

**DETERMINANTS OF CONCORDANCE AND DISCORDANCE REPORTING OF
CONTRACEPTIVE USE AMONG COUPLES IN NIGERIA: EVIDENCE FROM NDHS.**

Emmanuel Kolawole ODUSINA¹, Akanni AKINYEMI² and Luqman BISIRIYU²

1. Department of Demography and Social Statistics,
Federal University, Oye-Ekiti, Nigeria.

2. Department of Demography and Social Statistics,
Obafemi Awolowo University, Ile Ife, Nigeria

¹ Corresponding author e-mail: kolaodusina@yahoo.co.uk

Abstract

The need for understanding sexual behaviour of couples within marital unions as well as extra-marital affairs is crucial in the fight against STIs and HIV. Agreement by couples on whether to use contraceptive or not is a major consideration if STIs and HIV incidents will be reduced. Therefore, this study examined concordance and discordance reporting of contraceptive use among couples in Nigeria. The analysis utilized the 2008 couples recode dataset. The data were analyzed using Kappa Statistics and multinomial logistic regression. The results showed that age, education, wealth index, residence, fertility desire and fertility preference were significant factors predicting concordance in reporting use of contraceptives ($P < 0.05$) while work status, wealth status and fertility preference were significant factors predicting discordance in reporting use of contraceptive ($P < 0.05$). The analysis concluded that couples concordance reporting on the use of family planning is important in addressing the scourge of HIV/AIDS and STIs in Nigeria.

Introduction

Contraceptive use remains one of the important issues in reproductive health efforts in Nigeria. However, the contraceptive prevalence rate still remains relatively low as only 9.8 percent of married women utilized family planning (NPC, 2013). Despite the low levels of contraceptive uptake among married women, there are critical issues on the sexual partner contraceptive is used with. For instance, socio-cultural issues around marital fidelity vary for male and female in many Nigeria cultures. Whereas females are labeled for extra-marital affairs, such is generally relaxed when the male folk is involved (Nnodum, 2004 and Smith, 2010). Extra-marital affairs constitute a major sustaining factor for the upsurge of HIV/AIDs and other sexually transmitted diseases. Particularly, among couples in monogamous relationships, extra-marital affairs constitute a major high risk of contracting STIs. The need for couple-center in developing country had been raised for over a decade (Dodoo, 1993; Kritiz, 1999; Thomson and Hoem, 1998 and Thomson, 1997), yet, very few researches have been able to explore this in connection to other sexual and reproductive health issues.

It is important to note that in Nigeria marital fertility is on the high side. One of the reasons for high level of marital fertility in Nigeria is low usage of contraceptives. For instance, in Nigeria, 10 percent of married women currently use modern methods of family planning; an additional 5 percent are using traditional method (NPC and ICF Macro, 2009). Also, the use of modern family planning varies by residence and zone. Modern methods are used by 17 percent of married women in urban areas compared with 7 percent in rural areas. Moreover, modern contraceptive use ranges from 3 percent of married women in North West Zone to 21 percent in South West Zone (NPC and ICF Macro, 2009). Marriage provides a sort of coverage for fertility. Evidence has confirmed that many children even within marriage are not desired or are products of unwanted pregnancies. A major pathway in this is through agreement to use contraceptive among couples. Concordance reporting of contraceptive use may provide a pathway to ensuring lower fertility among couples.

Evidence from previously published work examined factors related to couples' use of family planning methods. Oyediran and Isiugo-Abanihe (2002) in their study on husband-wife communication and couple's fertility desires among the Yoruba found that spousal communication on family planning was an important precursor to fertility decline. Contraceptive use was found to be significantly higher among couples who had discussed family planning with each other (Bankole, 1995; Bawah, 1999).

Odimegwu (1999) in a study of randomly selected sample of 927 married men and women living in urban and rural areas of Nigeria found that spousal communication on family planning significantly influenced contraceptive use among couples. Diro and Afework (2013) in their study in Ethiopia observed that concordance was 94.9% for contraceptive attitude between married couples. They observed overall greater degree of agreement for reproductive health events as compared to family planning attitudes and intentions. They concluded that pertaining to reproductive health events, wife's response may be taken as proxy for couple's response but family planning attitudes and intentions required collective information from husbands and wives separately. Tumlinson et al (2013) expressed that discussion of family planning was a key determinant of contraceptive use and that in couples with discordant fertility goals, contraceptive behaviour were not always the dictate of the pro-natalist males. They concluded that

interventions to improve discussion of family planning may be a key strategy for increasing contraceptive prevalence in low-income urban setting.

