

Communication as an Antidote to Cultural and Religious Barriers in Family Planning in Delta State

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ABSTRACT

This study systematically explored the use of communication as an antidote to cultural and religious barriers in family planning. It is identified that one of the most effective ways to harness the power of communication in this context is through collaboration with cultural and religious leaders to break barrier to family planning process. Based on primary data from a survey, the study is rationalized by the social cognitive theory (SCT). Spotlighted the communication strategies as catalyst for change and concluded that effective communication strategies can improve family planning, self-efficacy, and empower individuals, leading to improved reproductive health and gender equality. The population are 177 patient and healthcare workers at General Hospital, Abraka and General Hospital, Obiaruku A Likert scale questionnaire was the instrument of data collection and was administered randomly to those present at a clinic day. Findings shows that adoption of family planning faces strong barrier of culture and religion however, communication strategies can create a supportive environment where family planning is seen as a means of enhancing the well-being of families and communities. The study recommends that developing communication strategies involving religious leaders in faith-based communities to promote family planning, training community members in rural areas to advocate for it, and integrating family planning education into youth-focused communication platforms to shape attitudes and beliefs.

Keywords: Communication; Antidote; Religious Barriers Family Planning and Misconceptions



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INTRODUCTION

Cultural and religious beliefs play a significant role in influencing human behaviour, particularly in reproductive health (Ngonso & Egielewa 2023). These beliefs often lead to resistance to modern family planning methods, resulting in high fertility, maternal and child mortality, and perpetuation of gender violence. Family planning is aimed

at improving maternal and child health, poverty reduction, and gender promotion (Adedini et al., 2018). However, Ochako (2015) opines that cultural and religious beliefs often hinder acceptance and use of family planning while Atama et al., (2019) are of the strong opinion that culturally and religiously, having many children is valued as a sign

of wealth, while religious beliefs may mistranslate family planning as contraceptives. Effective communication can bridge divides, defuse hostile environments, debunk misconceptions, and promote educated decision-making culture (Irori, Igben & Ogwezi (2022); Ndirangu et al., 2016).

Communication in family planning involves the sending and receiving of information, assessing cultural/religious values, concerns, and misconceptions, and developing culturally and religiously appropriate messages (Fung & Lau, 2020; Adedini, et al. 2018). Effective communication can heal breaches, neutralize prejudice, and promote rationality (Etukudo & Effiong 2016). With reference to various studies that has been done in this area, this study is focused on how communication can be used to eradicate culture and religion as the two main obstacles to the uptake of family planning. By examining the appropriate communication strategy for change and offer reliable recommendations to the government, communication specialist, families and NGOs driving for the behavioural change towards family planning.

Objective of the Study

The specific objective of the study is to

1. Examine the problem of culture and religious barriers in family planning
2. Evaluate how communication is a strategy and catalyst for change.
3. Assess the impact of communication strategies programs on altering perceptions influenced by cultural and religious beliefs.
4. Determine the role of media in enhancing knowledge and reducing misconceptions about family planning across different demographic groups.

Hypotheses

H₀₁: Communication strategies have no significant effect on reducing cultural and religious barriers to family planning.

H₀₂: Communication strategies programs have no significant impact on changing perceptions influenced by cultural and religious beliefs.

H₀₃: Media campaigns do not significantly enhance knowledge or reduce misconceptions about family planning across different demographic groups.

The Problem: Cultural and Religious Barriers in Family Planning

Family planning services have increased in access and

availability globally, but their uptake rate remains stunted due to cultural and religious perceptions (Hill, Siwatu & Robinson 2014; Shattnawi et al., 2021). These beliefs often lead to suspicion or rejection of family planning, making it difficult to accept and start using contraceptive methods. In the opinion of Abdi, Okal, Serour & Temmerman (2020), family size is often seen positively, with big families being regarded as wealthy and equated with success and honor. This perception may veil the positive aspects associated with low birth rates, such as improved health and increased economic productivity. Religious beliefs also play a significant role in people's perception of family planning (Etukudo & Effiong 2016; Bakibinga, Mutombo, Mukiira, Kamande, Ezeh & Muga 2016). Some religious doctrines view contraceptives as going against the will of God or natural order, and any efforts at preventing reproduction may be seen as morally wrong or sinful. This can hinder the use of family planning, as people may fear consequences in their religion or be outcast for going against their teachings (Msoka, 2019; Ibikunle 2024).

