

FAMILIES IN NIGERIA

Understanding their Diversity,
Adaptability, and Strengths

Edited by Olufemi Adeniyi Fawole
and Sampson Lee Blair

CONTEMPORARY PERSPECTIVES
IN FAMILY RESEARCH

VOLUME 18

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CONTEMPORARY PERSPECTIVES IN FAMILY
RESEARCH VOLUME 18

**FAMILIES IN NIGERIA:
UNDERSTANDING THEIR
DIVERSITY, ADAPTABILITY,
AND STRENGTHS**

EDITED BY

OLUFEMI ADENIYI FAWOLE

University of Ilorin, Nigeria

and

SAMPSON LEE BLAIR

The State University of New York (Buffalo), USA



United Kingdom – North America – Japan
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CHAPTER 1

FACTORS INFLUENCING THE ATTITUDE OF WOMEN TOWARD FAMILY PLANNING METHOD IN NIGERIA

Abdullahi Kayode Ibrahim

ABSTRACT

Family planning is one of the services that has positive influence on the social welfare and health of the mothers and directly contributes to reduction of maternal morbidity and mortality. Family planning is a major health issue in Africa and it has degenerated more into socioeconomic problems like poverty, overpopulation, delinquent children, and so on. Studies have shown that family planning is safe to use but this has remains obscure to most women in developing countries such as Nigeria. Fewer numbers of women have knowledge and access to family planning but majority of Nigerians failed to adopt the habit as a result of many factors such as education, age, culture, religion, income, and health status which influence their attitude toward family planning among others. Social Action Theory was used as the theoretical guide in examining the behavior, attitude, and perception of women toward family planning as well as to give a clear knowledge about the importance of family planning on individual, family, and society at large. This chapter reveals that population explosion, malnutrition, and diseases such as HIV (and other diseases) are trending in Nigeria. Hence, it was recommended that every health worker should engage more in community-based awareness and enlightenment on the utilization of family planning; also, there is a need to

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intensify information dissemination and educational campaigns through the media. Furthermore, importance should be placed on modern contraceptives.

Keywords: Family planning; women; contraceptives; morbidity; Nigeria; Millennium Development Goals

INTRODUCTION

Family planning is widely acknowledged as an important intervention toward achieving Millennium Development Goals (MDGs) 4 and 5 as it has proven to reduce maternal and child mortality (Eliason et al., 2014). The recent attention drawn to the issue of family planning by international bodies like the World Health Organization (WHO), United Nations Fund for Population Agency (UNFPA) cannot be over-emphasized. This is due to the socioeconomic implications and health hazards that a high population growth rate has on the economies of developing countries (Beegle, Christiaensen, Dabalen & Gaddis, 2016). Inadequate family planning strategies have continuously exacerbated the vulnerability of the socioeconomic situation of developing countries, culminating in high maternal and infant mortality, increasing hardcore poverty, the disintegration of the extended family system, high incidence of HIV/AIDS and sexually transmitted infections, and a high incidence of morbidity and mortality (Petruny, Minichiello, McDowell, & Wilcher 2012).

Studies have shown that family planning is safe and enhances the lives of women, children, and families (Agbo, Ogbonna, & Okeahialam, 2013; Conde-Agudelo and Belizán, 2000; Rutstein, 2005; White & Speizer, 2007). At least 25% of all maternal deaths can be prevented by family planning (Apanga & Adam, 2015). It has been identified by the WHO as one of the six essential health interventions bodies needed to achieve safe motherhood and by the United Nations Children Fund (UNICEF) as one of seven strategies for child survival (Hyeladi, Gyang, & Chuwang, 2014). Family planning has also been found to promote gender equality, educational and economic empowerment for women (Yue, O'Donnel, & Sparks, 2010). Advocates of birth control see it as a means to prevent the personal and social pressures that result from rapid population growth (Rogers, 2010).

Despite these recorded improvements, family planning methods remain low in various parts of the world including Asia and Africa (Starbird, Norton, & Marcus, 2016). This has resulted in high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions, and maternal mortalities in sub-Saharan Africa of which Nigeria is no exception (Crossette, 2005). The low uptake of family planning is largely blamed on many factors. It has been observed that the awareness of the availability of family planning services has a great influence on the uptake of family planning services (Lauria, Donati, Spinelli, Bonciani, & Grandolfo, 2014). Additionally, even though some women are aware of the availability of family planning services, they are not properly informed about the various forms

of family planning methods and how they work (Malini & Narayanan, 2014). Some of the women who went for family planning services were not adequately counseled on the side effects of some of the family planning methods (Malini & Narayanan, 2014). For example, in Uganda, some women stopped using contraceptives after they experienced what they perceived were side effects of the contraceptives and this includes excessive bleeding, husband's approval, high cost of family planning methods, fear and is contrary to their religious ideology among others (Kabagenyi et al., 2014). Reports have also shown that contraceptive use in sub-Saharan Africa is low despite evidence of the pivotal role of family planning (Apanga & Adam, 2015). Sub-Saharan Africa, which is home to only 10% of the world's women, contributes annually to 12 million unwanted or unplanned pregnancies and 40% of all pregnancy-related death worldwide (Utoo & Araoye, 2012; WHO, 2004a, 2004b).

