

Psycho-Social Factors as Determinants of Utilization of Family Planning Services among the Non-Academic Workers of University of Ilorin Teaching Hospital, Ilorin, Kwara State Nigeria.

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Abstract

Society is an aggregate of individual families and whatever affects the family affects the society. Over population today is a major problem in developing countries of the world. A method of combating this ever increasing threat to the world peace is family limitation i.e. the voluntary spacing of birth of children. Family planning has significant advantages for the individual, families and society as a whole yet some individuals are still not ready to utilize the available family planning services around them hence this study examined some of the psychosocial factors that determine the utilization of family planning services among the non-academic workers of University of Ilorin Teaching Hospital, Ilorin, Nigeria. Two hundred participants were conveniently and randomly selected from the Maternity and General Hospital Wings of the Teaching Hospital and printed questionnaires were distributed to the participants to elicit the needed information. Four hypotheses were used and tested at the probability level of 0.05 significance. Simple percentages and Partial Correlation Test were used. The results obtained from all the hypotheses showed that there's a correlation between psychosocial factors and utilization of family planning services and that those psychosocial factors determine the utilization of family planning services.

Keywords: Determinants, Family Planning, Psycho-social factors, Utilization

1. Introduction

World Health Organization in 1976 adopted Clifford's definition of family planning as a way of thinking and living adopted voluntarily on the bases of knowledge, attitude and responsible decision making by individuals and couples in order to promote the health and welfare of the family and society.

Family planning helps women protect themselves from unwanted pregnancies. Since the 1960s family planning programmes have helped women around the world avoid 400 million unwanted pregnancies. As a result, many women's lives have been saved from high risk pregnancies, the number of maternal deaths could fall by one quarter. Also, some hormonal methods help prevent certain cancers and condoms help prevent sexually transmitted diseases including HIV/AIDS (Hatcher, Rinehart, Blackburn & Gelter, 1997).

Family planning saves the lives of children by helping women space births. Between 13 and 15 million children under the age five die each year, if all children were born at least two years apart, three to four million of these deaths would be avoided. Family planning helps men and women care for their families. Men around the world say that planning their families help them to provide a better life for their families, it improves family well-being, couples with fewer children are better able to provide them with enough food, clothing, housing and education.

Family planning helps nation develop, in countries where women are having far fewer children than their mothers did. People's economic situations are improving faster than in most other countries and if couples have fewer children in the future, the world's current population of people will avoid doubling in less than 50 years. Future demands on natural resources such as water and fertile soil will be less, everyone will have a better opportunity for a good life. Some psychosocial factors determining utilization of family planning in this area includes: religious beliefs about family planning, social cultural behaviours, economic/poverty, ignorance, divorce and re-marriage, urbanization, unemployment, retrenchment, under-employment, poor nutrition, change of lifestyle, death of spouse, sex preference and poor attitudes/perception about family planning.

Gillmor-Kahn, Oakley and Hatcher (1982) also identified these psycho-social factors determining the utilization of family planning services as: fear and embarrassment, conflicting priorities, sub-conscious motivation, the nurses' role and staff attitudes. Some other factors include traditions like wife inheritance, religion, place of male children, divorce, occupation, taboos, children as a source of pride, befitting burial and monogamy/polygamy.

This study examined some of the psychosocial factors that determine the utilization of family planning services among the non-academic workers of the University of Ilorin Teaching Hospital, Ilorin, Kwara State. President Julius Nyerere of blessed memory said in 1969 that "giving birth is something to which mankind and animals are equal but rearing the young for many years is something which is a unique gift and the responsibility of a man".

Realizing that the basis of family planning should be to provide an individual or a couple with services that enable her or him to choose parenthood if and when she wants to, hence the need for a concerted effort of both the government and Non-governmental Organizations being directed towards educating the public about contraceptive methods and making these methods available for use at almost no cost to the clients.

2. Methods

This section comprises of study design, area and population of the study, sample size and sampling technique, method and instrument of data collection, validity and reliability of the instrument.

2.1 Study Design

This study is a descriptive survey design research. It was to investigate the psycho-social factors as determinants of family planning services.

2.2 Area and Population of Study

The study was carried out in the University of Ilorin Teaching Hospital, Ilorin, Kwara State in the North-central part of Nigeria. The tertiary health institution is located in Kwara State, the hospital was established in 1982 as a Teaching Hospital, it was formerly General and Maternity Hospitals owned and run by Kwara State government. The hospital renders primary, secondary and tertiary healthcare services because of its background and it is a service, training and research centre in Kwara State, Nigeria. The population of study was all non-academic workers in both General and Maternity Hospital Wings of the University of Ilorin Teaching Hospital, Ilorin, Kwara State.

