FACTORS INFLUENCING DIFFERENTIAL GENDER PARTICIPATION IN REPRODUCTIVE BEHAVIOUR AMONG FEMALES IN IBADAN, NIGERIA

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Abstract

This study examined the influence of gender roles and norm factors on the reproductive behaviour among couples in Ibadan. A total of three hundred men and women randomly selected from five different professions in Ibadan constituted the sample for the study. Instruments used were author-constructed questionnaires with 0.71 and 0.69 reliability co-efficient respectively. The data obtained were analysed using multiple regression analysis. The results indicated that significant relationships existed between extramarital sexual partners, family size, prenatal care, contraceptive use and breastfeeding and reproductive behaviour but not with birth spacing practices. The results further indicated that a combination of the independent variables significantly predicated reproductive behaviour and relationship. The results, therefore, indicated the need for those in the helping processions to design intervention programmes for couples on reproductive behaviour, relationship and decision-making.

Introduction

Gender roles are so strong that they are taken for granted. They are reflected in virtually every social institution, including family structures, household responsibilities, labour markets, schools, health care systems, law and public policies. The influence of gender is similar in strength to that of religion, race, social status, and wealth. (Centre for Development and Population Activities, 1996; Riley, 1997 and Moser, 2001). In all parts of the world, women are facing threats to their lives, health and well-being as a result of being overburdened with work and of their lack of power and influences. (United Nations, 1996).

In many countries, traditional male and female gender roles deter couples from discussing sexual matters, condone risky sexual behaviour, and ultimately contribute to poor reproductive health among both men and women (Moser, 2001). Programmes can encourage men to adopt positive gender roles, such as being supportive husbands and caring fathers. Women are regarded as men's property and can be inherited or disposed of by the man (husband) or his relatives. This practice has some form of backing of traditional customary laws in the Northern region of Nigeria; and enjoys a traditional support in the South-East region of Nigeria. At federal level, the Nigeria Police Act provides that a female Police Officer can only get married after she has spent more than six months in police service. This is not so with their male counterparts. The female police must even get the permission of the Inspector-General of Police before getting married (www.developmentpartnership.org retrieved 02/09/2010)

Religion has been used as an instrument in defense of patriarchy, thereby discriminating against women especially in the area of their reproductive health behaviour. Religion has placed a lot of restrictions on the rights of women. Traditional African religion also believes that the woman exists at the pleasure of the man. The religious leaders discriminate against women generally and usually disregard the concepts of various non-discriminatory policies of government and other organisations (Obaid, 2005).

Gender roles and gender norms are culturally specific and thus vary tremendously around the world. Almost everywhere, however, men and women differ substantially from each other in power, status and freedom. In virtually all societies, men have more power than

women. (Berer, 1996; Riley, 1997; Evaluation Project, 1997; Helzner, 2000; Moser, 2001). Gender has a powerful influence on reproductive decision-making and behaviour (Mcfarlane, Friedman, Morris & Goldberg, 1994; Blanc, Wolff, Gage, Ezeh, Neema & Ssckamatte-Ssebuliba, 1996 and US Agency for International Development, 1997).

In many developing countries, men are the primary decision-makers about sexual activity, fertility and contraceptive use. Men are often called 'gatekeeper' because of the many powerful roles they play in society as husbands, fathers, uncles, religious leaders, policy-makers and local and national leaders. (Danforth and Jezowski, 1994; Green, Cohen, Can Belhadjel, 1995; Greene & Biddlecom, 1997). In their different roles, men control access to health information and services, finances, transportation and other resources. (Mbizwo and Bassett, 1996 and Robey, Thomas, Baro, Kone & Kpakpo ,1998).

Little is known about the dynamics of couples' sexual and reproductive decision-making or about how gender roles affect these decisions. Such decisions can include whether to practise family planning, choosing when and how to have sexual relations, engaging in extramarital sexual relations, using condoms to prevent STDs, breastfeeding and seeking parental care (Hull, 2000; Jolly,2001 and Magnani, Bertrand, Makani & McDonald, 2001). Gender is just one of the many factors that influence couples and affect their reproductive decisions. Education level, family pressures, social expectations, socio-economic status, exposure to mass media, personal experience, expectations for the future and religion also shape such decisions (Hull, 2000 and Hollerbach, 2001).

