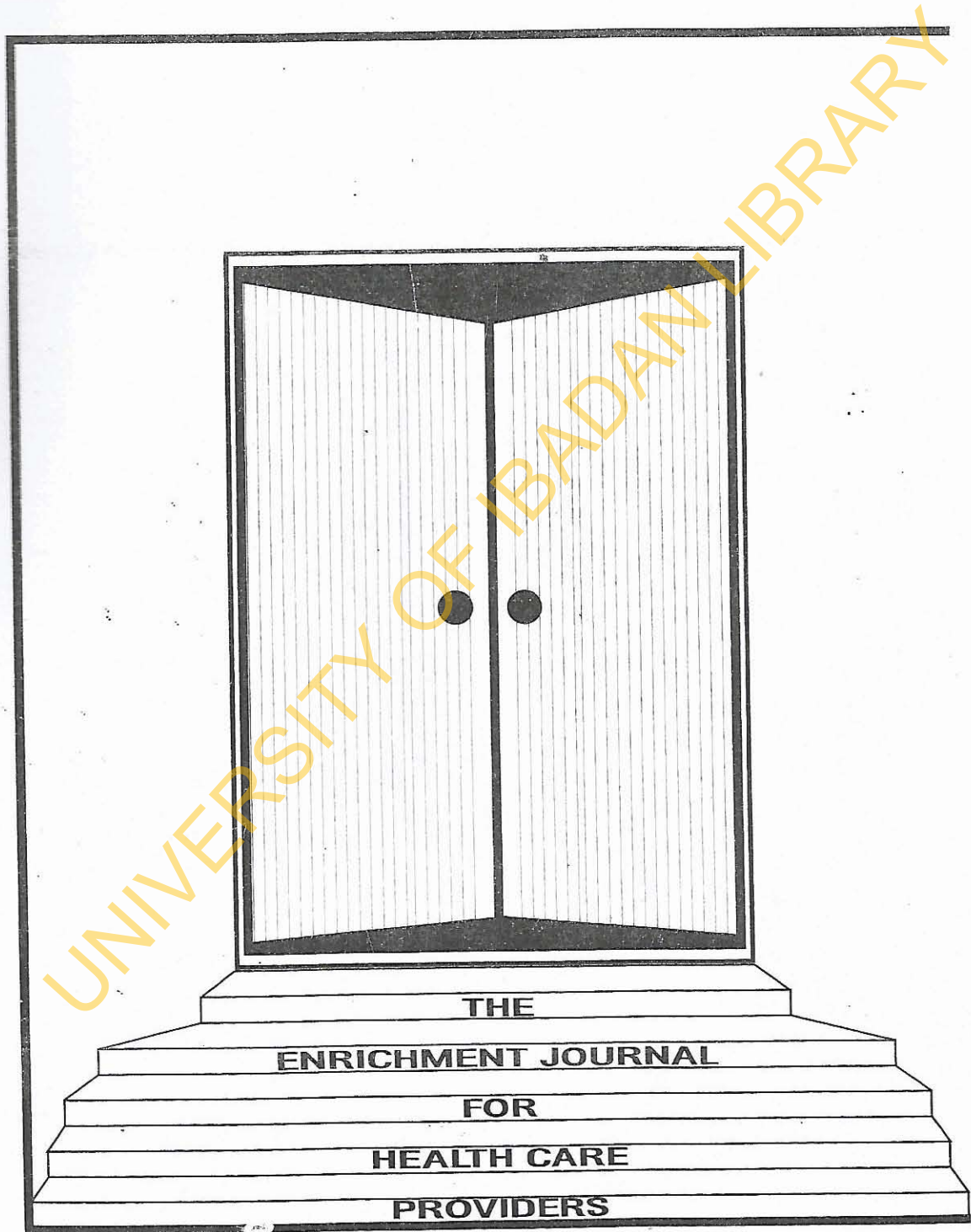


African Journal of  
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## *Editorial Comment*

This edition of African Journal of Nursing and Health Issues (AJONHI) contains very interesting empirical and review papers on diverse issues relating to health. The lead paper is a case-control study on maternal and neonatal risk factors for neonatal sepsis in a Ghanaian tertiary hospital. Maternal factors observed to be significantly associated with neonatal sepsis include premature rupture of membranes, urinary tract infection, foul smelling liquor and previous abortion. Neonatal factors associated with neonatal sepsis include low Apgar score at first minute at birth and at fifth minute at birth and intravenous catheter access.