In addition to disparities in the uptake of family planning across sub-regions of Africa, wide variation also exists within the countries. In particular, sub-Saharan Africans living in rural areas tend to use fewer contraceptives and have more children than their urban counterparts (Agbo, Ogbonna, & Okeahialam, 2013). Conversely, the overall contraceptive prevalence among women in Nigeria is 16% and the use of any family planning method increases with age from 6% among women age 15–19 to 21% among women age 35–39, after which it declines to 12% among women age 45–49 (NPC and ICF International, 2014). Overall, 15% of currently married women in Nigeria are using a contraceptive method, indicating only a 2% increase from the Nigeria Demographic Health Survey (2013).

The majority of the contraceptive users rely on a modern method (10% of currently married women and 5% use traditional methods). Moreover, the report indicated that rural areas have a much higher total fertility rate than urban areas (6.2% vs. 4.7%) and currently married women in urban areas are considered likely to use any method of contraception (27%) than women in rural areas (9%) (NPC, 2013; NPC and ICF International, 2014). Studies have also recorded a high level of knowledge and awareness on contraception but with low usage (Barrett & Buckley, 2007; Moronkola, Ojediran, & Amosun, 2006; Odusina, Ugal, & Olaposi, 2012; Olugbenga-Bello, Abodunrin, & Adeomi, 2011). Differences in the knowledge and usage of family planning methods may be due to socioeconomic factors, such as those inherent in the individual's environment, family factor, health, and age factors among others. These contribute to the sociocultural determinants of health, which include factors like marital status, culture, religion, education, tribe, and occupation (Adeyemo, Oladipupo, & Omisore, 2012; Kelly, Morgan, Bonnefoy, Butt, & Bergman, 2007). Some of these factors impact synergistically on health and several of these factors are found in living and working conditions (such as the distribution of income, wealth, influence, power, and cultural factors including beliefs, customs, and norms), rather than individual factors (WHO, 2010).

Most women's contraceptive knowledge and practices are influenced by several factors that make it extremely difficult or impossible for women to take decisions concerning their own health in the absence of their spouses (Envuladu, Agbo, Lassa, Kigbu & Zoakah, 2013; Beekle & McCabe, 2006). Although there are a number of theoretical and empirical studies on women and family planning

methods in Nigeria, most recent studies have not specifically and adequately examined factors influencing the attitude of women toward family planning in Nigeria. It is against this backdrop that this chapter examined the factors influencing the attitude of women toward family planning.

CONCEPTUALIZING FAMILY PLANNING AND CONTRACEPTIVES

Family Planning

Family planning is usually used as a synonym for the use of birth control. However, WHO (2015) defined family planning as a method that allows people to attain their desired number of children and determine the spacing of pregnancies. This is achieved through the use of contraceptive methods and the treatment of infertility. It is mostly adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children (Olaitan, 2009). Family planning encompasses planning when to have children and using birth control and other techniques to implement such plans (National Health Insurance Scheme (NHIS), 2014; US Department of Health and Human Services (USDHHS), 2012; WHO, 2012b). Other techniques commonly used include sexual education prevention and management of sexually transmitted diseases, pre-conception counseling, management, and infertility management (Mischell, 2007; Olaitan, 2009; WHO, 2012b). From the definition above, the role of family planning is helping couples become more responsible in child bearing and rearing cannot be over emphasized, it entails the setting of goals and achieving them. In another dimension, Akinsola (1993) stated that family planning implies the right of every family to plan how to have as many children as they can cater for and spacing their births for maximum benefits. He further stated that family planning should be broadly perceived as a way of life which contributes effectively to the social, economic development of community or society in general through helping couples to:

- Avoid unwanted pregnancies.
- Bring about wanted babies.
- Space intervals between birth with maximum benefits including child and mother welfare.
- Decide the number of children they can cater for.
- Control ages of pregnancy.

Family planning may encompass sterilization, as well as pregnancy termination. It also includes raising a child with methods that require a significant amount of resources, namely: time, social, financial, and environmental. Family planning measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources.

Contraceptive Use

Hennink (1997) defines contraceptive use as "the deliberate employment of a technique or device to prevent conception." Contraceptive use has been described as the most important proximate determinant of fertility (Tiernan et al., 2014). The proximate determinants of fertility are the biological and behavioral factors through which social, economic, and environmental variables affect fertility. Contraception is defined as the practice of methods intended to prevent or space future pregnancy (Irja, 2007). Contraceptive methods can be divided into two categories: traditional and modern. Modern contraceptives are easily classifiable and include oral contraceptives, intrauterine devices (IUDs), female and male sterilization, injections, condoms, and the diaphragm (Irja, 2007). Other practices, which have a direct impact on fertility that have been used include prolonged breastfeeding and postpartum sexual abstinence, which are probably used by mothers more for recuperating between births, child survival, and child spacing rather than for limiting family size. Thus, these methods have not been considered as contraceptive methods although, their fertility inhibiting characteristics are well recognized. Traditional methods recognized in this study include withdrawal, periodic abstinence, and use of herbs and wearing traditional beads (Okech, Wawire, & Mburu, 2011).