In some developing countries, husbands dominate reproductive decision-making, whether regarding contraceptive use, family size, birth spacing, or extramarital sexual partners (Storey, Likhamov and Saksvig, 1997; Fort, 1999; Kulu, 2000; and Magnani, Bertrand, Makani and McDonald 2001). In Ghana, for example some men in focus-group discussions claimed to make all family decisions. As one man asserted:

> *We control them from the initial stage. When she comes to the house and maybe she thinks she is now the lady of the house and does something contrary to your regulations, you warn her. We don't allow our women to have influence on us –(Ezeh, 2001).*

A study of more than 3,000 urban Nigerian couples found that, while men do not dominate decision-making, they still wield more power than women do. Men and women were asked who decides such matters as family size, when to have sex and how long periods of sexual abstinence should last. Close to 60% of men said that they decided, and 40% to 50% of women agreed that men decided (Isiugo-Abanihe, 2000).

A study of the fertility decisions made by five generations of one South Indian family also found that the men tended to control contraceptive use and to make fertility decisions. The men in the older generation chose to limit their own fertility by getting vasectomies, usually without telling their wives. The men said that economic pressures were their main motivation to limit the number of children. A survey of all five generations in this family revealed that more than half of the men thought the decision-making was mutual, but only 38% of their wives saw it that way (Karra, Stark and Wolf, 1997).

Men's control over reproductive decision-making may be weakening, particularly among younger generations and in certain cultures. In many societies, as social, economic and educational opportunities for women increase, traditional gender roles are starting to change. As a result, power is being redistributed between men and women. Evidence from several countries demonstrates that, increasingly reproductive decisions are being made jointly by couples, not by men alone. In Sri Lanka, where women's levels of education and literacy are high, a study among couples currently using contraception reported that more than half of the wives and about two-thirds of the husbands said that decision about family

planning were made jointly (De-Silva, 2000). Also, Japan's patriarchal culture has been changing from decision-making primarily by husbands and parents towards decisions made jointly by couples (Ogawa and Hodge, 1999).

Most research work on gender and reproductive behaviour is focused on helping men become full partners in better reproductive health. It is also not to the knowledge of the researcher that studies gender roles and norms on couples reproductive behaviour in Nigeria has even been conducted. It is against this background that this study becomes relevant in filling such missing gaps in our knowledge in the issues of gender roles and norms as determinant of reproductive behaviour among couples in Nigeria.

Purpose of the Study

The purpose of this study was to examine the relationship of couples reproductive decision-making on matters regarding contraceptive use, family size, birth spacing, breastfeeding, extramarital sexual partners, and seeking prenatal care justify the reproductive behaviour among couples. In order to achieve the purpose of this study, the following research questions were posed:

1. To what extent would reproductive decision-making on contraceptive use, family size, birth spacing, breastfeeding, extramarital sexual partners and prenatal care justify reproductive behaviour among couples?
2. What is the relative contribution of the factors to the prediction?

Methodology

Research Design

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

Sample

The study was conducted in Ibadan, the capital city of Oyo State, Nigeria. Ibadan is the largest city in the whole of Black Africa and is cosmopolitan in nature. The city was selected based on its high population concentration (1.5m, 1991 Population Census) and size (10,201km2). A total of three hundred (300) participants both married men and women were randomly drawn from (i) 41 military officers (27 males and 14 females) representing 13.6%; (ii) 70 from teaching profession (39 males and 31 females) representing 23.3%, (iii) 60 from Nursing (21 males and 39 females) representing 20%; (iv) 34 professional bankers (19 males and 15 females) representing 17.3%; (vi) and 43 Administrative staff (19 males and 24 females) representing 14.3%.

The range of participants' ages was between 36 and 55 years with a mean age of 45.4 years and standard deviation of 9.7. All the participants are married with a minimum of two and maximum of five children. Some of the participants were Muslims while others were Christians; and their level of education ranged from General Certificate in Education to University Degrees.

Instrumentation

The two major instruments used in this study were (I) Self-Responding Questionnaire on Gender roles and norms variables on contraceptive use, family size, birth spacing, breastfeeding extramarital sexual partners and prenatal care and (ii) Reproductive behaviour inventory. The two instruments were author-constructed. The self-responding questionnaire on gender roles and norms contained six sub-scales. It was meant to collect information on the couples' reproductive decision-making. The six sub-scales are:

- Contraceptive use scale (10 items)
- Family size scale (10 items)

- Birth spacing scale (10 items)
- Breastfeeding scale (10 items)
- Extra-marital sexual partner scale (10 items)
- Prenatal care scale (10 items)

In all, the self-responding questionnaire on gender roles and norms contained 60 items rated on a 4-point Likert type scale. It has 0.71 and 0.76 as the internal consistency and revalidation reliability respectively. The Reproductive behaviour inventory is meant to measure couples' attitudes and intentions towards reproduction. It has 20 items response format anchored on Partly True to Very Untrue. The test-retest reliability of the inventory was found to be 0.69 and 0.73 respectively. The two instruments were considered valid and reliable through the favourable comments of experts in psychometrics for obtaining information on couples' reproductive behaviour, relationship and decision-making.