To address these cultural and religious beliefs, it is crucial to address the discourse around family planning in a cultural, sensitive, and religious manner while also encouraging healthy and independent living (Hill, et al. 2014; Ochako et al., 2018). One potential solution is to engage local and religious authorities to change existing perceptions and beliefs regarding fertility regulation, explaining how it is healthy or economically wise to space children and offer adequate care to each child (Ojih et al., 2023; Godefroy, 2018). Despite the challenges posed by deeply ingrained cultural and religious beliefs, it is possible to overcome these obstacles and foster an atmosphere where family planning is seen as an essential tool for empowerment, empowerment, and health (Shattnawi et al. 2021; Federal Government of Nigeria 2014). In a nut shell, family planning is hampered by deeply ingrained and intricate cultural and religious beliefs, yet these obstacles are not insurmountable (Ochako et al. 2015). It is feasible to overcome these obstacles and foster an atmosphere where family planning is seen as an essential tool for fostering empowerment, empowerment, and health rather than as a danger to cultural or religious identity through courteous and culturally appropriate communication (Ojih et al. 2023). The capacity to meaningfully interact with communities, respecting and honouring their beliefs while offering the knowledge and assistance required to make educated reproductive decisions, is essential to the success of such initiatives and calls for specific communication strategy.

Communication: A Strategy and Catalyst for Change

Communication is a powerful tool for changing public health behavior, particularly in the context of family planning (Irori et al. 2022). It involves transmitting messages that align with the values and beliefs of the audience, such as through mass media campaigns,

community discussions, or individual interactions (Amos, 2019). Working with religious and cultural leaders can help create messages suitable for various cultures and religions, making communication efforts more widely accepted. According to Kumar (2024), community-based communication techniques, such as dialogues, workshops, radio shows, and cultural celebrations, can also help break down barriers to family planning. Development of community radio shows that focus on family planning topics, featuring local voices, interviews with experts, and call-in segments where listeners can ask questions or share their opinions (Ojih et al. 2023; Jahan, Verma, Gupta, Gupta, Mahour, Kirti & Verma, 2017). Integrating family planning messages into cultural celebrations, such as festivals or traditional ceremonies include setting up informational booths, distributing educational materials, or even sponsoring parts of the event that align with family planning themes (Lorenzetti, Plourde, Rastagar, Afzali, Sultani, Khalil, Adeeb, Hemat & Todd 2022; Fung & Lau, 2020). To break down obstacles to family planning based on culture and religion also seems very promising because according to Palo (2020), these tactics entail having face-to-face conversations, holding seminars, and organizing interactive events that promote candid conversation and introspection about family planning among community members.

Utilization of mass media campaigns such as radio shows, television shows, and social media platforms can strengthen these initiatives of reaching a larger audience (Lorenzetti et al. 2022). Likewise, jingles, campaigns and advertisement can be placed strategically on mass media to create more awareness on the choices available to the people. This approach according to Fung and Lau (2020), in promoting the advantages of lower family sizes, dispelling negative perceptions, and presenting family planning methods in a good light. The media has the power to normalize these methods and make accessible factual information on contraceptive techniques that will motivate people to seek out family planning services (Johnson, Juras, Riley, Chatterji, Sloane, Choi & Johns 2017; Jahan et al. 2017). Interpersonal communication is can be handy in areas with low literacy rates or restricted media access. Health professionals, community volunteers, and peer educators can be dependable information providers, offering people and families individualized advice and assistance. Through these contacts, customized messaging that speaks to each person's particular wants and concerns may be delivered to foster trust and promote behaviour change (Ojih et al. 2023).