Irani, Speizer and Fotso (2014) found out that two third of couples surveyed in Nairobi, Mombasa and Kisumu reported current use of contraceptives. Couples who desired to have another child were less likely to use contraceptives compared to couples who wanted no more children. Couples who reported spousal communication on family planning in the past six months were more likely to use contraceptives compared to those who reported no spousal communication. They found that relationship-level characteristics were related to current contraceptive use and intention to use contraceptive among couples. Tilahun et al (2014) recognized the significant role of men in decision making concerning contraceptive use. They emphasized that men involvement in family planning programmes could enhance a couple's contraceptive practice in the future. Lack of or ineffective spousal communication can hinder effective contraceptive use (Kamran, Arif and Vassos (2011). Spousal communication about family planning and greater female education were found to be important predictors of concurrence (Becker and Costenbader, 2001). The study carried out by Kulczycki (2008) revealed moderate to high concordance in spousal reports on fertility and contraceptive measures while there was fair concordance on the reports of approval of family planning. Current contraceptive use was found to be positively associated with the number of methods known.

Joint decision making by couples has been recognized as a strong determinant of the use of contraceptive method compared to women-only decision-making. Couples should be educated equally on highly effective contraceptive methods (Hameed et al, 2014). The relationship quality of couples was stressed to be important in decision making regarding contraceptive use (Cox et al, 2013). There were issues in the past about husbands and wives current contraceptive use. It was found that husbands reported higher levels of use compared to their wives. Gender context has little net effect on concordance of couples but affected the relative weight of couples' preferences in determining the use of contraceptive. The husbands' pro-natalism may be a factor in the wives unmet needs especially whenever the unmet need is high (Mason and Smith, 2000).

Couple influences each other's attitudes towards fertility and family planning use (Barden-O'Fallon and Speizer, 2010). Helamo, Tessema and Doyore (2014) in their study concluded that examination of the gap of high knowledge and attitude with low usage of different methods of family planning deserved to be given due attention.

Saha and Bairagi, (2007) identified preference for male children and the concern of parents over infant and child mortality as factors in different desired fertility and family size. Discordant relationship between contraceptive and fertility was attributed to reduction in breast-feeding and the use of less effective contraceptive methods.

However, couples' characteristics and contraceptive use remain an area of relatively low exploration. Couples' focus study on contraceptive use will increase understanding and deepen knowledge about characteristics of couples and contraceptive use. The aim of this study is to

explore the answer to the question: are couples of the same or similar characteristics (age, work status, wealth status, education, etc.), more likely to report the use of contraceptive compare to their counterpart with dissimilar characteristics. Therefore, this study explores the determinants of concordance and discordance reporting of contraceptive use among couples in Nigeria.

Methods

The Nigeria Demographic and Health Survey (NDHS) data of 2008 was used. The dataset is used because it is national and representative. The target population was matched couples of the Nigeria DHS 2008 recode data set. There were 8,731 matched couples. Men and women (couples) data were analyzed and the DHS definition of a couple was adopted: a man and woman who are legally married or living together in a consensual union. Polygamous couples were excluded from the analysis because questions on sexual activity of husbands were not specific to a particular partner or wife. The data of 4040 eligible couples were considered for data analyses. Kappa Statistic was employed to evaluate the level of agreement between couples' characteristics and contraceptive use. This was to ascertain and assess whether the concordance in reports was due to chance alone. Multinomial logistic regression technique was used to establish the relationship between contraceptive use and couples' characteristics.

Dependent Variable

Dependent variable was derived from the reports of men and women (matched couples) on current use of contraceptive. All the categories of responses by men and women were collapsed and (couples) were further classified into 1= both were using, 2= both were not using and 3 = either was using.

Independent Variables

The key independent variables employed in the study were age, level of education, work status, wealth status, residence, spousal communication/decision making, fertility desire and fertility preference. Age was group into three: 1= same age, 2= husbands 3 years older and 3 = wives 3 years older. Years spent in schools (education) by couples were collapsed and coded 1= same education, 2= husbands more educated and 3=wives more educated. Residence as reported by DHS needed no further classification, urban was coded one while rural was coded two. Occupations of couples were coded 1 if both were working while other categories were coded 2. Wealth status as reported by DHS was classified into five categories; however, this study reduced the categories to three. The first and the second group (Poorest and Poorer) were classified as poor; the third group (middle) remained as it was while the fourth and the fifth group (richer and richest) were classified as rich. Variable on decision about wives/husbands income was used as a proxy for spousal communication/decision making and was classified into 1 = both take decision together and 2 = others. Fertility desire as a variable was classified into 1= equal desire, 2 = husbands desire more and 3 = wives desire more while fertility preference was categorized into 1 = both want another, 2 = both want no more and 3 = others.

