

# Perception and involvement of men in the family planning of their spouses in the communes of Bamako, Mali

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## Abstract

**Background:** The involvement of men in reproductive health programs and, more specifically, in family planning has always been a concern to various development actors nationally and internationally. This study assessed the perception and involvement of men in the planning of their partner.

**Methods:** This is a cross-sectional quantitative analytical study conducted among 785 men in the communes of the district of Bamako, Mali. This study used a questionnaire to collect information from January to March 2020.

**Results:** All the men were married, and about 70 % of the men were involved in their partner's family planning. About 94 % of the men had good knowledge, 76 % displayed a positive attitude, 69 % displayed positive attitudes for decision-making with their partners and their partner's good perception was observed with 56 % of men. There was a significant relationship between family planning practice and age ( $P = 0.02$ ); education ( $P < 0.001$ ); monthly income ( $P < 0.001$ ), and distance from residence to health center ( $P = 0.02$ ). Also, a significant relationship ( $P < 0.001$ ) was observed between the practice of family planning and the following variables: knowledge, attitudes, decision making, and perception.

**Conclusion:** This study reported that most participants had a good knowledge of family planning, more than half had a positive attitude about family planning and towards decision-making, and about the perception of their partner's family planning. The involvement of men could contribute to an increase in the rate of use of services and the satisfied needs of women of childbearing age in Mali.

**Keywords:** Family planning, perception, involvement, men, Mali

## Introduction

### Background

Family planning has been recognized in sub-Saharan Africa as an essential means of ensuring the health and well-being of women and their families[1]. Unfortunately, an estimated 232 million women in low- and middle-income countries have an unmet need for modern contraception[2]. In Africa, 24.2 % of women of reproductive age have an unmet need for modern contraception for reasons ranging from lack of access to information or services to lack of support from their partners/husbands<sup>2</sup>. Mali is one of the countries where the rate of use of family planning services is low. This rate of family planning services in 2018 increased slightly compared to 2017, 11.8 compared to 10.6 % respectively[3]. The Demographic and Health Survey (DHS) VI 2018, carried out in Mali, indicates significant unmet needs for family planning. A quarter of married women and half of the sexually active unmarried women reported an unmet need for family planning, with a high fertility rate of 6.3 children per

woman in Mali[4]. In a country like Mali, where the health situation in general and reproductive health is mainly still precarious despite the efforts made, men's involvement in the family planning of their spouses seems very important.

Men negatively influence family planning choices in many households[5]. Experience suggests integrating gender approaches into family planning, and reproductive health programs could increase their impact and sustainability. Gender-related factors, such as the predominance of men in decision-making, function as barriers to modern contraceptive use among women[6].

Although socioeconomic and religious barriers continue to exist, psychosocial factors such as negative perceptions of contraception by male partners can influence both spousal demand and the use of family planning. Many reports have been made concerning family planning in Mali. However, to the best of our knowledge, this study

is the first to assess the perception and level of involvement of men in their partner's Family planning in the communes of Bamako in Mali.

This study will contribute to the achievement of Sustainable Development Goal 3, "Ensure healthily lives and promote well-

## Methods

### Study design and setting

This is an analytical cross-sectional quantitative study that aimed at assessing men's perception and involvement in the family planning of their spouses. This study was carried out in the six communes of the district of Bamako in Mali. Bamako is the capital and the largest city of Mali. This study included several variables. First, the use of one or more contraceptive methods was used as a dependent variable to define men's involvement in their partner's family planning. In addition, sociodemographic information, men's knowledge of family planning, attitudes, and perception were used as independent variables.

### Target population

This study included all adult men aged 18 and over (i) married (ii) or in union with their spouse (iii) with at least one living child and residing in the district of Bamako in Mali. The sample size estimate was calculated using Epi Info version 7.2. The following parameters were included: a confidence level of 95 %, a margin error of 5 %, and an expected frequency of 50 %. According to the 2009 RGPH projections, the population of men aged 18 and above in the district of Bamako was 541,235 people in 2018<sup>3</sup>. The 2018 DHS reports that 61% of men were married at the time of the survey<sup>4</sup>. Therefore, out of 330,153 men aged 18 and over and assumed to be in a union, the required sample is 384 participants.

