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Family Planning Perceptions and Sustainable Development in Nigeria

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Abstract—There have been concerns on the galloping population growth and its effects on human beings. The world's population is increasing and now approximately eight billion people with high potential for further increase. Increasing population growth has significant social and economic implications at the individual, family, and societal levels. Family planning seems to be the potent cornerstone of a worldwide strategy to slow down population growth. However, in developing countries, the perception of the core population is not clear considering the hyper fertility rate in these countries. This study, a household survey, sampled 424 married women, and conducted five in-depth interviews, to examine the relationship between family planning perceptions and high fertility rate among married women in Nigeria. Data collected were analysed using percentages for univariate analysis and chi square to test relationships between the variables. The results revealed that 95.5% of the respondents had heard about family planning while 53.3% stated that they had never used it. A greater percentage of them admitted that they refused to adopt family planning for fear of side effects. About 51% of them stated that money was a barrier to the adoption of family planning while 35% of the respondents claimed that their religion did not support it. Linear regression results revealed that significant relationships existed between the family perceptions (p < 0.013), and sustainable development variables. Family planning was seen as an important preventive measure against infant and maternal mortality. The study concluded that culture, socio-economic factors and poor knowledge about family planning were major determinants of perceptions about family planning, and the utilisation. The study recommended increased family planning talks during clinical meetings with mothers, and empowerment of women in decision making about family planning within households.

Keywords—Population, Family Planning, Fertility, married women, development, empowerment

I. INTRODUCTION

There have been concerns on the galloping population growth and its effects on human beings. The world's population is increasing and now approximately eight billion people [1] with high potential for further increase. Nearly all of this growth is occurring in developing nations, where fertility rates remain relatively high. This high fertility runs counter to the preferences expressed by millions of women, who actually want to have smaller families [2]. Family planning became the cornerstone of a worldwide strategy to slow down population growth. The use of Family planning is also desirable because they are associated with a range of other benefits, most notably improvements in women's and children's health [3].

Globally, there is a clear statistical relationship between fertility and development. Countries with highest per capita incomes and the most favourable Human Development Index (HDI) tend to have the lowest fertility [4]. Fertility levels are highest in sub-Saharan Africa, especially in Nigeria where the Total Fertility Rate (TFRs) is 5.1. By Contrast, many developed countries have TFRs of less than 2 and thus below replacement level. However, the relationship between them is far from simple. The apparent relationship between fertility and development is basically rooted in cultural variables associated with marriage and family.

Although there is paucity of demographic information in Nigeria, various estimates of demographic parameters have indicated consistently high levels of fertility since the 1950's [5, 6, 7]. The demographic implication of all these is that the population is expected to double itself in about two and half decades. Also, of importance is the fact that potential parents of the future are already as numerous as suggested by the present age structure.

Family planning, identified as an essential component of Primary Health Care (PHC) in the Alma-Alta Declaration and of reproductive health at the International Conference on Population and Development, plays a major role in reducing maternal and newborn morbidity and mortality. It contributes towards the achievement of the Sustainable Development Goals (SDGs) and the target of the Health-for-All Policy [8].

Gender roles, social networks, religion and local beliefs influence the use of family planning [9]. To a large extent, societal values determine individual childbearing preferences and sexual reproductive health behaviour. Culture affect person's attitude towards family planning, desired sex of children and preferences about family size [10, 11, 12].

In Nigeria, most research have been based exclusively on family planning methods, scarcely do we have studies linking family planning perceptions to contraceptives use. This paper examines the family planning perceptions and sustainable development in Nigeria. This study is based on Health Belief Model in which incidence of unplanned pregnancy will

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continue to skyrocket and we would continue to have repeated cases of maternal and infant mortality which endanger the achievement of sustainable development.

II. RESEARCH DESIGN AND STUDY AREA

The study adopted survey design with data obtained across socio-economic strata while In-depth Interview (IDI) was conducted in the study area to elicit qualitative data on the issues involved in the study. The target population for this study focuses on married women in Ado-Odo/Ota Local Government Area, Ogun State between the ages of 18-60 years. Since the focus of the research is primarily on family planning perceptions and sustainable development.

A primary and secondary source of data was also utilized. The primary source used was the administration of questionnaires and In-depth Interview (IDI) while the secondary source included journals, textbooks, dictionary and past research works. This enables the researcher to investigate the social, cultural, religious and economic barriers as it affects family planning and the side effects of contraceptives among the respondents.