Findings

Demographic and Socio-economic Characteristics of Couples

Table 1 showed the demographic and socio-economic characteristics of couples. The table revealed that 17.1 percent of couples had the same age (that is, difference of less than 3 years between wife and husband), while 0.77 percent of women indicated they were three years plus older than their husbands. Husbands (82.1 percent) were older than their wives in most of the eligible couples. In all, 43.35 percent of couples had the same level of education, 39.36 percent of couples reported that husbands were more educated while 17.29 percent indicated wives were more educated. Majority of couples, 63.23 percent, lived in rural areas as against 36.77 percent who lived in urban areas. Work status of couples as a variable was grouped into two, they were 'Both were working' and 'others'.

Couples (husbands and wives) who indicated that they worked in the last twelve months preceding the survey were 66.35 percent of the study population. Wealth index as a variable was a function of component analysis of household's possessions and the related socio-economic variables. Overall, 39.21 percent of couples were from poor households, 16.73 percent were in the middle range households while 44.06 percent were from rich households. For the purpose of this study, the number of children ever born by wives was used. This tends to be more reliable because men may include other children born out of extramarital affairs, foster children, etc. Children ever born by women were grouped into two, such as 'zero to four children' and 'five and more children'. In all, the survey population recorded 65.39 percent of its children ever born to couples who claimed to have less than five children, which was, 0-4 children. While couples with 5 and more children ever born accounted for 34.61 percent of the study population. The information on number of living children was grouped into two different categories such as: '0 - 4 children' and '5 and more children'. In all, 74.94 percent of couples had zero to 4 children while 25.06 percent had 5 and more children. The responses on contraceptive use showed that 69.78 percent of couples were not current users of contraceptives, 20.89 percent indicated either of the couples was using contraceptives and only 9.34 percent of the couples indicated that both were using contraceptives.

Table 1: Percentage Distribution of Couples by Selected Demographic and Socio-economic Characteristics, NDHS, 2008

| <u>Characteristics</u> | <u>Percent</u> |
|---|-----------------------|
| Age (N=4040) | |
| Same age | 17.11 |
| Wife 3 years plus older | 0.77 |
| Husband 3 years plus older | 82.12 |
| Education (N=4033) | |
| Same education | 43.35 |
| Husband has more education | 39.36 |
| Wife has more educational | 17.29 |
| Residence (N=4040) | |
| Urban | 36.77 |
| Rural | 63.23 |
| Work Status (N=4040) | |
| Both are working | 66.35 |
| Others | 33.65 |
| Wealth Index (N=4040) | |
| Poor | 39.21 |
| Middle | 16.73 |
| Rich | 44.06 |
| Spousal communication/decision making (N=4040) | |
| Both partners | 12.44 |
| Others | 87.56 |
| Fertility Desire (N=4040) | |
| Equal desire | 61.79 |
| Husbands desire more | 32.73 |
| Wives desire more | 5.48 |
| Fertility preference (N=4040) | |
| Both want another | 57.95 |
| Both want no more | 10.87 |
| Others | 31.19 |
| CEB (N=4040) | |
| 0-4 | 65.39 |
| 5 and more | 34.61 |
| Number of living children (N=4040) | |
| 0-4 | 74.94 |
| 5 and more | 25.06 |
| Contraceptive use (N=4040) | |
| Both are not using | 69.78 |
| Both are using | 9.34 |
| Either is using | 20.89 |
| No response category excluded | |

Selected Socio-demographic Characteristics by Contraceptive Use with Kappa Statistics

The relationships between selected socio-demographic factors and the use of contraceptive were examined by the use of Kappa test. It was employed to evaluate the level of agreement between couples' characteristics and contraceptive use, to ascertain and assess whether the concordance in reports was due to chance. As shown in Table 2, the overall agreement between age and contraceptive use was 25.65 percent, education and contraceptive use was 43.07 percent (significant at $P < 0.001$), work status and contraceptive use was 44.63 percent, wealth index and contraceptive use was 52.53 percent (Significant at $P < 0.001$), residence and contraceptive use was 21.59 percent, spousal communication/decision making and contraceptive use was 13.35%, fertility desire and contraceptive use was 40.04 percent, fertility preference and contraceptive use was 55.61 percent (Significant at $P < 0.001$). The values of Kappa for the selected independent variables and contraceptive use indicated poor agreement.

Moreover, contraceptive use and characteristics of couples such as age, education, work status, type of residence, wealth status, fertility desire, children ever born, number of living children, fertility preference and type of residence were examined (Table 2). Couples with same age reported that 60.77 percent were not current users of contraceptive but 11.72 percent were current users of contraceptive while 27.51 percent indicated either was currently using contraceptive. Couples who reported that wives were three or more years older than the husbands claimed that 80.69 percent were not currently using contraceptive while 19.31 percent reported either of them was currently using contraceptive. Couples who reported husbands were three years older than their wives reported that 71.55 percent were not currently using contraceptive methods, 08.93 percent were both currently using contraceptive while 19.52 percent indicated either of them was currently using contraceptive methods. Overall, couples who reported same age had the highest proportion (11.72%) of those who were using contraceptive. The chi-square test showed significant association between age and current use of contraceptive ($P < 0.001$).

