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The Role of Male Partner on Current Utilization of Long Acting and Permanent Contraceptive Methods in Boditi Town, Southern Ethiopia

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Abstract
Background: Male partner's lack of access to services has been barrier to the use of family planning in low income countries; which resulted in lack of shared responsibility on reproductive health between spouses. This study aimed to assess the role of male partner in current utilization of long acting and permanent contraceptive methods in Boditi town, Southern Ethiopia.**Methods:** A community based cross-sectional study was conducted in Boditi town, Southern Ethiopia, October 2015. Male partners (n= 371) of women's of reproductive age were the study population.Systematic random sampling technique was used to select study participants. Data was entered into EPI info version 3.5.4 and exported into SPSS version 20.0 for analysis. Binary logistic regression model was used to identify factors associated with the outcome variable, and finally multivariate logistic regression model was used to identify independent predictors of the outcome, with statistical significance set at $p<0.050$ (95% Confidence interval (CI)).**Results:** Eighty seven percent of male partners studied had poor practice of using long acting and permanent contraceptive methods. Out of the total male partners studied, 34% (131) did not use long acting and permanent contraceptive methods due to fear of side effects. Attitude composites (AOR = 5.32; 95% CI: 2.08 - 13.58) and spouse discussed on the use of family planning (AOR = 2.67; 95% CI: 1.13 - 6.25) were factors significantly associated with the use of long acting and permanent contraceptive methods currently.**Conclusion:** Male partner had colossal role in the current utilization of long acting and permanent contraceptive methods. Policy makers and program planners should give emphasis on raising awareness through spousal discussion regarding the active utilization of family planning services.
Keywords: Long acting and permanent contraceptive methods, Southern Ethiopia

Background

Family Planning services that provide accurate and complete information about contraceptive methods meet the needs of their clients. The involvement of men in family planning has been found to improve couples communication regarding fertility and family planning by providing information that enable them to responsibly participate in family planning and decision making [1]. Male partner's lack of access to services has been barrier to the use of family planning in most of African countries. Consequently; spouse do not share responsibilities for reproductive health. In addition, many women do not know what their partners think about family planning due to lack of communication and open discussion. In West Africa, about 75% of men and women had not discussed family planning with their spouse where as in East Africa the figure is less than 40% [2-4].

Long-acting and Permanent Methods of Contraception (LAPCMs) remain relatively small and sometimes missing component of national Family Planning programs in Sub Saharan Africa. There is a varying contraceptive needs among women of reproductive age and many of them prefer long-term reversible contraception, defined as Intra Uterine Devices (IUDs) and implants as an excellent choice. Studies have revealed that many women do not use oral contraceptives effectively which resulted one million pregnancies from the faulty use of oral contraceptives each year. Study done in Kampala district Uganda indicated that the prevalence of LAPCMs were 22.7% with implant (1.6%) and IUCD (1.8%) [5-7].

Analysis of data from several health surveys has shown knowledge about LAPCMs in Ethiopia is very low, only 3% of all women and men have heard about these LAPMs, among them 27.8% were IUD and 59.2% were implant [8].

In Ethiopia the actual utilization of male partner's long acting and permanent contraceptive methods is low despite evidence of its effectiveness and safety. Several factors affects spousal utilization of long acting and permanent contraceptive methods, such as, lack of knowledge and awareness of contraceptive methods, where to find contraceptives, access to different contraceptive methods, health concerns, religious prohibition and low involvement of men. Ignoring male partner's role in fertility research and programs impede efforts to maximize the use of family planning services [9-11]. Therefore, the aim of this descriptive study is to assess the role of male partner in current utilization of long acting and permanent contraceptive methods in Boditi town, Southern Ethiopia.

Methods:

Study area and setting

A community based cross sectional study, was conducted in Boditi town, located in Southern Nation Nationalities and Peoples Region (SNNPR), which is 278 KM from Addis Ababa, the capital of Ethiopia. It has three sub-city administrations consisting of 11 districts. Population of the town was estimated to be 35,116 in 2015, and it has five administrative units, one health centers, and five satellite health posts [12].