Procedure for Data Collection

The participants for the study were administered the two questionnaires with the assistance of two Guidance Counsellors. The collected questionnaires were scored and the data obtained from them were analysed to answer the research questions. On the whole, 300 copies of the questionnaires were distributed and returned fully filled, giving a return rate of 100%.

Data Analysis

The data collected were analysed using Multiple Regression Analysis to establish the relationship of couples' reproductive decision-making on matters regarding contraceptives use, family size, birth spacing, breastfeeding, extramarital sexual partners and seeking prenatal care justify reproductive behaviour among couples. Also, frequency counts and percentages were used to determine the socio-demographic characteristics of the couples' reproductive behaviour.

Results

Table 1: Frequency and Percent Distribution of Socio-Demographic Factors of Couples' Involved in the Study

S/N	Variables	Frequency	Percentages (%)
1.	Sex		
	➢ Male	155	51.7
	➢ Female	145	48.3
2.	Educational status		
	➢ GCE/SSCE	39	13.0
	➢ NCE	51	17.0
	➢ Diploma	89	29.7
	➢ University education	121	40.3
3.	Marital status		
	➢ Widow	15	5.0
	➢ Married	265	88.0
	➢ Separated	19	6.3
	➢ Divorce	02	0.7
4.	Religion		
	➢ Christians	153	51.0
	➢ Muslims	147	49.0
5.	No. of children		
	➢ Two	53	17.7
	➢ Three	169	56.3
	➢ Four	49	16.3
	➢ Five	29	9.7

6.	Age in year		
	➢ 36-40	64	21.3
	➢ 41-45	101	33.7
	➢ 46-50	96	32.0
	➢ 51-55	39	13.0

The table 1 above showed the frequency and percent distribution of socio-demographic factors of the couples' involved in the study. It showed a male and female participation of 155 and 145 respectively and the educational background of the participants showed that university graduates (121) with 40.3%, Diploma (89) with 29.7%, N.C.E. (51) with 17.0% and General Certificate holders (39) with 13.0% in that order.

The participants' marital status showed 265 for married (88.0%), 19 for separated (6.3%), 15 widow (5.0) and 02 for divorce (0.7%) in that order. The religious affiliation of the coupes showed 153 for Christians (51.0%) and 147 Muslims (49.0%). The couples' number of children showed 169 (63.3%) with three children, 53 (17.7%) with two children, 49 (16.3%) with four children and 29 (9.7%) with five children respectively. The age range of the participants was 36-55 years. A total of 101 (33.7%) fell between 41-45 years, 96 (32.0%) fell between 46-50 years, 64 (21.3%) fell between 36-40 years, and 30 (13.0%) between 51-55 years respectively.

Research Question 1

Using a combination of the independent variables to predict reproductive behaviour among couples

Table 2: Regressive Analysis on Sample Data using a Combination of Independent Variables to Predict Reproductive Behaviour among Couples

Multiple R = 0.5447
Multiple R-Square = 0.6604
Adjusted R-Square = 0.0251
Standard Error = 13.038

Analysis of Variance

Source of Variation	Df	Sum of square	Mean square	F-Ration	p
Regression	10	2184.20	312.029		
Residual	290	343556.11	178.938	10.212	*0.05
Total	200	36540.31	-		

*Significant at 0.05 alpha level

Table 2 indicates that, a combination of the six independent variables (contraceptive use, family size, birth spacing practices, breastfeeding habit, extramarital sexual partners and prenatal care) predicting reproductive behaviour among couples yielded a co-efficient of multiple regression (R) of 0.06604 accounting for 66.04% of the variance in reproductive behaviour. The table also shows that, the analysis of variance for the multiple regression data produced an F-ration of 10.212 significant at 0.05 level.

Research Question 2

What is the relative contribution of the factors to the prediction?

