

The influence of social network on family planning utilization among couples in Anambra State, Nigeria

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Abstract

Family planning is an important aspect of reproductive health. Social network to influences the utilization of family planning. However, despite the efforts of the government and the effectiveness of modern contraceptives a large number of unintended pregnancies still occur. Few researches has been carried out on the influence of social network on family planning utilization among couples in the study area. This study investigated the influence of social network on family planning utilization among couples in Anambra State. Social learning theory was adopted as theoretical framework for the study. The study adopted mixed research design. The population of study is 6,224,964, target population is 2,049,924 and the sample size is 400, which was generated using Taro Yamane's formula. Questionnaire and In-Depth Interviews were used in data collection. The quantitative data was analyzed using descriptive statistics such as frequency distribution tables, percentages, mean ratings, and graphic illustrations, charts etc, while the qualitative data was transcribed and content analyzed. The probability sampling techniques was adopted for this study. The quantitative data collected for this study was processed using the statistical package for social sciences (SPSS Version 20). The findings shows that friends, peers, neighbours, religious groups and particularly media (both printed and electronics) are the social network that influences family planning utilization in Anambra State. The study recommended that there should be enhancement of the roles of religious leaders as family planning advocates. Also there should be creations of awareness among social network such as neighbours, peers, religious groups etc.

Key Words: Social network, Family Planning, Influence, Anambra State.

Introduction

Family planning is an important aspect of reproductive health, it's neglect or acceptance influences the population of any society positively or negatively. Family planning has attracted attention of international organization like, United Nations International Children Emergency Fund (UNICEF), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA) and World Health Organization (WHO). World Health Organization (2012) defines family planning as "an act which



allows individual and couples to anticipate and attain their desired number of children and the spacing and timing of their births, which is achieved through the use of contraceptive methods and the treatment of involuntary infertility". According to Okedare and Olawepo (2006), family planning is using effective means to either delay or prevent pregnancy so that one has children only when he or she wants.

However, it is pertinent to note that apart from other variables that affect family planning, social network which influence family planning utilization generally in Africa and in Anambra State in particular. Social network includes friends, extended family, neighbours, church groups etc. People often do not make decisions in social isolation, these decision come as a result of influence from interactions with others. Yee and Melissa (2010) opined that social network, including friends; mothers and partners were the key sources of contraception myths, misconceptions and vicarious experience. Behrman, Kohlar and Watkins (2002) stated that social influence implies that social networks reinforce or alter norms by providing examples of behaviour that may then be considered and copied by others. The social network including friends, family members and media sources is a key source of contraception information for many women.

Communication among friends and neighbours can persuade one to adopt family planning. The influence of social network determines people's choice of family planning method, thus social network like political groups, church groups, friends and neighbours that have negative view about family planning utilization will affect one's decision about family planning negatively, while those with positive view affect people's choice of family planning positively. Women learn through social networks for example friends, extended family, neighbours etc, the advantages and disadvantages of many children versus few children in their current local circumstances (Behrman, Kohlar and Watkins, 2002).



Many studies have investigated factors influencing family planning utilization in Nigeria. According to W.H.O (2015), it is estimated that about two hundred and twenty five million women in developing countries would like to delay or stop child bearing but they are faced with many challenges like fear of side effects of contraception, limited choice of methods, gap in spousal communication, social network influence e.t.c. Despite the effectiveness of modern contraceptives, enormous number of unintended pregnancies still occurs throughout world and many of these pregnancies end in unsafe abortion (Arinze -Onyia, Okeke and Aguwa, 2008).

Also, few researches have been carried out on the influence of social network on family planning utilization particularly among couples in Anambra State. This research work investigated the effect of social network on family planning utilization in Anambra State. The following objectives guided the study: (1.) To identify the type of social network influencing family planning. (2.) To investigate the effect of social Network on family planning. It is against this backdrop that this study investigated the influence of social network on family planning utilization among couples in Anambra State.

Literature Review

Family planning has continued to attract attention to mankind due to its relevance in fertility decision making, population growth and development in the society. Hither to, there has been the quest on how to control the population growth and live a sustainable life. Family planning is an organized and systematic arrangement designed to control or regulate the rate of birth in a family. The World Health Organization (W.H.O.) (2011) defined family planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in a family.



Similarly, another study conducted by Osemwenkha (2004) on gender issues in contraceptive use among educated women in Edo State, Nigeria, using 800 respondents, revealed 80% peer group influence on the use of contraceptive. Also Ogbe and Afoh (2018) conducted a research on socio-economic factors as clause to family planning practice among reproductive women in Abraka Rural Community, Delta State, Nigeria; using 400 women aged 25 – 49 years, their study found that older women aged 36 – 49 years showed more inclination to family planning use and these older women act as peer to influence the acceptance of family planning by the younger women.

