Changing Realities and Entrenched Norms: A Case study of communication, Knowledge, Power, Gender, & Decision-making in Child Spacing Delivery Services in Nigeria

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Abstract

Demand for and utilization of women's health services in northern Nigeria are consistently low and health indicators in the region are among the poorest in the world. Access to modern contraception among women continues to be stifled by entrenched social norms. Using data from focus group discussions and informant interviews, the study explores the social norms shaping decisions about family planning among people of selected communities. Data were collected through four focus group discussions and eighteen semi-structured interviews conducted with purposefully selected community members and health personnel. The social norms which expect people to have as many children as possible remains well established. It is, however, under competitive pressure from the existing norm which makes spacing of pregnancies socially desirable. The social norm of having as many children as possible is also under competitive pressure from the emerging norm that equates taking good care of one's children with providing them with a good education, food and healthcare.

Key Words: Entrenched Norms, Power, Gender, Communication, Child Spacing

Introduction

Nigeria is among the 17 countries of Africa with contraceptive prevalence levels or adoption below 20% and a Total Fertility Rate (TFR) of 5.3, more than twice as many as in South Asia (2.8) or Latin America and the Caribbean (2.2) (World Bank; UNDESA).

Cleland *et al* explain that the promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and prevent 32% of all maternal deaths and nearly 10% of childhood deaths (1015-26). It would also substantially contribute to the empowerment of women, achievement of universal primary schooling, and long-term environmental sustainability.

However, Nigeria continues to experience low contraceptive prevalence, and has the second highest burden of maternal mortality in the world, representing about 19% of the annual global deaths which represents 2% of the global population (WHO, UNFPA & UNICEF). The Northern part of Nigeria has one of the lowest rates of contraceptive use and with the highest maternal mortality burden in the world (National Demographic Health Survey). The proportion of women in the region who would want to delay or stop childbearing but are not using any form of family planning is 19%(NDHS). Studies in some parts of the region present a consistent picture of a closed, conservative society, with cultural and religious norms that encourage large family size and deter contraceptive use (Sinai *et al*. 96-108).

Social norms may therefore be an important target for family planning (FP) and reproductive health (RH) community in understanding the mechanisms through which social norms shape fertility preferences and contraceptive use among women, men, and couples, with the goal of preventing unintended pregnancies (Costenbader et al 377-389.). Interventions that influence social norms around healthy behaviours may become part of a sustainable solution to improving health status.

Meta-analytic results from mostly high-income countries suggest that social norms can strongly influence family planning behavior,

with sociocultural context significantly moderating the norms-behavior relationship (Bongardt 203-234). In the Nigerian context, there is a large body of literature on social norms, however, little is known about the effect of social norms on reproductive health, such as access and use of contraception. Yet, understanding the sociocultural context and the mechanisms through which social norms shape contraceptive use can help prevent unintended pregnancies in low-income countries. It can also help in designing strategic and positive interventions aimed at improving sexual and reproductive health and family planning behavior (Wegs et al).

Several scholars have made attempts to define and explain the concept of social norms. From a sociological perspective, social norms are conceptualized as customs, or unwritten rules that govern people's behavior in a community and are reinforced by important groups (Cislashi and Heise 407-422). Cialdini et al define social norms as what people in a group believe to be normal – a typical action, appropriate action, or both – governing all parts of human behaviour, including health behavior (1015-26). Other studies have defined social norms as 'widely shared beliefs and common practices within a particular group' are important factors influencing family planning and contraception uses (Herbert 2049-2062). Social norms define acceptable and appropriate actions within a given community or group. They are sustained and enforced by people whose opinions or behaviors matter to an individual (e.g., sexual partners, friends, peers, family members, and religious or community leaders). These individuals are known as reference groups. Individuals who do not act in accordance with social norms may face sanctions, such as ostracism or lowering of status (Lundgren, et al 201-20). social norms that can affect an

individual's or couple's decisions and behaviors around contraception and reproductive health include norms related to who has the power to make decisions; when and how many children to have; who is allowed and when it is appropriate to engage in sexual activity; and who is allowed and when it is appropriate to seek health services (Breakthrough Action).

