

Evidence that drives effective social behavior change programming in Kebbi State

Comparing the Attitudes, Norms, and Beliefs of Husbands and Wives for Reproductive, Maternal, and Child Health

In northwestern Nigeria, a large proportion of primary health care services—reproductive, maternal, and child health services—are intended for women and children. Yet women often have limited autonomy when it comes to decisions about their own health care and that of their children. Traditional gender roles and norms mean that husbands are typically the principal decision-makers surrounding the health of family members. Studies have shown that husbands' involvement in health decision-making can impact overall family health.^{1–3} Hence, ensuring that husbands and wives share similar attitudes, norms, and knowledge and that women are empowered to act to improve their health and the health of their children are critical factors for achieving sustained improvements in health in the region.

This research brief outlines and compares the health attitudes, norms, knowledge, and behaviors of husbands and wives surrounding the practices of priority reproductive, maternal, and child health behaviors in Kebbi State, Nigeria. Data come from the population-based behavioral sentinel surveillance (BSS) survey conducted in 2021 by the United States Agency for International Development's (USAID)-funded Breakthrough RESEARCH project. The findings presented here provide rigorous, evidence-based insights to inform the design and implementation of high-impact social behavior change (SBC) programs for women, men, and their children,

particularly for programs that focus on modern contraceptive use; antenatal care (ANC) and facility delivery; malaria prevention; nutrition; and child health.

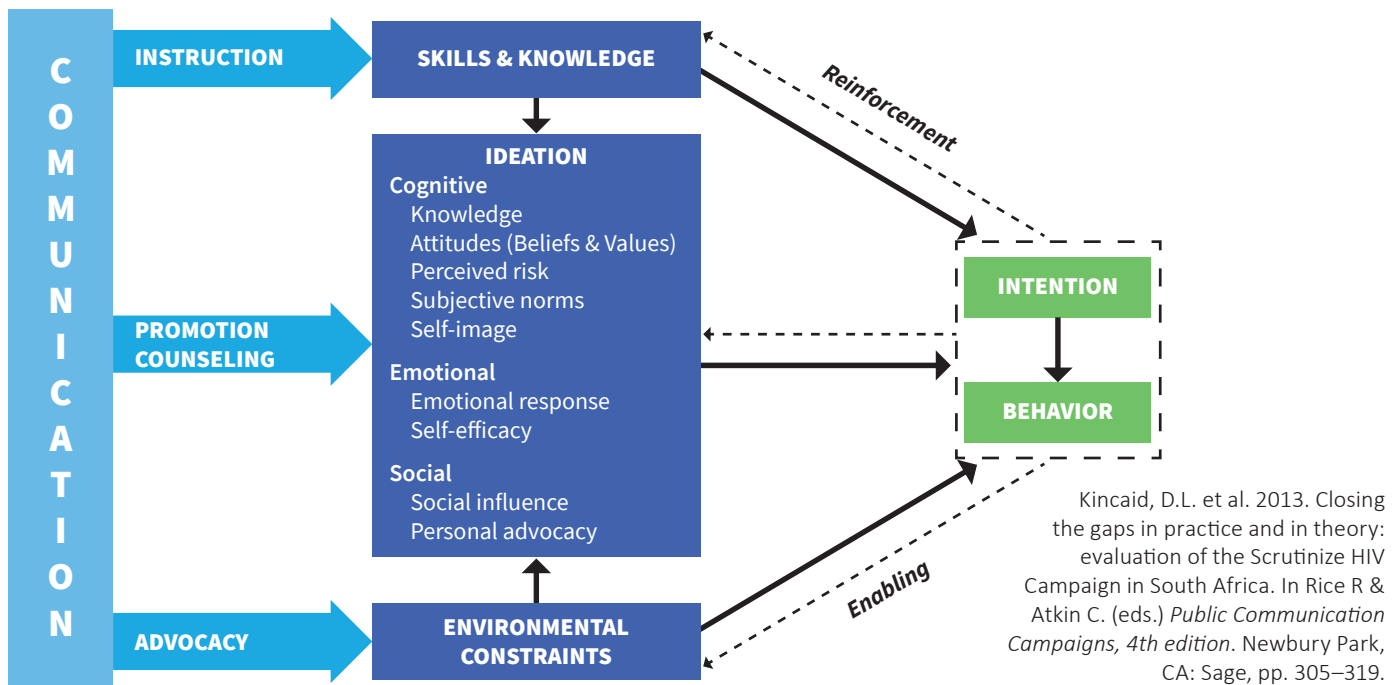
The results in this brief are premised upon the Ideational Behavior Change framework developed by Kincaid,⁴ which serves as the guiding basis for the design of SBC interventions of Breakthrough ACTION in Nigeria. This framework highlights the roles of cognitive, emotional, and social factors in affecting behavioral intentions and actual behavior.⁴ Factors included in the Ideational Framework include knowledge, attitudes, perceived risks, norms, self-efficacy, and social influences (Figure 1). As an individual's ideational metrics improve, the likelihood that a person will engage in a targeted behavior is theorized to also increase. SBC programs aim to influence these ideational factors, for example by engendering new information about the benefits of maternal and child health services, shifting descriptive and injunctive norms about using those services, and empowering people to access the services. This in theory leads ultimately to the adoption and practice of healthy maternal and child health behaviors.^{5,6}