Table 3: Testing the Significance on Relative Contribution on the Prediction of Regression Weight of Independent Variables

S/N	Variable Description	STD REG WT. (B)	SEB	Beta	T-Value	P-Value
1.	Contraceptive use	1.276	0.471	0.0271	2.712	.05
2.	Family size	-1.449	0.376	-0.0066	-3.851	.05
3.	Birth spacing practices	-0.786	0.563	-0.1121	-1.396	NS

4.	Breastfeeding habit	1.209	0.451	0.50	2.680	.05
5.	Extramarital sexual partners	2.330	0.469	0.0075	4.950	.05
6.	Prenatal care	1.319	0.434	0.236	3.038	.05
7.	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 only one variable (Birth-spacing practices) is not significant at the 0.05 alpha level. The T-ratios associated with contraceptive use, family size, breastfeeding habit, extramarital sexual partners and prenatal care values are significant at 0.05 alpha level.

Discussion

The results on Table 1 show the frequency and percent distribution based on the socio-demographic factors of the couples' involved in the study vis-a-vis sex, educational status, marital status, religion, number of children, extramarital sexual partners and the age in years of the respondents. The results obtained from this study indicate that the six independent variables (gender roles and norms factors) when taken together were effective in predicting reproductive behaviour, relationship and decision-making among couples involved in the study. The significant F-ratio at 0.05 alpha levels confirms this. The extent to which each gender roles and norms variables contributed to the prediction is shown by the T-ratio values associated with the different variables shown in Table 2.

The data on Table 2 showed that, contraceptive use, family size, birth spacing practices, breastfeeding and prenatal care contributed significantly to the prediction of reproductive behaviour and relationship among couples. The values of the standardized regression weights (B) associated with the variables indicate that extramarital sexual partners is the greatest contributor to the prediction followed by family size, prenatal care, contraceptive use and breastfeeding in that order.

The extramarital sexual partners' factor was shown to significantly relate to productive behaviour and relationship among couples. This result agrees with Berer, (1996); Riley, (1997); Evaluation Project, (1997); Helzer, (2000); and Moser, (2001). The result obtained in this study also showed that family size and prenatal care were significant contributors to the prediction of reproductive behaviour and decision-making among couples. This result agrees with Danforth and Jezowski, (1994); Green, Cohen and Belhadjel, (1995); and Greene and Biddlecom, (1997). The result was further supported by Mbizvo and Basselt, (1996), and Robey, Thomas, Baro, Kone and Kpakpo (1998).

However, the above result is at variance with Hull, (2000); Jolly, (2001) and Magnani, Bertrand, Makani and McDonald, (2001). Contraceptive use and breastfeeding were also shown to significantly predict reproductive behaviour and relationship among couples. The result above is in agreement with the findings of Storey, Ilkhamova and Saksvig, (1997); Fort, (1999); Kulu, (2000); and Magnani, Bertrand, Makani and McDonald, (2001). The result of the above findings is also consistent with Isiugo-Abanihe, (2000). However, the above findings are at variance as given by Ogawa and Hadge, (1999); and De-Silva (2000).

Birth spacing practices could not significantly predict reproductive behaviour and relationship among the couples involved in the study. This finding is however at variance with Ilkhamov, Saksvig, (1997); Fort, (1999), Kalu, (2000); Magnani, Bartrand, Makani and McDonald, (2001).

Implications for Social Work and Counselling Practice

The findings from this study implicate the need for social workers, counselling psychologists, guidance counsellors, educators and others in the helping professions to include information that would educate couples on reproductive behaviour, relationship and decision-making. Secondly, social workers and counselling psychologists need to consider those variables tested when designing intervention programmes for modeling male attitudes towards reproductive behaviour, relationship and decision-making.

Finally, all those in the helping professions should design programmes for newly married couples on the social and economic benefit when couples' decision-making on reproductive behaviour are jointly made.

References

Blanc, A., Wolff, B., Gage, A., Ezeh, A., Neema, S., & Ssekamette-Ssebuliba, J. (1996). Negotiating reproductive outcomes in Uganda. Calverton, Maryland, macro international.

Breatt, A. (1991). Why gender is a development issue. In Wallance, T. and Mar, C., eds. Changing perceptions: Writings on gender and development. Oxford: Oxfam, p.1-7.

Centre for Development and Population Activities (CEDPA) (1996). Gender equity: Concepts and tools for development. Washington, DC: CEDPA.

Danforth, N. and Jezowski, I. (1994). Beyond Cairo: Men, family planning and reproductive health. Presented at the Annual Meeting of the American Public Health Association, Washington, DC.

De Silva, W. I. (2000). Husband wife communication and contraceptive behaviour in Sri Lanka. *Journal of Family Welfare*, 40 (2), 1-3.