Scholars have classified social norms under three main perspectives: (1) Social norms as behavioral regularities – which result from repeating behaviors (Heywood 23-37; Morris et al 1-13). (2) Pluralistic ignorance – where individuals think that their personal beliefs, ideas or feelings are different from others, but their public behavior should be the same (Miller, McFarland 287-313) and (3) Social norms as social beliefs – governed by the behavior of other people in a community (Prentice & Miller 161-209; Institute for Reproductive Health).

However, social norms do not exist solely as individual perceptions. They can also exist as group-level social influence, manifested in the actual (versus perceived) prevalence of a behavior within a reference group. A wide range of social norms operating at the household, community, larger society and the political environment have been identified to shape the family planning related decisions and actions of individuals; these factors also shape the consequences experienced by individuals in their reproductive health decisions and actions (de Francisco et al., 2007). Intimate, family and social relations, including intra/inter-generational relations and gender relations, shape individuals' ability to make family planning related decisions (de Francisco et al 15-31). These close interpersonal relationships are set within an intermediate circle of kinship structures and community institutions, which are, in turn, nested in an outer circle of

national, social and community institutions, power structures and ideologies (de Francisco et al 15-31). Within these overlapping spheres of influence, individuals and social groups occupy positions of relative advantage or disadvantage with respect to their access to information and other resources — including their capacity to make decisions; this has important implications for their own and others' reproductive health and rights. For instance, the meaning and value given to what constitutes an ideal family size, motherhood and fatherhood is always strongly influenced by dominant cultural norms. Similarly, social norms also create powerful ideals of manhood, womanhood, masculinity, and femininity, and they define what sexual and reproductive behaviour is appropriate for men and for women, at different stages of life. Social norms condemn or condone reproductive health-related behaviours, expectations, and decision-making processes; they also define access to resources and information, which together are necessary for decision-making related to reproductive health, including family planning.

Gender norms, a subset of social norms, are particularly important in sexual and reproductive health as they shape societal expectations of men and women and often consolidate power and resources among men and male-dominated institutions (Cislaghi & Heise 407-422). Gender roles and inequalities subsequently influence health outcomes (Heise et al 2440-2454). Interrelated social norms concerning gender, tradition/modernity, religion, social status, age, education, and employment status, are important factors influencing family planning and contraception use.

These patriarchal gender norms influence many aspects of family planning and contraception use including fertility rates; timing of

marriage and childbearing; family size; sex preference and composition of children; medical rules constraining family planning (including safe abortion); age of marriage (child marriage); contraception use (Schuler et al; Campbell et al 40-50). While factors influencing SRH-related behaviours and decisions include both those related to availability and access to services and social- and individual-level factors, the focus of this study is on the latter. This study provides insight into how social norms shape behaviours and decisions related to family planning among selected communities of Badarawa, Angwan-Dosa in Kaduna North, Barnawa and Angwan Boro in Chikun local government areas respectively. We answer this by examining individual beliefs/attitudes that influence people to have access to contraception. The results in this study can inform policies that can be scaled-up or reformulated to challenge the status-quo which can help avert maternal and child mortality. Such policies can incorporate improving women s' agency and ability to make informed sexual and reproductive health goals. Ultimately, the results in this study can help in the design of norm-focused interventions rather than individual-focused interventions in promoting better sexual and reproductive health behavior.

Statement of the Research Problem

Maximizing the benefits of family planning accessibility and quality of services has been influence by social norms. The objective of this study is to qualitatively describe social norms around four locations in Kaduna State and impact on family planning service delivery.

