

## SHORT REPORT

### **Power relations and negotiations in contraceptive decision-making when husbands oppose family planning: analysis of ethnographic vignette couple data in Southwest Nigeria**

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## **Abstract**

Contraceptive use in Nigeria has remained low at less than 15% for over two decades. Although husbands' opposition is acknowledged as one of the factors impeding women's contraceptive use, little is known about how wives negotiate when their husbands oppose family planning. We address this research gap by conducting thematic analyses of qualitative data from 30 interviews of married couples. We employed thematic analysis to identify relevant themes from the transcribed data. The findings clearly demonstrate attitudes highlighting imbalance in power relations and contraceptive decision-making within marital relationships. By initially complying with the husband's wish as a 'sign of honour', and then making further attempts at convincing him about family planning use, a woman can achieve her contraceptive target; or through the involvement of a third party. Wives are less empowered to overtly use contraceptives when their husbands oppose family planning, however, there are accepted justifications for covert use. The findings underscore the need to strengthen family planning interventions to enable behavioural change among Nigerian men, promote gender and reproductive health rights, and empower women with better negotiation skills.

**Keywords:** family planning, couples, contraception, decision making, Nigeria

## Background

The processes related to contraceptive decision-making between spouses can be complex, driven by changing attitudes and circumstances over the life course (Downey et al. 2017, Hossain, Ahmed, and Rogers 2014). Unlike other health related decision-making, contraceptive use within marriage is influenced by a multitude of factors, including family planning knowledge, access to and availability of quality services, social relations, peer influence and more importantly partner's attitude and approval (Hossain, Ahmed and Rogers 2014; De Gita 2007; Price and Hawkins 2007). In addition, inter-spousal contraceptive discussion is considered essential for spouses to discern each other's attitude to family planning, and make shared-decision regarding contraceptive use (Mason and Smith 2000; Kamal and Islam 2012). More so, inter-spousal discussion provides partners with opportunities to discuss generally issues relating to sexual and reproductive health (Rakhshani, Niknami and Ansari Moghadam 2005).

In Nigeria, men dominate reproductive health decisions within marriage (Ezeanolue et al. 2015; Nte, Odu and Enyindah 2009; Omideyi et al. 2011). Male partners are unlikely to initiate discussions concerning the use of contraception with spouse (Aransiola, Akinyemi and Fatusi 2014), or participate in shared contraceptive decision-making (Okigbo et al. 2014; Izugbara et al. 2010). Furthermore, men's negative contraceptive perceptions including the notion that 'contraception would promote female promiscuity' adversely affect women's contraceptive demand and use in the country (Omideyi et al. 2011; Adanikin, McGrath and Padmadas 2017; Gueye et al. 2015). Nte et al (2009) noted that 53% of women would discontinue contraceptives when their spouses opposed family planning. Although differences in contraceptive use exist by region and place of residence, ranging from 3% in the northeast to 25% in southwest Nigeria, the overall national modern contraceptive prevalence remains less than 15% (NPC [Nigeria] and ICF International 2014); and with an annual growth rate of 2.8%, Nigeria's population is projected to surpass 400 million by 2050 (United Nations 2017).

However, improvement in contraceptive use can lower fertility and reduce poverty and hunger (Cleland et al. 200; UNFPA 2013). Contraceptive use can empower couples to plan the number and the spacing of their children, and contribute to health and overall quality of life of the population (Frost, Singh and Finer 2007). Specifically, contraception has a major role in ensuring the optimal health and wellbeing of mothers and their children, as it has been demonstrated that effective contraceptive use could lower maternal and child mortality by 32% and 10% respectively (Cleland et al. 2006).

Given the poor inter-spousal contraceptive communication and lack of male partner's support for family planning in Nigeria, it remains unclear how women negotiate contraceptive use within marital relationships and the power dynamics involved. Such knowledge can assist the development of programmes and interventions to promote shared couple's decision to use modern contraceptives. To gain insight into these processes we use ethnographic vignette analysis of data from married couples to investigate the power-relations involved in contraceptive decision-making and wives' negotiation processes/skills when their husbands oppose contraceptive use.