Sample Size and Sampling Procedure

The sample size was determined by using a formula for estimation of single population proportion with the assumption of 95% confidence level, an error margin of 5% and the prevalence of male partner's role on current utilization of long acting and permanent contraceptive methods (36%) – taken from a previous study in a urban area in Ethiopia [13]. Since the total households of Boditi town is less than 10,000, so the sample size should be calculated by using correction formula, $n = \frac{n}{1+n/2}$. Therefore, n=354, N=7167 .Hence, the calculated sample size was 337. After considering 10% non-response rate the total sample size was estimated to be 371. A systematic random sampling technique was used. Sampling interval (k^{th} value) was determined from dividing the total households by total sample size (N/n). The first household was determined for each administrative unit from sampling interval (k^{th} value) by using lottery method. The next household was determined by systematic random sampling method (N/n) by going clockwise direction.

Data collection

The data was collected by a pretested structured questionnaire, adopted from EDHS [ ] which was already prepared in English language and then translated to Amharic language. Six data collectors, based on their previous experience, were recruited and trained for data collection, and two trained public health officers supervised collection of the data. The research assistants read out the questions loud and the male partners answered every question accordingly. Before the data collection all of the study subjects were oriented and well informed about the purpose of the study, and their right to accept, or refuse to participate in the interview. A pilot study was done in the same district, which was not included in this study.

Data quality management and entry

The data collectors and supervisors were trained for two days on principles, ethical considerations, procedures, and details of the questionnaire. The principal investigator closely monitored the data collection process. Completed questionnaires were checked for their consistency and completeness, and then entered into EPi-Info version 3.5.4 statistical software, and finally the data was exported to another statistical software package SPSS, version 20.0 for further cleaning and analyses. Statistical significance was set at $p<0.050$ and 95% confidence interval.

Operational definition

A male partner is said to be currently using long acting and permanent contraceptive methods if he actively utilizes at least one of the five modern contraceptives (Norplant, IUCD, female sterilization, male sterilization).

Ethical consideration

Ethical clearance was obtained from Research and Ethical Committee of Wolaita Sodo University, School of Public Health. Informed verbal consent was obtained from each study subject prior to data collection, and the purpose of the study was explained to the respondents in advance. Confidentiality of the information and privacy of the respondents was maintained. During the data collection, each of study participants was communicated that their participation would be voluntary, and also they were told that as they can quit any time when even after the interview has started.

Result

A total of 371 study subjects participated in the study; yielding a response rate of 100%. Forty one (143) percent of male partners were in the age range of 31– 40 years, while seventy eight (288) percent were followers of protestant Christianity. Only 32% (118) of study participants attained primary level of education, while 31% (115) were government employed by occupation. Regarding wives socio-demographic characteristics, 51% (189) of them were 20 – 29 years, 53.4% (198) were housewives by occupation, and 46.6% (173) had attended primary education. About 33.2% (123) of the households had income less than 670 Ethiopian birr (≈ 31 USD) per month (Table 1).

Only one in ten (42) spouses reported utilization of Norplant currently. While nearly 54% (199) of study participants approved spousal utilization of family planning due to its birth spacing significance (Table 2).

Socio-demographic characteristics such as household income status (poor income (≤ 31 USD)) per month, both male partner's and women's occupation (being government employed) were found to be statistically significantly associated with decreased utilization of long acting and permanent contraceptive methods in the bivariate analyses, but none of them were found to be significantly associated in multivariate analysis (Table 3). Among all the factors associated with males partner's current/active utilization of long acting and permanent contraceptive methods, only negative attitude composite (AOR = 5.32; 95% CI: 2.08 – 13.58) and spouse who did not discussed about active utilization of family planning services (AOR = 2.67; 95% CI: 1.13 – 6.25) were found to be significantly associated in multivariate analyses (Table 3).

