CROSS-CULTURAL PERCEPTION TOWARDS TRADITIONAL BIRTH CONTROL PRACTICES BETWEEN YORUBA AND IGEDE INDIGENES IN OGUN STATE, NIGERIA

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ABSTRACT: *This paper investigates the cross-cultural perception towards traditional birth control ; practices (TBCPs) between Yoruba and Igede indigenes in Obafemi-Owode Local Government Area of Ogun State.This was a comparative cross-sectional survey of 120 respondents of (60) from Yoruba and (60) from Igede indigenes in Obafemi-Owode Local Government, selected using multi-stage sampling technique. Data were collected by interview guide and analysed using frequency count, mean and standard deviation, t-test and multiple regression.The mean household size for Yoruba, 5 persons was higher than that of Igede indigenes, 4 persons. More respondents among Igede (63.3%) than among Yoruba indigenes (61.7%) currently use herbs as traditional birth control practices (TBCPs). More respondents among Igede (98.3%) than among Yoruba indigenes (91.7%) chose inadequate funds as factors affecting the use of TBCPs. More respondents among Yoruba (96.7%) than among Igede indigenes (90.0%) chose inherited charm books as sources of information on TBCPs. More respondents among Yoruba indigenes ($\bar{x}=4.95$) than among Igede indigenes ($\bar{x}=4.87$) had the perception that TBCPs is cheaper in most cases than the modern method. The result of the hypothesis shows that there is a significant relationship between household size ($\beta=-0.575$, $p\leq0.05$) and perception towards Traditional Birth Control Practices.This study found that the perception that TBCPs is an alternative method to modern contraceptives is higher among the respondents in the Local Government Area. These findings have implications for public health policies and programs, especially at the grass-root.*

KEYWORDS: cross-cultural perception, traditional birth control practices, Yoruba and Igede indigenes, factors affecting, sources of information, public health policies and program

INTRODUCTION

Birth control is the use of any practices, methods, or devices to prevent pregnancy from occurring in a sexually active woman. Also referred to as family planning, pregnancy prevention, fertility control, or contraception.[1] It was coined by Magaret Sanger in the year 1914-1921. It is used to implement plans including sexuality education, prevention, and management of sexually transmitted infections, pre-conception counselling, and management of infertility.[2] People who do not use any birth control plan may lack access or face barriers to using it.[3] These barriers include cultural factors, lack of awareness, religious beliefs, economic

reasons, partners' non-acceptance, and fear of side effects or risks.[4] High population growth rate, is directly or indirectly associated with different kinds of social problems ranging from poverty, scarcity of land, hunger and environmental degradation to political instability.[5]

The term 'cross-cultural' can be defined as dealing with or offering a comparison between two or more different cultures or cultural areas.[6] Traditional birth control means how our forefathers did space their children through traditional means and the traditional methods of family planning had been handed from one generation to another.[7] Ogun state is the third most populous state in the south-western region of Nigeria with a population of 3.8 million as of last 2006 census, and the current projected population has been estimated at 5.2 million.[8] This shows a high fertility rate in the region. Nigeria is one of the most populous countries in Africa and it has one of the highest fertility rates in the world, promoted mainly by low utilization of modern contraceptive methods, with high fertility translations. This has led to high population thereby raising various challenges for economic growth and developments in the country.[9]

Africa's population has more than quadrupled between 1950 and 2010/and is expected to double again by 2050.[10] Rapid population growth and overpopulation have remained topical issues of great concern to many national governments and the international community.[11] A study published in 2011 on contraceptive practices showed that most of the respondents were in the age of 35 years and above, with 42.3% engaged in trading, 50.7% having a secondary school highest education level, 48.5% defining contraception as prevention of unwanted pregnancy, 89.5% not having any idea of contraceptives side effects and 52.6% having their main source of information to be through health personnel.[12] Another research on contraception among women of reproductive ages published in 2012 reported 8.8% of respondents currently use a condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom.[13]

The reasons why the policy targets are not being met include poor diffusion of information, weak programming, inadequate resources, weak institutional framework and a lack of strategic planning.[14] Around the world, more women are using contraception, but in developing countries around the world the figure is low, especially in Africa, the figure is still below 30%. This, therefore, leads to finding answers to the following research questions:
1. What are the socio-economic characteristics of the rural dwellers in the study area?
2. What is the various traditional birth control currently used by the respondents in the study area?
3. What are the factors affecting the use of traditional birth control practices among the respondents in the study area?
4. What are the sources of information on traditional birth control among the respondent?
5. What is the perception of the respondents towards traditional birth control practices?
Given the above challenges, this study was aimed to analyse the cross-cultural perception of traditional birth control practices between Yoruba and Igede indigenes in Obafemi-Owode Local Government Area of Ogun State, Nigeria.