## **Methods**

### ***Data collection***

This study uses data from thirty individual vignette interviews collected from 15 fertile couples (men and women) residing in Ido-Ekiti, a semi-urban town in southwest Nigeria. The town serves as the headquarters of Ido-Osi Local Government Area. Most its residents are farmers. However because of the presence of a tertiary education institution in the form of a school of nursing and midwifery and a tertiary hospital, some inhabitants are students and public servants (Ekiti State of Nigeria 2016). Therefore, Ido-Ekiti offers a blend of both rural and urban settings, and its choice as a study site was purposive.

### ***Vignettes***

Vignettes are short hypothetical stories presented to participants in a research environment to elicit information about their own beliefs. The stories are usually drawn from examples of real-life situations which participants can relate to and which appear real. Participants are subsequently requested to comment on how the character in the story or they themselves would have acted given the situation portrayed (Gourlay et al. 2014). This method is particularly useful for information gathering in research that deals with sensitive behavioural issues, as the focus is on a third person (Gourlay et al. 2014; Barter and Renold 1999).

In this study, the authors developed the vignette taking into account the local sociocultural context and sensitivity. The vignette focuses on the story of *Abike*, a 31-year-old woman from a village in southwest Nigeria with four children (a boy and three girls) who does not wish to have another child anymore but is unsure of how her husband would react to her choice and the options she has to overcome the situation (see Appendix A).

The tool sought information on the marital contraceptive decision-making process and women's ability to use contraception in the context of spousal opposition. The vignette was developed in English and translated into Yoruba (the local language) by professional translators, and then back-translated to English to ensure content validity.

### ***Participant recruitment***

Following the receipt of permission from the hospital, we recruited interviewees from family planning and outpatient clinics of the Federal Medical Centre located at the study site. We purposively recruited five fertile couples for each contraceptive category: never-users, former-users and, current-users. Since most family planning clinic attenders were women, the recruitment of husbands was through their spouses.

The principal investigator (AAI) approached family planning clinic attendees who just completed their clinic, introduced himself to them as a researcher and privately sought to ascertain their contraceptive status and eligibility for inclusion in the study. Those deemed eligible were then informed about the study. Former and never contraceptive users were recruited from the outpatient clinic of the tertiary hospital. It was arranged with the medical staff that married fertile women attending the outpatient clinic who were contraceptive former users or never-users would be referred to the principal investigator who was seated in a designated place. The principal investigator then introduced the study to the patients, screened them according to contraceptive status, and sought to recruit eligible participants for the study.

Initial verbal consent was sought from the women and from their partners (via a telephone call) before an appointment for the study interview was scheduled. Informed written consent was later obtained including permission to use audio tape recorder prior to the start of vignette interviews. We identified 17 married women and of these 15 including their husbands agreed to participate in the vignette interview. The recruitment of participants took place over four weeks.

### ***Data collection***

The interviews were conducted by the principal investigator (AAI) and a social scientist with experience in qualitative interviewing. Although the interviewers were both men, the note takers were women. Prior to data collection, training including role plays was conducted and the research tool was piloted with two couples from a similar locality to the study site. The pilot interviews enabled researchers to assess potential bias and ambiguity in the narratives contained in the study instrument.

The vignette interviews themselves were conducted between August and September 2017, in a designated location away from the participants' home so they could be relaxed and share their views. The husband and wife were interviewed simultaneously in separate rooms, some distance apart to prevent spouses from over-hearing each other's responses to the vignette. The interviews were conducted in English/Yoruba, depending on the language choice of study participants. Each interview lasted an average of 30 minutes. The data collection process continued until saturation was reached, and the targeted minimum sample size of thirty interviews was obtained.

