



Theoretical Perspectives on Causes and Effects of Low Uptake of Family Planning Services among Couples in Southeast Nigeria and the Way Forward

Okafor, Cynthia Adaora and Iyanda, Chinwe Christiana

Department of Sociology and Psychology,
Godfrey Okoye University, Ugwuomu Nike, Enugu, Nigeria

Abstract

This review paper is premised on three cardinal goals. First, it reviewed the prevailing knowledge, attitude and practices relevant to family planning in Southeast Nigeria, Secondly, it examined factors hindering effective use of family planning services in the area, and the effects of such low use of family planning services. Thirdly, the paper interrogated and found three theoretical models (symbolic interactionism, functionalism, conflict) as relevant to varying degrees in explaining the issue of low use of family planning in Southeast Nigeria. Finally, possible solutions were proffered to the problem of low use of family planning services in South East Nigeria. One of such recommendations was that there should be a full implementation of Nigeria's population policy of four children per woman per family. This should be accompanied by some penalty for defaulters. The authors' position is born out of the fact that the population policy of one child per family in China has significantly contributed to population control in that country.

Keywords: Family, Low Use, Family Planning Services, Family size

Introduction

Children are considered important and cherished in every part of the world. For this reason governments around the world including governments in many developing countries like Nigeria support family planning programs to aid couples to choose and control the number of children they hope to have. The WHO (2013) defines family planning as that which allows individuals and couples to plan and achieve their desired number of children and the timing of their births. It is achieved through the use of contraceptives and treatment of involuntary infertility. Family planning is important because the family is a basic social unit and as such whatever affects the family also affects the society at large. Despite the enormous benefits of family planning services, the use of family planning services still remain low in sub-Saharan Africa (Eliason et al 2014) of which Nigeria is no exception.



Population growth has been a problematic issue all over the world consequently; many countries have approved and resorted to using family planning to control birth rate. With a population of over 170 million, compared to an estimate of 45.2 million in 1960, a 300% increase in 57 years, Nigeria is no doubt the most populous country in Africa and is estimated to be the third most populous country in the world by 2050. Sub-Saharan Africa is said to have the highest fertility rates in the world with the total fertility rate averaging 5.05 (World Bank 2013).

For Nigeria, the fertility level is quite high (6.0) which imply that an average Nigerian woman will bear appropriately six children in her life time (UNFPA 2010). It is therefore manifest that Nigerians population is growing faster than its development and even faster than its resources. According to Ewhrudjakpor (2009) in some developed, modernized, healthier, better led and prosperous countries in Western Europe, the population growth has diminished with low fertility rates as men and women have chosen to have fewer children and by using birth control methods. This is in contrast to most developing countries like Nigeria where only a few couples limit the size of their families in conformity with the maternal population policy objectives which is to reduce the number of children a woman has in her life time from 6-4.

Family planning is a check to population increase. Persistent high fertility in Nigeria and low level practice of family planning therefore indicates that a number of factors still hinder couples from effectively utilizing family planning. Against the above background,, this review paper examined the factors hindering the effective use of family planning services, effects and problems, and proffers possible solutions to the low use of family planning services in South East Nigeria.

Clarification of Key Concepts

Family Planning: Family planning is the use of a wide variety of birth control methods to determine when to have children and how many. It is often used by couples to limit the number of children they have and to control the timing and spacing of pregnancy.

Contraceptive: This is a device used to prevent fertilization of an egg. For example a condom worn by a man during intercourse, and oral pill taken regularly by a woman.



Review of Related Literatures

(a) The Concept of Family Planning

Reproduction is one of the characteristics of human beings. Reproduction without adequate provision of the necessities for living such as food, clothing, and shelter can lead to economic hardship, sickness, retarded growth and even death. In order to fight against these problems from befalling the children, the women, men and family, there is need for proper planning of the family and this can be achieved through family planning services.