2.3 Sample Size and Sampling Technique

Two hundred participants were chosen by convenient sampling technique as these workers were served the questionnaires by the officers-in-charge of their departments after the hospital management had given approval through the ethics committee of the hospital and individual informed consent of the participants sought and obtained. Both male and female participants were involved in the research exercise. The two hundred participants represented 20.16 percent of the target population of the non-academic workers in the hospital.

2.4 Instrument of Data Collection

A self-reported and adapted questionnaire consisting of twenty-five (25) items with closed-ended questions were used for data collection. The questionnaire was divided into four sections (Parts A-D). Part A was on demography, Part B: Methods used for family planning, Part C: Psycho-social factors affecting utilization of family planning services while Part D was on attitudinal factors of the consumers of family planning services. A Likert-type written scale of Strongly Disagree (SD), Disagree (D), Undecided (U), Strongly Agree (SA) and Agree (A) was used for Sections B-D.

2.5 Validity and Reliability of Instruments Used

To ensure the validity of the instrument, the entire questions were given to a Senior Lecturer in the Department of Social Work, University of Ibadan for scrutiny and critique and some other colleagues for face and content validity. A test-retest method was used to determine the reliability co-efficient of the instrument and a reliability co-efficient at $r = 0.05$ was obtained as 0.90 indicating that the instrument was reliable.

2.6 Hypotheses

1. The participants' scores on religious beliefs would be negatively correlated with utilization of family planning service.
2. Ignorance/fear and utilization of family planning services would be negatively correlated.
3. The participants in the study would show a negative correlation in monogamy/practice of fidelity and family planning services.
4. The participants' scores on preference for certain sex of children would be negatively correlated with utilization of family planning services.

3. Results

The raw data collected from the participants were analyzed using descriptive statistics. The responses were grouped and tallied; this was done for personal data. The figures from the tallies were then tabulated while the percentages were presented on series of tables. Converting to percentages made it easier to interpret the data and discover the highest and lowest categories of responses.

The statistical analysis of partial correlation (PC) was used for testing the research hypotheses. The study was to investigate the psychosocial factors as determinants of utilization of family planning services among the non-academic workers of University of Ilorin Teaching Hospital, Ilorin, Kwara State. The findings showed that 80.5% were males, 19.5% females, 60% were between ages 30 and 39, 65% were Christians, 53.5% had secondary education only, 87.5% were married, 71% with two spouses, 91% had 1-3 children and 45.5% had two years of birth space of children.

4. Discussion

4.1 Hypothesis I: The participants' scores on religious beliefs would be negatively correlated with utilization of family planning service.

The result showed the relationship between religious beliefs and utilization of family planning services as compared through the correlation test and from Table I, it can be seen that there is partial correlation between religious beliefs and utilization of family planning services ($PC = 0.962$, $df = 199$, $P \leq 0.05$) which means there is

a high relationship between the two variables i.e. religious beliefs and utilization of family planning services. However, the result is consistent with the findings of Miatudila (1984) that some religious groups on Sub-Saharan African view modern contraception with suspicion, while others regard the use of family planning methods as sinful. Islam approves the use of contraception while voluntary surgical contraception has been controversial but that almost all the sects agreed that it can be performed when there is a medical indication. The Catholics had officially opposed all non-natural methods of birth prevention. Protestants are typically supportive of family planning services and are a major source of servers through mission clinics and hospitals in rural areas. For the large number of Africans who adhere to animist beliefs, efforts to space or limit the size of one's family may be in opposition to supernatural forces. Belief in reincarnation is an obstacle to voluntary surgical contraception in Nigerian communities where women believe that permanent contraception will lead to barrenness in the next life. The researcher holds the view that for family planning to be utilized among the non-academic workers who are so religious, then the family planning service providers must embark on aggressive family life education to re-orientate them so that there can be a healthy nation.

4.2 Hypothesis II: Ignorance/fear and utilization of family planning services would be negatively correlated.

The hypothesis was put to test through the use of partial correlation, testing the relationship between ignorance and fear and utilization of family planning services.

The result obtained as in the Table II showed that ignorance and fear were positively correlated with the utilization of family planning services. ($PC = 0.987$, $df = 199$, $P \leq 0.05$). The result supports Lande (1995) that there is a significant relationship between ignorance and utilization of family planning services. Hence greater responsibility is placed on the family planning service providers to provide accurate and balanced information to the clients and public at large to dispel all unwarranted fears about various family planning services available through mass-media, testimonies from satisfied users, client education and counseling.

4.3 Hypothesis III: The participants in the study would show a negative correlation in monogamy/practice of fidelity and family planning services.