In this context, understanding the dynamics and communication between husbands and wives, as well as the concordance or discordance in ideational metrics within couples, can provide important insights for developing a more effective approach to designing and adapting behavior change interventions. This brief therefore provides program managers and implementers relevant perspectives to consider in designing and implementing high impact SBC programmes.

Breakthrough ACTION and Breakthrough RESEARCH in Nigeria

Breakthrough RESEARCH and Breakthrough ACTION are USAID's flagship SBC programs. Breakthrough ACTION in Nigeria implements SBC programming in 11 states and the Federal Capital Territory (FCT) by targeting key psychosocial factors at multiple socioecological levels (e.g., individual,

FIGURE 1 IDEATIONAL THEORY OF STRATEGIC COMMUNICATION AND BEHAVIOR CHANGE



community, society) in order to improve health behaviors in the areas of malaria, family planning, and maternal, newborn and child health plus nutrition (MNCH+N).

Breakthrough RESEARCH in Nigeria conducts rigorous research to inform SBC program implementation in three of the Breakthrough ACTION program states (Kebbi, Sokoto, and Zamfara). See more details about [Breakthrough RESEARCH](#) and various [published knowledge products from the integrated SBC portfolio of work in Nigeria](#).

How we generated the evidence

For the undertaking of the BSS survey, Breakthrough RESEARCH partnered with the Centre for Research, Evaluation Resources and Development (CERED) to collect information on maternal and child health issues from women with a child under the age of two years in Kebbi state, first in 2019 and again in 2021. The midline BSS also sampled the women’s husbands, with interviews conducted separately with husbands and wives in 1,043 married couples. The findings in this brief present results from descriptive and multivariate logistic regression analysis. A third round of data collection is slated for late 2022.

Ethical approval was obtained from the National Health Research Ethics Committee (NHREC) in Nigeria [NHREC/01/01/2007-02/09/2019] and the Tulane University Review Board in New Orleans, USA [2019-1047].

FIGURE 1 BSS SURVEY STUDY METHODS

Study population 	Women with children under 2 years old living within Breakthrough ACTION/Nigeria program wards; Husbands of women in the sample
Study design 	Cross-sectional
Sample size 	1,050 women with a child under age 2 1,043 husbands of sampled women
Study period 	Midline: October to December 2021

What we found

Findings presented across the various health topics were statistically significant except when indicated otherwise.

