

Socio-Cultural and Norms Factors Influencing Family Planning Choices among Couples in Ibadan Metropolis, Nigeria

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Abstract: This study established the influence of socio-cultural and norms factors on couples' family planning choices. Couples involved in the study were randomly selected from 5 different professions in Ibadan constituted the sample for the study. The 2 instruments used were author-constructed questionnaires with 0.62 and 0.69 reliability co-efficient, respectively. The data obtained were analysed using chi-square statistics and multiple regression analysis. The results indicated that significant relationship existed between social and cultural factors (252.959); gender roles (176.849); social networks (95.424); religion (125.742) and local belief factors (205.196). The results further indicated that a combination of the 5 independent variables significantly predicted couples family planning choices yielding a co-efficient multiple Regression (R) of 0.467 and F-ratio of 57.241. The results further revealed that significant relationship existed between each of the independent variables except local belief factors. Based on the results of this finding, it was recommended that those in the helping professions should take cognizance of those variables that have been found to influence family planning choices among couples.

Key words: Family planning, socio-cultural factors, gender roles, religion, social networks

INTRODUCTION

Choices about childbearing and contraceptive use are among the most important health decisions that many people make, Gertner (1989). Family decisions and choices are most likely to meet a person's needs based on accurate, relevant information and are medically appropriate that is, when they are informed choices, AVSC International (1998).

The concept of informed choice in family planning can be applied to a wide range of sexual and reproductive health decisions. It focuses on whether to seek to avoid pregnancy, whether to space and time one's childbearing, whether to use contraception, what family method to use and whether and when to continue or switch methods. The term family planning choice could also refer to a family decision-making, Diaz *et al.* (1999).

The principle of informed choice focuses on the individual. Yet most people's family planning decisions also reflect a range of outside influences. Social and cultural norms, gender roles, social networks, religion and local beliefs influence peoples' choices (Bosveld, 1998). To a large extent, these community norms determine individual childbearing preferences and sexual and reproductive behaviour. Community and culture affect a person's attitude towards family planning, desired sex of

children, preferences about family size, family pressures to have children and whether family planning accords with customs and religious beliefs, Dixon-Meuller (1999), Greenwell (1996) and Vickers (1974). Community norms also prescribe how much autonomy individuals have in making family planning decisions. The larger the differences in reproductive intentions within a community, the more likely that community norms support individual choices (Bosveld, 1998; Dixon-Mueller, 1999).

Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some culture, many women reject contraception because bearing and raising children is the path to respect and dignity in the society; International Planned Parenthood (Federation, 1996; Cherkaoui, 2000; Barnett and Stein, 2001). In either countries most women use contraception because having small families is the norm, Mkangi (2000) and Lutz (2003). People are often unaware that such norms influences their choices. In other cases they are particularly aware. For example, young people often decide not to seek family planning because they do not want their parents or other adults to know that they are sexually active. Many fear ridicule, disapproval and hostile attitude from service providers and others, Jejeebhoy (2004).

A person's social environment usually has more influence on family planning decisions than do the attributes of specific contraceptives. In Kenya, for example, when new clients were asked to give a single reason for their choice of a specific family planning method, most cited the attitudes of their spouse or their peers, or their religion or value, Kim *et al.* (1998). In many countries family planning programs are part of national economic and social development efforts. Efforts to foster equity in decision-making and raise awareness about reproductive right of the family, community and society also promote informed choice of family planning, Jaconson (2000). As women gain more autonomy, they are better able to claim their rights as individuals, including the right to act to protect their own reproductive health, Heise *et al.* (1999).

Everybody belongs to informal social networks that influence their behaviour to some degree, Montagomewtry and Chung (2000) Panel on Population Projections, Committee on Population and National Research Council (2000), Roger (1999) and Valente (1995). Social networks include the extended family, friends, neighbours, political groups, church group, youth groups and other formal and informal associations. During the course of the day, women often speak to other women about family planning and experience with contraceptive use. For many women, informal communication is a primary source of family planning information, Rutenberg and Watkins (2002).

The influence of social networks is crucial to informed choice. Most people seek the approval of others and modify their own behaviour to please others or to meet others' expectations, Bongaarts and Watkins (1996), Stash (2000) and Valente *et al.* (2000). Individual health behaviour is influenced by how a person thinks that others view their behaviour, Rutenberg and Watkins (2002). In Nigeria and other West African Countries for example, some women said that, it was difficult for them to use family planning because their relatives or friends were not using it. These women were reluctant to be the first in their social group to use family planning, Stash (2000).

