nigeria's modern contraceptive prevalence rate (MCPR) at 10% (across all gender) and the current total fertility rate as 5.5 per woman. Other studies have also confirmed wide zonal variations in prevalence rates among the regions in Nigeria, ranging from 2.7 in North Central to 28.5 in South West (NDHS, 2013). Although, modern contraceptives such as (pills, IUD, injection) are meant for women, the influence of men in patriarchal society like Nigeria cannot be overemphasized.

Nigeria total fertility rate had remained consistently high for decades. From 5.9 in 1999, it only recorded a minimal drop of 0.4 and currently at 5.5 and the modern CPR had remained around 10% for decades (NDHS 1999, 2008, 2013; Ankomah, Anyati, Adebayo & Giwa, 2013). Statistics shows that 89.8 percent of men and 72.1 percent of women know at least one method of modern contraception in Nigeria. Also, the report of the NDHS, 2013 showed that North Central recorded the highest percentage of awareness of modern contraceptive in the northern region while, southwest recorded the highest in the south region representing 63.2 and 94.4 respectively. However, the high level of knowledge and awareness does not transform to use (NDHS 2013; Olugbenga-Bello, Abodunrin, & Adeomi, 2011).

In Nigeria, Asekun-Olarinmoye, and his colleagues (2013) reported that there have been increase in the knowledge of contraceptives with one person knowing at least 5 modern methods of contraception compare to the low knowledge reported in previous study (Oyedokun, 2007). However, barely one-tenth of the respondents used any modern method (Asekun-Olarinmoye, Adebimpe, Bamidele, Odu, Asekun-Olarinmoye & Ojofeitimi, 2013). Today in Nigeria, there are high rate of awareness but considerably low use of modern contraceptive methods (Ijadunola, Abiona & Ijadunola, 2010; Omolase, Faturoti, & Omolase, 2009; Oyedokun, 2007; Oye-Adediran, 2006; Rutstein 2005; Adinma & Nwosu, 2005).

Researchers and family therapists claimed that one of the core fundamentals in the appreciation of the marital relationship is communication (Fitzpatrick &. Ritchie 1994). Communication is not only instrumental for marital satisfaction but even one of the most crucial factors contributing to it (Karney & Bradbury 1995). Esere, Yussuf & Omotosho (2011) seconded the above and said "Majority of the unsuccessful unions is commonly caused by severe lack of communication among spouses". For one to have or enjoy a lengthy and lasting relationship with someone, one is required to have exceptional communication skills. Esere *et al*., (2011) and Sarwatay & Divatia (2016) in their study said that communication is extremely crucial in stabilizing a marriage. Devoid of it, it is virtually impracticable to resolve conflicts or grow a corporation.

Also Oladeji (2008) emphasized that effective communication and decision-making empowered people to use contraceptive and contribute significantly to fertility control. Kamran, Arif, & Vassos (2011) said lack of or unproductive husband and wife communication can hamper efficient contraceptive use. Islam along with his colleagues (2014) showed that discussion among husband and wife on birth control issues positively influence the couple's resolution to select an appropriate contraception to adopt. During the husband and wife discussion about birth control methods their experiences and side effects will also be discussed.

Interpersonal communication is a key factor in the adoption and sustained use of family planning because it allows couples to discuss and exchange information that may change strongly held beliefs and question on what may appear unclear. Therefore, this study aimed to find the effectiveness of interpersonal communication between married couples and its significant relationship with contraceptive use in Nigeria.

2. MATERIALS AND METHODS

2.1 Study design

The study used the mix-method approach which includes both quantitative and qualitative methods of data collection. Both Primary and Secondary data were used for this study. The quantitative data employed the most recent Nigeria Demographic and Health Survey (2013) Couple dataset and a total of 8,394 respondents were used for this study. For the primary data, qualitative data information was collected through Focus Group Discussion (FGD) among men and women of reproductive age in South West and North Central Nigeria. A total of 16 FGDS was conducted in the two locations.

