

Spousal Communication In Contraceptive Decisions Among Antenatal Patients In Calabar, South Eastern Nigeria

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ABSTRACT

Background: The objective of this study was to determine how many women in Calabar urban community actually discuss with their spouses about family planning, how their spouses view family planning and how that affects their usage of family planning facilities.

Method: The study was conducted using a structured questionnaire which was administered by house officers and medical students on one thousand consecutive patients who attended antenatal care during the study period. Seven hundred patients met the inclusion criteria for the study.

Result: Fifty six percent of the respondents in the study have never discussed family planning with their spouses. About 15% of the respondents have the same view on family planning with their husbands while 11% of the women themselves do not want family planning even though their husbands wanted it.

Conclusion: Communication between couples about family planning should be encouraged. Whereas women have common meeting points like antenatal clinics to learn more about contraceptives and family planning, the men rarely have such opportunities. They will therefore benefit from discussing with their spouses who are opportuned to learn from the various clinics. Spousal communication should therefore be emphasized in these clinics where contraception and family planning are taught.

KEYWORDS: Spouse; Communication; Contraception; Family planning.

Paper accepted for publication 12th August 2005.

INTRODUCTION

The importance of communication between couples is often emphasized in family planning programmes and research. It should actually be the first step in rational fertility decision making. A lot of studies have shown that the amount of communication that occurs between partners is positively associated with contraceptive use^{1, 2}. Spousal communication on contraception especially in developing countries remains rare³. It is clear that

lack of communication about family planning may be associated with misunderstanding of the spouses' views on family planning which in turn may inhibit mutual decision making in our community.

Men and women who do not communicate with their spouses about family planning may be unaware of their spouse's desire for contraception⁴. In settings where family planning use is uncommon, men and women perceive such exchanges differently and their underlying motivations and these perceptions guide their negotiation strategies with their partners⁵. A lot of factors inhibit communication between partners on sexual matters. Infact, it is a taboo in many cultures in the Tropics to discuss sex freely even among couples. Other factors that have been reported to inhibit spousal communication are household crowding, perceived worthlessness of such discussion, dominance of other relatives (such as mother in-laws) in reproductive decisions and embarrassment about discussing family planning⁷.

While it is true that spousal communication stimulates family planning use, it is also known that effective family planning use can stimulate spousal communication. For example, a study from Zambia suggests that use of natural family planning method leads to greater communication because couples need to talk about the reproductive cycle⁸. It is therefore possible to stimulate communication between couples by investing in strategies for enhancing clients' acceptance and use of family planning services in our community.

Our objective is to determine how many women presenting at the antenatal clinic of the University of Calabar Teaching Hospital actually discuss family planning with their spouses, how their spouses view family planning, and how that affects their usage of family planning facilities.

MATERIALS AND METHODS

One thousand consecutive women who attended the antenatal clinic of the University of Calabar Teaching Hospital between February and April 2003 were interviewed on their contraceptive practice and reproductive goals using a structured questionnaire administered by trained personnel. Inclusion criteria included women in marriage union desirous of family planning. Three hundred women

out of one thousand were excluded from the study. Exclusion criteria included single expectant mothers, widows, divorced or separated and questionnaires with incomplete information. The results of this study are displayed in tabular form, using percentages, and they form the basis of the discussion.

RESULTS

Table I shows that 37.14% of patients in the antenatal clinic were nulliparous. Only about 8% of women attending the clinic had 5 or more children (grandmultipara).

Table II shows previous contraception users. Fifty percent of the respondents have never used any form of contraceptive, while 15% had used natural method of family planning. The remaining 35% had used at least one modern method of contraception with barrier method being the most common and implant the least used.

Table III shows the intended family size of respondent with 51.1% desiring 3-4 children and about 7.0% desiring as many children as possible.

Table IV shows how many women have discussed family planning with their spouses and their spouses view of family planning. Fifty six percent have never discussed family planning with their spouses. About 15% have discussed and their husbands have the same view with them. The other 12% have actually discussed with their husbands but they disagree because they wanted more children. Interestingly 11% of the women did not want family planning even though their husband wanted it. They prefer to have many children. The remaining 6% have discussed with their spouses and both of them have agreed on no family planning.