The study protocol was reviewed and approved by the University of Southampton Institutional Ethics Review Board, United Kingdom, and local permission from Federal Medical Centre, Ido Ekiti was obtained for the field work.

### ***Data analysis***

Audio-recordings of the interviews were transcribed verbatim and translated to English as appropriate. Inductive thematic approach was used to analyse the data (Braun and Clarke 2006, 2013) guided by the research questions, as it emerged from discussion of the vignette. Data analysis was aided by the use of NVivo 11 software. The first author first coded the transcripts using participants' own words to develop preliminary themes. The codes were then organised to reflect recurrent themes within the data set in line with the objectives of the study. NM and SSP then reviewed the themes in relation to the coded extracts so as to help develop a unified story from the data (Braun and Clarke 2013, 2006).

## **Findings**

### ***Participants***

The vignette respondents consisted of 30 individuals (15 couples). The husbands were aged between 27 and 52 years (median age: 42 years, mean age: 41 years) and, the wives were aged between 23 and 43 years (median age: 35 years, mean age: 34.2 years). All male partners were older than their wives and were either more educated or had same level of education, except in two cases in which the wife was more educated. The members of seven couples

both had completed higher education and in another four couples, both had completed secondary education.

### ***Thematic analysis***

The vignette interviews identified seven dominant themes: namely, initiation of contraceptive discussion; the importance of spousal family planning communication; power relations in contraceptive decision-making; men's reason for opposing contraception, women's perseverance strategies; empowerment to use contraception when opposed by husband; and justification and implication of covert contraceptive use.

#### *Initiation of contraceptive discussion*

Overall, there was a strong consensus about the importance of spousal contraceptive discussion. Most participants unanimously agreed that partners should talk and agree on the use of contraceptives before their adoption:

“They should discuss and ask each other about what they could do to limit childbearing. Each person will bring suggestions and they will agree on the approach to use.” (Female, 38 years, primary education, never-user)

“It is important that both of them should agree on the use of family planning.” (Male, 52 years, secondary education, never user)

Participants perceived that since the desire to limit childbearing stemmed from *Abike* in the vignette, she should be the one to initiate discussion:

“Since she has known that she does not want to have another child again, it is her duty to call her husband for a discussion on it.” (Female, 43 years, secondary education, current user)

However, the interviewees suggested that the extent to which *Abike* could successfully communicate about contraceptive use to her husband would depend on her negotiation skills and the timing of the discussion. It was suggested that it would be best to approach the husband when they were both alone and free from other distractions.

“She should call her husband when both of them are alone in the house and the surroundings are quiet. They should then discuss as a couple.” (Male, 27 years, higher education, former user)

#### *Importance of spousal family planning communication*

Respondents cited several reasons why it was important for *Abike* to inform the husband about her desire to use contraceptives. It was believed that telling him is a marital obligation and a reflection of oneness within the marriage. Some participants were of the view that marriage removes personal autonomy and the tendency for spouses to keep personal secrets.

“It is not possible for her to single-handedly decide to use family planning because she is under a man’s roof. If she is not married, that’s another thing.” (Male, 32 years, secondary education, current user)

Besides, a husband’s lack of knowledge about the wife’s use of contraception could result in misconstrued intentions and marital misunderstanding. More so, having a discussion with the husband could reveal differences in reproductive interest. Some interviewees considered that nothing can be hidden forever and there is also the possibility of a complication and/or side effect after using family planning methods. If that happens, the husband might refuse to give his wife the necessary support.

Most male respondents believed that a woman in marital relationship has lost her autonomy, and that since the man is the head of the home, the wife should inform him before using any contraception. Female respondents on the other hand mostly highlighted the risk of contraceptive side effects and misconstrued intentions as the reason to inform the husband. Respondents’ views appeared not to be influenced by their level of education. However, current contraceptive users mostly emphasised the probability of misconstrued intentions if the husband was not aware of contraceptive use whereas, the never- and former-contraceptive users stressed the possibility of contraceptive side effects which might need the husband’s support.