METHODS

Study area

Obafemi-Owode Local Government is one of the 20 Local Government Areas of Ogun State in South-western region of Nigeria. It is located within the tropic area and is made up of about 1,204 towns and villages with a total landmass of 104,787.07 hectares of largely agricultural land. It has an area of $1,410km^2$ and a population of 228,851 at the 2006 census, with a current estimated population of 230,000. People living in the area are mostly Egbas. Therefore the common language being spoken is the Yoruba with the Egba dialect. An insight into the cultural aspect of the people reveals that they are blessed with rich Yoruba traditional dances such as Ogodo dance, Egungun and, Bolojo dances, in some areas of the Local Government.
The Local Government Council is made up of 12 wards: Oba, Moloko-Asipa, Ajura, Owode, Mokoloki, Ofada, Egbeda, Kajola, Onidundu, Alapako-Oni, Obafemi and, Ajebo. Three wards (Oba, Ajura and, Alapako-oni) were studied. The population includes both men and women (married) of the reproductive age group (18-49 years) in the Local Government. The inhabitants are predominantly the farmers, most of whom engage themselves in farming of arable crops. The Local Government is generally regarded as the land of OFADA rice. Some engage in livestock and fishing. The two main religions of the people are Christianity and Islam, with few traditionalists. There are 22 health clinics and 12 health posts providing health care services to the people.[15,16,17]

Study design/ Study period and duration/ Study population/ Selection criteria

The study was a comparative cross-sectional survey of the cross-cultural perception towards traditional birth control practices between Yoruba and Igede indigenes in Obafemi-Owode Local Government Area of Ogun State. This study was conducted for four months. The study population comprised both married men and women of the reproductive age group (15-49 years) in the selected communities. For an individual to be selected he/she must have been resident in the enumeration areas selected for the study for at least two years before commencement of research. Those who were absent during the study and those who did not give their consent were excluded.

Sampling Technique and Sample Size

The multi-stage sampling procedure was used in the selection of respondents for this study. The selection procedure was as follows:

Stage 1: It involved the selection of the wards that were used for the study. The list of all the wards in Obafemi-Owode Local Government was used as a sampling frame. From the sampling frame, 3 wards out of the 12 wards were selected by simple random sampling technique, using balloting. The selected wards were Oba, Ajura, and Alapako-Oni.

Stage 2: It involved the selection of primary sampling units from the selected wards for the study. Then using a simple random sampling technique, 2 rural communities from each of the

selected wards were selected giving a total of 6 rural communities. The selected communities were Oba, Olorunsogo, Ajura, Siun, Alapako-oni, and Ogunmakin.

Stage 3: It involved the selection of the respondents that were interviewed. From each community, 20 respondents (10 males and 10 females) were recruited for the study, giving a total of 120 respondents.

Data collection process, techniques and analysis
There was proper community entry, sensitization, and mobilization. Each eligible and consenting married men and women of reproductive age were recruited and responses elicited from them using interview guide. The duration of the data collection during the survey was two months. Information from the respondents was collected using trained research assistants who had experiences in community-based health-related research and are conversant with the terrain of these localities. The questionnaire was divided into two major sections, the first section was designed to obtain the socio-demographic and economic characteristics of the respondents and the second section was designed to access the use, factors affecting the use and perception towards the traditional birth control practices. During the interview, the questionnaires were verbally translated to Yoruba and Igede by competent research assistants in both languages respectively. Then the responses were translated back to the English language by the interviewer. This was to ensure validity and the reliability of the study. Quantitative data collected were cleaned and validated manually, while data analysis was done using descriptive statistics such as frequency count, mean and standard deviation, and inferential statistics such as student t-test and multiple regression analysis. Frequencies and percentages of relevant variables were generated. A p-value <0.05 was considered significant.