The results obtained as in Table III ($PC = 0.983$, $df = 199$, $P \leq 0.05$) which showed that monogamy and the practice of fidelity had positive relationship with the utilization of family planning services. The result was in agreement with Ladipo (1984) and Omu (1984) that polygamy which is prevalent in many African communities is associated with lower fertility. Not only is the woman's time with the husband shared but frequently the wives have separate household, sometimes at great distances from each other which represents health benefits as it allows each wife to have a rest from pregnancy. Monogamy encourages the practice of fidelity among the couples which makes the couple to seek for family planning service as monogamy carries with it conjugal oath, although, it is generally believed that monogamy is foreign to traditional African cultures which came in as a result of urbanization affecting traditional child spacing practices among other means breastfeeding for a long period of time and periodic abstinence.

4.4 Hypothesis IV: The participants' scores on preference for certain sex of children would be negatively correlated with utilization of family planning services.

The result as attained in the Table IV showed that preference for certain sex of children was positively correlated with the utilization of family planning services ($PC = 0.934$, $df = 199$, $P \leq 0.05$). The result was in support of Tettekpo (1984) that cultural forces are perhaps the most significant barriers to family planning services in traditional African societies. Such critical factors identified were working in favour of increased family size are the high premium placed on reproduction, male supremacy and the idea of many children as a sign of virility and the view that children are the gifts of God which leads quite often into early marriages and child bearing.

In predominantly patrilineal societies, where descent is traced through the male line, there is always a strong desire for male children to continue the lineage.

5. Conclusion

Our world of today is different from the world of our forefathers. Excessive child bearing without thought for the future education and care of the children should not be recommended by every right-thinking Nigerian. If one thinks of the cost of education alone, no parents should turn deaf ears to family planning. All parents wish to give the best to their children and the best way they can do this is to limit the size of the family to match their ability to rear and educate them properly. No doubt, some of the psycho-social factors identified in this study serve as obstacles in the way of reducing high birth rate and they prevent consumers from using family planning services.

6.Recommendations

In order to better the lot of the families and society at large, the following recommendations are made by the researcher:

- a. The religious leaders should be adequately informed about the importance of child spacing so that they can serve as change agents to their followers and for them to enlighten the members on family planning services.
- b. Family life education needs to be aggressively pursued by all agencies to re-orientate members to the benefit of family planning and to have healthy families and a healthy nation.
- c. The family planning service providers should ensure they provide accurate and balanced information to their clients and public at large to allay unwarranted fears about various methods of child spacing for if people are properly informed, they will make a better choice for better life.
- d. The service providers are encouraged to have adequate personal counselling for couples whose spouses have frequent deliveries especially at ante/post-natal clinics in order to assist them have a better understanding of family planning services available.
- e. Couples should be health educated to emphasize the preference for a certain sex for when quality education is given to the children, regardless of the sex, they will lead a quality life.
- f. Premarital counselling either by religious leaders or family life educators should include discouraging cultural practices antagonistic to family planning so that couples can have children by choice and not by chance.
- g. Government and non-governmental agencies should mobilize the communities by health education on the importance of family planning de-emphasizing the beliefs that family planning encourages infidelity.
- h. The government is encouraged to make definite family life education policies as in developed countries.
- i. The government should introduce some motivating measures (reward) for families that practice family planning in line with government policies on family life.

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Appendix

Table I

Partial Correlation Showing the Relationship between Religious Belief and Utilization of Family Planning Services.

S/N	Variables	Mean	Variance	Standard Error of Estimates	Partial Correlation
1.	Religious beliefs	50	7.48	2.43	0.962
2.	Utilization of Family Planning Services	50	7.91	2.81	

Partial Correlation = -0.962, df = 199, P \leq 0.05

Table II
 The Relationship between Ignorance and Fear and Utilization of Family Planning Services (Partial Correlation).

S/N	Variables	Mean	Variance	Standard Error of Estimates	Partial Correlation
1.	Ignorance	47.5	6.96	2.64	0.987
2.	Utilization of Family Planning Services	50	7.91	2.81	

Partial Correlation = 0.987, df=199, $P \leq 0.05$

Table III
 Showing the Relationship between Monogamy and Practice of Fidelity and Utilization of Family Planning Services (Partial Correlation)

S/N	Variables	Mean	Variance	Standard Error of Estimates	Partial Correlation
1.	Monogamy and practice of fidelity	50	7.31	2.70	0.983
2.	Utilization of Family Planning Services	50	7.91	2.81	

Partial Correlation=0.983, df=199, $P \leq 0.05$

Table IV
 Showing the Relationship between Preference for Certain Sex of Children and Utilization of Family Planning Services (Partial Correlation).

S/N	Variables	Mean	Variance	Standard Error of Estimates	Partial Correlation
1.	Preference for certain sex of children	50	6.83	2.61	0.934
2.	Utilization of Family Planning Services	50	7.91	2.81	

Partial Correlation=0.934, df=199, $P \leq 0.05$

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