All the respondents were female because the study focused only on married women. It is however not applicable for married men. The analysis of their marital status indicated that 4.5% were single parents as at the time of survey. It also revealed that majority of the respondents were married representing 86.1% of the total respondents as indicated in table 1. The analysis shows that relatively small proportion of the respondents were separated constituting only 2.8% as revealed in table 1. This implies that the majority of the respondents were married because it is the target of the study.

Table 2 presents the distribution of respondents by their level of awareness and use of Family Planning. Although about 95.5% signified that they heard about family planning while 4.5% were ignorant of family planning. This in essence exemplified the nature of the study area. The proportion of respondents that have access to source of information on family planning is indicated in table 2. It was revealed that 44.1% source of information of family planning were from Local health Centers while 22.9% were from the media, which include Newspapers, Magazine, Internet and Television.3.3% source of information of family planning were from religious centers. It is also of interest to note that the proportion of information gotten from friends and parents were 20.3% and 7.3% respectively.

This implies that most of the respondents give birth to their children in the local health centers where they were been lectured on family planning. Furthermore, table 4.2 shows that 53.3% have not ever used family planning because 23.1% fear of side effects of family planning methods. This is however in line with USAID (2008) that asserts that the fear of side effects made married women not to make use of family planning methods.

III. FAMILY PLANNING PERCEPTIONS

Table 3 presents the distribution of respondents by family planning perception. The table below revealed the proportion of married women that view family planning as a taboo. This estimate was done in order to respondents that were against the use of taboo. Precisely, the basic aim for using this variable is to determine the perception of family planning among the married women in the study area. It is revealed from the table that large percentage of the respondents did not view family planning as a taboo.

This stands out to be 82.5%, basically as a result of advert of colonialism and globalization. As at the time of this survey, 60.6% of the respondents' religion is in support of the use of family planning. This is in variance to Osula (2002) who asserts that in many religions, there is an opposition to human intervention in the reproductive process. The analysis shows that 34.7% of the respondents' religion is not in support of the use of family planning. The table further revealed that 73.3% of the respondents' tribe did not view family planning as a taboo in contrast to [10, 11, 12] affirmation that Culture affect person's attitude towards family planning, desired sex of children and preferences about family size. The analysis shows that 21.9% of the respondents' tribe views family planning as a taboo. As depicted in Table 3, about 51.2% did not view money as a barrier to the use of family planning while 44.6% view money as a barrier to the use of family planning. This implies that all the respondents are monthly income earners. Furthermore, Table 3 shows that large percentage of the respondents' spouse is in support of the use of family planning while 25.5% of the respondents' spouse was not in support of the use of family planning. This implies that there are mutual agreements on the method of family planning to use.

IV. FIGURES AND TABLES

Marital status	Frequency	Percent	Currently employed	Frequency	Percent
Single	19	4.5	Yes	296	69.8
Married	365	86.1	No	128	30.2
Divorce	14	3.3	Total	424	100.0
Separated	12	2.8	Current Occupation		
Other	14	3.3	Farming	6	1.4
Total	424	100.0	Artisan	21	5.0
Religion Affiliation			Trading	102	24.1
Christian	335	79.0	House wives	48	11.3
Muslim	78	18.4	Civil Servants	105	24.8
Traditionalist	11	2.6	Professional	114	26.9
Total	424	100.0	Other	28	6.6
Christian			Total	10.1	100.0
domination				424	100.0
Pentecostal	254	59.9	Only wife		
Catholic	33	7.8	Yes	342	80.7
Orthodox	26	6.1	No	82	19.3
Other	22	5.2	Total	424	100.0
Other Religions	89	21.0	Year of Marriage		
Total	424	100.0	Less or = 1980	8	1.9
Ethnic group			1981-1990	38	9.0
Yoruba	260	61.3	1991-2000	80	18.9
Igbo	69	16.3	2001-2010	221	52.1
Hausa	31	7.3 AN	2011 till date	50	11.8
Other	64	INT 15.1 AT	Total CONFERENCE	ON 397	93.6
Total	424 424	AFP 100.0 D	No Response	(CU-IC/27)	6.4
Education level			Total	424	100.0
Primary School	17	4.0	Children Ever Born		
Secondary School	89	21.0	1-2 Children	180	42.5
Tertiary Institution	318	75.0	3-4 Children	170	40.1
Total	424	100.0	5-6 Children	34	8.0
Monthly income			7 Children & above	4	.9
Less or = 20000	49	11.6	No Response	36	8.5
21000-50000	75	17.7	Total	424	100.0
51000-80000	35	8.3	Age Group		
81000-110000	39	9.2	Less than 30	111	26.2
111000 & above	43	10.1	30-39 Years	196	46.2
Total	241	56.8	40-49 Years	77	18.2
No Response	183	43.2	50 Years & above	40	9.4
Total	424	100.0	Total	424	100.0

