

Gender Roles and Norms Factors Influencing Reproductive Behavior among Couples in Ibadan, Nigeria

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ABSTRACT This study established the influence of gender roles and norms 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. The two 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 predicted reproductive behaviour and relationship. The result therefore, indicates the need for those in the helping professions to design intervention programmes for couples on reproductive behaviour.

INTRODUCTION

Understanding gender provides insights into men's and women's behaviour, relationships, and reproductive decisions (United Nations (UN), 1995; US Agency for International Development, 1997; and US Agency for International Development, 1998).

"Gender" refers to the different role that men and women play in society and also the rights and responsibilities that come with these roles (Brett, 1991; Williams et al., 1994; Centre for Development and Population Activities (CEDPA), 1996; and Riley, 1997). "Gender" differs from "Sex" which refers to the biological and physical differences between men and women (Centre for Development and Population Activities (CEDPA), 1996; Hamm, 1996; Mason, 2000; and Moser, 2001).

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 (1995).

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). Programs can encourage men to adopt positive gender roles, such as being supportive husbands and caring fathers.

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 have (Berer, 1996; Evaluation Project, 1997; Riley, 1997; Helzner, 2000; and Moser, 2001). Gender has a powerful influence on reproductive decision-making and behaviour (Mcfarlane et al., 1994; Blanc et al., 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 et al., 1995; and Greene and Biddlecom, 1997). In their different roles men can control access to health information and services, finances, transportation, and other resources (Mbizvo and Bassett, 1996; and Robey et al., 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 practice family planning, choosing when and how to have sexual relations, engaging in extramarital sexual relations, using condoms to prevent STDs, breastfeeding, and seeking prenatal care (Hull, 2000; Jolly, 2001; and Magnani et al., 2001). Gender is just one of 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 et al., 1997; Fort, 1999; Kulu, 2000; and Magnani et al., 2001). In Ghana, for example some men in focus-group discussions claimed to make all family decision. As one man asserted:

We control them from the initial stage.

When she comes to the house and may be 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 decide, and 40% to 50% of women agreed that men decide (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 generations 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 et al., 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 decisions about family planning were made jointly (De-Silva, 2000). Also, Japan's patriarchal culture has been changing away 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 on gender roles and norms on couples reproductive 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 gender roles and norms as determinant of reproductive behaviour among couples in Nigeria.

Objective of the Study

The purpose of this study is to examine the relationship of couples reproductive decision-making on mater 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 answered:

- i. 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?
- ii. What is the relative contribution of the factors to the prediction?

METHODOLOGY

Research Design: This study adopted a descriptive survey research design in which ques-

tionnaires 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 for study based on its high population concentration (1.5m, 1991 Pop, 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 11.3%; (v) 52 university lecturers (30 males and 22 females) representing 17.3%; (vi) and 43 Administrative staff (19 males and 24 females) representing 14.3%.

The range of participant's age 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. In addition the participants were both Muslims and Christians whose level of education ranged from General Certificate in Education to University degree Certificates.

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 is meant to collect information on the couple's reproductive decision-making. The six sub-scales are:

- 1 Contraceptive Use Scale (10 items)
- 2 Family Size Scale (10 items)
- 3 Birth Spacing Scale (10 items)
- 4 Breastfeeding Scale (10 items)
- 5 Extra-marital Sexual Partner Scale (10 items)
- 6 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 couple's 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.

All 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 multiples Regression Analysis to establish 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 reproductive behaviour among couples. Also, frequency counts and percentages was used to determine the socio-demographic characteristics of the couples reproductive behaviour.

RESULTS

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

The participants marital status show that 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 couples shows that, 153 for Christians (51.0%), and 147 Muslims (49.0%). The couples number of children show that, 169 (53.3%) 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 participant is 36-55 years. A total of 101 (33.7%) falls between

Table 1: Frequency and percent distribution of socio-demographic factors of couples' involved in the study

<i>Variables</i>	<i>Frequency</i>	<i>(%)</i>
<i>Sex</i>		
Male	155	51.7
Female	145	48.3
<i>Educational Status</i>	(300 Total)	100
GCE/SSCE	39	13.0
N.C.E	51	17.0
Diploma	89	29.7
University Education	121	40.3
<i>Marital Status</i>	(300 Total)	100
Widow	15	5.0
Married	265	88.0
Separated	19	6.3
Divorce	02	0.7
<i>Religion</i>	(300 Total)	100
Christians	153	51.0
Muslims	147	49.0
<i>No of Children</i>	(300 Total)	100
Two	53	17.7
Three	169	56.3
Four	49	16.3
Five	29	9.7
<i>Age in years</i>	(300 Total)	100
36-40	64	21.3
41-45	101	33.7
46-50	96	32.0
51-55	39	13.0
	(300 Total)	100

41 - 45 years, 96 (32.0%) falls between 46-50 years, 64(21.3%) falls between 36-40 years, and 30(13.0%) falls between 51-55 years respectively.

Research Question 1

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

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) in predicting reproductive behaviour among couples yielded a co-efficient of multiple regressions (R) of 0.6604 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-ratio of 10.212 (significant at 0.05 level.) indicating that R² value is not due to chance. This in essence means that, the combination of the variables is capable of predicting reproductive behaviour among couples.

Regression Question 2

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

Table 3 shows for each independent variable, the standardize 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

Table 2: Regression 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					
<i>Sources of Variation</i>	<i>Df</i>	<i>Sum of Square</i>	<i>Mean Square</i>	<i>F-ratio</i>	<i>P</i>
Regression	10	2184.20	312.029	10.212	* 0.05
Residual	290	343556.11	178.938		
Total	300	36540.31	-		

* Significant at 0.05 alpha level.

Table 3: Testing the significance on relative contribution to the prediction of regression weight of independent variables.

<i>S. No.</i>	<i>Variable Description</i>	<i>STD Reg Wt. (B)</i>	<i>Seb</i>	<i>Beta</i>	<i>T-Value</i>	<i>P-Value</i>
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	4.959	.05
6.	Prenatal Care	1.319	0.434	0.236	3.038	.05
7.	Constant	48.472	3.851	12.587	000	

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 shows the frequency and percent distribution based on the socio-demographic factors of the couples' involved in the study-visa-vis sex, educational status, marital status, religion, number of children, extramarital sexual partners, and the age in years of the respondents.

The results got from this study indicates 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 partner is the greatest contributor to the prediction followed by family size, prenatal care, contraceptive use and breastfeeding in that order.

The extramarital sexual partners were shown to significantly relate to productive behaviour and relationship among couples and this result agree with Berer (1996); Riley (1997); Evaluation Project (1997); Helzner (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. Similar observations have been observed by Danforth and Jezowski (1994); Green et al. (1995); and Greene and Biddlecom (1997), Mbizvo et al. (1996); and Robey et al. (1998). However, the above result is at variance with Hull (2000), Jolly (2001) and Magnani et al. (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 et al. (1997), Fort (1999), Kulu (2000), and Magnani et al. (2001). The result of the above findings is also consistent with Isiuyo-Abanihe (2000). However, the above findings are at variance as given by Ogawa and Hodge (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, and Saksvig (1997), Fort (1999), Kulu (2000), and Magnani et al. (2001).

Implications for Counselling Practice

The findings from this study implicate the need for 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, counselling psychologists need to consider those variables tested when designing intervention programmes for modifying 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.

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