THEORETICAL APPROACH

Social Action Theory

Weber developed this theory and to him, social action is an action carried out by an individual to which a person attaches a meaning; an action which in his words, "takes account of the behavior of others and is thereby oriented in its course" (Haralambos, Holborne, Heald & Trowler, 2004). Thus an action that a person doesn't think about before carrying out cannot be a social activity. Weber argued that a sociological explanation of action should begin with observing and interpreting the subjective inner state of the actor. By subjective inner state, Weber was referring to the capacity of the actors to act on their interpretation, understanding, meaning, and judgment, and to exercise rational choice by carrying out their actions to realize their choice in the society (Morison, 2006). Thus Weber used the terms interpretation, understanding, meaning, and judgment to identify the subjective inner state of an actor that makes him or her to act the way he or she does.

To Weber, social action can be explained according to two levels of understanding: direct and explanatory understandings (Haralambos, Holborn, & Heald, 2004). Direct understanding is when one can see or observe someone's action while explanatory understanding involves understanding a social action based on the meaning or motive behind the act. The motive could be defined as something that propels or stimulates one to action (Olutayo & Akanle, 2013). Actions stem from the subjective inner state of the actor, in other to understand and explain social action; a sociologist must discover the meaning the actor is giving to such action. The meaning of action therefore lies in the specific value consideration of

the actor (Olutayo & Akanle, 2013). Weber stated that society is the product of human actions according to values and valued ends. Thus, whatever is produced in society by human action is the result of the value attached to it.

Social action theory is relevant to this study because it explains different types of action and why people act the way they do with regard to family planning. It would help in explaining the rationale behind the preference of women to adopt family planning or rather to ignore and continue to give birth to numerous children. The different types of actions identified by Weber will help in understanding the factors responsible for women's actions and preferences for family planning.

Going by Weber's explanation of traditional action, certain actions lack specific orientation to rationality since actors just act in response to custom, tradition, and an established way of living. Activities such as giving birth to numerous children to serve as an economic benefit might not be based on a subjective interpretation of the actor but rather on what the actor perceives to be acceptable by the community as norms. The utilization of family planning services might be a result of women's definition of the situation which is a product of cultural background and the subjective meaning they attach to the act of seeking help on health-related issues. Medical needs are not only determined by the presence of physical illness, but also by cultural perception of that illness.

According to Weber's explanation of emotional actions, these forms of action are generally spontaneous and are produced without strong conscious consideration. The use of family planning in such a context is often influenced by the individual's perception of the efficacy of such health services. A woman's decision to carelessly have unprotected sexual intercourse might be based on impulse, a product of her current emotional state.

Value rational action and instrumental rational action are based on the perceived benefit attached to acting in a specific way. It is based on the subjective judgment and meaning applied to actions by the actors. Instrumental rational action entails weighing means and ends in comparison to other types of actions. Here a woman will believe that having more children is a blessing of God to the family to have more children to rely on while growing old might opt for the second based on certain subjective reasons. The use of family planning in such a context is often influenced by the individual's perception of the efficacy of child reduction and having protected sex. The major relevance of this theory to this study is that Weber posited that the way people define a situation determines their actions, knowledge of women toward family planning could be the reason for their negligent attitude toward it where some people believe it will affect their sex satisfaction and kill the blessing God wanted to bestow them.

Importance of Family Planning

Family planning encompasses the services, policies, information, attitudes, practices, and commodities, including contraceptives, that give women, men, couples, and adolescents the ability to avoid unintended pregnancy and choose whether and/or when to have a child. Family planning affects people in myriad ways. Fundamentally, it advances human rights. Family planning helps women

and men secure their rights to decide freely, and for themselves, whether, when, and how many children they want to have a basic human right (UNFPA, 2010). Meanwhile, Isaiah (2007) cited in Wole-Alo, Sunmola, and Adesida (2016) opined that family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude, and responsible decisions by individuals and couples to promote the health and welfare of the family group, and this contributes effectively to the social development of a country. The utilization of family planning services does more than enable women to limit family size. Engender-Health (2004) stated that it safeguards individuals' health's rights to improve the quality of life for women, their partners, and children. United Nation Millennium development goals (2015) opined that reproductive right affords all couples and individuals the right to decide freely and responsibly the number and spacing of their children. Family planning is important in a variety of ways and this is as follows:

Family planning helps reduce poverty. According to Global Health Science and Practice (GHSP 2016), in the last couple of decades, many countries in the developing world have experienced a decline in poverty significantly. In the 1980s, 50% of the developing world's population lived on less than US\$1.25 per day. In 2010, this indicator had dropped to 21.7% (Olinto & Uematsu, 2010). A 2010 study found that the family planning program in Colombia reduced women's completed lifetime fertility by approximately one-half of a child and explained a relatively low 6–7% of the fertility decline between 1964 and 1993 (Naik & Smith, 2015).