Reports on couples with the same education showed that 77.5 percent were not currently using contraceptive, 06.12 percent reported both were current users of contraceptive and 16.37 percent reported either was using contraceptive. Reports on couples where husbands were more educated showed 76.73 percent were not currently using contraceptive methods, 10.12 percent were both current users of contraceptive and 16.37 percent indicated either was using contraceptive. Analysis of couples where wives were more educated revealed 57.32 percent were not current users of contraceptive methods, 15.69 percent were current users while 26.98 percent claimed either was currently using contraceptive methods. The chi-square test revealed significant relationship between educational attainment and current contraceptive use by couples ($P < 0.001$).

Work status may discourage or stimulate the use of contraceptive. The desire to increase standard of living may prompt couples to reduce fertility through the use of contraceptive methods. Table 2 presents the bivariate relationship between work status and current contraceptive use by couples. Couples who were both working gave the following information: 64.95 percent were not currently using, 10.98 percent were both currently using and 24.07 percent indicated either was currently using contraceptive methods. Higher percentage of contraceptive use was observed among couples who were working. The result of chi-square test showed significant relationship between work status and current use of contraceptive methods ($P < 0.001$). Literature has indicated more use of contraceptive methods in urban areas compare to rural areas. The finding as a result of cross tabulation between type of residence and current

contraceptive use by couples as presented in Table 2 buttressed this claim. Though the percentage of couples who were both currently using contraceptive methods was very low in both urban areas (17.39 percent) and rural areas (04.65 percent) but it was higher in urban areas compared to rural areas. Those who were not currently using contraceptive methods were 54.33 percent and 78.76 percent in both urban areas and rural areas respectively. Bivariate analysis by chi-square test revealed significant relationship between type of residence and current use of contraceptive methods ($P < 0.001$).

The table revealed positive relationship between wealth status and current use of contraceptive methods. The table also revealed that among the poor couples, 89.61 percent was not currently using contraceptive methods, 01.57 percent were both currently using contraceptive methods and 08.82 percent claimed either of the couples was currently using contraceptive methods. The analysis of couples in the middle level indicated that 74.42 percent were both currently not using contraceptive methods, 05.15 percent were current users while 20.44 percent claimed either was using contraceptive methods. Among the rich couples, 50.37 percent were not using, 17.83 percent were both using and 20.89 indicated either was using. Bivariate analysis produced significant relationship between wealth status and current contraceptive use by couples ($P < 0.001$). Analysis of fertility desire by current use of contraceptive by couples revealed husbands desired more (83.27 percent) among couples who claimed they were not using contraception. Where couples indicated both were using contraception, wives desire was more pronounced (29.56 percent) while where either was using contraceptive, equal desire among couples was more prominent (32.86 percent). Further analysis with the use of chi-square test revealed significant relationship between fertility desire and current contraceptive use by couples ($P < 0.001$).

Couples who responded to having less than five children (CEB) gave the following information as regard the use of contraceptive: 68.91 percent of them claimed both couples were not current users of contraceptive methods, 9.88 percent claimed both were current users of contraceptive methods while 21.21 percent indicated either was current users of contraceptive methods. In the category of couples who claimed to have five and more children ever born, 71.41 percent indicated they were current users, 8.31 percent claimed both were current users while 20.28 percent reported either was current users of contraceptive methods. Analysis of the variables by the use of chi-square test showed no significant relationship between total children ever born and the use of contraceptive methods ($P = 0.27$). Moreover, number of living children was also considered in the analysis. Among couples who had zero to four children, 70.14 percent were not currently using contraceptives methods, 09.51 percent reported both were using contraceptive methods and 20.34 percent responded that either of the couples was using contraceptive methods. Among couples who indicated they had five and more children, 68.68 percent were not currently using contraceptive methods, 08.81 percent claimed both were using contraceptive while 22.51 percent claimed either was using contraceptive methods. The result of the chi-square test showed significant relationship between number of living children and current use of contraceptive methods by couples.