### Survey instrument

This study used a questionnaire adapted from the results of previous studies[8,9] to achieve the study's objective. This questionnaire has four parts: (i) the sociodemographic characteristics of the participants, (ii) knowledge about family planning, (iii) attitudes regarding family planning, and (iv) their perception in decision-making concerning family planning. Sociodemographic information included age, ethnicity, marital status, level of education, employment status, economic income, family size, and residence. Men's knowledge of family planning included eight items. Each correct answer corresponds to 1 point, and the incorrect answer corresponds to 0 points. Scores greater than 4 reflect good knowledge of family planning. Men's attitudes on the family planning of their spouses consisted of 8 items with the following characteristics: 1 = disagree; 2 = neutral; 3 = okay. The minimum score is 8, and the maximum is 24. Any score above 16 indicates a positive attitude of men about family planning. Men's attitudes

being for all ages," with specific objective 3.7: By 2030, ensure universal access to sexual and reproductive health services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programs[7].

towards decision-making included seven items with a score ranging from 1 to 3. The minimum score is 7, and the maximum is 21. Any score above 14 reflects a positive attitude of men. for decision making. Finally, men's perceptions of family planning included seven items. Each correct answer corresponds to 1 point, and the incorrect answer corresponds to 0 points. Scores greater than or equal to 4 indicate good knowledge of family planning.

### Data collection process

Data collection was done using a questionnaire. A pilot study was conducted with 38 adult males representing 10 % of the study sample. The objective of the pilot study was to assess feasibility, time, cost, and side effects and improve the study design before carrying out a large-scale research project. The data from the pilot study was used to determine the reliability of the questionnaire before data collection. The reliability score or Cronbach's alpha coefficient is a statistic used in psychometry to measure the internal consistency (or reliability) of the questions asked during a test (the answers to questions on the same subject must be correlated). Any value between 0.7 and 1 is generally considered "acceptable"[10]. In addition, the reliability score for knowledge (0.87), men's attitudes on their wives 'family planning (0.84), men's attitudes towards decision-making (0.79), and men's perceptions of their wives' family planning (0.81) were acceptable to conduct the study. Data collection was carried out in French from January 2020 to March 2020.

### Ethical considerations

This study received approval from the National Institute for Public Health Research ethics committee of Mali. The approval was presented to the various center technical directors before data collection. Also, a written consent form was obtained from each participant before data collection. The data of the participants will be kept confidential.

### Data analysis

Data analysis was performed using SPSS 21 version software (SPSS Inc., Chicago, IL). Data analysis included descriptive statistics to estimate the mean and deviation type, percentage (%), and frequency. The chi-square test determined the distribution between the variables. The level of significance considered will be set at  $P < 0.05$  for all analyzes.

## Results

### Distribution of sociodemographic characteristics by the practice of Family planning.

All the men (n = 785) were married and about 70 % of the men were involved in their partner's family planning. More than half were over 35 years old, 20 % were illiterate, 68 % were monogamous, almost

50 % lived in families with five or more, and more than 50 % had a higher monthly income to 100,000 FCFA. **Table 1** reports a significant relationship between the practice of family planning and age (P = 0.02); education (P < 0.001); monthly income (P < 0.001) and distance from residence to the community health center (P = 0.02).