#### *Power relations in contraceptive decision-making*

Another theme that emerged from participants concerned power relations in contraceptive decision-making. Although spousal discussion and agreement on the use of contraception was considered important, when opinions differ, there is inequality about whose wish will prevail. Most participants were of the view that the man’s opinion concerning contraception carried greatest weight and should influence the final outcome. This belief did not largely differ by gender or higher educational status of respondents. Moreover, participants felt it was justified for the man to have the final say since he is usually the economic provider for the family.

“If the husband thinks he has the capacity to take care of the children, then carry on. He is the owner of both the wife and the children.” (Male, 51 years, higher education, current user)

Allowing the husband’s view to prevail was regarded as a mark of honour and, could be a way to prevent him from entering into adultery or marrying another woman:

Respondent: If Gbenga (the husband) does not approve that the wife should take such step, she should give him honour.

Interviewer: What kind of honour?

Respondent: The ‘honour’ is that as Gbenga has said he does not want it, she will dismiss the idea and not do the family planning. (Female, 35 years, primary education, former user).

#### *Men’s reasons for opposing contraception*

Participants provided a variety of reasons why men might oppose contraceptive use. These included illiteracy, lack of family planning knowledge, the desire for additional children, a preference for more male children, the fear of side effects, the fear of the wife becoming promiscuous, unforeseeable events such as the death of existing children, the desire for a large family, or mere irresponsibility on the part of the husband.

The desire for another child was the most frequently cited basis for men's opposition to spousal contraceptive use. However, a sizeable proportion of male respondents also considered lack of contraceptive knowledge as critical to men's opposition. In contrast, female respondents highlighted that men's fear that the wife might become promiscuous was a popular reason for opposing contraceptive use. Interviewees with secondary or higher education prominently mentioned the fear of side effects while those with primary or no formal education indicated the fear of female promiscuity and the desire for a large family size as important reasons for men's opposition.

When participants were asked whether contraception might make women promiscuous, there were conflicting opinions, but majority believed it is true. While some cited having witnessed such behaviour, others motioned that the use of contraception could fuel hidden desire in a woman for extra-marital relationship. But some refuted the claim stating that it was possible for a woman to be promiscuous regardless of contraceptive use. A careful exploration of matched responses by the couples revealed that just two out of the fifteen couples concurred in refuting the idea that contraception could make a woman become promiscuous. However, one third of couples interviewed (mainly never and former contraceptive users) were in agreement that contraception could make a woman promiscuous. When there was discordance between couples who are never or former users, mostly it was the wife who held the perception was untrue while the husband was ambivalent.

Overall, mutual 'trust' between the members of an individual couple was considered pivotal when assessing the perception that contraception could make a woman become promiscuous:

"Trust between couple is the cornerstone, it makes the debate about family planning leading to promiscuity trivial." (Male, 48 years, secondary education, current user)

#### *Women's perseverance strategies*

The issue of perseverance was prominent in participants' responses. It was noted that a man's initial stance on contraception could change after due reflection:

"He may not be convinced that she uses family planning just by one discussion, she needs to talk to him again – patiently and calmly. Though it may take her time to persuade him..." (Male, 30 years, higher education, never user)

"Normally the husband cannot just give approval at a go. He too needs to reflect on the pro and cons of the wife using family planning before he gives the approval." (Male, 35 years, secondary, never user)

The participants described some of the perseverance strategies (Figure 1) women might adopt to persuade the male partner to change his mind about contraception.



- Figure 1 about here -

Majority of couples with at most three children felt that the wife can involve a third party (health professional/someone respected by the family) to persuade the husband about contraceptive use. However, respondents with at least four children felt otherwise. They mainly considered that an initial compliance with the husband's wish is more appropriate. Then later, the wife can make another attempt to persuade him about contraceptive use. Many interviewees with higher education suggested involving a third party, whereas those with secondary or lesser education mostly felt the wife should first respect the husband's wish not to use contraceptives.