Family planning contributes to improved nutrition outcomes. As noted in a recent brief on the impacts of family planning on nutrition, "undernutrition," which includes stunting, underweight, wasting, and vitamin deficiencies contribute to nearly half of all childhood deaths. This means that about 3.1 million children under age five die each year from malnutrition-related causes (Naik & Smith, 2015). The breastfeeding method of family planning, the lactation amenorrhea method (LAM), considered a modern method of family planning yields all of the nutritional benefits of exclusive breastfeeding, and thus can directly influence newborn and infant nutritional status (Malarcher et al., 2016). However, the correct use of this method globally is low at 26% of reported LAM users. Scaling up correct LAM use globally could bring tremendous nutritional benefits to newborns and infants, and prevent unwanted pregnancy among postpartum women for six months, before transitioning to another modern method (Fabic & Choi, 2013).

Family planning saves lives. Every day, approximately 830 women die from causes related to pregnancy and childbirth. Nearly all 99% of these maternal deaths occur in low-income countries. More than half of the deaths occur in sub-Saharan Africa, while one-third occurs in South Asia. Also, in 2015, 5.9 million children died who were under five years of age (WHO, 2016). Analyses indicate that, between 2012 and 2020, family planning could help avert approximately 7 million under five deaths and prevent 450,000 maternal deaths in 22 priority

countries of the U.S. Agency for International Development (USAID, 2014). A modeling study of 172 countries estimated that, in 2008 alone, family planning averted 272,040 maternal deaths – a 44% reduction compared with the maternal deaths that would have occurred without contraceptive use (WHO, 2016). Demographic high-risk pregnancies – pregnancies that occur too early or late in the mother's age, are too closely spaced, or are considered too many (high parity) are associated with a higher risk of mortality or morbidity. Family planning improves the health of women and children by reducing the proportion of pregnancies that are considered to be high risk. Family planning also reduces the number of women exposed to pregnancy-related health risks, thus lowering the number of unintended pregnancies and births (WHO, 2016).

Family planning prevents HIV/AIDS transmission. Family planning plays an important role in curbing the HIV/AIDS epidemic. Correct and consistent use of male or female condoms prevents transmission of HIV. It also prevents unintended pregnancy in women with HIV, and thus potential transmission of the virus to the newborn, as well as maternal deaths (including those related to HIV).

Factors that Influence the Attitude of Women Toward Family Planning in Nigeria

A reproductive revolution characterized by plummeting fertility rates and increased use of birth control has been occurring in the world's developing regions over the past several decades. Fertility will fall in Africa only if women decide they want to have fewer children and actively try to avoid getting pregnant. These factors influence the attitudes of women toward family planning; age, education, income, culture, religion, and health. These factors will be treated one after the other.

Age

The use of family planning methods among adolescent girls is low (Darroach, Woog, Bankole, & Ashford, 2016). The Demographic and Health Survey reveals that younger women who are often better educated and enlightened than their mothers and grandmothers tend to adopt the policy of having fewer children than older women. The lower fertility aspirations for younger women suggest that birth rates come down as these women pass through their reproductive years if their actual childbearing matches their current aspirations. In a study titled, economic recession and family planning uptake (2018), it was demonstrated that younger women, often have a stronger fertility desire than older women in Nigeria. Younger women often wanted another child within two years compared to women aged. The use of pills and condoms are preferred more when the average age is lower. When the contraceptive use of married and fertile women is examined according to their age, it is observed that middle-aged women tend to use the family planning method more than younger and older ones. Another study demonstrated that the use of contraception was maximum (84.8%) in 30 years and more and minimum (2.2%)

in 20 years age. The age at first marriage is another important cultural factor influencing fertility dynamics in Africa (Ekouevi & Adepoju, 1995). Although studies have shown that a larger portion of those with early marriages, whose fertility preferences were out of tune with reality at the point of marriage, now long for lower family size.

Education

Education is the most dynamic and influential tool for inducing a positive attitude among couples toward the methods and measures of family planning (Dhingra, Manhas, Kohli, & Mushtaq, 2010; Mao, 2007; Mishara, 2004). Similarly, Oyediran, Ishola, and Feyisetan (2002) observed that education, place of residence, the number of living children, and being counseled for family planning were key factors in determining contraceptive knowledge and use among married men in Nigeria. In a study conducted by Apanga and Adam (2015), it was found that the educational level of respondents was positively associated with the utilization of family planning services. This finding suggests that people with higher education are more likely to go for family planning services than their counterparts with lower education. This agrees with other studies revealed that women with higher education tend to be better informed about family planning services and are more likely to use the service than their peers with lower education (Awusabo-Asare, Biddlecom, Kumi-Kyereme, & Patterson, 2006; Weller & Davis, 2002).