The relationship between fertility preference and current use of contraceptive was examined as shown in Table 2. Overall, 75.55 percent of couples who indicated they both wanted more children were not currently using contraceptive and 43.63 percent of those who indicated both wanted no more children were not currently using contraceptive. Among couples who were using

contraceptive, 07.26 percent wanted more children and 21.08 percent claimed both wanted no more children. Further test by the use of chi-square revealed a significant relationship between fertility preference and current contraceptive use by couples ($P < 0.001$). The use of contraceptives was low among couples who did not take joint decision (71.49 percent). The current use of contraceptives (though low generally) was higher among couples who were communicating/taking joint decisions. The chi-square test showed significant relationship between spousal communication/decision making and current contraceptive use ($P < 0.001$)

Table 2: Selected Socio-demographic Characteristics by Contraceptive Use with Kappa Statistics

| Couples' Characteristics | Dependent Variable | | | Couple Agreement (Kappa) |
|--|---------------------|-----------------|------------------|--------------------------|
| | Contraceptive Use | | | |
| | Both were not using | Both were using | Either was using | |
| Difference in Age | | | | |
| Same Age | 60.77% | 11.72% | 27.51% | 25.65% (-0.03) |
| Wives more than 3 years older | 80.69% | 0.0% | 19.31% | |
| Husband more than 3 years older | 71.55% | 08.93% | 19.52% | |
| Educational Attainment | | | | |
| Same education | 77.51% | 06.12% | 16.37% | 43.07% (0.07)*** |
| Husbands more educated | 66.73% | 10.12% | 23.15% | |
| Wives more educated | 57.32% | 15.69% | 26.98% | |
| Work Status | | | | |
| Both are working | 64.95% | 10.98% | 24.07% | 44.63% (-0.06) |
| Others | 79.30% | 06.1% | 14.6% | |
| Wealth Index | | | | |
| Poor | 89.61% | 01.57% | 08.82% | 52.53% (0.19)*** |
| Middle | 74.42% | 05.15% | 20.44% | |
| Rich | 50.37% | 17.83% | 31.8% | |
| Type of Residence | | | | |
| Urban | 54.33% | 17.39% | 28.28% | 21.59% (-0.10) |
| Rural | 78.76% | 04.65% | 16.59% | |
| Spousal Communication/Decision Making | | | | |
| Both Partners | 57.69% | 12.37% | 29.94% | 13.35% (-0.02) |
| Others | 71.49% | 08.91% | 19.6% | |
| Fertility Desire | | | | |
| Equal Desire | 58.42% | 13.55% | 28.02% | 40.04% (-0.12) |
| Husbands desired more | 83.27% | 03.78% | 12.95% | |
| Wives desired more | 46.64% | 29.56% | 23.8% | |
| Fertility Preference | | | | |
| Both want another | 75.55% | 07.26% | 17.19% | 55.61% (0.10)*** |
| Both want no more | 43.63% | 21.08% | 35.3% | |
| Others | 68.16% | 09.11% | 22.73% | |

Source: Author's Work, 2014. (Data from 2008 NDHS) Significant at *** $P < 0.001$, ** $P < 0.01$ * $P < 0.05$.
Note: Data for cross-tabulation (but not for kappa values) were weighted

Estimates of Odd Ratios Predicting Concordance Reporting of Contraceptive Use

Multinomial logistic regression model (Table 3) was simulated to see how selected socio-demographic characteristics of respondents influence concordance reporting of contraceptive use. Comparison one compared the probability of couples were using contraceptive versus couples were not using contraceptive and comparison two compared the probability of either of the couples was using versus both were not using contraceptive.

In the model, eight variables were loaded. For comparison one, (probability both were using (concordance)) six variables (age, education, wealth index, residence, fertility desire and fertility preference) were significant in predicting concordance reporting of contraceptive use whereas only three variables (work status, wealth index and fertility preference) also significantly predicted the odds of either (discordance) was using contraceptive (comparison two). Comparing significant predictors of contraceptive use across comparisons one and two revealed that two variables, wealth index and fertility preference were both significant in predicting likelihood of both were using (concordance) and either was using (discordance) contraceptive among couples.

Table 3: Odds of Using Method of Contraception by Some Selected Socio-demographic Characteristics

| Variables | Both were using | | Either was using | |
|---|-----------------|-------------|------------------|------------|
| | Odd Ratio | 95% C. I. | Odd Ratio | 95% C. I. |
| Difference in Age | | | | |
| Same Age | RC | | RC | |
| Wives more than 3 years older | 0.01*** | 0.01, 0.02 | 0.46 | 0.14, 1.56 |
| Husbands more than 3 years older | 0.70* | 0.49, 0.99 | 0.61*** | 0.46, 0.82 |
| Educational Attainment | | | | |
| Same education | RC | | RC | |
| Husbands more educated | 1.48* | 1.06, 2.07 | 1.13 | 0.87, 1.47 |
| Wives more educated | 1.73** | 1.18, 2.55 | 1.10 | 0.81, 1.51 |
| Work Status | | | | |
| Both are working | RC | | RC | |
| Others | 1.44 | 0.98, 2.10 | 1.44** | 1.10, 1.88 |
| Wealth Index | | | | |
| Poor | RC | | RC | |
| Middle | 2.51** | 1.34, 4.70 | 2.37*** | 1.65, 3.40 |
| Rich | 7.12*** | 3.96, 12.79 | 4.81*** | 3.40, 6.82 |
| Type of Residence | | | | |
| Urban | RC | | RC | |
| Rural | 0.52*** | 0.35, 0.77 | 0.96 | 0.72, 1.28 |
| Spousal Communication/ Decision Making | | | | |
| Both Partners | RC | | RC | |
| Others | 0.87 | 0.55, 1.37 | 0.80 | 0.58, 1.11 |
| Fertility Desire | | | | |
| Equal desire | RC | | RC | |
| Husbands desire more | 0.35*** | 0.21, 0.59 | 0.52*** | 0.39, 0.69 |
| Wives desire more | 2.38** | 1.35, 4.17 | 0.93 | 0.55, 1.56 |
| Fertility Preference | | | | |
| Both want another | RC | | RC | |
| Both want no more children | 3.12*** | 2.11, 4.62 | 2.65*** | 1.87, 3.74 |
| Others | 1.59*** | 1.12, 2.25 | 1.66*** | 1.30, 2.13 |