Malaria prevention and treatment

- **Husbands and wives show marked differences in malaria knowledge, attitudes, and risk perceptions.** While more men (43%) than women (28%) report having heard about malaria rapid diagnostic tests, men appear to

have more doubts about malaria testing. Nearly two-thirds of males still worry that a fever could be caused by malaria even with a negative malaria test, as compared with half of women. More men (13%) than women (3%) believe there are situations where a malaria test might give a wrong result, and, even if a blood test is negative, more men (67%) than women (53%) will still ask for treatment.

- **Treatment:** Regardless, nearly all husbands (93%) and wives (86%) report that they are likely to seek treatment for a febrile child same or next day.

Malaria prevention and treatment insights

1 Husbands report greater knowledge of malaria treatment and prevention, though such knowledge is low for both groups. Husbands are also more cautious than their wives regarding rapid diagnostic tests and fevers.

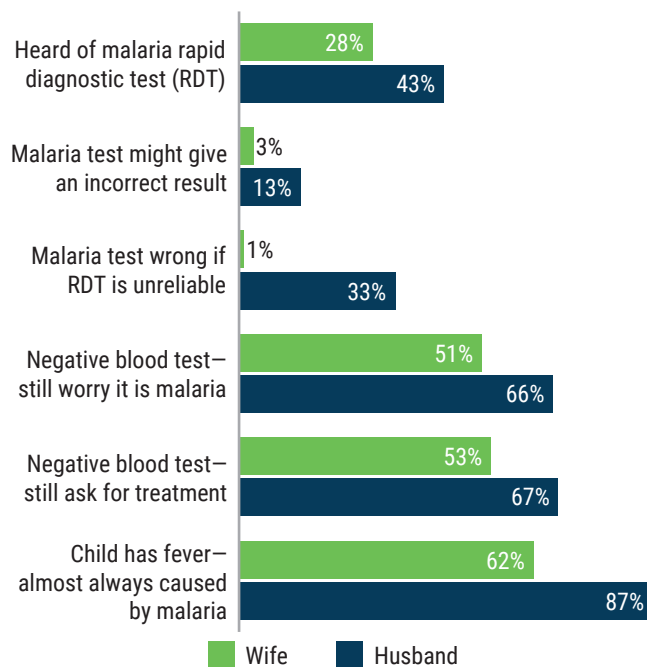
Recommendations

- ✓ Augment engagement with men disseminating messages around malaria diagnosis and treatment.
- ✓ Consider further qualitative inquiry into the root of the mistrust in malaria diagnosis.
- ✓ Structure and design communication interventions to strengthen trust in malaria diagnosis and treatment; SBC programs should also consider involving influential men in the community when disseminating messages.

ANC and facility delivery

- **ANC use and non-use:** In Kebbi, only one in four pregnant women make the recommended four or more ANC visits (ANC 4+). When husbands and wives were asked why recommended ANC was not sought, the prevalence of specific reasons differed, although both groups largely believe that such care is not necessary (husbands: 69%, wives: 52%). Other common reasons include fatalism/"Up to God" (husbands: 18%, wives: 27%) and perceptions that ANC is not the norm (husbands: 24%, wives: 15%). These findings are not statistically significant
- **Knowledge of frequency of ANC visits:** While nearly half of women knew about attending ANC four or more times, only one-quarter of men were aware of this recommendation
- **ANC intentions:** Even though a minority of wives make the recommended number of visits, a majority of both

