

## Communication and Decision-Making Factors Influencing Couples Interest in Family Planning and Reproductive Health Behaviours in Nigeria

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**ABSTRACT** This study examined the influence of communication and decision-making factors on family planning and reproductive health behaviour among couples. A total of five hundred couples from Ibadan metropolis constituted the sample for the study. Their ages ranged from 32 years to 45 years with a mean age of 38.5 years and standard deviation of 11.2. The two instruments used were author-constructed questionnaires with 0.68 and 0.63 reliability coefficient respectively. The data obtained were analysed using frequency counts, percentages and multiple regression analysis. The results indicated that significant relationship existed between each of the variables, and family planning and reproductive health behaviour among the couples involved in the study. The results further indicated that a combination of the independent variables significantly predicted family planning and reproductive health behaviours. The results therefore, indicate the need counselling psychologists to take cognizance of those variables that have been found to influence family planning and reproductive health behaviour among couples. The results further recommend counselling psychologists to mount intervention strategies to help couples achieve effective family planning and reproductive health behaviour.

### INTRODUCTION

Communication and decision-making plays a vital role in assuring informed choice of family planning and reproductive health behaviour. Effective communication and decision-making empowers people to seek what is best for their own health, and to exercise their right to good-quality health care – Rimal et al. (2002). It also includes whether to control their fertility and whether to use a family planning method – before ever seeking contraception use.

A growing number of family planning and other reproduction health care programs and providers are saying that men deserve more attention for the mere fact that men are potential partners in and advocates for good reproductive health rather than bystanders, barriers or adversaries.

Family planning and decision-making programs in the past have focused on women instead of men for several reasons: women bear the risks and burdens of pregnancy and child-bearing; most modern contraceptives are for women; and many providers have assumed that women have the greatest stake, and interest, in protecting their own reproductive health.

Reflecting these assumptions, the clinic-based service delivery design for family plan-

ning has made it difficult to include men – Edwards (2001); Wegner (1998). Services have often been offered in Maternal and Child Health (MCH) clinics. Many men see MCH Clinics and their staff as serving only women and children and feel uncomfortable seeking information or services in that setting – Danforth (2004), Ezeh et al. (1996), Galbn et al. (2001), Green et al. (1995), Masson and Taj (2001), Mbizoo and Bassett (1996).

Today's men are becoming interested in family planning and decision-making than is usually assumed – Drennan (2003). Today, family planning programs increasingly are focusing on involving men. Yet much remains to be done to turn interest into healthy behaviour. Men of today are being encouraged to discuss reproductive health, including family planning and decision-making with their partners and to share responsibility for reproductive decisions is a good health care strategy. Also, in the era of HIV/AIDS, it is urgent for men's own protection and that of their partners that programs address the problem of sexual risk-taking.

Men play powerful – even dominant – roles in reproductive decisions. Without considering their partners' wishes or the health consequences for themselves or their partners, however, their actions can have unhealthy and even danger-

ous results. In contrast, couples who talk to each other about family planning and reproductive health reach healthier decisions. These couples are more likely to use contraception and use it wisely and effectively – Beckman (2002), De-Silva (2000), Lasee and Becker (1997).

Surveys show that many husbands and wives do not know each others' views about family planning and reproductive health behaviour – Ezeh et al. (1996), Ngallaba et al. (1999), Robey et al. (1992). When men and women do not know their partners' fertility desires, family planning attitudes or contraceptive preferences, the consequences can include unintended pregnancies and unsafe abortions – Biddlecom et al. (2001), Hudson (2000), Hollerbach (2000), Mgginn, Bamba and Balma (1999), and Salway (1994).

Men's contraceptive use is lower than might be expected, given their levels of knowledge and approval of family planning, according to surveys of men in developing countries mostly in sub-Saharan Africa. In Nigeria, men's attitudes and behaviours toward family planning and reproductive behaviour appears negative and unencouraging. Nigerian men prefer allowing their wives to attend clinics and hospital where provision for family planning are available. For example, between one quarter and two-thirds of these men say they do not want to have more children, but neither they nor their wives are using contraception – Ezeh et al. (1996). By comparison, in countries surveyed, about one-fifth of married women say they do not want to become pregnant but are not using any method of contraception – Robey et al. (1996).