Theoretical framework for the study
A theory is a set of interrelated concepts, definitions, and propositions that explains or predicts events or situations by specifying relations among variables. This study reviewed two theories that are relevant to the subject matter.

Health Belief Theory (HBM)
The Health Belief Model (HBM) was developed to help understand why people did or did not use preventive services offered by public health departments in the 1950's, and has evolved to address newer concerns in prevention and detection (e.g., mammography screening, influenza vaccines) as well as lifestyle behaviours such as sexual risk behaviours and injury prevention. The HBM theorizes that people's beliefs about whether or not they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action. Core constructs of the HBM: perceived susceptibility and perceived severity, perceived benefits, perceived barriers cues to action and self-efficacy (added more recently).

The HBM has been most-often applied for health concerns that are prevention-related and asymptomatic, such as early cancer detection and hypertension screening – where beliefs are

as important or more important than overt symptoms. The HBM is also clearly relevant to interventions to reduce risk factors for cardiovascular disease.

Trans-theoretical Model/Stages of Change
Long-term changes in health behaviour involve multiple actions and adaptations over time. Some people may not be ready to attempt changes, while others may have already begun implementing changes in their smoking, diet, activity levels, and so on. The construct of "stage of change" is a key element of The Trans-theoretical Model (TTM) of behaviour change, and proposes that people are at different stages of readiness to adopt healthful behaviours. The notion of readiness to change, or stage of change, has been examined in health behaviour research and found useful in explaining and predicting changes for a variety of behaviours including smoking, physical activity, and eating habits. The TTM has also been applied in many settings.

Application of the theories to the study: The most successful public health programs and initiatives are based on an understanding of health behaviours and the context in which they occur. Therefore, interventions to improve health behaviour can be best designed with an understanding of relevant theories of behaviour change and the ability to use them skilfully. The application of these theories is to understand the perception of the women in the study area on traditional birth control practices. It is assumed that socio demographic status, attitude, knowledge and low educational level are believed to responsible for use of traditional birth control practices.

RESULTS

A total of 20 questionnaires were distributed in each of the 6 selected communities, and all the 120 questionnaires were returned, giving a response rate of 100%. Table ll summarizes the socio-demographic and economic characteristics of the respondents. Table lll shows the various traditional birth control practices currently used by the respondents. Table lV reveals factors affecting the use of traditional birth control practices by the respondents. Table V highlights sources of information on traditional birth control. Table Vl shows perception towards traditional birth control practices between Yoruba and Igede indigenes.

DISCUSSION

There were variations in some of the socio-demographic and economic characteristics between the Yoruba and Igede indigenes as observed in this study. The mean age of the Yoruba and Igede indigenes in this survey was 35 and 33 years respectively. It is slightly higher among Yoruba than among Igede indigenes. Age is one of the major determinants of family planning. This implies that most of the respondents were in their active and reproductive age bracket and this may lead to their usage of traditional birth control. This pattern of high usage of birth control methods among people of reproductive ages has been reported in other studies.[18] The result also revealed that 90% of the Yoruba indigenes were married while 88.3% of the Igede indigenes were married. Marriage confer responsibilities on an individual, marriage has a long

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way to go in the use of traditional birth control practices. The result also shows that 55% of the Yoruba indigenes were Christians while 95% of the Igede indigenes were Christians. The major religion practiced by the respondents in the study area is Christianity and may have a very strong effect on the use of traditional birth control practice. Religious factor has the potential to influence the acceptance and use of contraception by couples from different religious backgrounds. The result also revealed that 53% and 50% of the Yoruba and Igede indigenes have a mean family size of 5 and 4 persons respectively. This implies that the majority of the respondents had moderate family size. Since large families are usually connected to low economic status, poor nutrition, and low level of education. Family planning is, therefore, a useful measure in promoting the health of mothers and children. This finding was similar to the report in another study.[19] The result shows that 25.0% and 26.7% of the Yoruba and Igede indigenes had tertiary education. The level of educational qualification of the respondent has affects the use of traditional birth control. This is similar to reports mentioned in other studies.[20] The result also shows that 83.3% and 90% of the Yoruba and Igede indigenes practiced monogamy respectively. Family structure is an essential key point in the use of contraceptives.

