



Cultural Factors and Decision Making Process on the Choice and Uptake of Contraceptive Among Women in Sokoto state, Nigeria

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Abstract

Culture as a way of life has impact on verities of women`s lives and determines the decision making process and health seeking behavior. This study describes the cultural factors affecting the uptake of contraceptives as well as decision making process among women accessing family planning services at a Specialist hospital, Sokoto-Nigeria. A cross sectional study was used. A structured questionnaire was used to elicit information from 352 respondents. Data was analyzed using SPSS version 20.0. The result of the study indicated that cultural norms and decision making are all significant factors that affect the uptake of contraceptives among the women in Sokoto. The findings of this research will serve as basis for the development of educational program to improve the uptake of contraceptives among women in Sokoto.

Keywords: Contraceptives, Birth Control, Women, Choices, Reproductive Health.

Introduction

Family planning (FP) is the ability of spouses, partners or individuals to choose the number of children they desire

and the time to have them¹. This can be achieved by the use of contraceptive methods which is one of the most cost-effective public health interventions pivotal in reducing a country`s fertility rate¹, Family planning (Fp) encompasses the decision of women on the intended number of children to give birth to include the choice and decision not to have any children. The issue of couples deciding whether or not to have children is primarily influenced by external forces such as marital status, the cultural and socio-economic status of women^{2,3}

Although millions of women who are sexually active would prefer to avoid becoming pregnant, they do not use any method of contraception to avoid pregnancy⁴. Whilst the benefits of family planning services cannot be overemphasized, the acceptance of the service still remains very low in Sub-Saharan Africa where marginal population increase remains concerning⁵ Sub-Saharan Africa has the highest fertility rate in the world with 5.5 births per woman with one in every three births being involuntary⁶ Fertility and population growth are much

higher in sub-Saharan Africa than in any part of the world⁷.

In most African families, decision-making about family planning; contraception use and choice may not include (and when included, in a lesser percentage) the potential child-bearing mothers themselves. Males play a dominant role in women's reproductive health decision making⁸. The communities and societies in which couples live have a significant influence on their personal health behaviour. This is because interactions exist between an individual's beliefs and attitudinal orientation and that of the community's norms and values. Concerning contraceptive usage and choice, women must adhere to family, community and societal norms in order to fulfill their ideals in terms of fertility and family planning decision making¹⁰.

Family members may have a significant role to play in women's reproductive health decision-making. The people making such decisions may not necessarily discuss issues with the woman involved mainly because such women lack the social status, or knowledge to do so or they feel uncomfortable talking about the issue. Opposition by husbands or partners also impedes oral contraceptive use¹¹. This opposition may be related to personal, cultural or religious reasons. Studies in Tanzania^{11,12}, revealed that using family planning of any type secretly or privately or without the husband's permission or knowledge can lead to violence or divorce or separation. These findings show a strong relationship between husband and wife or between both partners on the choice of contraceptives to use.

Tradition and cultural beliefs also play significant role in the usage of FP. The ability of couples to choose freely the plan they want are hindered by traditional and cultural beliefs in the society. The use of traditional FP methods tends to be higher where the acceptance of FP is low or weak¹³. In Nigeria particularly, contraceptive intake and

choice are influenced by cultural/religious belief which results in the high unmet need for contraceptive use and choice⁹. Therefore, this research aimed to explore the cultural factors affecting the uptake of FP including the decision process involved.

Materials and Methods

Research Design

A cross-sectional design was used to elicit information from participants on the that influence of Socio-cultural and Decision making process among Women attending Specialist Hospital Sokoto on the choices and utilization of contraceptives. The relationship between the study variables was explored. Using a cross-sectional design, statistical and numerical analysis can be generalized among individuals or groups, or across a wider population to provide clarification on a prevailing event or phenomenon¹⁴.

Sample Size and Sampling Technique

Convenient sampling technique was used to recruit participants for the study. The sample population was drawn from the FP clinic of Sokoto Specialist Hospital.

Data Collection

A questionnaire was developed to elicit information from participants on contraceptive choices, uptake, and usage. The questionnaire was structured in sections with a focus on, knowledge on family planning, among women accessing family planning unit of Specialist Hospital Sokoto.

Pre-testing

The designed questionnaire was pretested with 35 clients at the Maryam Abacha Women and Children's Hospital, Sokoto.

Data Collection Procedure

Ethical clearance from the Chief Medical Director of Specialist Hospital for institutional approval where data were collected from women who volunteered to participate in the study Subsequently, clearance was given

by the ethical committee of the specialist hospital Sokoto that allowed the researcher to conduct his research in the hospital. The aim of the research and its significance was discussed with potential respondents of the research using the study information on the questionnaire three nursing officers were trained as Research Assistants to assist in the administration of the questionnaires to women who met the inclusion criteria. Each questionnaire took approximately 45 minutes to 1 hour on complete. The need to respond to all questions in the questionnaire was emphasized. Data collection was completed within three weeks from the day institutional approval was given.