There are other nine papers consisting of seven empirical and two review papers. The empirical papers are as follow:

- (a) Factors affecting compliance with immunization of infants against childhood diseases. The study identified some variables influencing compliance with immunization programme. The variables include mothers' age and occupation, travel distance, waiting time and attitude of health workers.
- (b) Perceived role of counselling on adolescents' career decision making in selected schools in Ibadan North Local Government Area, Oyo State. The descriptive study states the importance of the role of counselling in young adolescents' career decision making and the need for adopting counselling services in all secondary schools.
- (c) Influence of substance abuse on health and academic performance among undergraduate students of University of Ibadan. The outcome of the study reveals that substance abuse has negative effect on students' health status and adversely affects their academic performance. Parents, teachers and other stakeholders in students' education are therefore urged to discourage students from substance abuse.
- (d) Predisposing factors and psychosocial effects of teenage pregnancy on teen mothers in Umuagu-Inyi, Oji-River LGA of Enugu State. The study identified some predisposing factors to teenage pregnancy which include ignorance, poor socio-economic status of parents and lack of proper sex education. Dropout of school was identified as the main psychosocial impact on teen mothers.
- (e) Exercise and nutrition in cancer experience in Nigeria. In this study, in-depth interview was conducted to obtain information about nutrition, and physical exercise in cancer, experience from people living with cancer. Outcome of the study reveals that almost all the respondents were not aware of the relationship between exercise, nutrition and cancer. Poor appetite and subsequent poor nutrition was a common complaint among the respondents while exercise was not considered as being helpful in the prevention and treatment of cancer.
- (f) Demographic factors influencing the knowledge of tuberculosis patients towards risk of HIV/AIDS in Ibadan Metropolis, Nigeria. The study examined the knowledge of patients with tuberculosis towards the risk of HIV/AIDS. The result shows correlation between the patients' age, gender, marital status, religion and educational status and the knowledge of the risk of HIV/AIDS.
- (g) Socio-cultural and norms factors influencing family planning choices

among couples in Ibadan metropolis, Nigeria. The paper established the influence of socio-cultural and norms factors on couples' family planning choices. Result of the study shows that the following variables influence couples' family planning choices- social network, religion and culture.

The two review papers are:

- (a) An integrated nursing model for psychosocial adjustment in breast cancer. The paper highlights the use of conceptual model for care of clients with improved outcomes. The paper recommends integration of nursing model into nursing practice to ensure thorough assessment, planning and intervention.
- (b) Community assessment: A vital tool in effective health planning.

The paper outlines various steps in conducting a comprehensive assessment of a community. It also identifies different sources of information and tools that can be employed by community health nurses to gather vital information. This will go a long way to have good plans with community participation to carry out effective health interventions.

All the papers contribute to knowledge and the journal is strongly recommended to every health professional. All the contributors, reviewers and subscribers are sincerely appreciated.

**Funmilayo Adeniyi Okanlawon**  
*RN, Ph.D., FWACN*  
*Editor-in-Chief*

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## Notes for Contributors

The African Journal of Nursing and health issues invite manuscripts which are directed to nursing; from nursing and other related disciplines. Manuscripts may be stimulating research reports, short papers describing a new method of approach to nursing, theoretical formulations and other related articles relevant to nursing and health issues.

Following are guidelines for the preparation and submission of manuscripts.

### Manuscript Preparation:

#### Title Page

The title should be brief and specific. Indicate author(s), Qualifications and affiliation(s). Indicate source of support if appropriate. Specify preference for author description to be used in footnote on the first page of the published article.

#### Abstract

This should be typed, double-spaced, on a separate page and is not to exceed 300 words. It should be factual, comprehensive, and meaningful on its own.

#### Key Words

List three to six concise terms for indexing purposes on a separate page following the abstract.

#### Text

The text of the article should include the following sections: Introduction, materials and methods, results and discussion. Subheadings in the materials and methods, results and discussion sections should be used as necessary to aid organization and presentation, but sub-headings should not be numbered. All the section should be written concisely. Word limit: 5000.

#### Format

Manuscripts should be typewritten and double-spaced on 8½ x 11" white bond paper with ½" margins on all sides. Each

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Tables should be typed single spaced and placed appropriately. Excessive width and length should be avoided as they necessitate a considerable reduction in type size. Tables should be numbered consecutively, separate from the illustrations, and each should contain a brief, descriptive title. The data presented must be logically and clearly organized; it should be self-explanatory and supplement, not duplicate the text.

#### Illustrations

Illustrations are encouraged. For photographs, submit black and white glossy prints and on the back of each, lightly write in pencil the figure number, the last name of the senior author, and an indication of which is the top edge of the picture when not obvious. Drawings (including graphs and charts) should be done in black india ink on heavy white

paper and, ideally, be approximately twice their intended final size. Lettering should be large enough to allow for size reduction, and preferably done professionally.

Author should submit art electronically, the images may be sent as a Tagged Image File Format (TIFF) or as an Encapsulated Postscript (EPS) file in Adobe Illustrator®, Adobe Photoshop®, or QuarkXPress®. A laser proof must accompany the electronic art that is being submitted on disk

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- (i) Submit original and two copies of the manuscript to THE EDITOR, The African Journal of Nursing and Health Issues Department of Nursing, University of Ibadan, Ibadan – Oyo State, Nigeria.  
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# Socio-Cultural and Norms Factors Influencing Family Planning Choices among Couples in Ibadan Metropolis, Nigeria

By

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## Abstract

**Background:** Decisions about the number of children are very important choices among couples in Ibadan. Some socio-cultural and norm factors influence such decisions to a large extent. This study established the influence of socio-cultural and norms factors on couples' family planning choices.