#### *Women's empowerment to use contraception when opposed by husband*

All participants interviewed believed that a woman should not overtly use contraception without the prior knowledge and/or approval of the husband. To do so implicitly would mean that the husband has lost his headship and authority, and the circumstances could even trigger domestic violence and divorce:

Interviewer: If in spite of her husband's opposition, Abike goes ahead to use a family planning method, what can happen?

Respondent: (sighs). It can crash that family. The marriage may not hold anymore.... The only thing she can do is to seek his consent and let him know that she will not be promiscuous..... No matter what, she will have to wait and seek his consent.

(Interviewer cuts in)

Interviewer: So, she can't just go ahead?

Respondent: No, she can't just go. As far as I am concerned, she can't. It is not even advisable for her to do it without his consent. (Female, 35 years, higher education, former user)

According to some respondents, if the wife anticipates that the husband would oppose family planning, then she may either use contraceptives covertly without telling the husband or she may initiate further discussion to convince the husband, and if the husband then fails to consent then she may decide to go for covert use. However, no study participant felt that a woman could overtly use contraceptives when opposed by the husband.

#### *Justification and implication of covert contraceptive use*

Most respondents described scenarios in which a woman's decision to use contraceptives covertly against her husband's consent could be justified. For example, there may be circumstances such as health concerns and where the husband has not been financially committed to the family, when there had been failed attempts at convincing him about family planning. Other considerations might include when the wife feels overwhelmed with the burden of childcare and situations where the wife cannot find a third party to intervene to convince the husband.

However, participants described possible implications if the husband discovered that his wife had been secretly using contraceptives. Such discovery could lead to a quarrel, the husband might beat up the wife, and there could be marital separation or divorce. Other

problems that could arise when a covert contraceptive use was revealed were that the husband might accuse the wife of marital infidelity, force her to discontinue the contraceptive method, subject her to neglect – sexually, financially and health wise, or decide to marry another woman. More male respondents saw a woman's covert use of contraception as good cause for marital separation or divorce; a basis to accuse a woman of infidelity or neglect her sexually or financially; or a reason for polygamy.

Exploring respondents' opinions based on their contraceptive status, more current contraceptive users felt that covert contraceptive use could fuel accusation of marital infidelity and/or make the husband to neglect his wife sexually or financially. In contrast, never- and former- contraceptive users suggested that it could lead to a marital divorce. There was strong concordance in response among former contraceptive users on the marital implications of covert contraceptive use. Least concordance was present among never-users. Notwithstanding the educational status of participants, there were similarity in responses about the marital implication of covert contraceptive.

## **Discussion and conclusion**

This study utilised vignette to generate data from married couples to understand the power-relations influencing contraceptive decision-making and wife's negotiation skills in circumstances when their husbands might oppose family planning. The vignette focused on the story of Abike a married woman with four children in rural Nigeria, who did not wish to have an additional child, but was unsure how her partner/husband would react to her desires and choices. The vignette interviews identified seven dominant themes highlighting the importance and timeliness of spousal family planning communication, power relations in contraceptive decision-making, the reasons for male partners' opposition to family planning, women's perseverance strategies, empowerment and justifications for covert contraceptive use.

We found a generally positive disposition to spousal contraceptive discussion, with respondents stressing that openness within a marital union is an obligation. Also, the woman could have contraceptive side effects or develop a complication which might require partner's support. Previous studies in Nigeria have also found a generally positive stance with respect to spousal contraceptive discussion (Izugbara et al. 2010, Duze and Mohammed 2006). Earlier, Feyisetan et al. (2000) observed that when spouses communicate, it enhanced joint decision-making with respect to the use of contraceptive methods.