FIGURE 2 PERCENTAGE AGREEMENT ON SELECTED STATEMENTS ABOUT MALARIA BELIEFS AND ATTITUDES



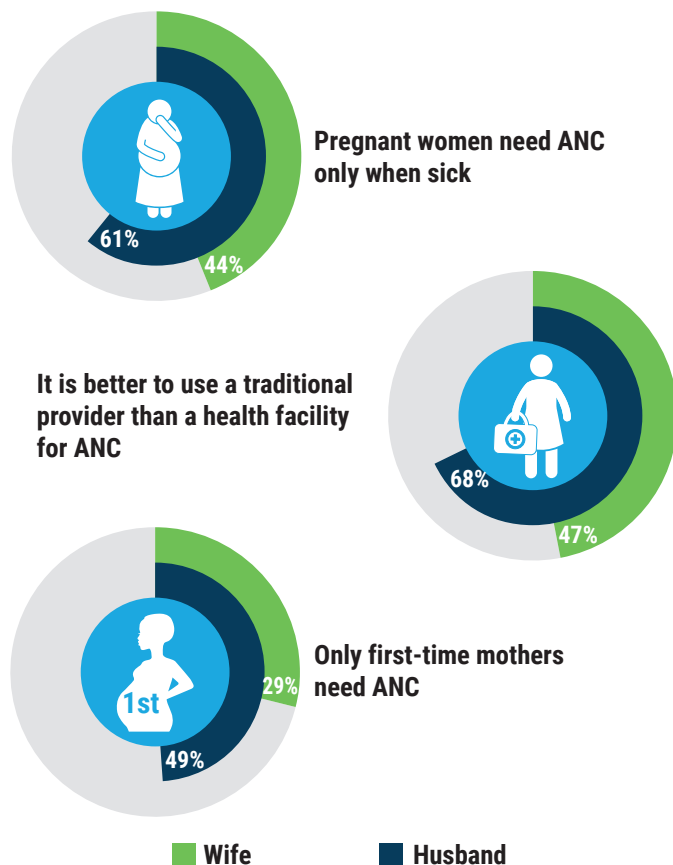
husbands (78%) and wives (62%) report that they intend to make ANC 4+ visits during the next pregnancy.

- **Knowledge about ANC:** Wives are more knowledgeable about pregnancy care than their husbands. Nearly half of wives, for example, are aware of the suggested number and timing of ANC visits relative to only one-quarter of husbands.
- **Facility delivery:** Husbands (43%) were more likely to report discussing facility delivery with their spouse than their wives reported (13%). Multivariate analyses indicate that couples who discuss facility delivery are more likely to deliver at the health facility.
- **Facility delivery ideations:** Most wives (79%) stated that their husband influences their decision to have facility delivery; while most men (82%) reported that no one else influences their decision for facility delivery.
- **Myths:** Husbands are more likely than wives to believe common myths surrounding ANC. For example, they are more likely to believe that women need ANC only when sick (husbands: 61%, wives: 44%); that it is better to use a traditional provider than a health facility for ANC (husbands: 68%, wives: 47%); and that only first-time mothers need ANC (husbands: 49%, wives: 29%).
- **Decision-making:** 80% of wives report that their husbands influence their decision to go for ANC. In contrast, among husbands, 84% report that no one else besides themselves influences their decision to allow their

wives to attend ANC. These findings are not statistically significant.

- **Spousal communication:** Most men (95%) and women (88%) agree that it is important for women to discuss their pregnancies with their husbands. However, only 40% of wives and 54% of husbands say that they have ever discussed ANC with their partner. Nonetheless, approximately two-thirds of wives report having confidence to start conversations with their husbands.
- **Awareness about birth plans:** More men (37%) than women (18%) reported hearing radio messages about birth plans; similarly, more men (48%) were likely to see messages about birth plans on television than women (32%). These findings are not statistically significant. The percentage of women exposed to birth plan messages on television was higher than radio (32% vs 18%).

FIGURE 3 PERCENTAGE AGREEMENT ON SELECTED STATEMENT ON MYTHS AROUND ANC



ANC and facility delivery insights

- 1 When couples talk about ANC and facility delivery, wives are more likely to attend ANC 4+ and deliver at a health facility.
- 2 Men are influential in household decision-making about attending ANC and delivering in health facilities.
- 3 Men are more likely than women to believe in myths about ANC services.

