

Full Length Research Paper

Factors influencing the choice of family planning among couples in Southwest Nigeria

OLAITAN, Olukunmi Lanre

Department of Human Kinetics and Health Education, University of Ilorin, Ilorin, Kwara State, Nigeria.
E-mail: lanreolives@yahoo.com, olaitan.ol@unilorin.edu.ng. Tel: +234 80 347 15 348.

Accepted 17 June, 2011

The study investigated factors influencing the choice of family planning among couples in Southwest Nigeria. Six hundred couples were selected from five Southwestern states in Nigeria through a multistage sampling technique. Questionnaire was used to collect information from the subjects. Five research questions were raised, five hypotheses were formulated and chi-square statistics was employed for the purpose of data analysis at 0.05 alpha level of significance. The findings revealed that socio-economic status, religious factors and cultural norms do not influence couples' choice, whereas educational background of the couples and involvement of partners toward the choice of family planning significantly influenced the choice of family planning among couples. On the basis of the findings, it was recommended among others that every couple should be well informed about the importance of family planning's choice so as to improve their reproductive health and economic standard of living, to reduce maternal mortality, morbidity and reduce unwanted pregnancy.

Key words: Family planning, couples, socio-economic

INTRODUCTION

Child bearing and contraceptive use are among the most important reproductive health decision that many have to make (Gertner, 2009). Family decision and choices are most likely to meet these decisions based on accurate, relevant information, and are medically appropriate, that is, when they are informed choices (AUSC International, 1998).

Concepts of family planning

Family planning is the planning of when to have and use birth techniques to implement such plans. Other techniques commonly used include sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management and infertility management (Olaitan, 2009). However, family planning is usually used as a synonym for the use of birth control. It is most adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children (Olaitan, 2009). Family planning may encompass sterilization, as well as pregnancy termination. It also includes raising a child with methods that require significant amount of resources namely: time, social, financial and

environmental. Family planning measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources. The first attempt to offer family planning services began with private groups and often aroused strong opposition. Activists, such as Margaret Sanger in the U.S., Marie Stopes in England and Dhanvanthis Rama Rou in India, eventually succeeded in establishing clinics for family planning and health care. Today, many countries have established national policies and encouraged the use of public family services (The United Nations and World Health Organisation offer technical assistance, 2006).

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 methods to be used, and whether or when to continue or switch methods. The term family planning choice could also refer to the family decision making (Diaz et al., 1999).

The principles of informed choice focuses on the individual; however, it also influences a range of outside factors such as: social, economic and cultural norms,

gender roles, social networks, religious and local beliefs, (Bosveld, 1998). To a large extent, these community norms determine individual childbearing preferences and sexual and reproductive behaviour. It is usually thought that community and culture affect a person's attitudes towards family planning, desire for sex of children, preferences about family size, family pressures to have children and whether or not family planning accords with customs and religious beliefs (Dixon – Mueller, 1999; Greenwell, 1999; Vickers, 1994).

Community norms also reflect 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 country, most women use contraception because having small families is the norm (Mkangi, 2001; Lutz, 2003). People are often unaware that such norms influence 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, while many fear ridicule, disapproval and hostile attitude from service providers and others (Jejebhoy, 2004).

A person's social environment usually has more influence on family planning decisions that influence 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 religious value (Kim et al., 1998). In many countries, family planning programmes are part of the 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 a woman gain more autonomy, they are better able to claim their rights as individuals including the right to act and protect their own reproductive health (Heise et al., 1999).

People chose 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, 2004; Valente, 1995). Many women use the same family planning methods that others in their social network use (Godley, 2001). A 1998 study in urban Nigeria found that the more widely used method was the one that was popular in other cities and villages (Entwisle et al., 1999). The

entire community may be encouraged to one type of contraceptive based on the choices of early contraceptive users, rather than individual needs (Potter, 1999).