Moreover, a survey conducted in United States among 1,978 women aged 18 – 44, found that there is need to improve women's contraceptive use and by doing so better protect them from unintended pregnancy (Guttmacher Institute, 2008). In a study in the Democratic Republic of Congo conducted among 24 focus groups comprising of men and women on the barriers to modern contraceptive use in rural areas in DRC, the findings imply that programming must address mutual comprehension and decision-making among rural men and women alike in order to trigger positive changes in behaviour and perceptions relating to contraceptive use (Muanda, Ndongu, Messina and Bertrand, 2017).

According to Davis (2003) cited by Anyanwu, Ezegebe and Eskay (2013) family planning is important from the point of view of health and welfare of mother and children but does not control population. World Health Organization has identified family planning as a critical element of reproductive health and defined reproductive health as the state of physical, mental and social well-being related to the reproductive system in all stages of life (Bongaarts, Cleland, Townsend, Bertrand and Gupta, 2012). Abubakar (2008) stated that family planning educates people on how to prevent births, usually with contraceptives but sometimes with abortion or sterilization. It also includes teaching men



and women about the transmission of HIV/AIDS, and other sexually transmitted diseases/ infections and how to protect themselves from such infections.

However, a study conducted by Choi and Gregorich (2010) on social network influences on male and female condom use among women attending family planning clinics in USA, using 157 respondents, revealed that male and female condom use was higher among women with at least one network member who encouraged using the male and female condom. Respectively female condom use was also associated with having 'dense' female condom conversation networks.

A study conducted by Samandari, Speizer and O'Connell (2010) on the role of social support and parity in contraceptive use in Cambodia, among 706 married women found that women peers who practice contraception was strongly associated with family planning use among low parity women. Their study also found that women who agreed that one should not practice contraception, if an elder says no had decreased odds of method use. Yee and Simon (2010) research on the role of social network in contraceptive decision-making among young African American and Latina women, using 30 women in a one-on-one interview found that social network were key sources of contraceptive myths, misconceptions and vicarious experiences. Also information relayed by the social network had a direct influence on contraceptive decisions for many women.

More so, Mosha and Ruben (2013) conducted a research on communication, knowledge, social network and family planning utilization among couples in Mwanza, Tanzania; using 440 women, and found that there is a statistical significance between social network and family planning utilization. Esike, Ani, Anozie and Ekwedigwe (2017) conducted a research on Barriers to family planning acceptance in Abakaliki Nigeria, among 354 respondents, their study found that (18.2%) of the respondents got family planning information from their friends, the study further revealed that a significant number of the respondents (45.5%) have never used a family planning method before. Another study



on knowledge, attitude and practice of family planning among married women living in Jalingo, Nigeria; by Apuke (2017) among 200 women revealed that women in Jalingo get information about family planning from friends and relations.

Theoretical Framework

Social learning theory is adopted as the theoretical framework. This choice is because of the SLTs major assumptions and relevance to the specific objectives of this research work. The social learning theory (SLT) assumes that behavior is socially learned, an individual learns from others that certain action is more satisfactory than the other. One can either learn or be convinced by his/her social network that adopting family planning results to better health of mother and child, while another social network may consider family planning as an avenue for a woman to become promiscuous. Thus, the beliefs of other people in the society about family planning or their opinions might influence a person's behavioural intention to use family planning methods either positively or negatively.

According to Rotter (1954), behavior is learned from other people and individuals' needs are sometimes met with the assistance of other people. A person's social environment can either promote or discourage family planning adoption, for instance some societies encourage family planning programs. On the other hand, societies that consider family planning against their religion will discourage people from using it.

However, people tend to choose or accept the family planning method that is commonly used in their society, they are more likely to adopt family planning because their social network approves or accepts family planning. Thus, an individual's personality and action is a representation of the contact between the person and his social environment. According to Rotter (1971), a need may be viewed as having three essential components, viz need potential refers to the set of behaviours directed toward the same goal and their potential strength which is the likelihood that they will be used in a given situation. For



example a couple that intends to control birth has many options which they can use as a family planning method.

The second major component is expectancies, that a certain behaviour will lead to satisfactions of a goal that a person values, for instance, a couple whose social network is using family planning method to control birth is more likely to adopt family planning to achieve the same goal, while another couple who desired large family size will not adopt family planning. The third component is the value attached to the goals; couples adopt or reject family planning depending on their values. Also people belong and interact with their social network, during the course of daily interactions people often speaks to others about family planning and their experiences with family planning use. This information by social network can either encourage or discourage family planning utilization by couples.