However, power imbalances in marital relationships influenced participants' responses to the vignette, while educational status did not change how respondents perceive gender role. This shows that people highly value cultural norm. In the case of Nigeria, marital power imbalances may affect ideal family size expectations (Isiugo-Abanihe 1994), and contraceptive decision-making (OlaOlorun and Hindin 2014). Therefore, it is important to change the imbalance in marital power among couples. Interventions might consider the value of peer education among men at the individual and community levels to promote positive messages about family planning and transform gender roles in marital relationships.

Among factors responsible for men's opposition to family planning methods, the fear of female promiscuity and lack of adequate contraceptive knowledge were prominent reasons given by respondents. Couples' concordance about fear of female promiscuity was high among the never- and former- contraceptive users, possibly indicating a major barrier to contraception among these couples. The negative perception that contraceptives could make

a woman promiscuous is complexly interwoven with the notions of 'trust' within the marital union. Such perceptions can be a barrier to contraceptive use within marital relationship (Adanikin, McGrath, and Padmadas 2017, Gueye et al. 2015), and need tackling. Counselling involving both husbands and wives, and highlighting shared values and goals towards family formation, as well as the social, economic and health benefits of family planning could be a good approach to take.

A woman's perseverance has value in contraceptive negotiation within marital union, especially via the use of certain communication skills and the involvement of a third party. Engaging 'significant others' to persuade husband about use of contraception has been reported by local studies (Aransiola, Akinyemi, and Fatusi 2014). However, the observation that most couples with four or more children recommended initial compliance with husband's wish not to use contraception is noteworthy and raises concern about the prospect of unintended pregnancies.

Building on experience elsewhere (Hemmings et al. 2008, Pascoe 2016), women can be taught how to logically present/communicate the reasons and justifications for using contraception to their spouses. They can learn different bargaining strategies that can be adopted in 'pillow talk' discussion, including persuasion skills and positive expression of emotions, and sign-posting of other people (friends/relatives) who are already using contraceptives.

## **Conclusion**

This study makes an original contribution to our understanding of barriers to contraceptive use in Nigeria. The qualitative design enabled appropriate contextual understanding, and the use of a vignette allowed gathering of information on sensitive behavioural issues. The sampling of participants by contraceptive status also enriched the range of perspectives obtained.

Of special importance, the research fills a knowledge gap by identifying the influence of power-relations and negotiation on couples' contraceptive decision making. As with most qualitative research, it is inappropriate to seek to generalise the findings to a wider population. Nevertheless, findings offer in-depth insight into personal and contextual factors affecting contraceptive decision making in Nigeria where overall contraceptive use remains low.

## **Conflict of interest**

The authors declare no conflict of interest.