**Table1.** Distribution of sociodemographic characteristics by the practice of family planning

| Items   | The practice of family planning |                    |                       | P values |
|---|---------------------------------|--------------------|-----------------------|----------|
|   | Yes, n=549<br>N (%)             | No, n=236<br>N (%) | Total, n=785<br>N (%) |          |
| <b>Age (years)</b>                              |                                 |                    |                       | 0,02     |
| 18-25   | 42 (7,7)                        | 22 (9,3)           | 64 (8,2)              |          |
| 26-35   | 195 (35,5)                      | 80 (33,9)          | 275 (35,0)            |          |
| 36-45   | 179 (32,6)                      | 63 (26,7)          | 242 (30,8)            |          |
| 46-55   | 110 (20,0)                      | 48 (20,3)          | 158 (20,1)            |          |
| >56   | 23 (4,2)                        | 23 (9,7)           | 46 (5,9)              |          |
| <b>Education</b>                                |                                 |                    |                       | <0,001   |
| Illiterate                                      | 84 (15,3)                       | 66 (28,0)          | 150 (19,1)            |          |
| Elementary -Secondary University                | 306 (55,7)                      | 125 (53,0)         | 431 (54,9)            |          |
|   | 159 (29,0)                      | 45 (19,1)          | 204 (26,0)            |          |
| <b>Religion</b>                                 |                                 |                    |                       | 0,71     |
| Islam   | 520 (94,7)                      | 225 (95,3)         | 745 (94,9)            |          |
| Christianity                                    | 29 (5,3)                        | 11 (4,7)           | 40 (5,1)              |          |
| <b>Marital status</b>                           |                                 |                    |                       | 0,89     |
| Monogamous                                      | 372 (67,8)                      | 161 (68,2)         | 533 (67,9)            |          |
| Polygamous                                      | 177 (32,2)                      | 75 (31,8)          | 252 (32,1)            |          |
| <b>Monthly income (West African CFA franc*)</b> |                                 |                    |                       | <0,001   |
| < 100 000                                       | 286 (52,1)                      | 85 (36,0)          | 371 (47,3)            |          |
| 101000-200000                                   | 233 (42,4)                      | 133 (56,4)         | 366 (46,6)            |          |
| ≥ 201000  | 30 (5,5)                        | 18 (7,6)           | 48 (6,1)              |          |
| <b>Family size (persons)</b>                    |                                 |                    |                       | 0,20     |
| 2-4   | 284 (51,7)                      | 120 (50,8)         | 404 (51,5)            |          |
| 5-8   | 187 (34,1)                      | 92 (39,0)          | 279 (35,5)            |          |
| >9  | 78 (14,2)                       | 24 (10,2)          | 102 (13,0)            |          |
| <b>Distance residence -Health Center</b>        |                                 |                    |                       | 0,02     |
| 1-3km   |                                 |                    |                       |          |
| 4-5km   | 259 (47,2)                      | 89 (37,7)          | 348 (44,3)            |          |
| > 6km   | 221 (40,3)                      | 105 (44,5)         | 326 (41,5)            |          |
|   | 69 (12,6)                       | 42 (17,8)          | 111 (14,1)            |          |

\*FCFA: Franc of the African Financial Community.

## The average score of men's knowledge, attitudes, and perception about Family planning

The average score of men's knowledge, attitudes, and perception about family planning was reported in **Table 2**. The results reported 6.72 for knowledge, 18.43 for men's attitudes on family planning of

their wives, 15.65 for attitudes towards decision-making, and 4.80 for perception.

**Table 2:** Average score of knowledge, attitudes and perception of men about family planning

|                                 | Minimum | Maximum | Average | Standard deviation |
|---------------------------------|---------|---------|---------|--------------------|
| Knowledge about family planning | 1       | 8       | 6,72    | 1,24               |
| Attitudes about family planning | 8       | 24      | 18,43   | 2,82               |
| Attitudes for decision making   | 7       | 21      | 15,65   | 3,29               |
| Perception on family planning   | 1       | 7       | 4,80    | 1,80               |

### Relationship between family planning practice and knowledge, attitudes, and perceptions.

About 94 % of men had good knowledge about family planning, 76 % displayed a positive attitude about planning, 69 % of men displayed positive attitudes towards their partner's decision-making on family planning and their partner's reasonable perception of family planning was observed by 56 % of men. The results in **Table**

**3** showed a significant relationship between the practice of family planning and the following variables: knowledge ( $P < 0.001$ ), attitudes ( $P < 0.001$ ), decision making ( $P < 0.001$ ), and perception ( $P < 0.001$ ).

**Table 3.** Distribution of knowledge, attitudes, decision-making and perception through practice of family planning

| Items                  | Practice of family planning |                    |                       | P values |
|------------------------|-----------------------------|--------------------|-----------------------|----------|
|                        | Yes, n=549<br>N (%)         | No, n=236<br>N (%) | Total, n=785<br>N (%) |          |
| <b>Knowledge</b>       |                             |                    |                       | <0,001   |
| Weak                   | 17 (3,1)                    | 30 (12,7)          | 47 (6,0)              |          |
| Good                   | 532 (96,9)                  | 206 (87,3)         | 738 (94,0)            |          |
| <b>Attitudes</b>       |                             |                    |                       | <0,001   |
| Negative               | 113 (20,6)                  | 78 (33,1)          | 191 (24,3)            |          |
| Positive               | 436 (79,4)                  | 158 (66,9)         | 594 (75,7)            |          |
| <b>Decision making</b> |                             |                    |                       | <0,001   |
| Negative               | 121 (22,0)                  | 123 (52,1)         | 244 (31,1)            |          |
| Positive               | 428 (78,0)                  | 113 (47,9)         | 541 (68,9)            |          |
| <b>Perceptions</b>     |                             |                    |                       | <0,001   |
| Bad                    | 218 (39,7)                  | 127 (53,8)         | 345 (43,9)            |          |
| Good                   | 331 (60,3)                  | 109 (46,2)         | 440 (56,1)            |          |