Use of contraception methods that involve men's co-operation – condoms, vasectomy, withdrawal, and periodic abstinence – amount to about one-third of all contraceptive use among married couples. Nevertheless, the two most effective male methods – condoms and vasectomy – are among the least used of all methods – United Nations (UN) (1999). One reason for the apparent gap between men's attitudes and their contraceptive behaviour is that while men may be aware of modern contraception, they often know little about it – Green et al. (1995).

With more information and encouragement, more men would be able to play positive roles in reproductive health. For example, a husband can help his wife have safe pregnancies and give birth to healthy babies if he becomes better informed about maternal and child health – Sherpa and Rai (1997). Reproductive health care pro-

grams can help men play supportive roles during pregnancy and delivery – Thaddeus and Maine (2001), and during breastfeeding, Sherpa and Rai (1997). Increasing men's participation can be a promising strategy for achieving good reproductive health for all.

Most research work on couples communication and decision-making and family planning and reproductive health behaviour has been focused on meeting potential demand for family planning. It is not to the knowledge of the researcher that studies linking communication and decision-making and family planning and reproductive health behaviour in Nigeria has ever been conducted. It is against this background that this study becomes relevant in filling such missing gaps in our knowledge in the issues of communication and decision-making factors as determinants of family planning and reproductive health behaviour among couples in Nigeria.

### Purpose of the Study

The purpose of this study is to examine the influence of communication and decision-making factors on couples family planning and reproductive health behaviour in Nigeria.

In order to achieve the purpose of this study, the following research questions were answered:

1. To what extent would communication and decision-making factors influence couples family planning and reproductive health behaviour in Nigeria?
2. What is the relative contribution of each of the factors to prediction of couples family planning and reproductive health behaviour?

### MATERIALS AND METHODS

This study adopted a descriptive survey research design in which questionnaires were employed in collecting data from the respondents on the variables involved in the study.

**Respondents:** The study was conducted in Ibadan, the capital city of Oyo State, Nigeria. A total of five hundred (500) respondents all married men and women were randomly drawn from University Teaching Hospital Nursing Staff, Ibadan, and Oyo State Teaching Service Commission, Ibadan were involved in the study. It comprises one hundred and ninety-nine (199) male respondents and three hundred and one (301) female respondents. Their age range was

between 32 and 45 years with a mean age of 38.5 years and standard deviation of 11.2.

**Instrumentation:** The two major instruments used in this study were: (i) Communication and Decision-making Inventory (CDI), and (ii) Attitudinal Scale on Family Planning and Reproductive Health Behaviour (ASFPRHB).

Communication and Decision-making Inventory (CDI) comprises 25 items rated on a 4 point likert type scale. It has 0.68 and 0.71 as the internal consistency and revalidation reliability respectively. While the Attitudinal Scale on Family Planning and Reproductive Health Behaviour (ASFPRHB) contained 25 items response format anchored on Partly True to Very Untrue. The test-retest reliability of the scale was found to be 0.63 and 0.69 respectively.

The two instruments used were author-constructed and were considered valid and reliable through experts comments in psychometrics.

**Data Collection Procedures:** The respondents for the study were personally administered the two sets of questionnaires in their respective places of work with the assistance of two guidance counsellors. The collected questionnaires were scored and the data obtained were analysed to answer the research questions tested. On the whole, five hundred (500) copies of questionnaires distributed were returned fully filled, giving a return rate of 100%.

**Data Analysis:** The data collected were analysed using Multiple Regression Analysis to establish the influence of communication and decision-making on couples family planning and reproductive health behaviour. Also, frequency counts and percentages were used to determine the demographic characteristics of the couple's interest in family planning and reproductive health behaviour.

## RESULTS

Table 1 shows the frequency and percent distribution of demographic characteristics of the couples involved in the study. Five variables (sex, marital status, age, no of children, and educational status) were examined with the following outcomes. A total of 199 males and 301 females representing 35.8% and 60.2% respectively; marital status show that 500 married and non were divorced or separated representing 100% took part in the study.