Source: Author's Work, 2014. (Data from 2008 NDHS) Significant at *** P<0.001 **P<0.01 *P<0.05.

RC – Reference Category

Discussions

Level of education, residence (Tawiah, 1997; Adhikari, 2010; NPC and ICF Macro, 2014), wealth status, age, fertility desire and preference of couples are determinants of concordance reporting of contraceptive use among couples in Nigeria. The discordance reporting of the use of contraceptive among couples is associated with work status, wealth status and fertility preference. As the couples increase in wealth, so also was the concordance reporting of the use of contraceptive by them. The concordance reporting of the use of contraceptive by couples was high when couples indicated that they wanted no more children and other reasons rather than when both couples agreed to have another child. The study showed that couples in urban areas were more likely to report concordance use of contraceptive. All the above explanations suggest the importance of education, wealth status, residence and fertility preference in concordance reporting of contraceptive use while discordance reporting of the use of contraceptive was associated with work status, increase in wealth and couples who wanted no more children.

Conclusion

The study found evidence of six (6) and three (3) significant factors predicting concordance and discordance reporting of contraceptive use among couples respectively. The observed concordance in contraceptive behaviour can be explained within the context of variation in age, education, wealth status, residence, fertility desire and preference while the observed discordance can be explained within the context of variation in work status, wealth status and fertility preference. Therefore, a programme of intervention targeting concordance use of contraceptive among couples may achieve its objectives if age, education, wealth status, residence, fertility desire and preference of couples are taking into consideration.

REFERENCES

- Adewuyi, A. and Ogunjuyigbe, P. (2003). The Role of Men in Family Planning: An Examination of Men's Knowledge and Attitudes to Contraceptive Use Among the Yorubas. *African Population Studies*, Vol. 18, No. 1, April, pp. 35-49.
- Adhikari, R. (2010). Demographic, Socio-economic, and Cultural Factors Affecting Fertility Differentials in Nepal. *The BioMed Central*. The Open Access Publisher, V10,
- Ashraf L and Stan B. (1997). Husband-Wife Communication about Family Planning and Contraceptive Use in Kenya. *International Family Planning Perspectives*, 23(1):15–20 & 33.
- Bankole, A. (1995). Desired Fertility and Fertility Behaviour among Yoruba of Nigeria: A Study of Couple Preferences and Subsequent Fertility,” *Population Studies* 49: 317–328.
- Bankole A. and Singh S. (1998). Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Man's Voice. *International Family Planning Perspectives* 24(1):15-24
- Barden-O'Fallon, J. L. and Speizer, I. S. (2010) Indonesian Couples' Pregnancy Ambivalence and Contraceptive Use. *International Perspectives on Sexual and Reproductive Health*, 36(1):36-43.
- Bawah A. A. (1999 2002). Spousal Communication and Family Planning Behavior in Navrongo: a Longitudinal Assessment. *Studies in Family Planning* 33:185–94.
- Becker, S. (1996). Couples and Reproductive Health: a Review of Couple Studies. *Studies in Family Planning* 27(6), pp. 291-306
- Becker, S. and Costenbader, E. (2001). Husbands' and Wives' Reports of Contraceptive Use” *Studies in Family Planning* 32(2):111-129.
- Berhane, A., Biadgilign, S., Amberbir, A., Amberbir, S., Berhane, A. and Deribe, K. (2011). Men's Knowledge and Spousal Communication about Modern Family Planning Methods in Ethiopia. *African Journal of Reproductive Health* December 15(4).
- Cox, C. M., and Hindin, M. J., Otupiri, E., and Larsen-Reindorf, R. (2013). Understanding Couples' Relationship Quality and Contraceptive Use in Kumasi, Ghana. *International Perspectives on Sexual and Reproductive Health*, 39(4):185-194.
- Diro, C. W. and Afework, M. F. (2013). Agreement and Concordance between Married Couples Regarding Family Planning Utilization and Fertility Intention in Dukem, Ethiopia. *BMC Public Health*, 13:903.
- Dodoo, F. N. (1993). A Couple Analysis of Micro-level Supply/Demand Factors in Fertility Regulation. *Population Research and Policy Review*, 12(2): 93-101
- Duze, M. C. and Mohammed, I. Z. (2006) Male Knowledge, Attitudes, and Family Planning Practices in Northern Nigeria. *African Journal of Reproductive Health*, Vol. 10, No. 3. pp. 53-65.
- Epstein, H. (2011). Using Spousal Communication to increase Family Planning in Africa. <http://> Accessed on 17/8/2012
- Gage, A. J. (1995). Women's Socio-economic Position, Contraceptive Use and Fertility Preferences in Togo. *Studies in Family Planning*, 26(5): 264-277
- Greene, M. and Biddlecome, A. (2000). Absent and Problematic Men: Demographic Accounts of Male Reproductive Roles. *Population Dev Rev*. 26:81–115.