Impact of Communication Strategies Programs on Altering Perceptions Influenced by Cultural and Religious Beliefs

Communication strategies are crucial in reshaping perceptions around family planning, especially in contexts where cultural and religious beliefs strongly influence

attitudes (Ajaero, Odimegwu, Ajaero & Nwachukwu, 2016). By utilizing well-structured communication programs, misinformation can be addressed, taboos can be challenged, and individuals can gain a clearer understanding of the benefits and safety of family planning methods (Yamin, Fei, Lahlou & Levy 2019). Targeted community engagement with respected cultural and religious leaders can help validate family planning within familiar cultural and religious frameworks, clarifying misconceptions that it contradicts cultural or religious tenets (Irori et al. 2022). Public awareness campaigns, using various platforms, can combat misinformation and normalize family planning by highlighting relatable stories and positive impacts on families and communities.

Interpersonal communication and partner dialogues can help couples explore family planning options together and address religious or cultural concerns directly, leading to more informed and shared decisions (Fung & Lau, 2020). Educational workshops and seminars conducted in culturally and religiously sensitive ways can dismantle misconceptions by providing evidence-based information and creating safe spaces for participants to voice concerns (Jahan, et al, 2017).

Role of Media in Enhancing Knowledge and Reducing Misconceptions about Family Planning Across Different Demographic Groups

The media plays a crucial role in educating the public about family planning and addressing misconceptions across diverse demographic groups. With its wide reach and adaptability, media platforms like television, radio, social media, and print reach millions of people daily, making them ideal tools for disseminating information (Shattnawi et al. 2021). Social media provides a space for interaction, fostering a sense of community and openness about family planning (Yamin et al. 2019).

Media campaigns can be tailored to address the needs, values, and misconceptions of different demographic groups, such as young adults focusing on career planning and personal goals, and older demographics emphasizing health benefits or family stability (Ochako, et al 2015). Campaigns can be crafted in multiple languages and adapted to local cultural contexts, making them more relatable and effective (Johnson et al. 3017). Media often uses storytelling techniques, featuring real-life testimonials or dramatizations, to convey the benefits of family planning in an emotionally resonated way (Ngonso, & Egielewa, 2023). Educational campaigns and myth-busting are also included in media campaigns to clarify misunderstandings and promote accurate knowledge.

Social media engagement and digital campaigns enable organizations to share accurate information quickly and reach a broad demographic, including tech-savvy youth and young adults who often rely on online information (Irori, et al 2022). The media's adaptability, extensive reach, and ability to present personalized, relatable content enable it to play a transformative role in promoting

informed choices about family planning in diverse cultural and religious contexts.

Theoretical Framework

Social Cognitive Theory

One theory that offers a good explanation to how people learn healthy behaviors is the Social Cognitive Theory which was created by Albert Bandura (Dessel, Gawronski & Houwer 2019; Schunk & DiBenedetto 2020). SCT also focuses on the transactional relationship of personal variables, context and behaviour (Ivwithren & Chukwuebuni 2023). This interaction is termed as reciprocal determinism whereby behavior helps in defining and is in turn defined by the individual and the environment that Social Cognitive Theory is a theory on the behaviour change that can be applied in family planning (Robinson, Aventin, Hanratty, Ruane-McAteer, Tomlinson, Clarke, Okonofua & Lohan 2021). Observational learning, self-efficacy, outcome expectations and reciprocal determinism are seen as important ones by this theory (Middleton Hall & Raeside 2019). Observational learning belongs to the field because it may be useful when exploring communication techniques that may help overcome culture/religion barriers while discussing family planning. Traditional forms or education involve role-playing, stories and drama through which special personalities can elaborate on various family planning methods (Beauchamp Crawford & Jackson 2019). It can potentially disturb the existing paradigms and motivate the more extensive application of. As a result of supported communication strategies, several concerns of family planning that may be cultural or moral in nature may be eased, thereby improving the self-efficacy of people (Dessel et al. 2019). Tailored communication strategies based on knowledge on contraception use and services where they can be assured that they are not being sinful to their religion or culture (Shattnawi, et al. 2021).