The study also revealed that the educational background of the couples and involvement of partners toward the choice of family planning significantly influenced the choice of family planning among couples as to improve their reproductive health and economic standard of living, to reduce maternal mortality, morbidity, and unwanted pregnancy (Apanga & Adam, 2015). Education affects the attitudinal and behavioral patterns of the individual and so, may have a direct influence on fertility. Education has been recognized as a key determinant factor for fertility decline because it allows for the enlightenment of women about themselves, the world around them, and the opportunities available to explore toward self-maximization and fulfillment that can be gotten outside childbearing. Hence, throughout the world, the education of women has been associated with a desire for fewer children, greater use of contraceptives, and lower fertility.

Health

The most commonly reported barriers to family planning methods are lack of knowledge, health concerns, and social disapproval (Casterline & Sinding, 2000). The health of women has been a major influencing factor in family planning. Due to the numerous complications that come with childbearing, women tend to turn to family planning to control their fertility and avoid health hazards and sicknesses that result in maternal death. Family planning helps women avoid unwanted pregnancies and abortions. Certain contraceptives methods; condoms, for example, also help prevent the spread of sexually transmitted diseases, including HIV/AIDS. Family planning also helps women avoid high risks births, usually

defined as birth to very young women, births spaced less than two years apart, and births by older women who already have many children.

Socioeconomic Factors

There are some contraceptive methods of family planning that are expensive, and some couples cannot afford to use or purchase them due to their financial situations in society. For instance, people in rural areas cannot afford to use the expensive contraceptive methods of family planning such as vasectomy, IUD (which are small, flexible, plastic frame inserted in the vagina of women), and female sterilization method. In Nigeria, the incidence of poverty increased from 28.1% in 1980 to 46.3% and 65.6% in 1985 and 1996, respectively, while the proportion of the core poor rose from 6.2% to 12.1% and 29.3% over the same period (Obadan & Odusola, 2001). World Bank (2001b) also shows that the population surviving under less than \$1.0 and \$2.0 per day to be 70.2% and 90.8% of the population. In most studies on family planning, women are usually on the front line of factors that affect socioeconomic outcomes. Despite important advances toward equality, differences in the socioeconomic outcomes of men and women persist. With industrialization, families have better economic opportunities and social security. Thus, aggravating living conditions and taking more roles in women's work-life reduces the desire to have many children. Consequently, it is necessary to expand the aims of existing societies to include the interests of women. Everywhere in the world, men have an important role in the socioeconomic progress of women. When designing social sex-based policies, ignoring women increases both their effectiveness and inequality. The use of fertility and contraception in developing countries is associated with socioeconomic status and other relevant factors. Poverty influences child mortality negatively because of restricted access to health facilities and the possibility of the first marriage, timing of first birth, and weakening of gender responsibilities positively. One of the main indicators of poverty, besides low income, is a lack of access to social services such as education that promotes the tendencies for early marriages and limited knowledge of family planning practices.

Culture

Traditional values also play a big role in family planning acceptance and decision, as many cultures and traditions support giving birth to as many children as possible. Some see it as a thing of pride. In some places in Nigeria, a man with many children is regarded as a strong and rich man as such family planning acceptance is very minimal (Suntai & Apuke, 2016). Traditional values feature prominently because the cultural valuation of children is evident in Africa and this negatively affected the use of family planning methods (Lawoyin et al., 2002). Studies have shown that there is generally a low level of acceptance of modern contraceptives in Nigeria (Orji & Onwudiegwu, 2002). In Africa and particularly Nigeria, cultural traditions favor large families because children are expected to help their parents financially and help ensure a kind of family immortality, by ensuring the

family continues from generation to generation, and keeping the family's name is an important part of our culture. Hence, culturally, the point of consideration for family planning is mainly for spacing births and not for stopping pregnancies. Almost all cultures in Nigeria embrace an increase in childbearing. In fact, some decades back, the more you have children, the more proceeds you get from the farm and this will result in more money for the family.

Religion

Religion plays an important role in the adoption of family planning technique (Nigatu, 2007). Some religions, such as Catholicism, have restrictions on contraception based on the belief that it is God's will to bring children into the world. According to Dixon-Muller (1999), religious believers or observers might choose to avoid certain methods of family planning, such as birth control pill, to live their lives according to the teachings of their religion. Also, the religious inclination has been noted to be a major constrain to the uptake of family planning services in Africa (Gaetano, Lutuf, Zaake, & Annika, 2014; Odimegwu, 2005). Religion influences people's perceptions about family planning; especially on methods with post-fertilization effects. Catholics are against some methods, religion, in essence, is not the issue against family planning but the mechanism of contraceptive actions. This is the importance of information and knowledge of women about family planning methods that cannot be over-emphasized. Islam as a prominent religion in Nigeria allows men to marry as many as four wives and bear more children.

CONCLUSION

Family planning is an important method for the Africa continent and specifically Nigeria. The world becomes stable upon the success in reducing barriers to universal availability and acceptance of family planning methods. Family planning services often suffer set back as barriers bedeviled the implementation of the methods. Though there are benefits associated with family planning the majority of women in Nigeria are yet to wholeheartedly embrace the initiative due to the religious and cultural beliefs. There is a high level of awareness of modern family planning methods among women in Nigeria although the use rates were low. The most important determinants of using the methods were observed to be the level of knowledge of the methods; religious affiliation, cultural factors, socioeconomic factors, health, education, and age among others.