2.2 Data and measurements

The dependent variable in this study is whether or not a couple (at least one of them) is using contraceptives. It is a dichotomous variable (Using = 1 and Not using = 0). The independent variables are individual (age, level of education, number of living children, occupation) and shared variables (religion, place of residence, region, wealth index, and type of union (i.e., monogamous or polygamous)). All the variables used were as classified in the NDHS, except for wealth index and occupation variables which were reduced to three categories in this study: wealth index (poor status, middle and rich status); Occupation (civil servant, self-employed and not working). Binary logistic regression was adopted due to the nature of the dependent variable. Consequently, this model checked for possible multi-collinearity among the independent variables before fitting a multiple regression model. The qualitative sessions was conducted in the local languages and then transcribed verbatim into English. Data sorting and analyses was guided by grounded theory and content analysis approach (Charmaz, 2006; Miles and Huberman, 1994) using QSR NVivo 11 software and group level matrices. In addition to using the discussion guide to develop analysis code, all transcripts were read to indentify emerging themes and sub-themes, words or concepts within text or sets of texts and evaluating the details and implication based on the research question and participants own words.

2.3 Data analysis

Three levels of statistical analysis were employed for the quantitative method. The univariate analysis used frequency distributions (which include frequencies and percentages); the bivariate analysis employed cross tabulation and chi-square statistic to test for the significance of relationship between socio-demographic variables and couples use of contraceptive at 95% level of significance. At multivariate level, binary logistic regression was employed to estimate the pseudo maximum likelihood of the combined effect of individual and shared socio-demographic variables on contraceptive use. Two models were fitted. The first model (unadjusted) used binary logistic regression technique to explore the socio-demographic correlates of contraceptive use. The second model (adjusted) was fitted to determine both the direct and indirect effect of background variables through the proximate variable of communication to determine its effect on contraceptive use.

3. RESULTS

Descriptive statistics

14.1% of couples (1238) reported using any method of contraception while, 8.5% reported communicating on contraceptive use. Women, on average were 29 years old (SD = 7). Men were an average age of 37 (SD = 9). Approximately 67% of couples resided in rural regions and 70% were from monogamy union.

Bivariate relationship

Table 1 shows the association between contraceptive use and the background variables. The result showed that majority of wives between the ages 15-24 did not use contraceptives (94.7%), only 5.3% of the wives in this young age group (15-24) were using contraceptives. There exists a slight percentage increase in the use of contraceptives among those in age group 25-34 with 16.1% of respondents using contraceptives and 83.9% not using any methods of contraceptives. For the age group 35 years and above the result shows that, 78.3% of respondents did not use contraceptives while only 21.7% used contraceptives ($P< 0.001$).

Likewise, results from the table shows that there were reduction in the proportion of female respondents not using contraceptives as their education increases, thus 97.9% not using contraceptives had no education, 82% of them had primary education, and 71.2% of them had secondary education while 62.5 % had tertiary education. This shows that as level of education increases the rate of adoption of contraceptive also increases ($P<0.001$). Looking at the association between respondents' occupation and contraceptive use, the result shows that only mothers who were employees reported higher proportion of contraceptive use (36.1%) when compared with those in other categories. Among wives who were not working the result shows that 93.6% of them were not using contraceptive at the time of survey. Similar trend was observed among contraceptive use and husband occupation ($P< 0.001$).

Of female respondents who had two or fewer living children, 90.2% were not using contraceptives while only 9.7% were currently using any method of contraceptives years preceding the survey. Among wives with 3-5 living children and those with 6 or more children had similar results in which slightly two out of every ten were using contraceptives (19.2% and 13.7%) and the remaining were not currently using any forms of contraceptives (80.8% and 86.3%) respectively. Among the husband with 3-5 living children approximately 20% were using any method of contraceptives and a drop in the use of contraceptive was observed among wives and husbands with 6 or more children (10.0%). Hence, the result shows that there exists a significant

association between use of contraceptive and number of living children (P< 0.001).