Recommendations

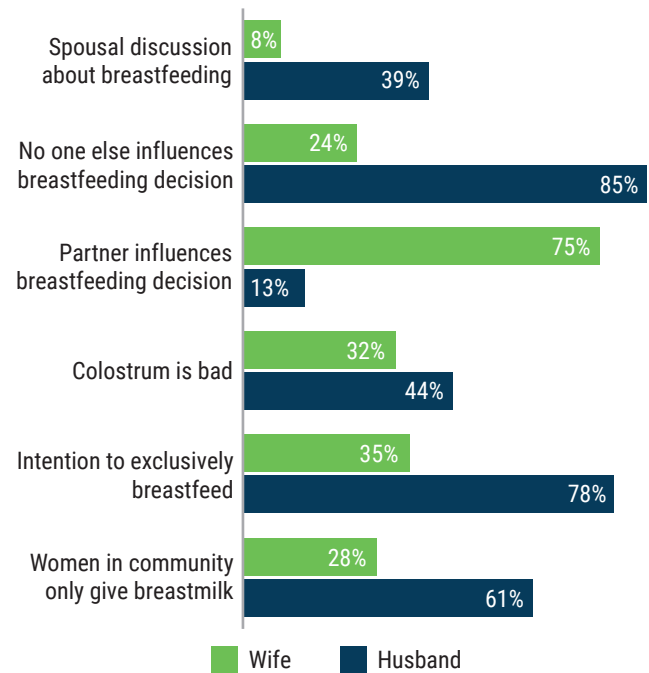
- ✓ Intensify SBC messaging to improve the practice of developing birth plans.
- ✓ Identify and collate common myths, then reinforce SBC messages about ANC to address these myths and misconceptions.
- ✓ Engage husbands through targeted SBC programs so as to improve rates of ANC attendance and facility deliveries.

Child nutrition and breastfeeding

- **Prevalence:** Overall, only 46% of infants are breastfed within one hour of birth, only 27% are exclusively breastfed for the first six months of life, and nearly two thirds of infants receive water within the first three days of life, indicating a clear need for improving ideational metrics. In this regard, there is a considerable discordance between husbands and wives in knowledge, norms, and attitudes around breastfeeding.
- **Reasons for not breastfeeding:** Wives identify beliefs that breastfeeding is not necessary, fatalism, and partner opposition as reasons for not breastfeeding. Husbands cite the belief that breast milk is not adequate.
- **Knowledge about exclusive breastfeeding:** Husbands and wives were both asked to identify the benefits of exclusive breastfeeding. Surprisingly, 42% of wives indicate that there are no benefits of exclusive breastfeeding relative to 14% of husbands. While 51% of husbands report that exclusive breastfeeding promotes bonding between a mother and a child, only 15% of wives do. More husbands also indicate the cost-saving benefits of breastfeeding (husbands: 37%, wives: 12%).
- **Knowledge about breast milk:** More husbands (91%) than wives (59%) agree that breast milk contains essential nutrients for the child’s first six months of life but paradoxically, husbands are also more likely to believe that a mother’s breast milk after birth is bad (husbands: 44%, wives: 32%).

- **Social norms:** More husbands (60%) than wives (28%) believe that most women in their communities gave breast milk alone to infants for the first six months of life. More husbands than wives also believe that it is important for mothers to give an infant only breast milk for the first six months of life (husbands:77%, wives:34%).
- **Decision-making:** While most wives (75%) mention their spouses as persons who influence their decision to breastfeed, most husbands (85%) state that no one else except themselves influences the decision. Similarly, most women (66%) indicate that their spouse influences their decision about nutrition during pregnancy, while 86% of the men state they are the sole decision-maker.
- **Spousal communication:** Discussions about breastfeeding appear to be uncommon, and more husbands (39%) than wives (8%) report that they had ever discussed breastfeeding with their partner.
- **Self-efficacy:** Only one-third of women expressed confidence to exclusively breastfeed a child for the first six months, whereas approximately three-quarters of husbands feel confident that their wives could.
- **Intentions:** Fewer wives (35%) than husbands (61%) indicate an intention to exclusively breastfeed their next child for the first six months.