Theoretical Framework

The Socio-ecological model (SEM) was adopted as the theoretical framework for this study. The SEM developed out of the work of a number of prominent researchers: Urie Bronfenbrenner's Ecological Systems Theory, which focused on the relationship between the individual and the environment; Kenneth Mc Leroy's Ecological Model of Health Behaviors, which classified different levels of influence on health behaviour; and Daniel Stokols's Social Ecological Model of Health Promotion, which identified the core assumptions that underpin the SEM. The work of these and other researchers have been used, modified, and evolved into what is referred to as the Social Ecological Model. SEM represents a comprehensive approach to designing, implementing, and evaluating interventions which target the multiple influences on behaviour. According to McLeroy *et al*,

> The importance of ecological models in the social sciences is that they view behavior as being affected by and affecting the social environment. Many of the models also divide the social environment into analytic levels that can be used to focus attention on different levels and types of social influences and to develop appropriate interventions. Thus, ecological models are systems models, but they differ from tradition systems models by viewing patterned behavior-of individuals or aggregates- as the outcomes of interest (pg. 355).

Social ecological model recognizes that:

- There exists an interwoven relationship between the individual and their environment. Individual behaviour is determined to a large extent by social environment, e.g. community norms and values, regulations and policies.

- Barriers to healthy behaviours are shared among the community. While individuals are responsible for instituting and maintaining lifestyle changes necessary to reduce risk and improve health in society, behavior change becomes more achievable and sustainable as these barriers are lowered or removed.
- The most effective approach leading to healthy behaviours is a combination of the efforts at all levels - individual, interpersonal, organizational, community, and public policy.

(www.balancedweightmanagement.com/TheSocio-EcologicalModel.htm).

The social ecological paradigm for health promotion provides a set of conceptual and methodological principles, for organizing comprehensive health programmes and research. In other words, the model sees human behavior as a product of the social environment (Glanz et al 243-253). This approach is supported by Scholmerich and Kawachi (17-20), definition of ecological health promotion scholarship as that which (a) acknowledges the multiple contexts, ranging from individual-level to macro-level; (b) acknowledges the mesosystems that capture the interrelatedness of these contexts; and (c) seeks to understand how this operates in these multiple contexts to affect an individual's health outcomes.

Methods

A qualitative study was conducted in selected communities of Kaduna State to explore the social norms shaping decisions about family planning. Data were collected through four focus group discussions and 18 semi-structured interviews conducted with

purposefully selected community members and health personnel. The study explored associations between descriptive norms, injunctive norms, and network on contraceptive use.

Method	**Location**	**Profiles of study Participants**	**Number of Participants**
Focus Group Discussion (FGD)	**Agwan Dosa**	Community members: Female 18–45 years	**9**
	Badarawa	Community members: Male 18–45 years	**8**
	Barnawa	Community members: Female 18–45 years	**10**
	Angwan Boro	Community members: Male 18–45 years	**11**
Key Informant Interviews (KII)		Facility Health Workers	**8**
		Community Leaders	**8**

		State Family Planning Programme Managers	**2**
Total			**56**

Topic guides for FGDs and KIIs included questions exploring social norms, knowledge and use of family planning, sexuality, roles and relations between men and women, reproduction, and what shapes the decision-making on matters related to reproduction. The topic guides for health and other workers included questions along the same lines, but with a view to exploring the situation from their perspective. The FGD and KIIs topic guides for community members were prepared in English and translated into Hausa (by investigators). The analytical framework provided by SEM was used to critically analyze social norms shaping behaviour and decision-making related to family planning among the people.

Study Sites

The study was conducted in four communities, namely Angwan-Dosa and Badarawa in Kaduna North, Barnawa and Angwan Boro in Chikun local government areas respectively. The two locations in each local government areas were selected based on the homogeneity of its residents (Muslims for Kaduna North and Christians in Chikun). Furthermore, these locations were also within the coverage area of health services, especially those providing family planning services.

Sampling, Recruitment of Study Participants and Data Collection

Participants for the purpose of this study were carefully selected. Community members aged 18-49 were included in this study.