In addition majority of respondents who live in rural areas did not use contraceptives (92.4%) as opposed to 7.6% who used any method of contraceptive years preceding the surveys. Low proportion of contraceptive adoption was recorded in the North-East, North-West and North Central region of Nigeria with the following percentages of 2.7, 5.1 and 14.4 respectively while, (39.9%) of those in South West region had used contraceptives (P<0.001). A consideration of the proportion of contraceptive adoption based on religious affiliation showed that three out of every ten Christian couple used any methods of contraceptives (30.6%), while a higher percentage of Muslims couples (94.5%) did not use contraceptives (P<0.001). In addition the results below shows that only 18.1% of couples in monogamy union used any form of contraceptives years preceding the survey while 81.9% did not use contraceptives. Relationship between contraceptive use and wealth status shows that 96.7% of couples classified as poor were not using contraceptives while only 3.3% used contraceptives years preceding the survey. Result further indicates that the highest proportion of contraceptive use was found among couples who were rich at the time of survey representing 34.9% (P <0.001)

Table1: Percentage distribution of background characteristics and communication on contraceptive use

Variable	Contraceptive use		Chi-square	p-value
	Yes (%)	No (%)		
Age (Wife Characteristics)				
15-24 years	143 (5.3)	2566 (94.7)		
25-34 years	650 (16.1)	3380 (83.9)		
35^{+} years	446 (21.7)	1612 (78.3)	271.7447	0.000
Education				
No education	91(2.1)	4283(97.9)		
Primary	300 (18.0)	1367 (82.0)		
Secondary	617 (28.8)	1524 (71.2)		
Tertiary	231 (37.5)	385 (62.5)	1152.9723	0.000
Occupation				
No occupation	182 (6.4)	2668 (93.6)		
Civil servant	150 (36.1)	265 (63.9)		
Self employed	805 (15.6)	4367(84.4)	310.1251	0.000
Number of living children				
≤ 2	403 (9.7)	3726 (90.2)		
3-5	684 (19.2)	2879 (80.8)		
6 or more	151 (13.7)	954 (86.3)	134.7508	0.000
Age (Husband characteristics)				
15-24 years	186 (8.3)	2063 (91.7)		
25-34 years	571 (15.4)	3128 (84.6)		
35^{+} years	482 (16.9)	2368 (83.1)	83.0341	0.000
Education				
No education	51 (1.6)	3052 (98.4)		
Primary	252 (13.4)	1631 (86.6)		
Secondary	587 (22.4)	2041 (77.6)		
Tertiary	349 (29.5)	834 (70.5)	744.6253	0.000
Occupation				
No occupation	7 (6.1)	103(93.8)		
Civil servant	313 (28.0)	802 (72.0)		
Self employed	920 (14.1)	6654 (87.9)	119.4511	0.000
Number of living children				
≤ 2	378 (12.1)	2760 (87.9)		
3-5	618 (19.2)	2602 (80.8)		
6 or more	242 (10.0)	2197 (90.0)	110.1603	0.000*
Place of residence				
Rural	447 (7.6)	5409 (92.4)		
Urban	792 (26.9)	2150 (73.1)	574.8400	0.000
Couple's religion				
Christian	906 (30.6)	2057 (69.4)		
Muslim	315 (5.6)	5360 (94.5)		
Traditional/Others	18 (11.4)	142 (88.6)	963.5066	0.000
Region				
North central	192 (14.4)	1145 (85.6)		

North east	40 (2.7)	1482 (97.3)		
North west	181 (5.1)	3353 (94.9)		
South east	147 (28.7)	366 (71.3)		
South south	218 (29.6)	519 (70.4)		
South west	459 (39.9)	693 (60.1)	1211.8360	0.000
Type of union				
Monogamy	1125 (18.1)	5096 (81.9)		
Polygamy	113 (4.4)	2462 (95.6)	268.9649	0.000
Wealth Index				
Poor	136 (3.3)	3992 (96.7)		
Intermediate	529 (17.5)	2497 (82.5)		
Rich	574 (34.9)	1070 (65.1)	26.6226	0.000

Source: Authors compilation, 2017
*** Significant at 0.05 level of significance**

3.1 Logistic Regression estimating the odds ratio of contraceptive use and communication controlling for socio-demographic characteristics

Table 2 below gives the odds ratio of the regression model. Two models have been used in order to examine the effect of communication and the control variables independently on contraceptive use, as well as the adjusted effect of these variables on contraceptive use. Model I1 looks at the odds of using contraceptives for each control variable independently while model II examined the adjusted effect of the variables when a proximate variable (communication) was introduced into the model to know if the control variables will maintain their significant effect. The odds ratio column gives an indication of the change in the predictor variable. Thus, it indicates the probability (odds) of the independent variable increasing or decreasing with a unit change in the predictor variable.