FIGURE 4 SPOUSAL DISCUSSION, SOCIAL INFLUENCE, AND IDEATIONS ON BREASTFEEDING



Child nutrition and breastfeeding insights

- 1 Exclusive breastfeeding is still largely affected by cultural norms, beliefs, fatalism, and limited knowledge of the benefits of breastmilk among mothers.
- 2 Men play a key role in influencing decisions to exclusively breastfeed more than other members of the family or society.

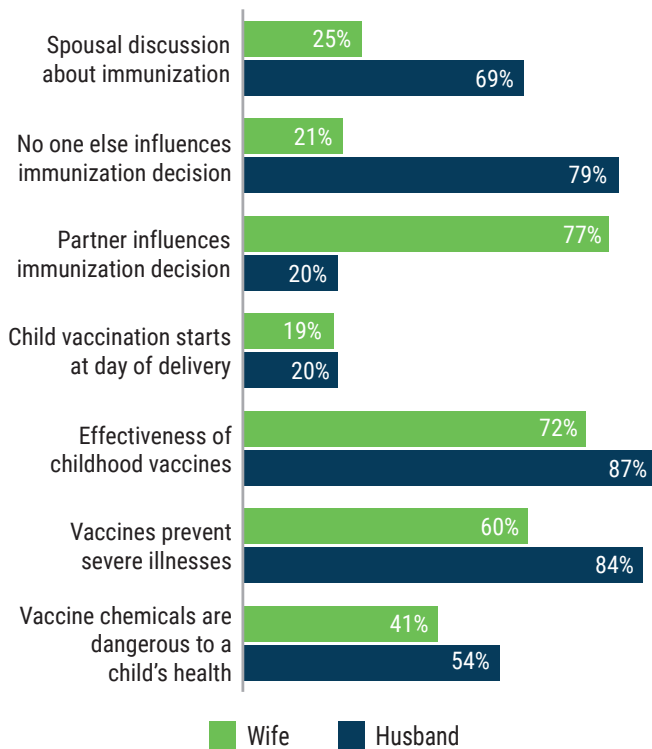
Recommendations

- ✓ Reinforce messaging regarding exclusive breastfeeding in the community and households to address beliefs and norms acting as barriers to uptake. Messaging should continue to highlight accurate knowledge about the benefits of exclusive breastfeeding.
- ✓ Design and structure SBC programs to engage with husbands in a way that further enhances husband’s support to their spouses, making breastfeeding a little easier for their spouse to do.
- ✓ Consider SBC messages and interventions that increase women’s sense of self efficacy toward exclusive breastfeeding.

Child health and vaccination

- **Receive full vaccination regimen:** Only a small fraction of children aged 12 to 23 months (6%) receive the full set of required vaccinations. This is reflected in low levels of understanding of the benefits and ongoing belief in vaccination myths, even though husbands and wives have generally positive feelings about vaccinations.
- **Norms:** Most couples (husbands: 80%, wives 63%) believe that people in their community trust immunization health workers and that most parents take children to facilities for routine immunizations (husbands: 78%, wives: 54%)
- **Perception about childhood vaccines:** The majority of husbands and wives believed that vaccines are frequently available at health facilities (husbands: 75%, wives: 61%) and that vaccines are effective (husbands: 87%, wives: 72%).
- **Knowledge:** Awareness of immunization services is high; 81% of husbands and 64% of wives reportedly know where and when to get a child vaccinated. However, only 20% of husbands and 19% of wives indicate that a child should be given his/her first vaccination at birth.
- **Intention:** More men (86%) than women (62%) indicate an intention to get their next child vaccinated.