The main reasons for the non-use of family planning methods in Nigeria were the religious belief that is contrary to religious ideology, excessive bleeding, husband's approval, high cost of family planning methods, and fear among others. This study is useful in advocating comprehensive fertility control interventions in Nigeria through improved promotion and accessibility to contraceptive counseling and services. It is, therefore, necessary for women who have side effects with the use of family planning methods to be targeted and

carried along with family planning providers and health workers to address such problems, to enable African women to access and use family planning methods with ease. Reproductive health programs must intensify efforts in improving women's knowledge of modern family planning methods and encourage partner communication to raise contraceptive prevalence rates.

Nigerian women should be well-informed about the benefits of family planning. It is necessary to emphasize the benefits of the services as it will help reduce misconceptions and increase access and utilization of family planning services among couples. More regular training should be provided to family planning providers of all types to empower them to be able to better responds to the needs of Nigeria society and counsel clients about different family planning methods, on their parts, government and non-governmental organization should conduct campaigns encouraging contraceptive use and should distribute promotional materials to providers directly so that they can market the family planning services to the people.

REFERENCES

- Adeyemo, A. R., Oladipupo, A., & Omisore, A. O. (2012). Knowledge and practice of contraception among women of reproductive ages in South West, Nigeria. *The International Journal of Engineering and Science*, 1(2), 70–76.
- Agbo, H. A., Ogbonna, C., & Okeahialam, B. N. (2013). Factors related to the uptake of contraceptive in a rural community in Plateau State Nigeria: A cross-sectional community study. *J Med Trop*, 2013(15), 107–112.
- Akinsola. (1993). *History of family planning in Nigeria*. Lagos.
- Apanga, P. A., & Adam, M. A. (2015). Factors influencing the uptake of family planning services in the Talensi District, Ghana. *Pan African Medical Journal*, 20, 10. doi:10.11604/pamj.2015.20.5301
- Awusabo-Asare, K., Biddlecom, A., Kumi-Kyereme, A., & Patterson, K. (2006). *Adolescent sexual and reproductive health in Ghana. Results from the 2004 National Survey of Adolescents*. New York, NY: The Guttmacher Institute.
- Barrett, J., & Buckley, C. (2007). Constrained contraceptive choice: IUD prevalence in Uzbekistan. *International Family Planning Perspectives*, 33(2), 50–57.
- Beekle, A. T., & McCabe, C. (2006). Awareness and determinants of family planning practice in Jimma, Ethiopia. *International Nursing Review*, 53, 269–276.
- Casterline, J., & Sinding, S. (2000). Unmet needs for family planning in developing countries and complications for population policy. *Population and Development Review*, 26(4), 691–723.
- Conde-Agudelo, A., & Belizán, J. M. (2000). Maternal morbidity and mortality associated with interpregnancy interval: Cross sectional study. *BMJ*, 321, 1255–1259.
- Crossette, B. (2005). Reproductive health and the millennium development goals: The missing link. *Studies in Family Planning*, 36, 71–79.
- Darroch, J. E., Woog, V., Bankole, A., & Ashford, L. S (2016). *Adding it up: Cost and benefit of meeting the contraceptive needs of adolescent*. New York, NY: Guttmacher institute.
- Dhingra, R., Manhas, S., Kohli, N., & Mushtaq, A. (2010). Attitude of couples towards family planning. *Journal of Human Ecology*, 30(1), 63–70.
- Dixon-Muller, R. (1999). *Gender inequalities and reproductive health: Changing priorities in an era of social transformation and globalization*. Policy and Research Paper No. 16. International Union for the Scientific Study of Population, Belgium.
- Ekouevi, K., & Adepoju, A. (1995). Adjustment, social sectors and demographic change in sub-Saharan Africa. *Journal of International Development*, 7(1), 47–59.
- Eliason, S., Baiden, F., Quansah-Asare, G., Graham-Hayfron, Y., Bonsu, D., Phillips, J., & Awusabo-Asare, K. (2014). Factors influencing the intention of women in rural Ghana to adopt