Table 1: Respondents' Socio-Demographic Profile

Family Planning Awareness	Frequency	Percent	Family Planning Use	Frequency	Percent
Heard about Family Planning			Ever used family planning		
Yes	405	95.5	Yes	198	46.7
No	19	4.5	No	226	53.3
Total	424	100	Total	424	100
Source of Information of FP			Reasons for not using		
Friends	86	20.3	Fear of side effects	98	23.1
Parents\Relatives	31	7.3	Religious prohibition	38	9
The media	97	22.9	Reduces ciotal satisfaction	6	1.4
Local Health Centers	187	44.1	Spouse hates the idea	27	6.4
Church	10	2.4	Others	29	6.8
Mosque	4	0.9	No Response	226	53.3
Other	9	2.1	Total	424	100
Total	424	100			

Table 2.Distribution of Respondents by Family Planning Awareness and Use
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Table 3: Distribution of respondents by Family Planning Perception

Family planning a taboo	Frequency	Percent
Yes	65	15.3
No	350	82.5
No Response	9	2.1
Total	424	100.0
Religion support family planning		
Yes	257	60.6
No	ATIONAL CO147ERENCE O	34.7
No Response	N DEVELOPME 20 ISSUES (C	U-ICADI) 4.7
Total	424	100.0
Family planning a taboo in your tribe		
Yes	93	21.9
No	311	73.3
No Response	20	4.7
Total	424	100.0
Money as a barrier to the use of family planning		
Yes	189	44.6
No	217	51.2
No Response	18	4.2
Total	424	100.0
Spouse in support of the use of family planning		
Yes	296	69.8
No	108	25.5
No Response	20	4.7
Total	424	100.0
Mutual agreement on the method of family planning us	e	
Yes	297	70.0
No	90	21.2
No Response	37	8.7
Total	424	100.0

REFERENCES

- [1] Population Reference Bureau, (2015). World Population: Data Sheet. Washington, DC: The Bureau, 2011.
- [2] Sippel, L. Kiziak., Woellert, F. & Klingholz, R. (2011), Berlin Institute for population and development. Africa Demographic challenges: How a young population can make development possible.
- [3] ICPD (2015) Reports on International Conference on Population and Development. United Nations. New York.
- [4] Gould, W.T.S. (2009). Population and Development. New York: Routledge
- [5] Federal Office of Statistics (1992) Nigeria Demographic and Health Survey 1990, IRD/Macro International. United States of America.
- [6] Orubuloye I.O (1989) "Population policy in Nigeria", in Developments in family planning policies and programmes in Africa, proceedings of the colloquium on the impact of family Planning in Sub-Saharan Africa: Current Issues and Prospects, pp.452. Regional Institution for Population Studies, University of Ghana, Legon.

- [7] National Population Bureau (1984) Nigeria fertility survey 1981/82, principal report Vol. 1 Lagos.
- [8] World Health Organization (2015) Improving Access to Quality care in Family Planning: Medical eligibility criteria for contraceptive use. 3rd ed. Geneva, Switzerland: World Health Organization.
- [9] Bosveld, W (1998). Explaining between Country Variations in Fertility: The Theoretical link between Individual Behaviour and Social Context. Amsterdan, Post doctorate Nethur-Demography Paper No.41, p. 17.
- [10] Dixon-Muller, R. (1999). Gender Inequalities and Reproductive Health: Changing Priorities in an Era of Social Transformation and Globalization. Belgium, *International Union for the Scientific Study of Population Policy and Research Paper* No.16.
- [11] Greenwell, K.F. (1996). Contraceptive Method Mix Menu: Providing Healthy Choices for Women. World Health Statistics Quarterly 49(2): 88-93.
- [12] Vickers, C.A. (1974). Decision Making about Family Planning in Family Level. In American Home Economics and family planning, Resource paper for curriculum development, Washington D.C. American Home Economic Association.