People choose contraceptive methods that are commonly used in their community because they know that it is socially acceptable to do so and they tend to know more about these methods, Rogers and Kincaid (2000) and Valente *et al.* (2000). Many women use the same family planning method that others in their social networks use, Godley (2001). A 1998 study in urban Nigeria found that the more widely used a method was, the more attractive it became to others in the cities and villages Entwisle *et al.* (1999). Entire communities may encourage one type of contraceptive based on the choices of early contraceptive users, rather than

individual needs Potter (1999). Even when people are aware of the side effects or failures experienced by other users of a method, sometimes they still prefer it because it is familiar, Entwisle, Rindfuss *et al.* (1999).

While social networks exerts a strong influence on more people's reproductive attitudes and behaviour, family planning programs themselves influence social norms through the diffusion of new ideas about contraceptive use Cleland and Mauldin (2001). Based on a review of studies over the previous two decades, research in 1996 found that programs have helped convert people's interest in having fewer children into a definite demand for contraception. They have done so largely by making contraceptive use more accessible, common and acceptable in many communities Freedman (1997). Family planning programs are often the deciding factor for people who want to avoid pregnancy but who feel uncertain about using family planning Jain (1999) and Magnani *et al.* (1999).

The role of social networks in the diffusion of new ideas about family planning has been recognized for several decades Retherford and Palmore (1999). As more and more people decide to use family planning, it has become increasingly acceptable for others to choose to do so as well, Cleland and Wilson (2004).

In Nigeria, most research on family planning choices have been based exclusively on family planning methods, scarcely do we have studies linking family planning choices to socio-cultural and norms factors. It is therefore not to the knowledge of the researcher that studies linking family planning choices to couples socio-cultural norms have been carried out. It is against this background that this study becomes relevant in filling such missing gaps in our knowledge in the issue of socio-cultural and norm factors and family planning choices among couples in Ibadan metropolis, in Nigeria.

Objective of the study: The objective of the study is to examine the influence of socio-cultural and norms factors influencing family planning choices among couples in Ibadan metropolis, in Nigeria. Other objectives examined the influence of socio-cultural factors, gender roles, social networks, religion and local belief factors on family planning choices among couples in Ibadan metropolis, in Nigeria.

In order to achieve the objective of this study, the following research questions were answered at the probability of 0.05 alpha level.

- To what extent does socio-cultural and norm factors (social and cultural factors, gender roles, social networks, religion and local beliefs) influence family planning choice among couples?

- To what extent would the 5 socio-cultural and norm factors, when taken together influence family planning choice?
- What are the relative contributions of the variables to family planning choices?

MATERIALS AND METHODS

Research design: The study employed an ex-post-factor design. This design does not involve the manipulation of any variable. The event has already occurred and the researcher only investigated what was already there.

Participants: A total of two hundred participants both married men and women were randomly selected from

- Teaching profession 60 (32 males and 28 females) representing 30%
- Nursing profession 40 (31 females and 9 males) representing 20%
- Professional bankers 35 (14 males and 21 males) representing 17.5%
- Administrative staff 42 (28 males and 14 females) representing 21%
- Insurance workers 23 (14 males and 9 females) representing 11.5%.

The range of participant's age was between 34 and 49 with a mean age of 41.5 years and standard deviation of 5.3. The educational qualifications of the participants ranged from school certificate in education to university degree certificates.

The two major instruments used in this study were:

- Self-Responding Questionnaire on Socio-Cultural and Norms factors (SRQSN) as social and cultural factors, gender roles, social networks, religion and local beliefs. In all, the self-responding questionnaire on socio-cultural and norms factors contained 45 items rated on a 4-point likert-type scale. It has 0.62 and 0.68 as the internal consistency and revalidation reliability, respectively.
- Family Planning Choices Inventory (FPCI). The instrument measures couple's choices on family planning, it contains 20 items response format anchored on partly true to very untrue. The test-retest reliability of the inventory was found to 0.69 to 0.75, respectively. The 2 instruments were author-constructed.

All the 2 instruments were considered valid and reliable through the favourable comments of experts in

psychometrics for obtaining information on couples family planning choices.

The participants for the study were administered the two questionnaire with the assistance of 2 questionnaires with the assistance of 2 guidance counsellors in their various offices and establishments involved in the study. The collected questionnaires were scored and the data obtained from them were analysed to answer the research questions. On the whole, 200 copies of the questionnaire were distributed and returned fully filled, giving a return rate of 100%.