- postpartum family planning. *Reproductive Health*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724747/>. Accessed on April 12, 2014.
- Engender-Health. (2004). Improving women's health worldwide: Country by country, Nigeria. Retrieved from www.engenderhealth.org/wh/sp/cemerg/html
- Fabic, M. S., & Choi, Y. (2013). Assessing the quality of data regarding use of the lactational amenorrhea method. *Studies in Family Planning*, 44(2), 205–221.
- Gaetano, M., Lutuf, A., Zaake, D., & Annika, J. (2014, March). Predictors of contraceptive use among female adolescents in Ghana. *African Journal of Reproductive Health*, 18(1), 102.
- Global Health Science and Practice (GHSP). (2016). Accessible Contraceptive implant removal services: An essential element of quality service delivery and scale-up, 9(3), September 30, 2016.
- Haralambos, M., Holborn, M., Heald, R., & Trowler, P. (2004). *Sociology: Themes and perspectives*.
- Hennink, M. (1997). *Trends in contraceptive use and method choice in Britain: A literature review*. Unpublished paper. University of Southampton, UK.
- Hyeladi, A., Gyang, J. D., & Chuwang, N. (2014). Family planning practice and factors influencing family size among Mwaghavul Ethnic Group of Plateau State. *The International Journal of Humanities & Social Studies*, 2(3), 106–109.
- Irja, N. K. (2007). *Contraceptive use among women of Namibia: determinants and policy implications*. Doctoral dissertation, PhD thesis in the Department of Sociology, University of Pretoria, South Africa, 2007.
- Isaiah, M. C. (2007). Attitudes of farmers toward Family Planning Programs in Ehime Mbano LGA of Imo State. PGD Project Report. Rivers State University of Science and Technology, Port Harcourt.
- Kabagenyi, A., Jennings, L., Reid, A., Nalwadda, G., Ntozi, J., & Atuyambe, L. (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: A qualitative study of men and women's perceptions in two rural districts in Uganda. *Reproductive Health*, 11(1), 21.
- Kelly, M. P., Morgan, A., Bonnefoy, J., Butt, J., & Bergman, V. (2007). *The social determinants of health: Developing an evidence base for political action*. National Institute for Health and Clinical Excellence. Retrieved from http://www.who.int/final_report_102007
- Lauria, L., Donati, S., Spinelli, A., Bonciani, M., & Grandolfo, M. E. (2014). The effect of contraceptive counselling in the pre and post-natal period on contraceptive use at three months after delivery among Italian and immigrant women. *Annali dell'Istituto Superiore di Sanità*, 50(1), 54–61.
- Lawoyin, T. O., Osinowo, H., Babatunde, M., Bajomo, T. G., Betiku, A. O., Biakolo, ... Fehintola, A. (2002). Family planning in rural Nigeria: A study among men. *Africa Journal of Medical Science*, 31(2), 159–162.
- Malarcher, S., Spieler, J., Fabic, M., Jordan, S., Starbird, E., & Kenon, C. (2016). Fertility awareness methods: Distinctive modern contraceptives. *Global Health: Science and Practice*, 4(1), 13–15.
- Malini, B., & Narayanan, E. (2014). Unmet need for family planning among married women of reproductive age group in urban Tamil Nadu. *Journal of Family & Community Medicine*, 21(1), 53–55.
- Mao, J. (2007). Knowledge, attitude and practice of family planning: A study of Tezu Village, Manipur (India). *The Internet Journal of Biological Anthropology*, 1(1), 5–10.
- Mischell, K. (2007). *Family planning: Contraception, sterilization, and pregnancy termination. Comprehensive gynaecology* (5th ed.). Philadelphia, PA: Mosby Elsevier.
- Mishara, V. (2004). Muslim/non-muslim differentials in fertility and family planning in India. Population and Health Series, Number 112 (East-West Centre Working Paper), Honolulu.
- Morison, T. (2006). Heterosexual men and parenthood decision making in South Africa: Attending to the invisible norm. *Journal of Family issues*, 34(8), 1125–1144.
- Moronkola, O. A., Ojedian, M. M., & Amosun, A. (2006). Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. *African Health Sciences*, 6(3), 155–159.
- Naik, R., & Smith, R. (2015). *Impacts of family planning on nutrition*. Washington, DC: Futures Group, Health Policy Project. Retrieved from http://www.healthpolicyproject.com/pubs/690_FPandnutritionFinal.pdf
- National Health Insurance Scheme (NHIS). (2014). What services do family planning clinics provide? Healthquestions.2010. Retrieved from <https://www.google.co.za/search?q=NHS+Direct+What+services+do+family+planning+clinics+provide%3F+Health+questions.&oq=NHS+Dir>