Building positive outcome expectation may be done in different platforms including; community discussions, advertisement and educational information. This way, the people believe that by practicing family planning they will be able to improve on their lives hence embracing it regardless of the cultural or religious beliefs they hold (Schunk & DiBenedetto 2020). Reciprocal determinism can be applied when it comes to shaping up norms whereby interventions can be developed targeting individuals in order to bring about changes in the existing community norms (Yamin et al. 2019). For instance, Adedini et al. (2018), state that gaining the support of opinion leaders within a given community by encouraging them to spread the word on the importance of family planning to other members of the community is a slow yet steady process that can bring about change by changing the perception of the community at large on the matter. As more people utilize family planning and come out with

positive outcomes, the cultural and religious factors can be likely to change thereby making the use of contraceptives more acceptable to the society.

METHODOLOGY

Research Design

This descriptive study used a survey to explore how communication can overcome cultural and religious barriers to family planning in a hospital setting.

Population

Population of the study consists of 177 patients and clinical staff at General Hospital Abraka and General Hospital, Obiaruku (Table 1).

Table 1: Breakdown of the Study Population

Hospital	Clinical Staff	Family Planning Patients	Total
General Hospital Abraka	17	68	85
General Hospital Obiaruku	21	71	92
			177

Sample Size

No sample size was drawn since the study population is a manageable size.

Sampling Technique

The random sampling method is applied to ensure diverse responses with the aid of a structured questionnaire to collect demographic information on family planning knowledge, and communication barriers and preferences. The survey was administered in-person on family planning clinic days which holds on Wednesdays and Thursdays respectively with the assistance of two research aids. Participants were informed about the purpose and they gave their consent to participate.

Analysis

The hypothesis is tested using Spearman Rank on STATA 0.13 application. The study adhered to ethical guidelines, including informed consent and confidentiality. Limitations include influence factor such as the small sample size which leaves generalizing the findings questionable and respondent biases.

RESULTS

To evaluate the validity and reliability of the data collection procedure, (Table 2) gives a summary of the questionnaire

Table 2: Questionnaire Distribution and Return Rate.

Questionnaire	
Given	177
Retrieved/Usable	173
Not Accounted	4

Table 3: Demographic Variables of Respondents.

Gender	Age	Educational Qualification	Marital Status	Job Description
Male 1 49 (28%)	18-24 39 (23%)	Pry 32 (18%)	Single 17 (10%)	Clinical Staff 32 (18%)
Female 124 (72%)	25-34 68 (39%)	Secondary 54 (31%)	Married 84 (49%)	Patient 141 (82%)
	35-44 44 (25%)	Tertiary 71 (41%)	Divorced 32 (18%)	
	45-54 14 (8%)	Non-Formal 16 (9%)	Widowed 21 (12%)	
	55 and above 8 (5%)		Separated 19 (11%)	

Table 4: Spearman pcrbfp cscs, star (0.05) pw.

Number of obs	Spearman's rho	Prob > t	Decision
174	-0.1504	0.3022	Rejected

distribution and return rate. Generally speaking, a modest but sufficient sample size for research on public relations and rural development especially in localized areas is 100 respondents. The high return rate of 98% reduces the possibility of non-response bias, in which the opinions of those who did not participate might differ considerably from those of those who did, which increases the validity and trustworthiness of the results. Since 98 out of the 100 respondents provided useful information, the results are deemed as accurate representations of the sampled population's views. A minor number of 4 questionnaire, representing just 2% of the total distributed were unaccounted for owing to a number of reasons including problems with logistics. Nonetheless, the fact that just 2% of the respondents was missing shows how effective the questionnaire dissemination procedure was all around.