From the above discussion, it implies that if couples are informed about family planning and their social network are doing well due to their choice of family planning, they will imitate them and embrace the idea because behavior is socially learned.

In view of the foregoing, the social learning theory is considered the most relevant and appropriate framework for this kind of study in Nigeria and will serve as guide on the influence of social network on family planning utilization among couples in Anambra State, Nigeria.

Methods

The mixed method research design was adopted for this research work. The population of the study is 6,224,964 and the target population is 2,049,924. The sample size for the study is 400 which was derived using Taro Yamane formula. The questionnaire schedule and the In-Depth Interview guide were used as instrument for data collection. The



quantitative data collected for the study was processed using the Statistical Package for Social Sciences (SPSS Version 20). The quantitative data was analyzed using descriptive statistics such as simple frequency distribution tables, mean ratings, simple percentages and graphic illustrations. The study interviewed couples aged 18 years and above who reside at the study area as at the time this research was conducted. The purposive sampling technique was adopted in selecting participants for the In-Depth Interview. The qualitative data gotten from the (IDIs) were carefully transcribed, sorted, edited, and analyzed using content analysis.

Findings/Results

The Socio-Demographic data of the respondents, were analysed and presented in Table below.

Table 1: Socio-Demographic Characteristics of the Respondents

<i>Variables</i>	<i>n=334</i>	<i>%=100</i>	<i>x</i>
Sex			
Male	152	45.5	
Female	182	54.5	
Age			
18-27	21	6.3	
28-37	94	28.1	
38-47	79	23.7	45
48 and Above	140	41.9	
Educational Qualification			
No Formal Edu	3	.9	
FSLC	96	28.7	
SSCE/WAEC	149	44.6	
NCE	31	9.3	
HND/BSC.	48	14.4	
M.SC/PhD	7	2.1	
Marital Status			
Married	314	94.0	
Divorced	4	1.2	
Widowed	16	4.8	
Occupation			
Civil servant	73	21.9	
Farming	19	5.7	
Business/trading	201	60.2	
Artisan	16	4.8	
Clergy	3	.9	
Self employed	19	5.7	
Retired	3	.9	
Religious Affiliation			
African Traditional Religion	4	1.2	
Islam	1	.3	
Christianity	329	98.5	
Place of Residence			
Rural	141	42.2	
Urban	193	57.8	
Family Size			
1-3 (Small)	94	28.1	
4-6 (Medium)	133	39.8	5
7 and Above (Large)	107	32.0	



Table 1 presents results of the socio-demographic characteristics of the respondents. It revealed that 182(54.5%) of the respondents were females, suggesting that a majority of the respondents were females. The average age mean of the respondents is 45, implying that they are adults and matured. A majority of the respondents 149(44.6%) had SSCE/WAEC and followed by 96(28.7%) with FSLC which translate to primary education. A large number 314(94.0%) of the respondents are married and with their spouses, while 16(4.8%) and 4(1.2%) are widowed and divorced respectively.

Furthermore, about 201(60.2%) of them are into business/trading, suggesting that they have economic engagement that could help them carter for their families and even afford to adopt family planning methods. A small fraction 3(0.9%) was clergies, indicating a possibility of faith conflict with family planning methods in the area. Almost 329(100%) of the respondents are Christians, and this is not surprising as the study was carried out in Anambra which is a Christian dominated state. Additionally, a majority of the respondents 193(57.8%) resides in the urban areas, and on the average, the respondents have 5 family size. This suggests that the campaign on birth control through family planning is really permeating into the minds of couple and yielding partial desired result in the state.

The types of social network that influence family planning utilization in Anambra State are presented in table 2.

Table 2: Types of Social Network that influence Family Planning

<i>Responses</i>	<i>F=334</i>	<i>%</i>
Friends/Peers	67	20.1
Neighbours	6	1.8
Religious Groups	44	13.2
Extended Family	7	2.1
Media	210	62.9
Total	334	100



Table 2 shows that a majority 210(62.9%) of the respondents are of the view that media is the leading social networks that influence family planning. The qualitative data from IDIs complemented the findings.

One respondent said:

I heard of family planning from the news, health centre and later in the church. They adviced us to control the rate at which we give birth. Some churches emphasize the need for members to born the number of children they can be able to train (Married woman, 36 years old from Ogidi).

Another female respondent said:

My friend who is using family planning method told me about it. Also I use to hear people discuss about family planning on Radio/TV. But as I told you I am not using any because I don't have sex with my husband any more (married woman, 45 years old from Nawfia).

The Effects of Social Networks on Family Planning Utilization is shown in Figure 1.