The result in model II shows that wives aged 35 years and above had 38% increased likelihood of contraceptive use in the adjusted model II compared to the reference group (15-24 years). (Model I: ULR=0.96; Model II: ALR=0.60). Also, wives secondary education in the adjusted model III below had 286% significantly increased likelihood of contraceptive use compared to the reference group while model I had 249% significant increased likelihood of contraceptive use compared to the reference group (Model I: ULR=3.49; Model II: ALR=3.86).The likelihood of contraceptive use for mothers who were self employed was reduced in model I, in that wives who were self employed had 1.17 times likelihood of using contraceptives. Conversely, the likelihood of contraceptive use was significantly higher for wives who were self employed compared to the reference group (Model I: ULR=1.17; Model II: ALR=1.41). Furthermore, it is evident from the result that the likelihood of contraceptive use for mothers who had 6 or more children is significantly higher in model I than those in the reference group. Furthermore, there was significantly increased likelihood of contraceptive use for couples who lived in urban areas who had 1.37 times higher likelihood of using contraceptives in the unadjusted model I than those who lived in rural areas (Model I: ULR=1.37 P<0.001).

Furthermore, there was reduced 49% and 39% significantly reduced likelihood of contraceptive use among Muslim couples in model I and model II compared to the reference group (Model I: ULR=0.51; Model II: ALR=0.61 P<0.05). As indicated in the table below, the likelihood of contraceptive use significantly reduced in the unadjusted model I for couples in polygamous union (ULR=0.69, P<0.05), whereas the in model II only 8% lowered likelihood of contraceptive use was observed among couples in polygamy union compared to the reference group (ULR=0.92, P>0.05). About 109% significantly increased likelihood of contraceptive use was observed among couples who were rich in the unadjusted model I compared to the reference group. Similar trend was observed among the rich in model II where 125% significant increased in likelihood ration was observed compared to the reference group (Model I: ULR=2.09; Model II: ALR=2.25).

The adjusted model summary showed that the independent variables (background characteristics) and intervening variables (communication) are only able to explain 38.20% of the variation in the predicted variable with a log likelihood ratio of –435.0011 on 32 degree of freedom. The result in model I shows a Log-likelihood ratio [LLR] = 2335.0875, R^2 = 27.05% and Log Chi-square= 1731.32 on 29 degree of freedom while, for model II, [LLR] = 435.0011, R^2 = 38.20% Log Chi-square= 1052.20 on 32 degrees of freedom, p-value = 0.000. The reduction of 1296.3189 in the Log-likelihood ratio and an increase of 11.15% in the R^2 indicate a very good fit. The significance of the model was determined through the proximate variable of couple's communication to influence contraceptive adoption. The difference in the LLR in model I(unadjusted) and model II (adjusted) had a chi-square distribution with degrees of freedom equal to number of additional parameters in the full model. The difference for this analysis was 1296.3189 which on 3 degrees of freedom was highly significant (p = 0.000).

Therefore, communication variables significantly explained the indirect effects of socio-demographic variables on use of contraceptives. Also, communication on contraceptive use is a major channel through which the underlying (background) factors operate to influence use of contraceptives i.e an important proximate determinant of contraceptive use.