The result revealed that 35% and 51.7% of the Yoruba and Igede indigenes were farmers likewise 48.3% and 15.0% of the Yoruba and Igede indigenes were traders. This implies that the majority of both the Yoruba and Igede indigenes were involved in different occupations aside from farming. The influence of unemployment on the rate of using birth control methods had been reported in a study.[21] The result also shows that 91.6% 98.3% of the Yoruba and Igede indigenes had a monthly income of less than #50000 respectively, likewise 8.4% and 1.7%of the Yoruba and Igede indigenes had above #50000 monthly respectively in the study area.

The traditional birth control methods most currently used by the respondents were diabolic ring (70.0% and 76.7% of the Yoruba and Igede indigenes respectively), herbs (61.7% and 63.3% of the Yoruba and Igede indigenes respectively) and charms (50.0% each of the Yoruba and Igede indigenes), while the least currently used traditional birth control methods were sperm killing agents (3.3% each of the Yoruba and Igede indigenes), holy water and oil (11.7% and 5.0% of the Yoruba and Igede indigenes respectively) and incantation (16.7% and 11.7% of the Yoruba and Igede indigenes respectively). According to an in-depth interview conducted on one of the respondents in the study area, the use of the diabolic ring is the most common traditional birth control method being practiced by the people.

The factors affecting the use of traditional birth control practices between the Yoruba and Igede indigenes respectively were inadequate funds (91.7% and 98.3%), Lack of knowledge (96.7% and 98.3%), Culture (80.0% and 85.0%), Partner's cooperation (95.0% and 86.7%), Religious belief (86.7% and 93.3%) and Traditional belief (93.3% and 90.0%). These results clearly showed that the will to use traditional birth control methods are driven by some factors.

The sources of information on traditional birth control practices for the Yoruba and Igede indigenes respectively were workplace (65.0% and 66.7%), friend/relative (95% each),

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television (11.7% and 13.4%), radio (16.7% and 13.4%) and inherited charm book (96.7% and 90.0%). This implies that friend/relative and inherited charm books have more effects on sources of information, and the work-place was considered moderately important sources of information for several birth control methods.

The mean distribution of perception towards traditional birth control between Yoruba and Igede indigenes revealed that a higher proportion of the Yoruba indigene ($\bar{x}$=4.98) agreed that the traditional birth control method is an alternative method to modern contraceptives when compared with the Igede indigene perception on the same statement ($\bar{x}$=4.97). This agrees with an in-depth interview conducted on one of the respondents in the study area, who said it is an alternative method to modern contraceptives and that is the more reason rural dwellers go for it. Likewise, there is a higher proportion of the Yoruba indigene ($\bar{x}$=4.95) who agreed that it is cheaper in most cases than the modern method than when compared with the Igede indigene perception on the same statement ($\bar{x}$=4.87). Another study had confirmed the role of cost implication in the acceptance of birth control methods.[22]

Furthermore, there is a higher proportion of the Igede indigene ($\bar{x}$=4.77) who agreed that it is more accessible to rural dwellers when compared with the Yoruba indigene perception on the same statement ($\bar{x}$=4.65).

Lastly, there is a higher proportion of the Igede indigene ($\bar{x}$=4.57) who agreed that the traditional birth control methods enjoy ready acceptance among the people when compared with the Yoruba indigene perception on the same statement ($\bar{x}$=4.47). This ready acceptance of traditional birth control practices among people especially in the rural areas had been reported in other studies.[23]

Test of hypotheses
This section discusses the relationship between some of the independent variables and the dependent variable
Hypothesis one (Ho₁):There is no significant relationship between socio-demographic and economic characteristics and perception towards traditional birth control practice
The result in Table Vll shows that there is a significant relationship between household size (β=-0.575, p≤0.05) and perception towards traditional birth control practices. This implies that the perception of the respondents on traditional birth control practice affect their usage of birth control perception**.**

Hypothesis two (Ho₂): There is no significant difference between Yoruba and Igede indigenes on traditional birth control practices
The result in Table Vlll revealed that there is no significant difference between Yoruba and Igede indigenes and their perception on traditional birth control practices (t= -0.657, p≤0.05).

CONCLUSION

The study concluded that despite the measures out in place, people still prefer to practice the traditional birth controls such as the use of herbs, diabolic rings and use of charms. Also, the perception that traditional birth control method is an alternative method to modern contraceptives is very high. These findings may have implications for public health policies and programs, especially at the grass-root.