WHO (2013) defines family planning as that which allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their birth. It is achieved through the use of contraceptive methods and treatment of involuntary infertility. This implies that family planning is the regulation and control of the rate of child birth by individuals both married and unmarried. There are various methods of family planning. They include the natural family planning methods (safe periods/ calendar calculation, lactational amenorrhea, billing's method and basal body temperature charting). Hormonal family planning method (oral pills, progesterone only pills, hormonal implants and hormonal injectables, intra uterine contraceptive device (IUCD), male condoms, female condoms, spermicides, cervical caps, diaphragm, bilateral tube ligation, vasectomy. Experts in this study area agree that the benefits of family planning are enormous. According to WHO (2013), family planning is a key to slowing unsustainable population growth and the resulting negative impacts in the economy, environment, national and regional development efforts. Okeibunor (2000) posits that family planning preserves the well being of the whole family. Thus family planning should be the joint responsibility of a woman and man. In addition, it reduces the need for unsafe abortion by reducing the rates of unintended pregnancies, it enables people to make informed choices about their sexual and reproductive health, and as well reduces infant and maternal mortality.

(b) Knowledge, Attitudes and Practice of Family Planning in Southeast Nigeria



Many authors are of the opinion that before now Africans generally conceived family planning in terms of fertility control mechanisms. Hence, they talk of the various methods and steps for preventing conception. Nigerians generally have different perceptions of family planning. Characterized by their religiosity, they hold different beliefs about family planning. Children are perceived to be wealth to the family in Nigeria. In the eastern region of Nigeria especially, the wealth of a family is generally measured by the number of children the family has. According to Osakue (2010), in Owerri area, a special communal award is always given to a woman after the tenth child “ewu ukwu”. In Nigeria, preference for the male child is widely accepted- the South East, not an exception. This implies that until a male child is born, child bearing persists. If not so, the man may be forced into marrying another wife who will bear a male child. A male child is desired for the perpetuation of the family lineage. Nkwo (2009) in his study of non catholic religious leaders in Enugu, Eastern Nigeria in order to determine the awareness, practice and attitude of family planning indicates that, 100% were aware of one or more family planning methods with the healthcare workers and mass media being their main sources of information on family planning. They were most aware of condom and intra uterine contraceptive device. Duze (2006) reported a high awareness level of contraceptives among men in Northern Nigeria, a generally negative attitude towards limiting family size for economic reasons. This is because the respondents who were willing to use contraceptives were more willing to use them for child spacing purposes rather than explicitly for limiting family size, and low rates of contraceptive use. In one study done in Ilorin, the methods mostly known by respondents were the condom (69.0%), the oral contraceptive pill (OCP, 38.8%), IUCD (29%), and periodic abstinence (32.9%), with most respondents being able to name at least one method of contraception. Unfortunately, despite the high level of awareness, use of contraceptive has not recorded a strong prevalence. The above literatures reviewed show that the awareness is being created especially with the aid of mass communication media on the use of family planning method in controlling family size in Nigeria. However, the usage proper according to the views of these authors show a gradual reception of this method with some areas high and others low. There could be some factors resulting to this low usage. To this effect, we now focus on these inhibiting factors.

(c) Factors Inhibiting the Use of Family Planning Services in South East, Nigeria



Research on reasons for family planning non-use in Nigeria generally points to women's perceived lack of need for contraception on personal and religious grounds (Gilda, 2006). According to USAID (2012), there are some women and couples who have access to family planning services and would like to use contraception but do not. Their reasons for not using contraceptives are side effects, infrequent sex, fear of partner's disapproval and religious belief that do not support family planning. Cambell et al (2006) identified misinformation, misperceptions, and fear of health side effects to be barriers to regular contraceptive use in Sub-Saharan Africa. Muhunmola (2013) posits that the most common reason for non-use of family planning services was fear of side effects, desire for more children or dislike of methods because of cultural and religious inhibitions, indecision and spousal opposition. To Simeon et al (2014), people suspect the intentions behind family planning. They see it as a western agenda and a tool used by the whites to reduce Nigeria's population and thus the minimum use of it. Education and finance has been observed as variables that both play important roles in determining the use of family planning services in Nigeria. UNFPA (2010) in examining the impact of education and wealth on contraceptive prevalence rate in Nigeria, observes that contraceptive prevalence rate (CPR) increases with education and literacy levels as expected. Women who are poor and have little education are observed to have lower contraceptive prevalence rate which reflects poor access to services as a result of socio-economic status. Olaitan (2011), shows that educational status of couples determines their attitudes toward their choice and use of family planning services- For instance, ignorance and illiteracy will make some persons not to be aware of the benefit of family planning method. Even though the family planning service provider comes to visit the person and educate him or her on the importance of family planning method, he or she will be confused and will not listen to the service provider, especially those couples in the Northern part of Nigeria. Most of them said that family planning service providers want them to be barren for life, as such they tend to withdraw from the services.