Data collection began with FGDs among community members to identify different aspects of the subject, and differences in views among participants on the subject. This was followed by KIIs to obtain more in-depth understanding. FGD participants were not involved in the KIIs.

KIIs for Health facility personnel working in the local health centre of the study sites were included in the study. Key informants were also purposefully selected for inclusion in the study; they were selected based on their active FP-related role within the health system and the study community and identified through the initial stakeholder consultations. Key informants included traditional leaders, and state-level family planning service managers. Data were collected until data saturation was reached and no new insight emerged; this was possible to assess, as at the end of each day of data collection, the research team debriefed and discussed the emerging findings. In total, 4 FGDs (with 38 participants) and 18 KIIs were conducted.

Data Analysis

KIIs and FGDs were digitally recorded and transcribed verbatim. Analysis of the transcripts was carried out using a comprehensive thematic matrix to facilitate the identification of common patterns and trends arising from the narratives, using NVivo 10 software. Validity of findings and of the analysis was further assured through interviews with key informants and also through follow-up interviews with some of the study participants in the study communities. The validation interviews were used to develop and further clarify emerging analytical themes.

Results

Findings are presented along three broad lines: knowledge of and attitudes to family planning and contraceptive use; social norms shaping family planning decisions; and participants' perceived control over or perceived ability to make reproductive decisions and choices.

Knowledge of and Benefits of Family Planning and Contraceptives

Is Family Planning Beneficial?

Women and men in the study communities consider having children very important. Key informant interviews and Female FGDs alluded to the benefits of family planning that it enables women and children to grow strong and be in good health. The women stated that using FP for child spacing allows their bodies to take a break and regain strength before the next birth. In the views of Yahaya during a FGD (2021):

> Family planning is good because we are free to plan and do other things that will help our family to grow well. We can plan for the education of our children, their health and clothing. We can conduct businesses. There are some businesses that you can't engage in when you have a small child (*Rukayya Yahaya, during an FGD, Angwan Dosa, June 2021).*

Some women argued that the times were harder now, that raising children was more difficult now, and that this made it necessary for women to space pregnancies.

> Most women are grateful to use FP. They know that with FP they will have good health and they will not be forced into unplanned pregnancies; or give births to 11 children. Those are things of the

> past when a couple could afford to have 11 children. Giving your child good education and finding food are expensive these days unlike in the past. So, most women are grateful for the FP methods…(*Asmau Abubakar, Facility-in-Charge/Family Planning Service Provider, Primary Health Centre, Bardawa, Kaduna North during a key informant interview June, 2021).*

The above interaction clearly shows the acceptance of family planning and shows a good knowledge of its economic benefits to the family.

Is it Right to Adopt Family Planning for Fewer Children?

Looking at what is happening these days, most men and relatives believe that FP is good. These days' things are hard, there are no jobs, and poverty is everywhere; hence people have resolved to have fewer children (*Israel Adekunle, during an FGD at Angwan Boro, Chikun LGA, June 2021).*

The FGDs with men indicated that they appreciate the economic benefits and impact of family planning on the health of their wives and children. However, some of the men argued that they were influenced by the hard economic realities being experienced today in providing for their wives and children to be the key benefits for the adoption of family planning.

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> People are having fewer children these days because the cost of living is high, scarcity of land, school fees is not easy to get; that is why people are supportive of their wives to have fewer children whom they can manage to provide for…… *Musa Mamman, during an FGD, Angwan Boro, Chikun local government area, June, 2021.*

Similarly, Nafisa Idris was of the view that

> In the past men wanted 10 to 15 children, but these days men are enlightened. They know how difficult it is to provide for the family, so most would want fewer children. They therefore support their wives to use family planning……*Nafisa Idris, during an FGD, Angwan Dosa, Kaduna North, June, 2021.*

This indicates that in spite of the high awareness, most people, men are still sceptical about the use of family planning for child spacing, only to the extent that it will cut down the costs of providing for additional family members.