FACTORS INFLUENCING THE CHOICE OF FAMILY PLANNING

A myriad of different factors affect a person's personal decisions about what types of family planning method he should use:

Effectiveness

People who are not in a financial or emotional situation to have children might opt for the most effective type of family planning in order to avoid pregnancy. A couple or woman with a casual approach towards parenthood, such as not actively pursuing it, but not unwilling to take it on, might choose a less certain form of contraception, such as natural family planning.

Religion

Some religions, such as Catholicism, have restrictions on contraception based on the belief that it is God's will to bring children into the world. According to Dixon-Muller (1999), religious believers or observers might choose to avoid certain methods of family planning, such as birth control pill, in an effort to live their lives according to the teachings of their religion.

Cost

Some forms of contraception, such as minor surgery (like vasectomy), carry a fairly significant amount of one's time and is very cost as compared to other options, such as condom or the calendar cycle methods which are less expensive; hence, couples engage in them.

Health risk

For people with multiple sexual partners, the choice to use family planning devices helps them to keep healthy. For example, using condoms can reduce the chance of contracting sexually transmitted diseases.

Permanence

Some contraception choices, such as vasectomy, are usually permanent. So couples who do not want to have children at present, but would like to have one in the future, might want to choose a less – permanent option such as condoms or birth control pills.

Partner involvement

One has to consider the preferences of his or her partner when choosing a birth control option. For example, some men do not like to have sex using a condom. In that case, birth control pills might be a better choice for preventing an unwanted pregnancy, according to the National Institute of Health (Olaitan, 2009).

Socio-economic factors

There are some contraceptive methods of family planning that are expensive, and some couples cannot afford to use or purchase them due to their financial situations in the society.

For instance, people in rural areas cannot afford to use the expensive contraceptive methods of family planning such as vasectomy, Intra-uterine devices (IUD) (which are small, flexible, plastic frame inserted in the vagina of women) and female sterilization method.

Cultural norms factors

This is the most important factor influencing the choice of family planning among couples. This includes: community norms, religious belief and gender role.

Community norms

Community norms also prescribe how much autonomy an individual has in making family planning decisions. The larger the differences in reproductive intentions within a community, the more likely the community norms support individual choices.

Household and community influence 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. People are often unaware that such community norms influence their choices. In other cases, they are particularly aware. For example, young people often decide not to seek for family planning because they do not want their parents or other adults to know that they are sexually active.

Some couples in the community feel that bearing children is the major aim of their marriage, as tradition, customs and beliefs. In some northern part of Nigeria, especially the Islamic religion, they believe that bearing more children will indicate how wealthy they are, in which they tend to withdraw themselves from the use of family planning.

Religious factors

Family planning choice depends on the religion of the

couple. It may be Islam or Christianity that calls for raising and bearing of more children in the society. Some religions, such as Catholicism, have restriction on contraception based on the belief that it is "God's will to bring children" into the world.

Gender role

Some couples want to have a male child; and in cases when the child born to them is female, the family is unhappy. Therefore, the couple may wish to have another child in order to have a male child.

RESEARCH QUESTIONS

- (1) Does the socio-economic status of the couples influence the choice of family planning pertaining to the cost of the choice of family planning method?
- (2) Does religious factors influence the choice of family planning among couples?
- (3) Does the cultural norms of the society influence the choice of family planning among couples?
- (4) Does the educational status of the couple influence the choice of family planning?
- (5) Does the involvement of the partners (that is, the couple) influence the choice of family planning methods?

RESEARCH HYPOTHESES

- (1) The economic status has no significant influence on the choice of family planning among couples.
- (2) The religion of the couple has no effect on the choice of family planning method.
- (3) The cultural norms of the society have no significant influence on the choice of family planning among couples.
- (4) The educational status of the couple has no significant influence on the choice of family planning method.
- (5) The involvement of the partners has no significant influence on the choice of family planning method among couples.