Table 2: Logistic Regression estimating the odds of contraceptive use

Variable	Model I	Model II
Wife Characteristics		
Age (years)		
15-24	R.C	R.C
25-34	1.07	1.22
35^{+}	1.32	1.38
Education		
No education	R.C	R.C
Primary	2.67***	2.38***
Secondary	3.49***	3.86***
Tertiary	4.32***	5.05***
Occupation		
No occupation	R.C	R.C
Civil servant	.80	.96
Self employed	1.17	1.41*
Number of living Children		
≤ 2	R.C	R.C
3-5	2.42***	2.95***
6 or more	2.47***	3.25**
Husband's Characteristics		
Age		
15-24 years	R.C	R.C
25-34 years	.96	.60*
35^{+} years	.86	.67
Education		
No education	R.C	R.C
Primary	1.56*	1.98*
Secondary	1.64**	1.68
Tertiary	2.00**	2.22**
Occupation		
No occupation	R.C	R.C
Civil servant	1.46	1.68
Self employed	1.32	1.73
Number of living Children		
≤ 2	R.C	R.C
3-5	1.06	.69
6 or more	1.19	.84
Residence		
Rural	R.C	R.C
Urban	1.38***	1.29
Region		
North Central	R.C	R.C
North East	.38***	.21***
North West	.55***	.41***
South East	.87	1.02
South South	.80	.95
South West	1.75***	1.61*
Religion		
Christians	R.C	R.C
Muslim	.51***	.61***
Traditional/Others	.66	.45
Type of union		
Monogamy	R.C	R.C
Polygamy	.69**	.92
Wealth Index		
Poor	R.C	R.C
Intermediate	1.71***	1.79**

Rich	2.09***	2.25**
Communication		
Communication on number of Children		
No	-	R.C
Yes		1.28*
Communication on decision making		
No	-	R.C
Yes		1.04
Communication on contraceptive use		
No	-	R.C
Yes		4.37***
Log likelihood	**-2335.0875**	**-435.0011**
R2	**0.2750**	**0.3820**
LR chi^2	**1731.32 (df=29)**	**1052.20 (df=32)**
Prob> chi2	**0.0000**	**0.0002**

***Note**: RC= Reference Category; * p<0.05 ; **p<0.01; ***p<0.001; _ = not applicable; Prob > F = 0.0000;*
***ULR=** Unadjusted Likelihood Ratio; ALR= Adjusted Likelihood Ratio*

4. FINDINGS FROM THE QUALITATIVE STUDY

The first discussion initiated was spousal communication on taking decisions. Some of the male and female southwest participants were said to discuss with their spouses on general household issues before decisions are taking. Discussion was not common among most FCT respondents. These ideas are shown as follows:

"If there is harmony in the home, definitely couples will discuss together. For example, if the husband wants to buy a land and he discuss with his wife, the wife may give advice that will benefit both of them. My wife and I do discuss issues in the home". **Male, 35-59 years, secondary education, Ota**

A woman commented:

"I and my husband discuss before decisions are taking regarding any issue in the house. If He is not within my reach and I have to take some decision I will put a call across to him to hear His opinion before I take decision and He also does the same" **Female, 30$^+$ years, tertiary education, Ota.**

Excerpts from participants about who were not communicating with their spouses on household issues are presented below:

"I don't need to communicate before I take decisions. I am the head and also the husband. I only tell my wife what she needs to do per time and also my religion (Islam) does not encourage me to sought my wife's opinion before I take my decisions" **Male, 35-59 years, secondary education, Gwarinpa.**

A woman commented:

"Our husband does not discuss with us before taking his decision. His decision comes within him and He only communicates to us". **Female, 15-30 years, primary education, Tunduwada.**

Communication among couples is crucial in family planning use and decision making on who should use. Among the discussant it was reported that there is no form of communication between them and their spouse on the use of family planning methods. The participants raised issues on their views and perception about family size and contraception among issues raised includes:

""Any decision you will take should go along with your husband. You people should come in agreement in this area of child spacing. Agree with him in the area of family planning but don't go behind your husband back". **Female, 15-29 years secondary education Ifo.**

Another man commented:

"I will be angry with her if she use contraceptive before telling me and ridicule the love I have for her".

Male, 35-59 years, tertiary education, Ota.

"My wife does not have right to do it behind my back, if I hear it or inform me later. Anything can happen".