Recommendation

Based on the conclusion above, it was therefore recommended that there is a need for more education on the importance of contraceptive use. Rural areas need to be handled differently from urban areas. Door to door sensitization should be encouraged and given a high priority. Also, there is a need for stakeholders in the local government and the government to put in place all necessary machinery such as health personnel, posters, handbills, provision of means of transportation and regular enlightenment programs backed up with funds to serve as incentives to the communities and the health workers.

Ethical Consideration

Informed consent was obtained from all the respondents.

Acknowledgment

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APENDICES

Table1: Sampling Technique and Sample Size

Political wards	Zone	Community	Participant	Male		Female	
				Indigene (Yoruba)	Non-indigene (Igede)	Indigene (yoruba)	Non-indigene (Igede)
Oba	Oba LCDA	Oba	20	5	5	5	5
	Oba LCDA	Olorunsogo	20	5	5	5	5
Ajura	Owode-egba LCDA	Ajura	20	5	5	5	5
	Owode-egba LCDA	Siun	20	5	5	5	5
Alapako-oni	Obafemi LCDA	Alapako-oni	20	5	5	5	5
	Obafemi LCDA	Ogunmakin	20	5	5	5	5
Total			120	30	30	30	30

Table ll: Socio-demographic and economic characteristics of the respondents

Variables	Yoruba n=60 F (%)	Igede n=60 F (%)	Pooled N=120 F (%)
Age (years)			
<20	1(1.7)	3(5.0)	4(3.3)
21-30	23(38.3)	19(31.7)	42(35)
31-40	23(38.4)	27(45.0)	50(41.7)
>40	13(21.7)	11(18.3)	24(20)
$\bar{x}$ (mean)	34.55	33.25	33.90
SD (standard Deviation)	7.532	7.743	7.634
Gender			
Male	30(50)	30(50)	60(120)
Female	30(50)	30(50)	60(120)
Marital status			
Married	54(90.0)	53(88.3)	107(89.2)
Widow	5(8.3)	2(3.3)	7(5.8)
Divorced	1(1.7)	5(8.3)	6(5.0)
Religion			
Christianity	33(55.0)	57(95.0)	90(75.0)
Islam	27(45.0)	3(5.0)	30(25.0)
Ethnicity			

Yoruba	60(50)	60(50)	60(120)
Igede	60(50)	60(50)	60(120)
Household size			
1-4	28(46.7)	30(50)	58(48.4)
5-8	32(53.3)	30(50)	62(51.6)
$\bar{x}$ (mean)	5	4	5
SD (standard Deviation)	1.549	1.578	1.55
Educational			
No formal education	9(15.0)	5(8.3)	14(11.7)
Primary	12(20.0)	17(28.3)	29(24.2)
Secondary	24(40.0)	22(36.7)	46(38.3)
Tertiary	15(25.0)	16(26.7)	31(25.8)
Family structure			
Monogamy	53(83.3)	54((90.0)	107(89.2)
Polygamy	7(11.7)	6(10.0)	13(10.8)
Occupation			
Farming	21(35.0)	31(51.7)	52(43.3)
Trading	29(48.3)	20(33.3)	49(40.8)
Artisan	5(8.3)	9(15.0)	5(4.2)
Civil servant	5(8.3)		14(11.7)
Estimated income			
<50000	55(91.6)	59(98.3)	114(115.1)
50000-300000	5(8.4)	1(1.7)	6(4.9)

Source: Field survey (2019)

Table lll: Various traditional birth control practices currently used by the respondents

S/N	Variables	Yoruba Used*(n=60) F(%)	Igede Used* (n=60) F(%)	Pooled Used* (N=120) F(%)
1	Use of herbs	37(61.7)	38(63.3)	75(62.5)
2	Use of diabolic rings	42(70.0)	46(76.7)	88(73.3)
3	Holy water and oil	7(11.7)	3(5.0)	10(8.3)
4	Use of incantation	10(16.7)	7(11.7)	17(14.2)
5	Use of charms	30(50.0)	30(50.0)	60(50.0)
6	Sperm killing agent	2(3.3)	2(3.3)	4(3.3)
7	Injectable	4(6.7)	-	4(3.3)
8	Swallowing of salt	14(23.3)	20(33.3)	34(28.3)
9	Adding of potash to lemon juice	12(20.0)	10(16.7)	22(18.3)
10	Drinking of bitter lemon	15(25.0)	7(11.7)	22(18.3)