RESEARCH METHODOLOGY

The study employed a descriptive survey and the population comprised couples across Southwest Nigeria. A questionnaire on factors influencing the choice of family planning among couples in Southwest Nigeria, to include socio-economic status, religious factors, cultural norms, educational status and the involvement of partners, was developed by the researcher. The questionnaire was validated and tested for reliability using a test retest method, and it was observed that the reliability coefficient level of 0.89r was obtained, which indicated that the instrument was reliable. For the

Table 1. Bio-data of respondents in percentages.

Variable	No. of respondent	Percentage
Sex		
Male	240	40
Female	360	60
Total	600	100
State		
Lagos	115	30
Oyo	100	20
Osun	90	17.5
Ogun	105	21
Ondo	100	11.5
Ekiti	90	0.99
Total	600	100
Religion		
Christianity	288	48
Islam	252	42
Traditional	60	10
Total	600	100
Age (yrs)		
≤ 30	80	40
31 – 39	70	35
≥40	50	25
Total	200	100

purpose of data collection, the researcher with the help of ten trained research assistants distributed the questionnaires to the respondents. The copies of the questionnaires were collected and scored on the data obtained from the respondents. The data were analyzed using descriptive and inferential statistics of frequency count, simple percentages and chi-square (X^2).

RESULTS AND DISCUSSION

The result of the data analysis is presented in a way to highlight the background variables of the respondents, test the hypotheses of the study and discuss its findings.

Table 1 reveals the distribution of the respondents' gender. As can be observed from the table, 40% of the respondents are male, while 60% are female. This indicates that majority of the respondents are female.

The distribution of states of respondents shows that 30% of the respondents are from Lagos, 20% are from Oyo, 17.5% are from Osun, 21% are from Ogun, 11.5% are from Ondo and 0.99% are from Ekiti.

In the distribution of the respondents' religion, 48% of the respondents are Christians, 42% are Muslims and 10% are traditional worshippers. This indicates that the majority of the respondents are Christians.

In the distribution of respondents' age range, 40% of

the respondents are 30 years old and below, 35% are 31 to 39 years old and 25% are 40 years old and above. This shows that the majority of the respondents are 30 years old and below.

Testing of hypotheses

There are five research hypotheses in this study. Table 2 indicates that the calculated value of 6.32 is less than the critical value of 16.92; therefore, the hypothesis which states that there would be no significant influence on the socio-economic status of couples in the choice of family planning in Southwest Nigeria, is accepted. It is seen that the calculated value is 8.53, while the critical value is 16.92. The calculated value is less than the critical value at 0.05 alpha level of significance. Since the calculated value is less than the critical value, the hypothesis which states that there would be no significant influence toward the religious factors of the couples on the choice of family planning in Southwest Nigeria is therefore accepted. In this case, the religions of the couples are discussed fully on the choice of family planning. From the result obtained, the hypothesis which states that the cultural norms of the couples do not have significant influence on the choice of family planning in Southwest Nigeria is accepted. As a result, cultural norms of the couples do not neglect the choice of family planning.

Table 2 reveals the calculated value as 21.26, while it reveals the critical value as 16.92. Since the calculated value is greater than the critical value, the hypothesis is rejected. In this case, there is a significant influence on the level of educational status of the couples on the choice of family planning in Southwest Nigeria. The study also reveals that there are changes or differences between educated couples and non-educated couples toward the choice of family planning.

Table 2 reveals that the calculated value (X^2) is 23.26, while the critical value is 16.92 at 0.05 alpha level of significance. Since the calculated value is greater than the critical value, the hypothesis is hereby rejected. In this case, there is a significant influence on the involvement of partners toward the choice of family planning in Southwest Nigeria. In this study, it was also revealed that the agreement and involvement of partners is very important or crucial when choosing the method of family planning among couples. Also, family planning method should not be one sided, both couples should be involved when making decision on family planning method.

The study was conducted to investigate the socio-economic factors and norms influencing the choice of family planning among couples in Southwest Nigeria. The result of hypothesis one which states that there is no significant influence on the socio-economic status of the couples toward the choice of family planning in Southwest Nigeria is accepted. In agreement to this, the cost of family planning choice is very cheap to the need of the couples in terms of affordability, availability and

Table 2. X^2 result of the respondents on factors influencing family planning's choice N=600.