(d) Effects of Low Usage of Family Planning Services in Nigeria

In 1988, the Federal Government of Nigeria adopted the policy on population for development, unity and self reliance. A revised policy in 2004 has included the aim of reduction of maternal deaths by 75% in 2015 in accordance with the Millennium Development Goal. The goals of the policy were to improve the standard of living of Nigerians, promote health and welfare of the



people through the reduction of deaths and disease among women and children, achieve a lower population growth rate through voluntary fertility regulation, and stem the population drift to urban areas. An evaluation of the policy and the specific targets of the Nigerian Population Policy (NPP) by Adekunle et al have unfortunately indicated a total failure of all set targets for the year 2000. Today, population growth in Nigeria has continued to grow with an estimate of 170 million and this has become problematic. The government can no longer provide adequate infrastructure for its citizens. Unemployment as well as crime is on its increase. The consequences of low contraceptive use among Nigerian women leads to an estimated 1.5 million unplanned pregnancies every year, with about half of these resulting in elective abortions. Serious maternal complications from unsafe abortions account for 20%–40% of about 60,000 maternal deaths occurring each year in Nigeria. This therefore means that increasing the use of contraceptives should be the priority of the Nigerian government. A strong and massive family planning awareness scheme should be adopted not only to increase its awareness but also its adoption. This will help reduce the rate of unplanned pregnancy, maternal deaths vis a viz overpopulation in Nigeria.

Theoretical Perspectives on Population Growth and Low Uptake of Family Planning Services in Southeast Nigeria

Structural Functionalist Theory

The Structural -functionalist perspective views the society as a living organism in which each part of the organism contributes to its survival. They emphasize the way in which parts of the society (example Educational, Religious, Financial institutions) are structured to maintain its stability. Durkheim (1857-1917), like other functionalist views the various elements in society in terms of their functions or positive consequences for society. Talcott Parsons (1902-1979) regards the society as a system. Parsons claims that society is the way it is as social structures are interconnected and dependent on each other. Herbert Spencer (1820-1903) presents the parts of the society as “organs” that work towards the proper functioning of the “body” as a whole. Recognizing that not everything in society operates smoothly, Robert Merton labels certain elements as dysfunctional (referring to negative consequences an element has for the stability of the social system (Ritzer, 2008). In relation to population growth, functionalism considers



population growth as a normal process for any society. A society certainly cannot survive if it loses members, but can thrive only if it grows so that it can meet future challenges. The reasons for the importance of population growth according to the functionalist depend on the type of economy a society operates. Nigeria, a capitalist society is characterized by high birth and low death rates, but they still need to hire younger workers as older workers retire while new industries need to be able to depend on hiring enough young workers with the skill and knowledge these industries require.

However to the functionalist, though population growth is a normal process in terms of its benefit in the maintenance of the social system, when it is too rapid and severe it can be dysfunctional for the society because such growth creates overcrowding and can use up valuable resources such as food in the society. The problem with the functionalist analysis is not really in the qualitative life of the citizens but more or less on whether social order is maintained in the society. To that effect, the theory has little or no attention regarding the family size and challenges of use of family planning services.

Conflict Theory

Conflict theory assumes that social behavior is best understood in terms of conflict or tension between competing groups. Such conflict needs not be violent; it could be conflict between various groups in the society- men and women, people of different ages, racial or national backgrounds. Karl Marx(1818-1883) a major proponent of this theory argues that individuals and groups (social classes) within society have different amounts of material and non material resources(such as the wealthy vs. poor) and that the more powerful group use their power in order to exploit groups with less power (Schaefer, 2005).