Result

Table 1: Cultural Factors and Decision Making Process on the Choice and uptake of Contraceptives

	Co-efficient	Std Error	Wald (Statistic)	P-Value	OR	95% C.L. for OR	
						Lower	Upper
Family planning discussion with husband (Ref = Never)			45.111	0.001			
Yes	-2.191	0.401	29,826	0.001	0.112	0.051	0.241
Hardly	-0.038	0.458	0.007	0.934	0.963	0.392	2.360
Male Dominance influences my choice of my family planning (Ref =Agree)					1.000		
Disagree	-0.347	0.498	0.488	0.485	.0707	0.266	1.873
My husband Knows I use contraceptives (Ref =Agree)					1.000		
Disagree	0.56	0.403	1.932	0.165	1.751	0.795	3.857
My Husband encourages me to contraceptive (Ref = Agree)					1.000		
Disagree	1.357	0.547	6.152	.013	3.885	1.329	
The attitude of my service provider discourages me from							11.354

family planning services (Ref = Agree)					1,000		
Disagree	0.034	.471	.005	.943	1.034	.411	2.605
My service provider educates me on contraceptives (Ref = Agree)					1,000		
Disagree	1.707	-602	8.033	.005	5.513	1.693	17,953
I will use contraceptive even if my husband does not approve if (Ref = Agree)					1,000		
Disagree	1.49	0.637	5.471	0.019	4.437	1.273	15.466
Child bearing decision is solely determined by my husband (Ref = Agree)					1,000		
Disagree	1.358	0.6	5.129	0.024	3.89	1.201	12.602
I will use contraceptive only if my Husband agrees (Ref = Agree)					1,000		
Disagree	2.61	0.515	25.657	0.001	13.59	4.963	37.335
My religion/culture does not permit contraceptive usage (Ref = Agree)					1,000		
Disagree	0.342	1.002	0.116	0.733	1.408	0.198	10.033
People known to be on contraceptive are stigmatized (Ref = Agree)					1,000		
Disagree	-4.365	1.315	11.021	0.001	0.013	0.001	0.167
In my opinion decision making between the couple should be encouraged (Ref = Agree)					1,000		
Disagree	-0.602	0.463	1.694	0.193	0.547	0.221	1.356

Table above shows results on cultural and decision making process that influence the choice of contraceptive uptake. The subject of discussing family planning with

partner/husband was significantly associated with the choice of contraceptive uptake. The odds of women who discussed FP with their husbands were 0.112 likely to use

contraceptive as compared to those who never discuss with their husbands [OR= 0.112(95% CI:0.051, 0.241)]. Also those who hardly discussed family planning with their husbands are 0.963 likely to use contraceptives as compared to those who never discussed with their husbands [OR= 0.963(95% CI: 0.392, 2.360)]. The following factors were all found to be statistically significantly associated with contraceptive usage: (a). The

use of contraceptives without husbands knowledge and approval ,(b) education from service providers on contraceptives, (c) discouragement from the side effects from the usage of contraceptives, (d) child bearing decision should solely be determined by the husband, (e) the use of contraceptives were based only on husband’s approval and stigma is placed on people known to be on contraceptives.

Table 2: Cultural Influence of Relatives on Contraceptive Usage and Choice among the Respondents

Relation	most influence	Average influence	Minimum influence	No influence
Spouse/partner/husband	192(68.1%)	50(14.2%)	19(5.4%)	21(6.0%)
Mother in law	24(6.8%)	67(19.0%)	98(46.2%)	38(10.8%)
Father in law	13(3.7%)	17(4.8%)	84(23.9%)	84(45.7%)
Mother	43(12.2%)	72(20.5%)	73(20.7%)	25(7.1%)
Father	20(5.7%)	78(22.2%)	54(15.3%)	70(31.5%)
Friends	14(6.9%)	121(59.6%)	36(17.7%)	32(15.8%)
Sisters	27(12.9%)	83(39.5%)	55(26.2%)	45(21.4%)
Brothers	1(0.5%)	32(17.4%)	67(36.4%)	84(45.7%)
Others	2(1.2%)	9(5.3%)	50(29.6%)	108(63.9%)

Majority of the respondents 192 (68.1%) confirms, that their husbands have most influence on the contraceptive usage and choice, then mother 43 represented as (12.2%), sisters 27(12.9%), mother in-law 24(6.8%) and the response from others with 2 (1.2%)

Discussion

On the cultural norms, the study finding revealed that partners’ approval has a significant role in the usage and choice of contraceptives among the women accessing the FP unit at the Specialist hospital in Sokoto. The women that is discussion with their partners in the use and choice of contraceptive recorded the highest percentage of 192 (68.1%), followed by mother which has 43 (12.2%) less influence as compared with husbands and as well more

influence as compared to mother-in-law with 24 (6.8%) Brothers had the least level of influence with 1 (0%).This finding is similar to the finding in southern Ghana which revealed that spousal approval is very important in the use and choice of contraceptives¹⁵. In a study by Okech, Wawire, and Mburu¹⁶ the findings emphasized spousal approval in the usage and choice of contraceptives. The study further showed religious inclination of the spouses influenced on spousal approval before deciding nad commencing FP and involving them in decision making¹⁷. A similar study which was also conducted in Kenya revealed the importance of spousal approval in the uptake and choice of contraceptives to both couples¹⁶.

For couples who are involved in FP decision making on family planning, there is the likelihood for the partner to succeed as it has been found in this study that 116 (33.0%) strongly agreed that decision making be jointly done and be encouraged by the couple. The findings show that husbands need to be involved in making a decision on FP for it to succeed. In this study finding, only 10 (2.8%) of the respondents strongly disagreed decision making should not be done between the couples but this stance often related to their religious or cultural beliefs. The finding of this research also relates to the finding of Adegbola¹⁷ which revealed that the importance of partner involvement in decision making before embarking on FP. The finding revealed that husband involvement in decision making gives significant positive results in the usage and choice of FP method.

The religious inclination of the respondent has a positive impact on the choice of FP. Majority of the participants strongly disagreed with the fact that religion did not permit or allow FP. Fifty-four percent respondents out of 197 strongly indicated that religion has an effect on the use and choice of contraceptive in Specialist Hospital in Sokoto. This finding is similar to that of Abdulai¹⁸ which revealed that religion and culture play a significant role in influencing the choice and usage of FP.

Conclusion

The result of the study indicated that study participant, occupation, cultural norms and decision making are all significant in the choice of contraceptives among the women accessing family planning unit of Specialist Hospital Sokoto .

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