- Gubhaju, B. (2009). The Influence of Wives' and Husbands' Education Levels on Contraceptive Method Choice in Nepal, 1996-2006. *International Perspectives on Sexual and Reproductive Health* Vol. 35(4).
- Hameed, W., Azmat, S. K., Ali, M., Sheikh, M. I., Abbas, G., Temmerman, M. and Avan, B. I. (2014). Women's Empowerment and Contraceptive Use: The Role of Independent versus Couples' Decision-Making, from a Lower Middle Income Country Perspective. *PLoS ONE* 9(8): e1046 33.
- Helamo, D., Tessema, F., and Doyore F. (2014). Assessment of Husband-Wife Communication and Practice of Contraceptives in Angecha Woreda, Kambata Zone, South Ethiopia: A Cross Sectional Study. *Reproductive system and Sex Disorders*, 3:134.
- Hellander, D. (2005). Failure Rate of Male and Female Condoms Fall with Use. *International Family Planning Perspectives*; Vol. 31 Issue 2, p94-95, 2p.
- Helzner J. F. (1996) Men's Involvement in Family planning. *Reproductive Health Matters*. 7:146-154.
- Irani, L., Speizer, I. S., and Fotso, J. (2014). Relationship Characteristics and Contraceptive Use among Couples in Urban Kenya. *International Perspectives on Sexual and Reproductive Health*, 40(1):11-20.
- Kamran I., Arif, M. S. and Vassos, K. (2011). Concordance and Discordance of Couples Living in a Rural Pakistani Village: Perspectives on Contraception and Abortion – a Qualitative Study. *International Journal for Research, Policy and Practice*, 6(1):538-551.
- Kritz, M. M. (1999). *Husband and Wife Agreement, Contraceptive Use and Ethnicity in Nigeria*. New York: Population and Development Program, Working Paper Series, Department of Rural Sociology, Cornell University.
- Kulczycki, A. (2008). Husband-Wife Agreement, Power Relations and Contraceptive Use in Turkey. *International Family Planning Perspectives*, 34(3):127-137.
- Lasee A, and Becker, S. (1997). Husband-wife Communication about Family Planning and Contraceptive Use in Kenya. *International Family Planning Perspectives*, 23(1):15-20.
- Marsiglio, W. and Menaghan, E. G. (1987). Couples and the Male Birth Control Pill: a Future Alternative in Contraceptive Selection. *Journal of Sex Research*, 23 (1): 34-49.
- Mason, K. O. and Smith, H. L. (2000). Husbands' Versus Wives' Fertility Goals and Use of Contraception: the Influence of Gender Context in Five Asian Countries. *Demography* 37(3): 299-311.
- Mbizvo, M. T. and Basset, M. T. (1996). *Reproductive Health and AIDS Prevention in Sub-Saharan Africa: The Case for Increased Male Participation in Health Policy and Planning*
- Mesfin, G. (2002). The role of men in fertility and family planning program in Tigray Region. *Ethiop. J. Health Dev.* 2002; 16(3): 247-255
- Mistik, S. N., M., Mazicioglu, M. and Cetinkaya, F. (2003). Married Men's Opinions and Involvement Regarding Family Planning in Rural Areas. *Contraception*, 67:133-137
- National Population Commission (NPC) [Nigeria] and ORC Macro. (2004). *Nigeria Demographic and Health Survey 2003*. Calverton, Maryland: National Population Commission and ORC Macro.
- National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro.