Evaluation Project (1997). Uttar Pradesh male reproductive health survey. Chapel Hill, North Carolina, Evaluation Project, Carolina Population Centre, University of North Carolina at Chapel Hill.

Ezeh, A. C. (2001). The influence of spouses over each others contraceptive attitudes in Ghana. *Studies in family planning*, 24(3): 163-174.

Fort, A. (1999). Investigating the social context of fertility and family planning: A qualitative study in Peru. International family planning perspectives 15 (3), 88-95.

Green, C. P., Cohen, S. I. & Belhadj-El, (1995). Male involvement in reproductive health, including family planning and sexual health. New York: United Nations Population Fund.

Greene, M. & Biddlecom, A. (1997). Absent and problematic men: Demographic accounts of male reproductive roles. New York, population council (working paper series No. 103).

Hamm, M. S. (1996). Gender identify: Where nature and nurture meet. In Roy Lancer, S., Ed. The traditional family in Peril: A collection of articles on International family issues. 3rd ed., South Jordan, Utah, United Family in Peril: 134-145.

Helzner, J. F. (2000). Men's involvement in family planning. *Reproductive Health Matters*, (7): 146-154.

Hollerbach, P. (2001). Powers in Families, communication and fertility decision-making. *Population and environment 3(2): 146-171.*

Hull, T. (2000). Cultural influence on fertility decision styles. In Bulatao, R. A. Lee, R. D. Hollerbach, P. E. and Bangaarts, J., eds. Department of fertility in developing countries, vol. 2: Fertility regulation and institutional influences. New York. Academic Press, p. 381-414.

Isiugo-Abanihe, U. C. (2000). Reproductive motivation and family size preference among Nigerian men. *Studies in Family Planning* 25(3): 149-161.

Joly, K. G. (2001). Impact of inter-spouse communication on family planning adoption. *Journal of Family Welfare*, 23(1):38-44.

Karra, M. V., Stark, N. N. & Wolf, J. (1997). Male involvement in family planning: A case study spanning five generations of a South Indian family. Studies in family planning 28(1) 24-43.

Kulu, I. (2000). Husbands as decision-makers in relation to family size: East-West differentials in Turkey. *Turkish Journal of Population Studies*, 12:41-64.

Magnani, R. J., Bertrand, J. T., Makani, N. & McDonald, S. W. (2001). Men, marriage and fatherhood in Kinshasa, Zaire. *International Family Planning Perspectives*, 21(1): 19-25, 47.

Mason, K. O. (2000). HIV transmission and the balance of power between women and men. A global view. *Health Transition Review* 4(Suppl). 217-240.

Mbizvo, M. T. & Bassett, M. T. (1996). Reproductive health and AIDS prevention in sub-saharan Africa: The case for increased male participation. *Health Policy and Planning* 11(1): 84-92.

Mccauley,A. P., Robey, B. Blanc, A. & Geller, J. (1994). Opportunities for women through reproductive choice. Population reports, series no. 12. Baltimore, Johns Hopkins School of Public Health, Population information program.

Obaid, T. A. (2005). Religion and reproductive health and rights. *Journal of the American Academy of Religion*, Vol.73(3): 1155-1173.

Ogawa, N. & Hodge, R. W. (1999). Fertility and the locus of family control in contemporarily Japan. Bangkok, Thailand Population Division, Economic and Social Commission for Asia and the Pacific.

Riley, N. E. (1997). Gender, power and population change. Population bulletin, 52(1), 2-48.

Robey, B., Thomas, E., Baro, S., Kone, S., & Kpakpa (1998). Men: Key partners in reproductive health. Ouagadougou, Burkina Faso, Johns Hopkins Schools of Public Health. Center for Communication Programs (special publications series, no. 10).

Storey, J. D., Ilkhamov, A., and Saksvig, B. (1997). Perceptions of family planning and reproductive health issues. Focus group discussions in Kazakhstan. Turkmanistan, Kyrgyzstan and Uzbekistan. Baltimore, Johns Hopkins School of Public Health. Center for Communication Progress (field report series No. 10).

United Nations (UN)(1995). Programme of Action of the International Conference on population and development (Cairo). New York: UN

US Agency for International Development (1997). Notes and minutes from 1997 meetings of the men and reproductive health subcommittee of the interagency gender working group (unpublished).

Williams, S., Seed, J., & Mwan, A., (1994). Oxfam Gender Training Manual. Oxford, England, Oxfam.

www.developmentpartnerships.or date retrieved 02/09/2010