Table I. Parity of the patients

Parity	Number	Percentage
0	260	37.14%
1	140	20.0%
2	98	14.0%
3	84	12.0%
4	56	8.0%
5	34	4.48%
6	22	3.1%
7	6	0.86%
Total	700	100%

DISCUSSION

Communication is actually the key to family decision making on family planning. Family planning remains a particularly complex field with a multitude

Table II. Prior Contraceptive Use

Method	Number	Percentage
None	350	50%
Natural method	104	14.86%
Barrier method (condoms)	70	10.0%
Injectable method	56	8.0%
I.U.C.D	28	4.0%
Pills	28	4.0%
Implant	7	2.0%

Table III. Intended family size

No. of children	Number	Percentage
1-2 children	36	5.14%
3-4 children	358	51.14%
5- 6 children	210	30.0%
7- 8 children	34	4.86%
8 children	14	2.0%
As many as possible	48	6.86%
Total	700	100%

Table IV. Spouses view on contraception

Spouses view	Number	Percentage
Unknown	392	56%
Same view	104	14.86%
Want more children	84	12.0%
Does not want more children	78	11.14%
Wants contraceptive	42	6.0%
Total	700	100

of personal, political, and economic variables influencing its acceptability and success. For more than a decade now, the number of reproductive health activities that include men has increased sharply^{9, 10} especially in developed countries. The situation is different in the Tropics and is compounded by lack of participation by husbands, and lack of communication with their wives concerning reproductive health matters, especially regarding contraceptive decision making and use¹⁰.

The findings in this report are however in contrast to recent studies in the advanced countries which showed that many men know and approve of contraception^{11, 12}. According to demographic and health studies, more than 70% of men in eight of the twelve countries surveyed, approved of contraceptive use and in six of the countries more than 90% approved and participated in contraceptive use^{12, 13}. This report rightly pointed out that such level of participation and discussion by men is affected by their socioeconomic and

educational status. The situation is different in our community with prevailing low socio-economic status and cultural taboos adversely affecting spousal communication in contraceptive decision making among couples.

Up to 56% of the respondents in this study have never discussed with their spouses about family planning. This lack of communication and its adverse effect on contraceptive use was also reported from Kenya¹³ and Kano¹⁴. This is however at variance with reports from Zimbabwe where family planning decision making is discussed between many couples and is usually a result of joint decision making by the partners¹⁵.

Most of the respondents were primigravida (37.14%) and fell in the age range of 14-25 years. Interestingly, this group is the one more open to spousal communication about family planning. Young couples are more likely than older ones to talk about family planning possibly because child bearing decisions are more relevant to them. A five year study from Johns Hopkins University showed an increasing tendency among younger than older couple to discuss family planning¹⁶. This attests to the notion that young people tend to have a greater capacity to change than older people. In our environment, the younger generations are more exposed to sexuality education than the older; and tend to shun older cultural values which prohibit free discussion about sex. This study also revealed that about 50% of married women do not use any contraceptive method. Only 35% have ever used any form of contraception. The remaining has attempted natural methods of contraception which were not active contraceptive methods. Despite this, the majority of our women (56.2%) would want a small family size of 1- 4 children only (Tables II and III). How can they achieve this family size if they do not use a modern method of contraception? It is obvious that these women need proper sex education to enable them communicate freely with their spouses as this will enhance family planning use. Studies have shown that women who discuss family planning with their partners may be more likely than others to use contraceptives, not only because they have been exposed to education on various methods but also because they want fewer children¹⁷.

CONCLUSION

Communication between couples is an effective method of discussing contraceptive use. Whereas women have common meeting points like antenatal clinics and family planning clinics to learn more

about contraception and family planning, the men rarely have such opportunities. They will therefore benefit from discussing with their spouses who are opportuned to learn from the various clinics. Spousal communication should therefore be emphasized in these clinics where contraception and family planning are taught.

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