- National Population Commission (NPC) [Nigeria] and ICF Macro. 2014. *Nigeria Demographic and Health Survey 2013 (Preliminary Report)*. Abuja, Nigeria: National Population Commission and ICF Macro.
- Nnodum B. I (2004): Incidence and causes of marital infidelity as perceived by secondary school teachers in Orlu Educational Zone of Imo State. *The Nigerian Journal of Guidance and Counselling* Vol. 9(1) : 270-285
- Nyblade, L. and Menken. J. (1993). Husband-wife Communication: Mediating the Relationship of Polygyny through Contraceptive Attitudes and Use.” *Proceedings of the IUSSP General Conference, Montreal, August 1993*. Liege: IUSSP. Vol1, Pp. 109-120.
- Odimegwu, C. (1999). Family Planning Attitudes and Use in Nigeria: A Factor Analysis. *International Family Planning Perspective*. 25(2):86-91.
- Ogunjuyigbe, P. O., Ojofeitimi, E. O. and Liasu, A. (2009). Spousal Communication, Changes in Partner Attitude, and Contraceptive Use Among the Yorubas of Southwest Nigeria. *Indian J Community Med*. April; 34(2): 112–116.
- Oheneba-Sakyi, Y. and Takyi, B. K. (1997). Effects of Couples' Characteristics on Contraceptive Use in sub-Saharan Africa: the Ghanaian Example. *J. Biosoc. Sci.*29(1):33-49
- Oladeji, D. (2008). Communication and Decision-Making Factors Influencing Couples Interest in Family Planning and Reproductive Health Behaviours in Nigeria. *Stud Tribes Tribals*, 6(2): 99-103 (2008)
- Oni, G.A. and McCarthy, J. (1991). Family Planning Knowledge, Attitudes and Practices of Males in Ilorin, Nigeria. *International Family Planning Perspectives* 1991; 17(2):50-4.
- Oyediran, A. K. (2002). *Spousal Communication and Fertility Behaviour among the Yoruba of South-Western Nigeria: The Case of Ogbomoso and Iseyin*. Unpublished Ph.D. Thesis submitted to the Faculty of Social Sciences, University of Ibadan, Nigeria. Pp.313.
- Oyediran, K. A. and Isiugo-Abanihe, U. C. (2002) Husband-Wife Communication and Couple’s Fertility Desires among the Yoruba of Nigeria. *African Population Studies, Vol. 17, No. 2, pp. 61-80*
- Piet-Pelon, N. J., Rob, U. and Khan, M. E. (2000). *Men in Bangladesh, India and Pakistan: reproductive health issues*. Karshaf Publishers, Dhaka, Bangladesh.
- Pile, J. M., Bumin, C., Ciloglu, G. A. and Akin, A. (1999). *Involving Men as Partners in Reproductive Health: Lessons Learned from Turkey*. AVSC Working Paper No.12. June.
- Rimal, R. N., Ratzan, S. C., Arntson, P., and Freitmuth, Y.S. (2002). Reconceptualizing the Patient: Health Care Promotion as Increasing Citizens’ Decision-making Competencies. *Communication*, 9(1): 61-74.
- Saha, U. R. and Bairagi, R. (2007). Inconsistencies in the Relationship Between Contraceptive Use and Fertility in Bangladesh. *International Family Planning Perspectives*, 33(1):31-37
- Tawiah, E. O. (1997). Factors Affecting Contraceptive Use in Ghana, *Journal of Biosocial Science* Vol. 29, 141-149, Cambridge University Press.
- Thomson, E. and Hoem, J. M. (1998). Couple Childbearing Plans and Births in Sweden. *Demography*, 35 (3): 315-322.

- Tuloro, T., Deressa, W., Ali, A. and Davey, G. (2006). The Role of Men in Contraceptive Use and Fertility Preference in Hossana Town, Southern Ethiopia. *Ethiop. J. Health Dev.* 20(3):152-159.
- Tumlinson, K., Speizer, I. S., Davis, J. T., Fotso, J. C., Kuria, P. and Archer, L. (2014). Partner Communication, Discordant Fertility Goals, and Contraceptive Use in Urban Kenya. *African Journal of Reproductive Health*, 17(3):79-90 *African Journal of Reproductive Health*, 17(3):79-90.
- Westoff, C. F. and Ochoa, L. H. (1991). *Unmet Need and the Demand for Family Planning*, DHS Comparative Studies, Columbia, MD, USA: Institute for Resource Development/Macro International, 1991, No. 5;
- Westoff, C. F. and Bankole, A. (1995). *Unmet Need: 1990–1994. DHS Comparative Studies* No. 16. Calverton, MD: Macro International.
- Wolff, B., Blanc, A. K., and Ssekamatte-Ssebuliba, J. (2000). The Role of Couple Negotiation in Unmet Need for Contraception and the Decision to Stop Childbearing in Uganda. *Studies in Family Planning* 31(2) June
- Nnodum B. I (2004): Incidence and causes of marital infidelity as perceived by secondary school teachers in Orlu Educational Zone of Imo State. *The Nigerian Journal of Guidance and Counselling* Vol. 9(1) : 270-285