Variable	Cal. X^2	Df	Critical value	Decision
H ₁ : Socio-economic status on the choice of family planning among couples	6.32	9	16.92	Accepted
H ₂ : Religious factors influence the choice of family planning	8.53	9	16.92	Accepted
H ₃ : Cultural norms of the couples	8.53	9	16.92	Accepted
H ₄ : Educational Status of the couples influence family planning	21.26	9	16.92	Rejected
H ₅ : Involvement of partners on the choice of family planning	23.26	9	16.92	Rejected

$p \leq 0.05$.

accessibility. The common choice of family planning is located in our various societies such as the use of condoms for both male and female, calendar based method in terms of sexual intercourse, etc. It is also revealed in the study's findings that both upper and lower class levels, and rural and urban areas, have equal chances to the accessibility, affordability and availability of family planning choice stated by the researcher.

The result of hypothesis two which states that there is no significant influence on the religious factors of the couples in the choice of family planning in Southwest Nigeria is accepted. Rasheed (2010) said that the Qur'an actually states the limitation of children, which is having not more than four children with a stated age of marriage. Also, it states that the father should take proper care of the children in terms of responsibility. The Bible also confirms the statements that family planning is very crucial in a couple's life so as to adjust favourably to the economic demand of life (Schonfield, 2008).

The result of hypothesis three which shows that there is no significant influence on the cultural norms of the couples toward the choice of family planning in Southwest Nigeria is accepted. Habiger (2007) reveals that cultural norms of the couples should not neglect the choice of family planning. It also indicates that family planning method should be encouraged among couples.

The result of hypotheses four which reveals that there is no significant influence on the educational status of the couples toward the choice of family planning in South west Nigeria is rejected. This is supported by Olaitan (2009) who opined that the level of educational status of the couples determines their attitudes toward the choice of family planning. For instance, ignorance and illiteracy will make some persons not to be aware of the benefit of family planning method. Even though the family planning service provider comes to visit the person and educate him on the importance of family planning method, he/she will be confused and will not listen to the service provider, especially those couples in the Northern part of Nigeria. Most of them said that family planning service providers want them to be barren for life; as such, they tend to withdraw from the services.

Finally, the result of hypothesis five which showed that there is no significant influence on the involvement of partners toward the choice of family planning among

couples in Southwest Nigeria was rejected, that is, there existed a significant influence on the involvement of partners toward the choice of family planning among couples in Southwest Nigeria. This is supported by Potter (1999) who shows that the agreement and involvement of partners is very crucial when determining the choice of family planning among couples. Also, both couples are advised to make the right decisions on their choice of family planning.

Conclusion

In this study, it was observed that the socio-economic status of the couples of Southwest Nigeria, their religions, their cultural norms and their educational status did not significantly influence their choice of family planning. However, there are significant influences in the involvement of partners on the choice of family planning in Southwest Nigeria.

RECOMMENDATIONS

Having studied the factors influencing the choice of family planning among couples in Southwest Nigeria, the following recommendations were made:

1. Every couple should be encouraged to visit the family planning service providers so as to enlighten the couples on various family planning choices that will meet their economic status.
2. Societies and communities should give a couple of advice to their neighbours on the importance of family planning.
3. Religious leaders should encourage their followers on the needs for family planning choice as related to their holy book.
4. Community leaders should discourage the habit of not having family planning choice in their cultural norms.
5. Federal Government should build Reproductive Health Centres, where family planning education would be given to couples on the choice of family planning for both educated and non-educated couples.
6. Family planning service providers should educate the

couples on the effectiveness of family planning choice.

7. Every couple should be discouraged about the thought of health risk of family planning choice.

8. Couples with one baby and new couples should be discouraged on the use of the permanent surgical method (vasectomy) of family planning.

9. Every couple should agree and be involved when making decisions on the choice of family planning.

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