FIGURE 5 SPOUSAL DISCUSSION, SOCIAL INFLUENCE AND IDEATIONS ON CHILDHOOD VACCINATIONS



Child health and vaccination insights

1 These results suggest that vaccine specific knowledge among both husbands and wives is relatively low.

2 Couples who discuss childhood vaccination are more than 10 times more likely to complete all vaccinations for their children, controlling for other factors.¹

Recommendations

- ✓ Reinforce child vaccination messages to households to promote improvements in knowledge.
- ✓ Strengthen spousal communication by engaging the men during the dissemination of messages.

¹This result is from multivariate logistic regression analysis. The predicted likelihood for children whose parents discussed childhood immunizations was 13% relative to 1% for children whose parents did not have such discussions.

Modern contraceptive use

- **Modern contraceptive use:** With respect to the couple's current use of modern contraception, husbands and wives are by and large concordant. Approximately 15% of wives report that the couple is using modern contraception relative to 12% of husbands. Injectable methods are the most cited method by both husbands and wives. In line with low overall use, only a minority of couples (husbands: 3%, wives: 11%) state that they plan to start using modern contraceptives in the next six months.
- **Reasons for not using contraception and the role of injunctive contraceptive norms:** Most couples are not currently using modern contraception. The reason for this, cited most frequently by both husbands and wives, is that fertility outcomes should be left "Up to God." This is reflected in attitudes toward contraception. Only one in five husbands and one in three wives approve of contraception for birth spacing. Further, less than half of both husbands and wives believe that religious leaders should speak out about family planning.
- **Descriptive norm:** Husbands and wives tend to believe that contraceptive use is not the norm. Only 4 out of 10 husbands and wives believe that most couples in their community are using contraception.
- **Knowledge:** Overall, awareness of modern contraceptive methods is high but varies between husbands and wives. More women than men know about implants, injectables, and pills while a higher percentage of men than women know about male condoms. More men (72%) than women (45%) also know of traditional methods of contraception.
- **Myths:** Husbands are more likely than wives to believe myths such as contraceptives can make woman permanently infertile (husbands: 56%, wives: 31%), contraceptives can harm a woman's womb (husbands: 54%, wives: 31%) or contraceptives can reduce a woman's sexual urge (husbands: 48%, wives: 28%). Similarly, more men also believe that contraceptives can cause cancer (husbands: 49%, wives: 22%), and can make women promiscuous (husbands: 40%, wives: 19%).
- **Spousal communication:** While most men and women believe that it is important for husbands and wives to discuss contraception, only a small percentage have had such discussions. Only 9% of men and 3% of women reported ever discussing the number of children to have with their spouses; similarly, only 13% of men and 16% of women reported that they ever discussed using modern contraception with their partner. Amongst all other health areas, family planning is the least commonly discussed health topic. This is an important finding as couples who discuss family planning are 10 times more likely to use family planning.

- **Decision-making:** As with most health issues, husbands are the predominant decision-makers about contraceptive use and are in fact approximately 2.5 times more likely than wives to say that contraceptive decisions are mainly theirs. Nearly all men (85%) claim that their contraceptive use decisions are not influenced by anyone else versus only 20% of women. Nearly 8 in 10 women say that their decision to use contraception is influenced by their husbands versus only 1 in 10 husbands who say that their wife influences their decision to use contraception.