The demographic profile of the respondents provides insight into the sample population's composition, including gender, age, educational qualifications, marital status, and job description (Table 3). The sample has a higher proportion of female respondents (72%), suggesting a female-dominant setting in this regard. The age range is relatively balanced, with the largest group falling between 25 and 34 years (39%). The majority have secondary and tertiary education, with a smaller proportion having tertiary or non-formal education (9%). The marital status is fairly diverse, with the majority being married (49%), suggesting family dynamics play a role in family planning decision-making. The job description is mainly patients (82%) and clinical staff (18%). This demographic breakdown allows for a nuanced understanding of how these factors might affect respondents' responses, such as their awareness on the use of communication as an antidote to cultural and religious barriers in family planning. The diversity of respondents ensures a broad range of perspectives, essential for understanding the public's interaction with family planning adoption.

Test of Hypothesis

Hypothesis One: Communication strategies have no significant effect on reducing cultural and religious barriers to family planning

The study observed 174 respondents and two variables (Problem of Culture and Religious Barriers in Family Planning -PCRBFP and Communication A Strategy and Catalyst for Change -CSCC) and found a weak negative correlation with the value of -0.1504 between communication strategies and reducing cultural and religious barriers to family planning. This implying that there is no strong association between the two variables in this dataset. However, the p-value indicates the probability that the observed correlation occurred by chance. In this case, the p-value of 0.3022 is greater than the chosen significance level of 0.05 therefore, the observed correlation is not statistically significant, so left no sufficient evidence to suggest a significant impact. Invariably, we reject the hypothesis (H_1). The analysis however, suggests that further research with larger sample sizes or different communication approaches might be needed to definitively determine the relationship between communication and cultural or religious barriers in family planning (Table 4).

Hypothesis Two: Communication strategies programs have no significant impact on changing perceptions influenced by cultural and religious beliefs

Table 5 is the result of Spearman's rho co-efficient tests for the strength and direction of relationship between the use of certain communication strategies and the perceived effect by individuals who hold strong to cultural and religious beliefs. A correlation coefficient of - 0.2212 means

Table 5: Spearman pcrbfp rmekrm, stats(rho obs p) star(0.05) pw

Number of obs	Spearman's rho	Prob > t	Decision
174	-0.2212	0.0270	Rejected

Table 6: Spearman cspaicrb rmekrm, stats (rho obs p) star (0.05).

Number of obs	Spearman's rho	Prob > t	Decision
174	0.1064	0.2944	Accepted

that the relationship between the two variables is a negative, but very weak. While not strong, such negative correlation indicates that as communication strategies either rise or enhance, cultural and religious belief-related perceptions appear to become slightly more positive regarding family planning. P-value (0.0270): The calculated p-value = 0.0270 which is below the significance level of 0.05, thus this result is statistically significant. This indicates that there is sufficient proof to throw away the null hypothesis (H_0) and accept the research hypothesis (H_1) that communication strategy programs do affect change of perception information prompted by cultural and religious beliefs. Decision: Thus, since the p-value is > 0.05, we can use it as sufficient evidence to refuse the null hypothesis, stating that the impact of the communication strategies to change cultural and religious attitudes toward family planning is meaningful irrespective of the low correlation coefficient found. The result indicates that despite a weak correlation, communication strategies significantly influence cultural and religious perceptions, making them valuable tools for promoting family planning acceptance in culturally and religiously resistant environments.