Discussion

This study has shown that approximately eighty seven percent (322) of male partners were not currently utilizing long acting and permanent contraceptive methods.

This finding was similar with the study conducted in Central Ethiopia where higher percentage of male partners not utilizing long acting and permanent contraceptive method, 97% [14]. Among male partners studied, 59% (219) had disapproved spousal use of family planning services due to fear of side effects. This finding is lower than the study conducted in Nigeria, 70.4% [15]. Eighty one percent (301) of study subjects did not ever use long acting and permanent contraceptive methods. This finding is higher than the study conducted in northern Uganda were 76.9% of men ever used contraceptives [16].

This study indicates that 87% (47) of study participants ever used Implants. This finding is much higher than a study conducted in Northern Ethiopia, where 17% (63) of spouses reported ever utilization of Implant [17].

This study also examined factors associated with male partner's role in current utilization of long acting and permanent contraceptive methods. Those male partners who had negative attitudes towards family planning services were 5 times less likely to utilize long acting and permanent contraceptive methods as compared to their counterparts. This finding is consistent with a study conducted in South-East Ethiopia [18]. This could also be due to lack of active participation in family planning services by spouse who are in reproductive age. Although women of reproductive age are counseled by health professionals in during ANC to bring their partners, for most couples, sociocultural factors such as stigma and economic factors could deter male partner from actively participating in utilization of long acting and permanent contraceptive methods.

Association between sources of information and male partner's role in current utilization of long acting and permanent contraceptive methods was investigated and all the variables showed an association in the bivariate analysis. However, in the multivariate analysis, only spouses who did not discussed with their women of reproductive age about family planning methods were found to be significantly less likely to utilize long acting and permanent contraceptive methods actively (Table 3). This could be due to lack of provision of health information to male partners regarding the utilization of family planning services and also lack of open discussion between spouses related to their active/current utilization of long acting and permanent contraceptive methods. Moreover, usually male partners are the major decision makers in most reproductive health issues. Thus, discussion with the male partner regarding the need to actively utilize family planning services could have a positive influence on the women's reproductive health care services. Unfortunately, in this study, 44% of the male partners did not discuss about active utilization of family planning services with their women of reproductive age.

Conclusion

Male partner had colossal role in the current utilization of long acting and permanent contraceptive methods. Policy makers and program planners should give emphasis on raising awareness through spousal discussion regarding the active utilization of family planning services.

Declarations

Ethics approval and consent to participate

Ethical clearance was obtained from Research and Ethical Committee of Wolaita Sodo University, School of Public Health. Informed verbal consent was obtained from each study subject prior to data collection.

Consent for publication

Not applicable

Availability of data and material

The datasets during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests
The authors declare that this study is free of any competing financial and non-financial interests.

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Authors' contributions
MT; was involved in principal role in the conception of ideas, developing methodologies and writing the article. MM and TD were involved in the analysis and interpretation of findings.

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Table 1: Socio-demographic characteristics of (n = 371) Male Partners in Boditi town, Southern Ethiopia, October 2015

Variables	Categories	Frequency (#)	Percent (%)
Male partner age in years	20-30	141	38.0
	31-40	153	41.2
	≥ 41	77	20.8
Male partner's education	No formal education	32	8.6
	Primary education	118	31.8
	Secondary education	109	29.4
	College degree/diploma	112	30.2
Male partner's occupation	Daily Laborer	69	18.6
	Merchant	111	29.9
	Gov't Employed	115	31.0
	Other**	76	20.5
Women's age in years	<20	58	15.6
	20-29	189	51
	≥ 30	124	33.4
Women's education	No formal education	59	15.9
	Primary education	173	46.6
	Secondary education	61	16.6
	College degree/diploma	78	21.0
Women's occupation	House Wife	198	53.4
	Merchant	69	18.6
	Gov't employed	51	13.7
	Other*	53	14.3
Household income/month	<31 USD	123	33.2
	31-70 USD	130	35.0
	>70 USD	118	31.8
Male partner's source of information on (long acting and permanent contraceptive methods)	Read from Newspaper/Magazine Heard about FP on radio/Television Discussed with spouse about FP Discussed with health professional	115 109 245	31.0 29.4 66.0