## Discussion

This study reported that nearly 70 % of men were involved in their partner's family planning by using one or more contraception methods. The practice of a planning method allows the couple to space births, and this figure was also reported in a study conducted in Erzurum, Turkey[11]. Our results are similar to a study conducted in 40 countries worldwide[12] and better than another conducted in Lebanon[13]. In this study, male involvement was linked to sound

knowledge, positive attitudes, and good perceptions. Most of the men had a good knowledge of family planning. They had heard of family planning before and knew that family planning helps space the births of children in a couple. Our study shows a better figure than that of studies conducted in Niger[14] and Turkey[15], where men did not have enough information and knowledge about family planning. Positive attitudes about family planning were observed,

and this figure is better than that of a study conducted in Ethiopia where 42 % of husbands showed positive attitudes about planning[16]. From these positive attitudes, the results showed that nearly three-quarters of men agree to two-way (husband and wife) decision-making about family planning use and the number of children. Our results are better than the results of the Senegalese demographic survey, which reported that 60 % of participants agreed that the decision to use family planning should be taken by both husband and spouse[17]. Women's decisions about the use of family planning have multiple benefits for the family and the community.

Moreover, our study shows more positivity in decision-making than a previous study carried out in Ethiopia with 344 couples[18]. More than half of the men also observed an excellent perception of their partner's family planning. However, almost a third of men believe that family planning is the woman's responsibility and is a way for women to be unfaithful to their husbands. These scenarios are also discussed in an earlier study conducted in Nigeria, which reported that one in five men felt contraceptive use was a woman's business. In comparison, two in five men said that women who use family planning might become unfaithful. These perceptions were most observed, especially among older men, those with no formal education, Muslims, and residents of rural areas[19]. A cross-sectional study conducted in Turkey with 400 married men reported that 363 participants (90.8 %) approved family planning for their partner. Men's involvement in family planning was significantly associated with the age, occupation, education, age of marriage,

## Conclusion

This study included 785 participants, all married men, to assess their perception and involvement in their partner's family planning. About 70 % of the men were involved in their partner's family planning by using one or more contraception methods. Most participants were knowledgeable; more than half had a positive attitude about family planning and decision-making and their partner's perception of family planning. This study also reported that age; education; monthly income, distance from residence to health center,

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## Authors' contributions

All authors participated in the conceptualization and the design of this manuscript. In addition, they provided essential comments for the data analyzes and the manuscripts. The co-authors have read and approved the final version for submission.

education, and occupation of spouses[20]. Our study reported that men's family planning practice was associated with age, education level, monthly income, and the distance from their home to a health center. Our results are similar to that of a previous study conducted in Niger where reports of men on the use of family planning by wives were associated with age, level of education. The results suggest that interventions should reduce gender inequalities to increase the use of family planning[14].

These findings are confirmed by a study conducted in Lebanon. The main factors identified hindering family planning methods in Lebanon appear to be religion, age, and lower education levels[13]. The results of our study are also consistent with those of a study conducted in The Gambia, which reports that socioeconomic factors such as level of education, type of marriage, knowledge, and attitudes had a significant effect on the practices of family planning. Although Gambians have access to free family planning services at all public health facilities, contraceptive prevalence appears to be relatively low at the national level[21]. This study was conducted in the city of Bamako among married men from the six communes. The results of this study could not be extrapolated to rural areas, or the reality could be different. However, this study has several strengths. The study was conducted with 785 participants, which represents a perfect number of people to conclude the perception and involvement of men in the city of Bamako in family planning. Another strong point, this study covered all the municipalities of the city of Bamako.

knowledge, attitudes, and perceptions were associated with family planning practice.

The involvement of men could contribute to an increase in the rate of use of services and the satisfied needs of women of childbearing age in Mali. Therefore, it is more than necessary to strengthen the capacities of men in planning and develop other strategies such as sensitization and education in family planning to meet the reproductive health needs of couples in Mali.

**Competing interests:** The authors declare that they have no competing interest in the preparation of this document.

## Declarations Ethics approval and consent to participate

This study received approval from the National Institute for Public Health Research ethics committee of Mali. The approval was presented to the various center technical directors before data collection. Also, a written consent form was obtained from each participant before data collection. The data of the participants will be kept confidential.

**Consent for publication:** There are no individual details, videos, or images used in this study. Therefore, consent to post is not applicable. Data was collected in the communes of Bamako,

Mali. The datasets used for all analyzes in this study are available from the corresponding author.

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