Does Your Religious Belief Permit the Use of Family Planning?

Some reportedly considered FP use to be a sin and against the teachings of the Islamic or Christian religious beliefs. Others mocked women who use FP after having one or two children, accusing them of being afraid of childbirth. FP opponents may also accuse women using FP of violating community norms for large family size. The Christian faithful cited this Biblical injunction that reads to justify their rejection of FP:

> *"And God bless them (Adam & Eve) and God said unto them, Be fruitful and multiply, and replenish the earth"* (Genesis Chapter 1 Verse 28) and "Children

> are an heritage of the Lord, and fruit of the womb is his reward" (Psalm 127 Verse3).

Some of these religion-based FP perceptions could be inferred from these comments during key informant interviews:

> Most people on the sides of the Muslims and Christians feel family planning is a western idea to slow down the population growth of their faith members. They see those promoting the adoption of family planning as working to slow down the growth of their population and as agents of the West….. *Hamza Ibrahim, during a key informant interview, June 2021.*

Health facility personnel shared concerns regarding how some men perceived the promotion of contraception — as attempts by outsiders to deny them their right to have many children, as outsiders were the ones promoting contraceptive use. The following quote highlights the importance of handling delicately any intervention to promote contraceptive use.

> Many believe, especially the Muslim faithful, that FP is an idea of the American people to depopulate their people. So they are not easily convinced to adopt family planning. The use IPC has not been able to a great extent dispel these misconceptions, especially among those that are less educated…. *Ibrahim Murtala Muhammed, SFH State Programme Manager, during a key informant interview, June 2021.*
>
> Religion plays a great role among Christian and Muslim faithful in making their choices. Among the Muslims, they claim their religion allow them to marry more than one wife. Marrying more wives means more children, as each woman would want to

> have her children. -----Some claim childbirth is God given and should not be stopped by whatever means. For them, it is a commandment by God to populate the earth. This belief is so strong among Catholic faithful, that it is like a taboo to mention family planning in their midst. They vehemently opposed family planning and equate the use of family planning to committing infanticide and to encourage adultery among married couples. Even when you raise the issue of the welfare of the children as major reason for family planning, they will tell you that the giver of children, God, will take care and provide for them. We are just a pipe God is using, they will be saying…… *Steven Phoebe, during FP service provider, during a key Informant interview, June 2021.*
>
> Some of the men believe that we are trying to reduce their family, and this is against their religion, traditions, and customs. They will say they do not believe in these modern family planning methods……. *Esther Gowon, IPCA, during a key informant interview Barnawa, Chikun LGA, June 2021.*

The above excerpt from shows how religious beliefs influence behaviour in this instance the acceptance of family planning. It goes to say that policy planners need to understand local knowledge and perceptions about family planning. This will help in designing sustainable community-based family planning programmes.

Social Norms on Childbearing, Spacing and Contraceptive Use

The social ecology model also refers to the macro system which represents the cultural context that the individual exists, including cultural norms which shape people's intentions and behaviour. Cialdini et al (1015-26) and Kallgren et al (1002-12) argue that when studying the influence of norms on human behaviour, it is useful to distinguish between descriptive and injunctive norms, even if sometimes it is empirically difficult. Descriptive norms refer to individuals' beliefs about the prevalence of a particular behaviour and about what most (relevant) others do in a particular situation. Injunctive norms, on the other hand, refer to the extent to which individuals perceive that influential (and relevant) others expect them to behave in a certain way, and to perceive that social sanctions will be incurred if they do not. This section presents findings on how social norms, both injunctive and descriptive, shape the people's intentions and behaviours about spacing and contraceptive use.