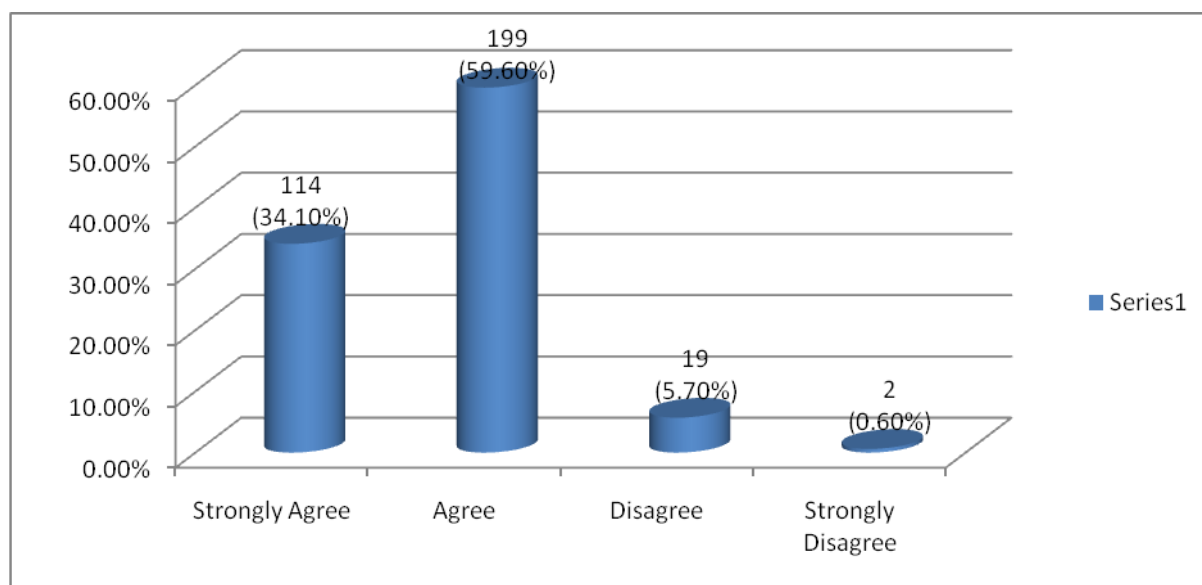


Figure 1: Effects of Social Network on Family Planning

Figure 1 shows that a majority 199(59.6%) of the respondents agreed that social networks influences family planning. Thus 114(34.1%) strongly upheld this view, and 19(5.7%) of the respondents disagreed to it.

Discussion of Findings

This study investigates the influence of social network on family planning utilization among couples in Anambra State. The findings show that there is a high level of awareness on family planning in the study area. This substantiates the views of Monjok, Smesny, Ekabua, and Essien (2010) which confirmed that there exist abundant information that family planning knowledge and awareness is high among the Nigeria population. The sources through which they got to know of this family planning ranges from family planning programs, mass media, and hospital which received least indication. A majority of the respondents said they are using one form of family planning or another. This suggests a reasonably high extent of usage in the state. This is in agreement with the findings of Behrman, Kohlar and Watkins (2002) and Yee and Melissa (2010) that social network such as the media, friends and family members (mothers and partners) are key sources of contraception information for many women.

The respondents know the extent to which social networks influence the utilization of family planning. Social networks provide avenue for new information about family planning.

The leading social network found to greatly influence adoption of family planning through discussion is the media. This is followed by friends/peers, and others are religious group, extended family and neighbours. This is in agreement with Ajaero, Odimegwu, Ajaero and Nwachukwu (2016) that found access to mass media messages as vital source of increasing the likelihood of family planning utilization in Nigeria.

It is of the view that family planning utilization among couples can be improved by enhancement of the roles of religious leaders as family planning advocates, creation of awareness among the social network such as peers, neighbours, religious groups, political groups etc. to improve the utilization of family planning.



Conclusion

Based on the finding from this study, it can be concluded that family planning utilization is increasing among couples in Anambra State. There exist abundant information on the various family planning methods and there is a high level of family planning awareness in the study area.

Social networks in the state do not perceive the discussion of family planning as a taboo or something sacred, but rather serves as avenue through which most couples got to know of family planning. The media is in the lead of this, followed by peers/friends, neighbours, churches etc.

Family planning utilization among couples can be improved through involvement of religious leaders as family planning advocates, interactive workshops/seminars, educating of younger ones about family planning, grassroot sensitization as just radio/TV talks would not permeate as expected. Other means are through community outreach and promotion of effective spousal communication etc.

Recommendations

Based on the findings, the study recommends that;

1. There should be enhancement of the roles of religious leaders as family planning advocates.
2. There should be creation of awareness of family planning among social network such as peers, neighbours, religious groups etc.

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