NOTE: * means multiple responses

Table lV: Factors affecting the use of traditional birth control practices

S/N	Variables	Yoruba Yes*(n=60) F(%)	Igede Yes* (n=60) F(%)	Pooled Yes*(N=120) F(%)
1	Inadequate fund	55(91.7)	59(98.3)	114(95.0)
2	Lack of knowledge	58(96.7)	59(98.3)	116(95.7)
3	Culture	48(80.0)	51(85.0)	99(82.0)
4	Partner's cooperation	57(95.0)	52(86.7)	109(90.8)
5	Religious belief	52(86.7)	56(93.3)	108(90.0)
6	Traditional belief	55(93.3)	54(90.0)	110(91.6)

Table V: Sources of information on traditional birth control practices

S/N	Variables	Yoruba Yes* (n=60) F(%)	Igede Yes* (n=60) F(%)	Pooled Yes* (N=120) F(%)
1	Workplace	39(65.0)	40(66.7)	79(65.8)
2	Friend/Relative	57(95.0)	57(95.0)	114(95.0)
3	Television	7(11.7)	12(13.4)	15(13.4)
4	Radio	10(16.7)	12(13.4)	22(18.6)
5	Inherited charm book	58(96.7)	54(90.0)	112(93.3)

NOTE**:** * means multiple responses

Table Vl: Perception towards traditional birth control practices between Yoruba and Igede (N=120)

S/N	Variables	Yoruba $\bar{x} \pm$SD	Igede $\bar{x} \pm$SD	Pooled $\bar{x} \pm$SD
1	It is an alternative method to modern contraceptives	4.98 ±0.129	4.97 ±0.181	4.89 ±0.157
2	It is cheaper in most cases than the modern method	4.95 ±0.220	4.87 ±0.389	4.91 ±0.317
3	Many traditional methods for preventing pregnancy have no harmful effects on woman's health and may assure her of being in control of her own fertility	4.85 ±0.404	4.78 ±0.454	4.82 ±0.430
4	It is not time-consuming	4.95 ±0.220	4.87 ±0.389	4.91 ±0.317
5	Traditional remedies are most compounded from natural products	4.62 ±0.640	4.72 ±0.454	4.67 ±0.555
6	It is more accessible to rural dwellers	4.65 ±0.685	4.77+/-0.427	4.71 ±0.571
7	It enjoys ready acceptance among the people	4.47 ±0.911	4.57 ±0.789	4.52 ±0.850
8	It does not have a time lag	4.50 ±0.873	4.70 ±0.462	4.60 ±0.730

Table Vll: Test of the relationship between socio-demographic and economic characteristics and perception of the respondents on traditional birth control practice

S/N	Variable	β	Std error	t-value	p-value	Decision
1	Age	0.034	0.030	1.120	0.265	Not significant
2	Gender	0.411	0.402	1.021	0.309	Not significant
3	Marital status	0.392	0.476	0.825	0.411	Not significant
4	Religion	0.319	0.511	0.623	0.535	Not significant
5	Ethnicity	0.229	0.442	0.519	0.605	Not significant
6	Household size	-0.575	0.164	-3.503	0.001	Significant
7	Education	0.002	0.265	0.007	0.994	Not significant
8	Family size	0.793	0.657	1.207	0.230	Not significant
9	Occupation	0.058	0.271	0.212	0.832	Not significant
10	Estimated income	-1.179E-6	0.000	-0.180	0.857	Not significant
11	Constant			17.969	0.000	Not significant
		36.860	2.051			

Decision criteria: Reject the null hypothesis if $p \leq 0.05$, accept null hypothesis if $p > 0.05$.

Table Vlll: Test of difference between Yoruba and Igede indigene perception on traditional birth control practices

Variable	N	X	S.D	t-value	df	p-value	Decision
Yoruba	60	37.9667	2.42841				
				0.657	118	0.512	Not significant
Igede	60	38.2333	1.99463				

Decision criteria: Reject the null hypothesis if $p \leq 0.05$, accept null hypothesis if $p > 0.05$.