Social Norms on Marriage and Childbearing

Among people in the study communities, the injunctive social norm around marriage is that it is for procreation. Marriage is for women to bear children and the inability to do so incurs social disapproval. This notion puts social pressure on women to bear children and account for high total fertility rate. Nigeria's total fertility rate of 5.3 is one of the highest in the world (NDHS). The norms for having more children are to earn community respect or to have a child with the sex of choice. One of the respondents affirms that child preference, especially for male-child have a strong influence on FP decision-making by women. According to her:

> ……it is like the more children you have, the more inheritance for them, especially when the preference for a male-child is strong in the family. For example, there is this woman that we counselled against another pregnancy because of the situation of her health, and she already has over five children. The next time we saw her she was pregnant again, claiming she wanted to have a male child. So in this kind of situation, we see that a woman would continue to give birth in order to get a male-child for her husband. Among the Christians too, the story is the same. Some claim childbirth is God given and should not be stopped by whatever means. For them, it is a commandment by God to populate the earth (*Phoebe Steven, a FP service provider during a key informant interview June 2021).*

The community norms for male-child preference also play a vital role in FP decision-making. The preference for sons appears to influence fertility and family planning norms (Brunson).

> If you have only female children, you are not respected and likely to be driven out of your matrimonial home in the event that your husband dies. Your in-laws will frustrate and take everything away from you. Moreover, if you do not have male children, your husband will be forced by family members and friends to marry another woman. So, the hunger to have male child make women to keep getting pregnant, while hoping that they would get a male-child. In this case, you cannot tell a woman to adopt family planning for child spacing …*Mercy Tyokyaa, during an FGD Angwan Boro, Chikun local government area, June 2021.*

In many settings, particularly in Asia and sub-Saharan Africa, there are societal and family expectations for women to become pregnant and give birth soon after marriage (Daniel et al., 189–197).

> Women are not likely to consider FP in marriage. This is related to community values that once you are married, you should start conceiving children. The women have less power to take decisions concerning the use of FP. The issue of decision-making in FP affects the younger ones much more than the older women. Therefore, women who give birth frequently are the younger women who don't subscribe to FP. We need to focus on the adolescents, rather than adults (*Murtala Ibrahim, SFH Programme Manager, Kaduna during a key informant interview, June 2021)*.

Community-level fertility norms are important determinants of contraception use. The number of children desired by others in the community affects use of contraception by women (Wang et al). The women cited pressure to have more children often comes from the husband and his relatives driven by social and cultural traditions such as the belief that having many children, especially a male child secures your marriage and inheritance. Many couples see the need to have male children in order to secure their marriage and inheritance. This is related to the hopes and expectations that having a male child would secure a woman's marriage and boost her self-esteem among her husband's people and the community in general.

There is also the fear of losing one's husband to other women. There is the fear that the husband may go for other women if the woman cannot bear children, especially male child. As a result, some women keep having more children, hoping to get a male-

child. The FGD with men reveal pressure from family members that may influence the adoption of family planning. "Relatives expect the woman to bear children for the man and in the event that she is unable to conceive, relatives find ways of making sure that the man has children elsewhere" (*Abubakar Aminu, during an FGD Angwan Dosa, June 2021).*

> Traditionally, when people get married, they are supposed to have children. If they have no children, the family is not respected (*Abdulkarim Yau, during an FGD at Bardawa, June 2021).*

The social norm in these communities is that if a woman does not bear children, she is termed "barren" and does not deserve to be in the marriage. In the same vein, men are also normatively expected to have children and those who are unable to, stand the risk of being labelled as infertile and subjected to ridicule. Such men stand the risk of having their wives abandoning them.

Who Makes the Decision to Use Family Planning or Not?

A husband's approval of family planning has been shown to be a pivotal determinant of women's contraceptive use, especially in highly gender-stratified populations (Kamal & Lim). Fertility in northern Nigeria is driven by gender power imbalances, fostered by patriarchal social structures in which women have limited autonomy over most decisions, including those affecting marriage, health and fertility (Cleland et al, 149-156). Men are often the final decision-makers on important household matters, including those related to household purchases, family health, family size, and education of children. As the decision-makers in the household, men ultimately play an important role in the choice, approval or disapproval of contraception for child spacing

(Rimal et al 433-450). To further understand the process through which men, women and couples make decisions about family planning, we asked the participants who make the decision about using contraceptives and whether it should be the husband's or the wife's responsibility to use them.