The theory blames population growth on the failure of a nation's government to make contraceptives readily available and to do everything possible to increase women's education and independence (which both reduce birth rate). In Nigeria, tradition is an instrument of women's exploitation by the men (Salaam, 2003). The society has positioned the male folks to be the dominant party in the affairs of the society. Gender related power dynamics which position men at the head of the house hold with decision making power often make men have greater say in household decision making including when sex occurs and if contraception is used. Oluduro



(2013) posits that men in West Africa desire and have large family sizes in relation to their wives. According to him, Nigerian men are motivated to have many children because of their perceived socio economic benefits, for continuation of the family name and in the absence of real wealth, having many children is a way of boosting the man's ego. Conflict theory therefore, advocates for increase in women's education and the importance of having a say in the decision making power especially in the family and independence. Education promotes a shift in the quantity of children in favour of the quality of children.

Symbolic Interactionism

Symbolic interaction focuses on how individuals interact with one another in the society. This theory directs our attention to considering symbols and details of everyday life, what these symbols mean and how people interact with each other. Herbert Blumer (1900-1989) who coined the term symbolic interactionism puts forward an influential summary of the perspective; people act toward things based on the meaning those things have for them and these meanings are derived from social interaction and modified through interaction. The importance of meanings is reflected in Thomas's (1931) famous dictum: If situations are defined as real, they are real in their consequences. The definition of the situation emphasizes that people act in situations on the basis of how they are defined. Definitions, even when at variance with "objective" reality, have real consequences for people's actions and events.

In relation to population growth, symbolic interactionism seeks to understand why people engage or do not engage in activities related to population growth (for example, the use of contraceptives). These reasons may be due to social, cultural, political, or religious background of the people. For instance, in Nigeria, family planning choice depends on the religion of the couples. It may be Islam or Christianity that calls for raising and bearing children in the society. Some religions such as Roman Catholic sect have restrictions on artificial contraceptive use based on the belief that it is God's will to bring children into the world (Olaitan (2011)). Therefore, in order to address population growth, it is important to understand why people become involved, or fail to become involved in various activities related to population problems.



They also emphasize that people from different social backgrounds and from different cultures may have different understanding of child birth and population issues. Male children are held in high esteem and given preferential treatment over the female children (Ogunfowokan, 2009). This is because male child can maintain family genealogy by marrying many wives and procreating children who bear the family name. This calls for family with female children having frequent pregnancies until a male child is born.

Likely solutions to low use of family planning in Nigeria as identified in literatures are discussed here. R instance, Omolase et al (2009) advocated that more awareness about family planning services should be created amongst the populace through health education. The mass media should as well play a more important role in enlightening the populace about family planning.

Another solution is put forward by UNFPA (2010). According to this report, there is need to support more male involvement in the use of family planning services. This document further submits that specific focus by zone, state, age groups, urban, rural places of residence, marital status, level of education and literacy, and wealth should be ensured for programme and policy implementation aimed at improving access and utilization of sexual reproductive health services. Another scholar Ewhrudjakpor (2009) calls for a legislative act of government on the implementation of policies and enforcement of family size control. Olaitan (2011) suggests that Family planning service providers should educate the couples on the effectiveness of family planning choice. He further stressed that every couple should be discouraged about the thought of health risk of family planning choice and couples should as well agree and be involved when making decisions on the choice of family planning.

Adekunle, et al (2000) emphasize that family planning activity in Nigeria would be improved by wider dissemination of information on family planning through public lectures and the electronic media, training of family planning counselors to facilitate grassroots courage; universal entrenchment of family planning counseling into routine antenatal clinic activities, and integration of private medical centers into the national family planning service. Nkwo (2009) advocates for a partnership between family service providers and religious leaders such that contraceptive information could be disseminated through the churches and further suggests that governments at



local and state level should partner to create more awareness at the grassroots, and partnership should involve faith based organizations and traditional leaders.

Conclusion

From the discussion above, it is evident that contraceptive knowledge and awareness is high among the Nigerian population, but this awareness has not translated into increased contraceptive use, with the end result being very low contraceptive prevalence in Nigeria. Low contraceptive prevalence leads to high levels of unplanned pregnancies and abortions, leading to increases in the maternal mortality and reproduces itself in over population. Therefore to guard against this, issues relating to population and health of the masses should be taken very seriously.