**** Traditional spinning***
*****Taxi driver, farmer.***

Table: 2 The role of Male Partners on Current Utilization of Long Acting and Permanent Contraceptive Methods in Boditi town, Southern Ethiopia, October 2015

Variables	variables	Frequency N(%)
Have you ever used long acting and permanent contraceptive methods	Yes	70(18.9)
	No	301(81.1)
Type of long acting and permanent contraceptive methods ever used	Implant	63(17.0)
	IUCD	9(2.4)
	Female sterilization	0
	Male sterilization	0
Currently using long acting and permanent contraceptive methods	Yes	49(13.2)
	No	322(86.8)
Type of long acting and permanent contraceptive methods currently using	Norplant	42(11.3)
	IUCD	7(1.9)
	Female sterilization	0
	Male sterilization	0
Reasons for not currently using long acting and permanent contraceptive methods	Desire to have more children	100(27.0)
	Fear of side effects	131(33.5)
	Lack of awareness	55(14.8)
	Religion	20(5.3)
	wife opposition	16(4.3)
Reasons of male approval of spousal use of family planning	Birth spacing	199(53.6)
	Achieve desired family size	73(19.7)
	Avoid unwanted pregnancy	51(13.7)
	Promote child health	46(12.4)
	Improve quality of child care	92(24.8)
	Marital bliss	7(1.9)
Reasons for disapproving spousal use of family planning	Religion	17(4.6)
	Fear of side effects	219(59.0)
	Encourage infidelity	11(3.0)
	Reason unstated	124(33.4)

Table 3: Factors Associated with Male Partner's role on current utilization of Long Acting and Permanent Contraceptive Methods (LAPMs) in Boditi town, Southern Ethiopia, October 2015

Variables	Categories	Current use of LAPMs		COR(95%CI)	AOR(95%CI)
		Yes	No		
Household income/month	<31 USD	10	113	1	1
	31-70 USD	13	117	1.27(0.53 - 2.98)	0.59(0.211 - 63)
	>70 USD	26	92	3.19(1.47 - 6.96)*	0.72(0.22 - 2.32)
Age of youngest child	<mean age(3.1 years)	25	215	1	1
	> mean age(3.1 years)	24	107	0.52(0.28-0.95)*	1.68(0.83 - 3.40)
Attitude composite	Negative attitude	6	162	7.27(3.0017.52)*	5.32(2.08,13.58)**
	Positive attitude	43	160	1	1
Male partner's occupation	Government employed	25	90	2.74(1.12-6.70)*	1.99(0.61, 6.50)
	Daily laborer	2	67	0.29(0.06-1.47)	0.48(0.09, 2.51)
	Merchant	15	96	1.54(0.60-3.97)	2.41(0.79-7.39)
	Others	7	69	1	1
Women's Occupation	Housewife	23	175	1	1
	Government employed	15	36	3.17(1.51-6.66)*	1.42(0.57, 3.55)
	Merchant	8	61	0.10(0.42-2.35)	0.59(0.22, 1.57)
	Others	3	50	0.46(0.13-1.58)	0.50(0.13, 1.90)
Read from Newspaper or Magazine about FP	Not at all	23	233	1	1
	<Twice a week	15	57	2.67(1.31-5.43)	1.68(0.69, 4.12)
	Twice a week	11	32	3.48(1.55-7.81)*	1.27(0.45-3.60)
Heard on Radio/Television about family planning	Yes	24	85	1	1
	No	25	237	2.68(1.45-4.94)*	1.08(0.49, 2.41)
Spouse discuss about FP	Yes	40	205	1	1
	No	9	177	2.54(1.19-5.41)*	2.67(1.13, 6. 25)**

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