> In several communities, women are not allowed to have a say in decisions-making. The woman can't leave the house without the consent of the man, even for the sake of accessing healthcare services. So, decisions to use or not to use family planning or healthcare services are reserved for the men. Women have to depend on the men. In most cases women also have to depend on the men for payment of these services if need be. Lacks participation in decision-making and income generating opportunities for women make them completely powerless, much dependent on men to access and use FP services and products… (*Murtala Ibrahim, SFH Programme Manager, Kaduna, during a key informant interview, June, 2021)*.

Entrenched patriarchy bestows on men the status of the head of the family and the sole decision-maker of the household; not only do the men and their families uphold and operate within this framework, but the entrenched patriarchy also operates such that women themselves measure and express their freedom of choice within this acceptable framework.

> A man makes the decision. Men can be enablers or barriers to women accessing and using of family planning. For example, after health talk, a woman would say let me go and talk to my husband. After some time, a woman would come back, and you ask

> her why? She would say her husband do not want her to have family planning. For most of the women, that is the situation with them. Unless the man accepts, the woman can do nothing (*Steven Phoebe, Matron @ Gittoe Aris Hospital & Maternity, a Family Planning Service Provider, Barnawa, Kaduna South, during a key informant interview, June, 2021).*

Maryam Abubakar, an IPCA during informant interview also shared her experience of men's attitude towards family planning in the communities where she worked as follows:

> The attitude of men towards family planning is not encouraging. While some support it, others reject it even if the woman is willing. They will say we want to stop their wives from given births. Some will even say it is against their religion or tradition to do family planning. That is why many women who want to have the family planning prefer having it implanted in their body so that their husband will not detect it *(Maryam Abubakar, an IPCA during a key informant interview, Bardarawa, Kaduna North June 2021)*

Another health worker further stresses the power of men in family planning decision-making given the fact the women need their consent and money to pay for the products and services. The influence of men on the ability of women to access FP could be deduced from this comment:

> … the woman needs the consent of the man, and even the money to pay for had to come from the husband. For example, after counselling a woman, she will tell you she does not have the money to pay, that she will have to tell husband to give her money to pay. So, you see, the man or husband play a very vital role in the use of family planning

> by women. Some do want the woman to do and will claim they do not have the money… *Steven Phoebe, Matron @ Gittoe Aris Hospital & Maternity, a Family Planning Service Provider, Barnawa, Kaduna South, during a key informant interview, June 2021*

Phoebe Steven also commented further on the influence of men in family planning choices by women as follows:

> So, you see that men have influence, whether they have money or not and can determine the choice of a woman to use family planning or not. Some do not want their wives to do it. Some women may want it, but some men will not have it because they want their wives to have 5-6 children. *(Phoebe Steven, FP Service Provider, during a key Informant interview, June 2021).*

These comments show that the desire for large family size, desire for a specific number of children or a particular gender and the sense of accomplishment that this derived from having many children constitute a barrier to family planning. Thus, injunctive social norms on marriage and childbearing have a major influence on the intentions and behaviours of men, women and couples about spacing and contraceptive use.