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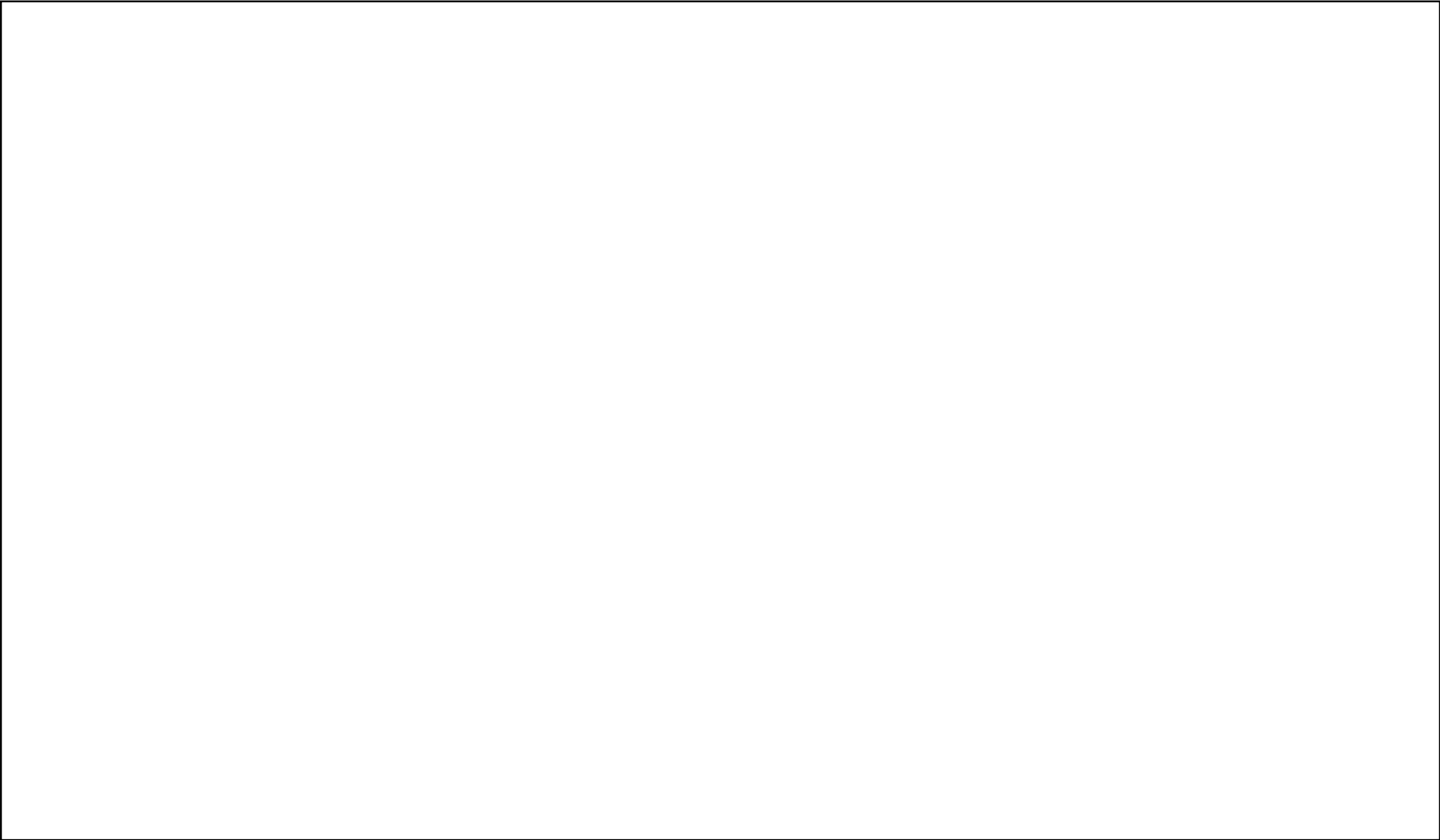
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**Figure 1:** Women's perseverance strategies for contraceptive adoption







## **Appendix A: The vignette**

*I want to tell you of a story about a woman called [Abike] and her experience in trying to use family planning. I will first narrate a part of her story in this instance and I will be delighted to get your input.*

*Narrative: Abike is a 31-year-old primary school teacher, married to Gbenga an automobile mechanic. Together with their 4 children, they live in a village near Esa-Oke, Osun-State, Nigeria. Their first child is a 6-year-old boy while the remaining children are girls aged 4 years, 2 years and 9 months old respectively. Abike had thought it would be good not to have another child anymore she's however unsure how her partner would feel about this and what to do.*

**What can Abike do in these circumstances?**

**Do you think it is important for Abike to inform her partner before using any family planning method?**

***Probe – why?***

*Narrative: One morning, Abike raised the issue of limiting childbearing with Gbenga but he vehemently declined that Abike should use any family planning methods.*

**What should Abike do?**

**What are the reasons that could have made Gbenga to decline Abike's access to family planning?**

*Narrative: With further discussion, Abike's husband stated that the use of family planning can make a woman to become promiscuous, hence his reason for resisting the use.*

**Do you think Abike's husband is right that family planning could make a woman promiscuous?**

**If in spite of her husband's opposition, Abike goes ahead to use a family planning method, what can happen?**

**Are there other ways Abike could have convinced the partner about the use of family planning?**