Recommendations

1. There should be a full and radical implementation of the population policy of four children per woman per family. This should be accompanied by severe penalty for defaulters. It is important to point out that the population policy of one child per family in China has contributed to population control in that country.
2. The federal government should train more family planning community health officers to help in educating communities by establishing more health training centers in the country.
3. Government at local and state levels should partner to create more awareness at the grassroots on family planning. Religious leaders should be carried along and targeted in order to encourage their members to adopt family planning services.
4. The mass media and health care centers should also be encouraged to do more in enlightenment of the public on the benefits of family planning and in particular the use of devices such as contraceptives to avoid unwanted pregnancy.
5. Family planning services should be made cheaper and easily accessible. This can be achieved by the government providing free maternal and child birth services at all levels. Health care centers and family planning providers should be brought closer to communities for easy access of family planning services.
6. Cultural practices in which men are the decision makers should be loosened up to allow women contribute in making some decisions concerning the use of family planning



services. This can be done through mass education by the local government in collaboration with religious organizations and non-governmental organizations.

7. Federal government should remove tariffs on importation of condoms and other contraceptives imported into the country to help individuals and families acquire them at a cheaper rate and also encourage production of contraceptives by local pharmaceutical industries.

References

- Adekunle AO, Arowojolu AO, Adedimeji AA, & Okunlola MA. (2000). Emergency contraception: Survey of knowledge, attitudes and practice of health care professionals in Ibadan. *Journal of Obstetrics and Gynecology*, 20(3)284–289.
- Campbell M, Sahin-Hodoglugil, N.N., & Potts, M. (2006). Barriers to fertility regulation: a review of the literature. *Study Family Planning*, 37, 87–98.
- Contraceptive Practices in Nigeria: Literature Review and Recommendation for Future Policy Decisions*. Available from:
https://www.researchgate.net/publication/49603351_Contraceptive_Practices_in_Nigeria_Literare_Review_and_Recommendation_for_Future_Policy_Decisions [accessed oct 30 2017].
- Duze, M.C., & Mohammed, I.Z. (2006). Male knowledge, attitudes and family planning practices in northern Nigeria. *African Journal of Reproductive Health*, 10(3), 53-65.
- Eliason, S., Baiden, F., Quansa-Asare, G., Graham-Hayfron, Y., Bonsu, D., Philips, J., & Awusabi-Asare, K. (2013). Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. *Journal of Reproductive Health*, 10(34).



- Ezumah, N.N. (2003). Gender issues in the prevention and control of stis and hiv/aids. Lesson from Awka and Agulu, Anambra State, Nigeria. *African Journal of Reproductive Health*, 7(2),89-99.
- Mosunmola, F. & Tunde, A. (2013). Current Knowledge and pattern of use of family planning methods among severely ill psychiatric outpatients: implications for existing service. *Annals of African Medicine*, 12.
- National Population Commission and ICF Macro, 2009.
- National Population Commission and ORC Macro, 2004.
- Nkwo,P. (2004). Partnering with christian religious leaders to increase contraceptive coverage: A viable option in Enugu Nigeria. *The Internet Journal of Gynecology and Obstetrics*, 14 (2).
- Oludoro, O. (2013). Son preference in Nigeria: The human rights implications. Faculty of law, AdekunleAjarin University, Ondo state Nigeria. Retrieved From www.medicalsociology.online.org/resources/medsoc.2023.conference.posters/oluduro.poster.pdf.
- Omolase, C.O, Faturoti, S.O & Omolase, B.O. (2009). Awareness of family planning amongst antenatal patients in a Nigerian community: an exploratory study. *Annals of Ibadan Postgraduate Medicine*, 7(1).
- Osakue, S.O. (2010). Broadcast Media in Family Planning Matters in Rural Nigeria:The Ebelle Scenario. *Journal of communication*, 1(2), 77-85.
- Ritzer, G. (2008). *Sociological Theory*. New York, NY: McGraw-Hill.
- UNFPA (2004). *State of The world Population: Reproductive Health and Family Planning*. Retrieved from <http://www.unfpa.org/swp/2004/English/ch6/index.htm>
- UNFPA (2010). *Nigeria Family Planning Analysis: Selected Demographic and Socio-EconomicVariables*. Retrieved from<http://www.nigeria.unfpa.org/pdf/fpanalysispdf>.
- Symbolic Interactionism. (2015). in *Wikipedia*. Retrieved from <https://en.wikipedia.org/wiki/symbolicinteractionism>
- WHO. (2013). *Family Planning*. Retrieved from,<http://www.who.int/topics/familyplanning/en/>