Male, 35-59 years, secondary education, Tundunwada

Among participants who took joint decision to use contraceptives most of them reported the type of support their husbands showed towards their adoption of contraceptives while some men also mentioned how they supported their spouse. Below are some excerpts:

"It was my husband that said he will like us to space our child and I also like it because of my health and a lot of things have gone through. I went to the hospital and I was told my husband should come with me. I told my husband and he followed me before they did it (family planning) for me in our health centre"

Female, 30^{+} years, tertiary education, Ota

A man commented:

"*I am giving her every support by buying the drugs and inviting the doctor home because I needed her to have some rest now by the time I am ready again we will know how to reverse it"*

Male, 35-59 years, secondary education, Gwarinpa

Summary

Among female respondent using contraceptive about 50 percent of them had their husband's consent while, the rest are using it without informing their spouse. Majority of the FCT female respondents wants to reduce their fertility but their husbands consent is needed in order to adopt contraceptives. Major reasons participants gave for non use of contraceptives are side effects, religious beliefs and husband's disapproval.

5. DISCUSSION

The result showed that education, place of residence, region, type of union, wealth index through communication were found to significantly predict contraceptive adoption at (P<0.001). Result also shows that the urban residence, couples that were rich, those in south west region and those in monogamy unions had higher odds of contraceptive adoption as a result of their level of communication with their spouses. The findings from this study substantiate studies where it was identified that communication can directly or indirectly influence contraceptive use (Sarwatay & Divatia 2016; Orji, Adegbenro, Ogunbayo & Oyebadejo 2007; Ogunjuyigbe, Ojofieitimi & Liasu, 2009; Ibisomi & Odimegwu, 2011)

This is supported by views from qualitative study

"Any decision you will take should go along with your husband. You people should come in agreement in this area of child spacing. Agree with him in the area of family planning but don't go behind your husband back".

Female, 15-29 years secondary education Ifo.

It is interesting to note that at the unadjusted model communication on contraceptive use, communication on number of children and communication on general decision making were found to have a significant relationship with contraceptive use but after controlling for the socio-demographic variables in the Adjusted model it was observed that communication on general household decision making was not found to have a significant relationship in predicting contraceptive adoption. This finding is at variant with earlier studies (Ogunjuyigbe *et al.*, 2009; Oladeji, 2008; Link *et al.,* 2011).

Furthermore, the model used in predicting the association between background factors, couples' communication and contraceptive use is a good tool as indicated in the classification result as shown in table 20. The Prob > F = 0.0000 shows that all the coefficient of the independent variable are equal to zero. Also the result from the unadjusted likelihood regression model and the adjusted likelihood regression model was statistically significant. Therefore we reject the null hypothesis with extremely high confidence above 99.99% and we conclude that couples communication on contraceptive use is an important channel through which socio-demographic factors influence contraceptive use (i.e a proximate determinant)

6. CONCLUSION AND RECOMENDATION

Low contraceptive adoption in Nigeria continues to be a serious reproductive health problem and contributes to increase in population growth in Nigeria. This study has identified several factors that have important influence on contraceptive adoption in the study area. Among those variables are couple's communication on contraceptive use, couples communication on number of children, education and number of living children among others. The FGD technique was useful and provided qualitative insight on factors influencing contraceptive adoption and prospect for increasing contraceptive prevalence rate. Many couples in union prefer to have a prior discussion with their spouse before the adoption of contraceptives. Non-support from the husband was mentioned as one of the reasons for low utilization of contraceptive, in addition to this is the side effect due to the use of contraceptives, cost of the method provided by the service provider and religious beliefs. The findings from this study may help government, civil society organizations/non-governmental organizations and private organizations to design comprehensive interventions toward reducing the increasing population growth in the entire country. In addition, high fertility levels in Nigeria call for a more rapid assessment of the mechanisms of fertility decision-making among couples in diverse family unit settings. But because the husband is awfully important in household decision-making, it is necessary that the

male should be sufficiently conversant on population issues. This is needed in order to add to his understanding and enhance his encouragement and support for his wife or spouse who is the main target or goal of contraceptive innovation.

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DECLARATION

The authors declare no competing interest in this work.

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