**Table 1: Frequency and percent distribution of the demographic characteristics of the couples involved in the study**

S. No.	Variables	Frequency	%
1.	<i>Sex</i>		
	Male	199	39.8
	Female	201	66.2
	Total	500	100.0
2.	<i>Marital Status</i>		
	Married	500	100.0
	Separated	-	
	Divorced	-	
	Total	500	100.0
3.	<i>Age in years</i>		
	32-36	152	30.4
	37-41	223	44.6
	42 and above	125	25.0
	Total	500	100.0
4.	<i>No. of Children</i>		
	One	201	40.2
	Two	149	29.8
	Three	150	30.0
	Four	-	-
	Total	500	100.0
5.	<i>Educational Status</i>		
	GCE/SSCE	207	41.4
	Diploma/NCE	154	30.8
	University Education	139	27.8
	Total	500	100.0

A total of 152 (30.4%) falls between 32-36 years; 223 (44.6) falls between 37-41 years; and 125 (25.0%) falls between 42 years and above in that order. The number of children given birth to as shown on the table are: one child, 201 representing 40.2%; two children 149 representing 29.8%; and three children 150 representing 30.0%. The educational status shows that 207 representing 41.4% had GCE/SSCE; 154 representing 30.8 had Diploma/NCE; and 139 representing 27.8% had university education.

The result of the research question on the regression analysis on sample data using a combination of two independent variables (commu-

**Table 2: Regression analysis on sample data using a combination of independent variables to predict couples family planning and reproductive health behaviour**

Multiple R = 0.424					
Multiple R-Square = 0.179					
Adjusted R-Square = 0.165					
Standard Error = 6.94					
Source	Df	SS	MS	F-Ratio	p
Regression	3	2560.6270	640.157	13.311	<0.05
Residual	496	1782.28	48.0908		
Total	499	4342.6298			

**Table 3: Relative contributions of the independent variables to the prediction of couples family planning and reproductive health behaviour**

Variable description	Unstandardised coefficient		Standardized coefficient		P
	B	Standard Error	Beta	t	
Communication factor	0.322910	0.097120	0.27430	3.33	<0.05*
Decision-making factor	0.208929	0.089040	0.14264	2.36	<0.05*

\*Significant at 0.05

nication factor and decision-making factor) when combined together appeared to be effective in predicting couples family planning and reproductive health behaviour. The capacity of the independent variables to predict family planning and reproductive health behaviour among couples could not have happened by chance. The table also shows that the analysis of variance for the multiple regression data produced an F-ratio of 13.311 significant at 0.05 alpha level.

The result of the research question on table 3 shows the relative contribution of each of the variables. The result shows that each of the independent variable made significant contribution to the prediction of couples family planning and reproductive health behaviour. The contribution of each of the variable in order to merit are: communication factor ( $\beta = 0.27430$ ;  $t = 3.33$ ;  $P < 0.05$ ); and decision-making factor ( $\beta = 0.14264$ ;  $t = 2.36$ ;  $P < 0.05$ ).

### DISCUSSION OF FINDINGS

The result on Table 1 shows the frequency and percent distribution based on the demographic characteristics of the couples involved in the study – *visa-vis* sex, marital status, age in years, number of children and educational status.

The results on Table 2 from this study indicates that the combination of the independent variables (communication and decision-making factors) when taken together were effective in predicting family planning and reproductive health behaviour among couples involved in the study. The significant F-ratio of 13.311 at 0.05 alpha levels confirms this. The results above is in agreement with similar studies conducted by scholars as, Beckman (2002), De-Silva (2000), and Lasee and Becker (1997). The results above were further confirmed by Biddlecom et al. (2001), Hudson (2000), Hollerbach (2000), Ngginn et al. (1999); and Salway (1994).

The extent to which each of the communication and decision-making factors contributed to

the prediction is indicated by the values of T-ratios associated with the different factors in Table 3. The results on Table 3 show that each of the independent variables contributed significantly to the prediction of family planning and reproductive health behaviours among couples involved in the study. This result agrees with Thaddeus and Maine (2001), and Sherpa and Rai (1997). The result was further confirmed by scholars as, Drennan (2003), Beckman (2000), Se-Silva (2000), and Lasee and Becker (1997).

### IMPLICATIONS FOR COUNSELLING PRACTICE

The findings from this study implicate the need for counselling psychologist and others in the helping professions to include marital counselling and communication that would educate couples on family planning and reproductive health behaviour, relationship, and decision-making.

Secondly, counselling psychologists need to consider factors as communication and decision-making when designing intervention programmes for modifying couples attitudes and interest in family planning and reproductive health behaviour.

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