Data analysis: The data collected were analysed using chi-square and multiple regression analysis to establish the relationship of couples family planning choices and socio-cultural and norms factors.

RESULTS

Table 1 shows that there is significant influence of social and cultural factors, gender roles, social networks, religion and local belief factors on the couples calculated value of 252.959; 176.849; 95.424; 125.742 and 205.196 for social and cultural factors, gender roles, social networks, religion and local belief factors, respectively are significant at 0.05 alpha level.

Table 2 indicates that a combination of the five independent variables (social and cultural factors, gender roles, social networks, religion and local belief factors) in predicting couples family planning choices yielded a co-efficient of multiple regression (R) of 0.467 accounting for 46.7% of the variance in family planning choices. The table also shows that the analysis of variance for the multiple regression data produced an F-ratio of 57.241 significant at 0.05 alpha level.

Table 1: X² Contingency on the relationship between socio-cultural norms and couples family planning

S/N	Socio-cultural and norms factors	Number	X ² calculated	Df	Significant
1	Social and cultural factors	200	252.959	27	0.000
2	Gender roles	200	176.849	27	0.000
3	Social networks	200	95.424	27	0.000
4	Religion	200	125.742	27	0.000
5	Local belief factor	200	205.196	27	0.000

Table 2: Regression analysis on sample data using a combination of independent variables to predict couples family planning choices

Multiple R = 0.683					
Multiple R-Square = 0.467					
Adjusted R-Square = 0.459					
Standard error = 1.05011					
Analysis of variance					
Source of variation	Sum of square	Df	Mean square	F-Ratio	P
Regression	189.364	3	63.121		
Residual	216.136	196	1.103		
Total	405.500	199		57.241	*0.05

Table 3: Testing the significance on relative contribution to the prediction of regression weight of independent variables

S/N	Variable description	STD	Std Error	Beta	T-value	P-value
		REG WT (B)				
1	Social and cultural factors	0.522	0.044	0.626	2.003	.05
2	Gender roles	0.252	0.053	0.248	4.729	.05
3	Social networks	1.209	0.451	0.50	2.680	.05
4	Religion	1.276	0.471	0.027	2.712	.05
5	Local belief factors	-0.786	0.563	-0.112	-1.396	NS
6	Constant	48.472	3.851	12.587	000	

Table 3 shows for each independent variable, the Standardized Regression Weight (B), the Standard Error Estimate (SEB), the Beta, the T-value and the level at which the T-ratio is significant. As indicated in the table, the T-ratio associated with the only one variable (Local belief factor) is not significant at 0.05 alpha level. The T-ratio associated with social and cultural factors, gender roles, social network and religion values are significant at 0.05 alpha level.

DISCUSSION

The result on Table 1 shows the significant influence of social and cultural factors, gender roles, social networks, religion and local belief factors on the couples family planning choices. This result is in agreement with Dixon-Mueller (1993), Greenwell (1996) and Vicker (1974).

The result in Table 2 shows the significant influence of social and cultural factors, gender roles, social networks, religion and local belief factors on the couples family planning choices. This result agree with Bosveld (1998) and Dixon-Mueller (1993). The result is further supported by International Planned Parenthood Federation (1996), Cherkaoui (2000), Mkangi (2000), Barnett (2001), Lutz (2003), Cleland and Wilson (2004).

The result in Table 3 shows the relative contribution of each of the independent variables to the prediction of couples family planning choices. All the independents, variables (social and cultural factors, gender roles, social networks and religion) were potent predictors except local belief factors. The result above is in agreement with the findings of Rogers and Kincand (2004) and Valente *et al.* (2000). The result of the above findings is also consistent with Montgomewtry and Chung (2000) Panel on population projections, committee on population and National Research Council Rogers (1999) and Valente (1995).

The result of the local belief factors which could not predict couples family planning choices was however at variance with the finding carried out by Bongaarts (1996) and Stash (2000).

Implications for counselling practice: The findings from this study implicate the need for counselling

psycho-logists, social workers and educators to include information that would educate couples on their family planning choices, reproductive behaviour, relationship and decision-making.

Secondly counselling psychologists need to consider those variables tested when designing intervention programs for modifying couples attitudes towards family planning choices.

Finally, all those in the helping professions should design programs for couples on the social and economic benefit on couples decision-making on family planning choices.

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