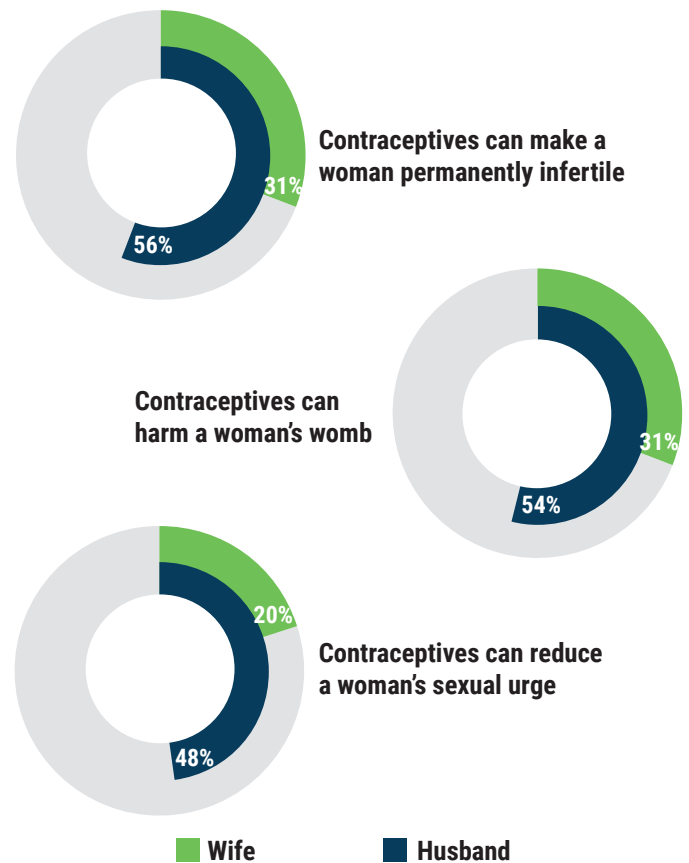
Modern contraceptive use insights

- 1 Norms—both descriptive and injunctive— influence the decision to use modern contraception.
- 2 Fatalism (“Up to God”) among couples affects whether they use contraception.
- 3 Husbands are more influential in household family planning decision-making than external relatives like mothers-in-law, community, and religious leaders.
- 4 More men than women believe myths about family planning, e.g., 54% of husbands when compared to 31% of women believe that use of family planning can harm a woman’s womb. Also, nearly 50% of husbands believe contraceptives can cause cancer in females compared to 22% of wives.

Recommendations

- ✓ Reinforce messages to address social norms and contraceptive myths. Design SBC programs and messages taking into consideration fatalistic attitudes of community members, perhaps conduct qualitative inquiry to understand the concept more and then develop messages that can help reduce this belief.
- ✓ As with other health topics, continue engagement with men in the dissemination of messages around contraception and contraceptive use.

FIGURE 6 PERCENTAGE AGREEMENT ON SELECTED STATEMENT ON CONTRACEPTIVE MYTHS



Conclusion

Overall, ideational factors—norms, attitudes, beliefs, decision-making efficacy—vary both between husbands and wives and across health topics. Although husbands and wives tend to be concordant in attitudes, norms, and other behavioral determinants for many health areas e.g., malaria, family planning, childhood vaccination—they are frequently discordant on the topic of breastfeeding. Further, there are significant differences in knowledge about health services—husbands paradoxically seem both more knowledgeable in general, but also more likely to believe common myths.

Across all health areas, husbands are the key decision-makers and influencers. Since cultural norms such as fatalism appear to inhibit the use of key health services, shifting the norms and beliefs of husbands, particularly for low prevalence behaviors such as modern contraceptive use, is critical to achieving sustained behavior change.

In addition, couples who discuss health topics are found to be more likely to practice positive behaviors promoted by Breakthrough ACTION, although the research design is not able to determine if the relationship is causal (i.e., couples’

discussions generate changes in behaviors) or if it is something about the couples who have discussions that makes them more likely to engage in targeted behaviors (i.e., correlation but not causation).

Regardless, intentionally engaging with men, promoting spousal communication, and tailoring messages to address cultural norms should be key elements in developing effective social behavior change campaigns to promote uptake of maternal and child health services.

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Our project turns evidence into action by providing thought provoking guidance to improve SBC policy and programming, with the goal of improving the cost-effectiveness of USAID's health and development strategies. Breakthrough RESEARCH catalyzes SBC by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.