

THE INFLUENCE OF MEN'S SOCIAL NETWORKS AND SOCIAL NORMS ON FAMILY PLANNING IN BENIN

Between 1996-2017, unmet need for family planning (FP) in Benin increased from 28% to 36%.^{1,2} To address high unmet need and its related outcomes, it is important to consider demand-side barriers to FP use.^{3,4} Initiatives have largely focused on women, yet couple communication and family and peer influences on FP are critical socio-normative factors influencing FP choices.⁴⁻⁶ In Benin, one commonly-cited reason for women not using FP is perceived opposition from a partner, yet less than 4% of women discussed FP with their partner in 2015.⁷ The lack of discussion around FP and the need for men's approval indicates that new approaches are needed to engage Beninese women and men in FP discussions and decision-making.⁷ The Tékponon Jikuagou (TJ) intervention, which was conducted from 2015-2016 in Ouémé Department, encouraged reflection and dialogue about fertility desires and contraception by influential groups and opinion-leaders to catalyze diffusion of new ideas through women's and men's networks.⁸ In this analysis, we examined pre- and post-intervention surveys completed by men in the intervention communities with an interest specifically in assessing the content and structure of men's social networks and social norms surrounding FP and the relation of these factors to couple's intended FP use.

Little previous work has examined the content and structure of men's social networks and social norms related to FP use. We aimed to document and understand the contribution of these social factors on intention to use FP by men and their wives. Specifically, we hypothesized that men who believed social norms around FP were more supportive of FP use and those with networks more supportive of FP would report greater intention to use FP with a spouse. Supportive social networks were operationalized in several ways including having a high proportion of their network that they communicate about FP with.

The TJ intervention took place over a period of 15 months from 2015-2016 in 16 villages in the Ouémé Department and sampling was stratified by region and village size. Data for this analysis come from surveys conducted with men in these villages prior to the intervention (n=505) and 18 months later (n=522). Both surveys included a social network mapping census, which asked participants to name people they relied on for material, practical, and/or emotional support, and questions on FP norms, couple communication, and current and intended FP use. Participating men were over the age of 18 and in union with a woman age 18-44. In our analysis, we described men's egocentric social networks and social norms related to discussion and approval of FP use at both baseline and endline. Since use of contraception is not always directly controlled by the male partner, we chose to assess men's reports of their intention to use FP with any of their wives as our outcome of interest. We then assessed the multivariate relationship between men's FP social networks and norms and intention to use FP.

The majority of respondents in the intervention were over age 34, had at least a primary education, had one wife, had over three children, were of Fon ethnicity, and were Christian. The social network mapping approach elicited a very small number of network contacts (mean of 2 contacts), and 14% of men listed no network contacts at all (Table 1). On average, over half of

men's network contacts were not male relatives (56% baseline; 67% endline) and/or lived inside of their village (65% baseline; 57% endline). Men had talked with a small percentage of network members about FP, though this did increase by over 100% between baseline and endline (15% baseline; 31% endline), and most believed it was acceptable to discuss FP in their community (78% baseline; 98% endline). The majority of men (67%) had not discussed FP methods with their partner(s) in the last 12 months. Few men listed their wife in their material, practical, and/or emotional network (13% baseline; 23% endline). Twenty-three percent of men in the intervention group at baseline and 41% at endline reported that they or their wife use modern contraception. Forty-five percent of men at baseline and 52% at endline reported that they intended to use FP.

In our interacted multivariate model (Table 2), men's network size and perceptions that people would incur sanctions in their community if they used FP were negatively associated with FP intentions at baseline but positively associated with FP intentions at endline. Communication about FP with network contacts, communication about FP with wives, and wives' perceived FP approval were positively associated with FP intentions and did not significantly vary over time. This model accounted for 42.67% of the variation in intention to use FP.

This is the first in-depth study to assess the social networks and social norms related to FP use among men in Benin. Our multivariate model indicates that while social networks and social norms influence men's FP intentions, other factors are at play as well. Additionally, in contrast to research on women's networks, these men reported substantially fewer network contacts.⁹⁻¹¹ That said, among the social factors we assessed, FP communication with network contacts had the most significant relationship with FP intentions, indicating that men discussing FP with even one network contact may be important to FP decision-making. Men's communication with their wives about FP and their wives' approval of FP also significantly relate to FP intentions. This reinforces global research showing that couple communication is associated with increased FP use.^{5,6,12,13} We also find that men believe that more of their network members approve of FP than men have actually communicated about FP with. Prior work has shown that men often make assumptions about their network members' use and approval of FP, yet other work shows that these assumptions of high acceptability may be the first step in shifting FP norms.¹⁴ More than three-quarters of the men believed that it was acceptable to discuss FP in their communities and most believed that others approved of FP use, yet men are still not discussing it, which likely serves as a key barrier to FP use in Benin. These findings indicate both a need and opportunity for increased FP related dialogue in these communities.

Table 1. Men's Community Level Factors for FP

		Total (n=1,027)		Baseline (n=505)		Endline (n=522)		P-Value
		<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
FP Networks	Network Size	1.79	1.10	2.05	0.93	2.17	0.79	.681
	Network Outside of Village	0.39	0.41	.35	.41	.43	.41	.002
	Network Non-Relative	0.62	0.42	.56	.43	.67	.40	.000
	Network FP Approval	0.25	0.37	.26	.39	.25	.36	.612
	Network FP Communication	0.23	0.36	.15	.32	.31	.39	.000
FP Norms	FP Acceptability*	0.88		0.78		0.98		.000
	FP Sanctions (3 items) ⁺	0.34	0.27	.38	.32	.30	.19	.000

+ index of multiple items on a scale of 0-1
* binary indicator, no SD available

Table 2: Multivariate Logistic Regression for Couples' Intention to use FP in the Intervention Group	
	(n=976)
	Pseudo R ² =.4144
	Odds Ratio
Time	0.28
<i>Men's Community Level Factors for FP</i>	
Network Size	0.84
Time*Network Size	1.52*
Network Outside of Village	0.91
Network FP Communication	2.68*
FP Acceptability	2.01
Time*FP Acceptability	0.06*
FP Sanctions	0.68***
Time*FP Sanctions	1.63**
<i>Men's Couple Level Factors for FP</i>	
At least one wife approves of FP	5.88***
Wife listed in network	0.56
Time*Wife listed in network	5.65*
Couple Communication about FP	1.99***
<i>Men's Individual Level Factors for FP</i>	
Self-Efficacy to Use FP	0.50*
Time*Self-Efficacy to Use FP	4.75***
Self-Efficacy to Discuss FP	1.42***
FP Access	1.82**
<i>Covariates</i>	
Education	
None (ref)	
Primary	0.88
Secondary or more	1.63**
Multiple Wives	1.34
Time*Multiple Wives	0.33***
Christian	2.55
Time*Christian	0.24**
Fon Ethnicity	0.33
Time*Fon Ethnicity	11.73*
Intercept	0.40
*p<.05. **<.01. ***p<.001.	

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