Hypothesis Three: Media campaigns do not significantly enhance knowledge or reduce misconceptions about family planning across different demographic groups

On (Table 6), Spearman's rho estimates both the magnitude and the direction of the relationship between the media campaigns and changes in such knowledge or eradication of misconceptions regarding family planning. In this case, if the coefficient is equal to 0.1064 the level of correlation between two variables is very weak positive. Pictures and impressions derived from this weak association were that media campaigns may not even have much effect in improving knowledge and reducing the myths surrounding family planning among population sub-groups. P-value (0.2944): Indeed, analyzing the result and comparing the p-value of 0.2944 with the significance level of 0.05 shows that the result is inconclusive. This essentially means that there is a failure of achieving meaningful results in a statistical way that leads to saying that there is still insufficient ground to remove the null hypothesis (H_0). Decision: Since the p-value is greater than 0.05, we accept the null hypothesis and thus we have no strong evidence that media campaigns do play a role in increasing existing knowledge or decreasing

misconception on issues to do with family planning within the groups identified above

DISCUSSION

As the survey confirms, although family planning services are now more widely available and accessible, their uptake rate is nevertheless slowed down by cultural and religious beliefs. This assertion agrees with the study of Hill et al. (2014); Shattnawi, et al. (2021) and Bakibinga et al. (2016) that cultural and religious ideas frequently cause people to mistrust or reject family planning, which makes it challenging to embrace and adopt the utilization of contraceptive techniques. The findings also corroborate the study of Etukudo and Effiong (2016); Msoka, (2019); Ibikunle (2024) that family planning encourages low birth rates, a better health and higher economic production, but is seen as a taboo in many cultures. To many, large family size is typically seen as favourably, and a show of wealth. As a result of this perception, people are more likely to avoid family planning because of their beliefs in line with the opinion of Abdi et al. (2020), that large families are being associated with money, success, and honour. This study also supports the finding that communication as an antidote to cultural and religious barriers in family planning is a means that is needed to build a family intentionally at a well-informed spaced and for a healthier society. This finding aligns with the views of Irori et al. (2022); Kumar (2024); Ojih et al. (2023); Jahan et al. (2017) that changing public health behaviour may be effectively achieved through communication, especially when it comes to family planning. It entails disseminating messages via mass media campaigns, neighbourhood dialogues, or one-on-one conversations that are consistent with the values and beliefs of the target audience. Communication efforts can be more broadly accepted by working with religious and cultural leaders to help generate messages that are appropriate for different cultures and religions. It also affirms the study of Lorenzetti et al. (2022); Fung & Lau, (2020); Palo (2020) that talks, seminars, radio programs, social media application and cultural events are examples of community-based communication strategies that can assist in removing obstacles to family planning. The creation of community radio programs with a family planning theme that include expert interviews, local voices, and call-in parts so listeners may voice their concerns, ask questions and reduce misconceptions. It can further be highlighted from the study that though deeply embedded

cultural and religious beliefs provide hurdles, it is possible to go over them and create an environment where family planning is viewed as a vital instrument for health, decisiveness, and empowerment. This correlates with the application of the Social Cognitive Theory that offers a good explanation of how people can learn healthy practices as stated by Dessel et al. (2019); Schunk & DiBenedetto (2020).

Conclusion

Addressing cultural and religious barriers to family planning requires a multifaceted approach based on effective communication strategies and Social Cognitive Theory (SCT). These barriers are often rooted in cultural ideals that equate large families with prosperity and religious doctrines that view contraceptive use as contrary to divine will. Communication can create a supportive environment where family planning is seen as a means of enhancing the well-being of families and communities. SCT emphasizes the importance of observational learning, self-efficacy, outcome expectations, and reciprocal determinism in shaping behaviour. Communication strategies can enhance self-efficacy, shape positive outcome expectations, and use influential figures to model desired behaviors. Integrating SCT into communication efforts can empower individuals and transform communities, leading to improved reproductive health and greater gender equality.

Recommendations

Based on the exploration of communication strategies and Social Cognitive Theory in addressing cultural and religious barriers to family planning, here are specific recommendations from the study:

1. There should be development of communication strategies involving religious leaders in faith-based communities to promote family planning as a moral and responsible choice, dispelling misconceptions and making it more acceptable to the community.
2. The government should integrate family planning education into focused communication platforms, using interactive methods to build self-efficacy and positive outcomes, shaping attitudes and beliefs to water down misconception based on cultural and religious norms.

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