**Method:** Couples involved in the study were randomly selected from 5 different professions in Ibadan, constituted the sample for the study. The two instruments used were author-constructed questionnaires with 0.62 and 0.69 reliability co-efficient, respectively. The data obtained were analyzed using chi-square statistics and multiple regression analysis.

**Results:** 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.

**Conclusion:** 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.

**Keywords:** 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<sup>1</sup>. 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<sup>2</sup>.

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<sup>3</sup>.

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<sup>4</sup>. To a large extent, these community norms determine individual childbearing preferences, 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<sup>5</sup>.

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<sup>6</sup>.

Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some cultures, many women reject contraception because bearing and raising children is the path to respect and dignity in the society<sup>7</sup>. In either countries, most women use contraception because having small families is the norm<sup>8</sup>. People are often unaware that such norm 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<sup>9</sup>.

A person's social environment usually has more influence on family planning decisions than 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<sup>10</sup>. In many countries family planning programmes 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<sup>11</sup>. As women gain more autonomy, they are better able to claim their rights as individuals, including the right to act, to protect their reproductive health<sup>12</sup>. Everybody belongs to informal social networks that influence their behaviour to some degree<sup>13</sup>. 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 family planning information<sup>14</sup>.

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<sup>15</sup>. Individual health behaviour is influenced by how a person thinks that others view their behaviour<sup>14</sup>. 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 groups to use family planning<sup>16</sup>.

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<sup>17</sup>. Many

women use the same family planning method that others in their social networks use<sup>18</sup>. 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<sup>19</sup>. Entire communities may encourage one type of contraceptive based on the choices of early contraceptive users, rather than individual needs<sup>20</sup>. 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<sup>19</sup>.

Social networks exert a strong influence on more people's reproductive attitudes and behaviour, family planning programmes themselves influence social norms through the diffusion of new ideas about contraceptive use<sup>21</sup>. Based on a review of studies over the previous two decades, research in 1996 found that programmes 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<sup>22</sup>. Family planning programmes are often the deciding factor for people who want to avoid pregnancy but who feel uncertain about using family planning<sup>23</sup>.

The role of social networks in the diffusion of new ideas about family planning has been recognized for several decades<sup>24</sup>. As more and more people decide to use family planning, it has become increasingly acceptable for others to choose to do so as well<sup>25</sup>.

In Nigeria, most researches 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.

### **Objectives 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 objectives 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 five socio-cultural and norm factors, when taken together influence family planning choice?
- What are the relative contributions of the enablers to family planning choices?

### **Materials and Methods**

#### **Research Design**

The study employed an ex-past-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 females) 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 be 0.69

to 0.75, respectively. The two instruments were author-constructed.

All the two 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 two questionnaires with the assistance of two guidance counsellors in their various offices and establishments involved in the study. The collected questionnaires were scored and the data obtained from them were analyzed 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 analyzed 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 1: X<sup>2</sup> Contingency on the relationship between Socio-Cultural Norms and Couples Family Planning**

Socio-cultural and norms		X <sup>2</sup>			
S/N	Factors	Number	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 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 regressions (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 2: Regression Analysis on Sample Data using a Combination of Independent Variables to Predict Couples Family Planning Choice**

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-Ration	P
Regression	189.364	3	63.121		
Residual	216.136	196	1.103		
Total	405.500	199		57.241	*0.05

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.

**Test 3: Testing the Significance on relative contribution to the Prediction of Regression Weight of Independent Variable**

S/N	Variable description	ST REG WT(B)	Std Error	Beta	T-value	P-value
1	Social and cultural factor	0.522	0.044	0.626	2.003	-0.5
2	Gender roles	0.252	0.053	0.248	4.729	-0.5
3	Social networks	1.209	0.451	0.50	2.680	-0.5
4	Religion	1.276	0.471	0.027	2.712	-0.5
5	Local belief factors	-0.786	0.563	-0.112	-1.396	-0.5
6	Constant	48.472	3.851	12.587	000	NS

**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<sup>26</sup>.

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 couple's family planning choices. This result agrees with<sup>4,26</sup>. The result is further supported by<sup>7,27,8, 28, 29, 25</sup>.

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<sup>17,28</sup>. The result of the above findings is also consistent with<sup>13</sup> Panel on population projections, committee on population and National Research Council<sup>17,29</sup>. 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<sup>15,16</sup>

### Implications for Counselling and Social Work Practice

The findings from this study implicate the need for counselling psychologists, 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 programmes 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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