- ect.+What+services+do+family+planning+clinics+provide%3F+Health+questions.&aqs=chrome:69i57j1493j0j1&sourceid=chrome&ie=UTF-8. Accessed on January 13, 2014.
- National Population Commission (NPC) [NIGERIA] AND ICF Macro. (2014). Nigeria Demographic and Health Survey 2014. Abuja, Nigeria: National Population Commission and ICF Macro.
- National Population Council (NPC). (2013). Nigeria Demographic and Health Survey 2013. Abuja, Nigeria: National Population Commission and ICF Macro International.
- Nigatu, R. (2007). Socio-economic correlates of high fertility among low contraceptive communities of Southern Ethiopia. *Journal of Human Ecology*, 21(3), 203–213.
- Obadan, M. I., & Odusola, A. F. (2001). The economy and poverty in Nigeria. Paper presented at the national conference on law and poverty. Organised by the Nigerian Institute of Advanced Legal Studies, June 26–28, Kaduna.
- Odimegwu, C. (2005). Influence of religion on adolescent sexual attitudes and behaviour among Nigerian University students: Affiliation or commitment? *African Journal of Reproductive Health*, 9(2), 125–140.
- Odusina, E. K., Ugal, D. B., & Olaposi, O. (2012). Socio-economic status, contraceptive knowledge and use among rural women in Ikeji Arakeji, Osun State, Nigeria. *Afro Asian Journal of Social Sciences*, 3, 1–10.
- Okech, T., Wawire, N. W., & Mburu, T. (2011). Contraceptive use among women of reproductive age in Kenya's City slums. *International Journal of Business and Social Science*, 2(1), 22.
- Olaitan, O. L. (2009). Factors influencing the choice of family planning among couples in Southwest Nigeria. *International Journal of Medicine and Medical Sciences*, 3(7), 227–232.
- Olinto, P., & Uematsu, H. (2010). *The state of the poor: Where are the poor and where are the poorest*. Washington, DC: World Bank.
- Olugbenga-Bello, A., Abodunrin, O., & Adeomi, A. (2011). Contraceptive practices among women in rural communities in South-Western Nigeria. *Global Journal of Medical Research*, 11(2), 1–9.
- Olutayo, A. O., & Akanle, O. (2013). *Sociological theory for African students*. Ibadan press.
- Oyediran, K. A., Ishola, G. P., & Feyisetan, B. J. (2002). Factors affecting ever married men's contraceptive knowledge and use in Nigeria. Retrieved from <http://www.journals.cambridge>.
- Petruny, T., Minichiello, S. N., McDowell, M., & Wilcher, R. (2012). Meeting the contraceptive needs of key populations affected by HIV in Asia: An unfinished agenda. *AIDS Research and Treatment*, 2012, 792649.
- Rogers, K. (2010). *The reproductive system* (7th ed.). Chicago, IL: Britannica Educational.
- Rutstein, S. O. (2005). Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: Evidence from the demographic and health surveys. *International Journal of Gynecology & Obstetrics*, 89(Suppl. 1), S7–S24.
- Starbird, E., Norton, M., & Marcus, R. (2016). Investing in family planning: Key to achieving the sustainable development goals. *Global Health Sciences Practice*, 1(5), 74–86.
- Suntai, D., & Apuke, O. D. (2016). Perception of married women aged 18–45 on the practice of family planning in Ardo Kola Local Government Area of Taraba State of Nigeria. *International Scientific Journal*, 54, 289–299. Retrieved from www.worldscientificnews.com
- Tiernan, C. T., Ginsberg, S. D., Guillozet-Bongaarts, A. L., Ward, S. M., He, B., Kanaan, N. M., ... & Counts, S. E. (2016). Protein homeostasis gene dysregulation in pretangle-bearing nucleus basalis neurons during the progression of Alzheimer's disease. *Neurobiology of Aging*, 42, 80–90.
- U.S. Agency for International Development (USAID). (2014). *Acting on the call: Ending preventable child and maternal deaths Report June 2014*. Washington, DC: USAID. Retrieved from https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf
- UNFPA. (2010). *Myths, misrepresentation and fear. Addressing condom use barriers*. New York, NY: Occasional Publication.
- United Nations. (2015). Millennium development goals. Retrieved from <http://www.un.org/millenniumgoals>. Accessed on June 25, 2015.
- US Department of Health and Human Services (USDHHS). (2012). Administration for Children and Families. Office of Population Affairs. United States of America. <http://www.hhs.gov>. Accessed on June 2012.
- Weller, S., & Davis, K. (2002). Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Systemic Review*, 1, CD003255.

- White, J. S., & Speizer, I. S. (2007). Can family planning outreach bridge the urban-rural divide in Zambia? *BMC Health Services Research*, 7, 143.
- Wole-Alo, F. I., Sunmola, O. H., & Adesida, I. E. (2016). Knowledge and utilization of family planning methods among farming households in Ondo East Local Government Area of Ondo State, Nigeria. *American Journal of Agricultural Science, Engineering and Technology*, 3(1), 56-70.
- World Bank. (2001b). *African Development Indicators 2001*. Washington, DC: The World Bank.
- World Health Organization (WHO). (2004a). Repositioning family planning in reproductive health services: Framework for accelerated action 2005-2014. Report of the Regional Director AFR/ec54/11 Rev/2004, pp. 20-27.
- World Health Organization (WHO). (2004b). *Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000* (4th ed.). Geneva: WHO.
- World Health Organization (WHO). (2010). *Social determinants of sexual and reproductive health: Informing future research and programme implementation* (pp. 10-18). Geneva: WHO.
- World Health Organization (WHO). (2012a). *Cutting-edge global research on family planning and improving adolescent sexual and reproductive health*. Geneva: WHO.
- World Health Organization (WHO). (2012b). Family planning. *World Contraception Day 2012*. Retrieved from <http://www.your-life.com>. Accessed on February 2, 2014.
- World Health Organization (WHO). (2015). *Family planning/Contraception*. Retrieved from <http://www.who.int/en/newsroom/fact-sheets/detail/family-planning-contraception>
- World Health Organization (WHO). (2016). *Children: reducing mortality: Fact sheet*. Geneva: WHO. Retrieved from <http://www.who.int/mediacentre/factsheets/fs178/en/>
- Yue, K., O'Donnel, C., & Sparks, P. L. (2010). The effect of spousal communication on contraceptive use in Central Terai, Nepal. *Patient Education and Counseling*, 81(3), 402-408.