Influence of Social Networks on Family Planning

Men and women relied on the actions and experiences of important others (descriptive norms) to inform their own intentions and actions; the important others influencing contraceptive decisions and choice included family and close friends, and the traditional leaders. Women's attitudes to

different forms of modern contraceptives were informed by experiences of friends and family members:

> The rejection of contraceptives for child spacing by some women and to some extent men, is largely due to fears arising from myths and misconceptions surrounding it. For example, some will tell you 'Ah! my friend said she put one, like the IUD (a particular contraceptive) and saw it travel from her uterus to her chest". Some will say my friend told me contraceptives do not work. So, they will be saying things that are not right about the use of contraceptives. Edmond Phoebe, Matron and Service Provider at Gittoe Aris Hospital and Maternity, Barnawa, during a KII.
>
> Most people say that cervical cancer is brought by the injectables, so for fear of the cancer, most women would opt to stop the use of contraceptives (Munirat, Female FGD, Angwan-Boro).
>
> If you take pill for long, you may not be able to get pregnant. My friend took it and she was unable to get pregnant and it became a big problem between her and the husband..Hanatu Abubakar, Female FGD , Angwan Dosa.

For the men, the use of contraceptives reduces the pleasure of sex with women using it.

> In some cases, when we have sex with a woman who has had an IUD, for example, sex is not enjoyable, because you feel your penis touching it. It has sex less pleasurable. Besides some of our women experience long mensuration, some add or lose weight in the process of using it, and it affects us as husbands…Felix Eni, FGD Angwan Boro.

Again these misconceptions show how deep local perceptions and beliefs influence health-seeking behaviour among participants

Discussion

Consistent with the theory of planned behavior, we found that a positive attitude and positive outcome expectations about the spacing of pregnancies alone are not enough to shape decisions and behaviour; the prevalent social norms and one's beliefs about one's capacity to act also operate concomitantly to affect decisions and actions. The findings above show, and we discuss further in this section, how social norms shape the agency and actions of individuals, and how at the same time, broader changes in society, the social interactions between agents and their agency also shape the social norms, both maintaining and reproducing or transforming them.

The Multifaceted Influence of Social Norms on Child 'Spacing Decision-Making

Findings clearly show that participants have knowledge of the importance and benefits of child spacing for their economic and the well-being of women and children. However, the ability to translate this knowledge into decision-making for sustainable family planning practice is failing. Social norms affect their ability to translate their knowledge of the benefits of family planning into practical terms. Social norms around couples having large family size, male child preference and patriarchal norms that concentrate decision-making at the domestic, economic and health realms in men's hands, are major constrains. Our findings also reveal that these social norms also constrained men's agency in the reproductive realm and by the very hegemonic patriarchy

that privileges men. These findings are consistent with Lockwood (1-32) and Price & Hawkins (1325-36) study that use of contraceptives and other reproductive health services is not merely a matter of knowledge and rational choice but is mediated by social norms and power relations based on gender. They are also consistent with the large body of sociological literature supporting the view that couples' reproductive decisions are negotiated within gender-based power relations and within the context of local social norms and health systems (Oppong 35-56; Dixon-Muller 269-82; Renne 343-53; & Rylko-Bauer 479-82). In spite of this study findings of men's dominance notwithstanding, many caution against a universally tyrannical representation of men's roles in the reproductive realm, arguing that such a representation is both inaccurate and unhelpful (Lockwood 1-32).

Conclusion

While the social norm which expects people to have as many children as possible remains well established in the study communities, it is under competitive pressure from other existing norms which make spacing of pregnancies socially desirable, and from emerging norms on what entails taking good care of one's children occasioned by the current economic realities. The latter is changing: the focus on investing in and providing children with a good education. People increasingly recognize that they should only have a small family size that they can afford to educate well. The current economic realities are bound to weaken or disrupt the existing social norms for large family size. This may witness emergence of a new shift in what constitute an ideal family size, thereby creating opportunities for men and women to challenge and reconfigure social norms on childbearing and family planning.

This paradigm shift provides ample opportunities for sexual and reproductive health workers to work with and make use of existing and emerging social norms on spacing and caring for children in their health promotion activities. The current campaign approach should focus on promoting an ideal family size in which children become the object of parental investment. We argue that the current economic hardship are capable of triggering social change on matters related to family planning practice, and aspirations for freedom and a better life offer an opportunity to intervene to change social norms, including but not limited to those affecting reproductive health, for the better; this opportunity should be leveraged to achieve sustainable change.

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