

# The Role of Male Partners in the Use of Family Planning and Maternal Health Services by First-Time Adolescent Mothers in Nigeria

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## Background

- Globally, 13 million adolescent girls give birth every year and account for about 11% of all births; 90% occur in the context of marriage.
- Early pregnancies increase the risk of maternal mortality in mothers under 20 compared to other age groups. Closely spaced pregnancies further increase risk.
- In Nigeria, nearly one-third of women give birth before age 19.

Despite this, few programs in Nigeria or at the global level specifically target first-time/young parents (FTYPs).

- To inform the design of effective, feasible, culturally appropriate interventions, the Maternal and Child Survival Program conducted 72 focus group discussions (FGDs) and 140 in-depth interviews (IDIs) in six states from the six geographic zones of Nigeria: Bauchi, Cross River, Ebonyi, Kogi, Ondo, and Sokoto.

## Study Design

The primary research question was:

**What factors influence FTYPs' intentions to seek services and to use health services at relevant times in their reproductive life course?**

## Methodologies and Sample Size

	Group	Method	Sample
Pregnant adolescent girls and adolescent mothers	Age 15–17	FGDs	12
		IDIs	69
	Age 18–19	FGDs	12
		IDIs	71
Male partners (age 15–24)		FGDs	24
Older female relatives of adolescent mothers		FGDs	24

## Findings

### FTYPs lack power due to age, sex, and socioeconomic status.

- FTYPs' experiences with pregnancy and parenthood are shaped by family and community influences, affecting whether FTYPs use (and continue to use) health services during and after pregnancy.
- FTYPs have low status in their relationships, families, and communities. Decisions are largely made by influential family members. Education and work raise FTYPs' status and decision-making power.

### Social norms encourage demonstration of fertility following marriage.

- First pregnancy is expected to closely follow marriage. Most participants want to bear one child immediately following marriage, then consider spacing.
- Across states, all participants valued pregnancy spacing. Most said that husbands and wives jointly decide on family planning (FP) use and having a child together.

### Men and women have clearly delineated roles.

- Male partners taking responsibility for wives' maternal care was a universally expressed theme. Husbands helping wives with chores in pregnancy was an acceptable deviation from the norm in southern states. Men doing "women's" work was less acceptable in northern states.

### Men hold decision-making power about FP use.

- While couples discuss fertility intentions and contraceptive use, men often make the final decision about use of health services, including voluntary FP.
- Cost implications often limited men's support for FP.

### Male partners play a positive, supportive role.

- When pregnancy occurred within marriage, husbands were involved in decision-making, provided financial support, and accompanied adolescent mothers for delivery.
- Single adolescent mothers, who face stigma from family and community and do not have the support of male partners, are greatly disadvantaged.

“We were on good terms, but as soon as he impregnated me ... he left me and ran away.”  
— young mother, 15–17, Ebonyi

“As head of the house, I am the one responsible for my family. I can take her (wife) to the hospital. I will save some money or sell something for her delivery plan.”  
— young father, Bauchi

“I told my husband that I am tired of bearing children, but he told me that he is the only one that has the right to say when I will stop having children. He also said that the number of children he wants is what I will give birth to.”  
— older woman, Ebonyi

## Program Implications

- Capitalize on positive attitudes toward child spacing with husbands and family members as an opportunity to encourage changes in social norms.
- Marital status is a key FTYP programming consideration. Programs must tailor information and activities for adolescent mothers whose partners are not involved and those living in union.
- Programs seeking to influence service use by FTYPs must address social norms that limit use of FP and contribute to women's limited influence in decision-making while also addressing myths about contraceptive methods. Positive attitudes toward health services should be fostered among male partners.
- Given that costs posed a significant barrier to service use in Nigeria, a multisectoral approach to mitigating cost barriers is needed.