

Nigerian Family Planning: Taking Socioeconomic and Sociocultural Aspects into Account for Sustainable Development

Ogbozor Ndidi Chukwudi

Department of Public Administration, Kampala International University Uganda

ABSTRACT

The present paper attempts to scrutinize the complex aspect of family planning in Nigeria which is seen as being a catalyst for positive outcomes among women's health issues, wellbeing of their families and the country's progress. Agreeing with SDG that family planning is its top most mission, the World Health Organization (WHO) has chosen it to save the life of mothers and children who are facing complications during the child birth. Although the trend of declining fertility worldwide at the hands of the global contraception is an established fact, the situation of Nigerian women is quite different as they are actually facing a high birth rates and such a phenomenon could eventually lead to a population explosion which in turn would aggravate the economic and social problems. The research explores the multidimensional factors of family planning that comprise the socioeconomic and socio-cultural driving force and emphasizes the intervention efficiency necessity.

Keywords: Family Planning, Society, Socio economic matters, and Cultural factor

INTRODUCTION

Family planning performs a central role in maintaining women's health; etc. as well as distinguished positive outcomes in its families and a nation as a whole. In addition to other elements, SDGs recognition family role has been chosen as one of the priorities. UNFPA [1] takes a firm position that a strategy promotion of family planning is a primary tool to address maternal and neonatal mortality in maternal and child health issues. In Nigeria, one of the four components of maternal health namely family planning is the key. With the exception of the sub-Saharan region, as a result of the widespread use of contraception, fertility rates worldwide are declining. Nigeria is not a different case, attracting almost the same population as the entire African continent having a projection of about 264 million people by 2050. Nigeria has difficulties in regards to high birth rates possible population expansion, therefore, the burden of economic and social problems gets even more severe. The impact, or the association, between involvement of many people in creating poverty and other problems which make women carry a lot of burden and which also

affect child and maternal existence are now evident. High fertility is a factor leading to morbidity and mortality among children and mothers which creates a prospect of increased maternal mortality. From the survey of the NDHS (National Demographic and Health Survey), in Nigeria the under-five mortality rates have been significantly reduced but in the present state, the need of efficient family planning and family welfare is highlighted. Studies show that the usage of contemporary family planning methods and child interval can greatly mitigate unplanned pregnancies and fertility declines [4]. Moreover women from developing countries like Nigeria, face dangerous reproductive diseases resulting from the unsafe abortions after failing to plan their pregnancies. Maternal mortality figures are criticized - they make 40% of the total number of accidental abortions [5]. Dealing with these problems needs a "stock-taking" approach that takes the multidimensionality of family planning into account both in economic and the sociocultural areas.

Socioeconomic Factors

The entity, which is the feature that differentiates men and women, is the pivotal link between social roles and positions in the family planning. Whilst there have been major steps forward on the ladder of gender equality, still there is a lot of work to be done

in family planning issues to counteract the impact of the undermining socioeconomic circumstances. Working in industrial sector improve people earning and therefore they will consider family size based on living conditions, with better

standard of living meaning that they will be satisfied with few children [6-8]. As well as men, their social-economic advancement is crucial, and we risk disregarding women's view on this, though it were to lead to inequality. For the developing countries, family planning and the ways of limiting fertility are in most cases connected with the social and economic status. The withdrawal method, which is

the most popular method used in the practice of birth control in the developing countries, is among those attributed to social determinants, whereas more needs to be done to understand these complexity better. Gender inequality removal, and providing women with the proper economic opportunities are the steps to ensure the success of family planning.

Sociocultural Factors

Cultural frames influence beliefs and practice patterns of family planning realm. Every cultural group has a specific vision about fertility, pregnancies, birth and the procedures of the births are highly celebrated forming a 'birth culture.' Economic condition, family structures, gender roles, and society believes surrounding people further influence contraceptive practices. Religious identity, which is often deep-rooted in traditional cultural norms, can substantially shape the attitudes of women who favor or who do not favor contraception. Such cultural and social factors play a pivotal role in the implementation of family planning

programs; hence, one of the key elements for success in such programs is the understanding and respecting these causes. The religious doctrines of the hosted powers are often institutionalized and in the process reinforce the patriarchal structures that constrain the freedoms of woman's choice. Addressing these factors calls for delicate strategies that take into account how the cultural conventions form and work as well as the decision-making process of family planning.

Location

Geographical fault lines also contribute to the rate of contraceptive usage, as the differences in access to these services across regions are common. It is no rarity that cities show higher contraceptive use than villages due to more advantageous social services, education, public health services, and family planning educated. Liquid values social factors,

where a person lives influences the use of contraceptives. Enough infrastructure and information likely contribute to elimination of deferrals due to the geographic gaps and thus ensure equity in the provision of family planning services [8].

Age

As a woman matures, her age within the family planning matters in the decision making. The fact that the age at which women bare their children, as well as the timing between births, could predict the possibilities of using of family planning. Firstly, there is a higher likelihood to see younger women

who want to experience fertility, and thus, to have a different contraceptive perception [5]. Various information programs not only for secondary or high school students but also with the children and extended family awareness will make their families smaller.

Education

Such an emerging element of women's education becomes to be a determining factor of family planning outcomes. Education levels over the higher end are linked with preferring the family planning more and with lower numbers of children desired and walking with a higher awareness. Educated women have the ability to lift themselves out of

poverty, timely matrimony and motherhood. Hence, a corresponding need for contraceptives increases [6]. Concomitantly to the growth of education, the trend toward modern contraceptive use is also recognized, which in turn nearly always leads to decreased maternal and child mortality figures

Attitudes affecting Family Planning

Personal sentiments regarding contraception method usage definitely influence whether an individual embraces family planning as well as the modes of contraception that he employs [6]. Hereditary matters and the surroundings affect numerous fundamental aspects such as education, socio-cultural factors, socioeconomic status, age, traditional beliefs, religion, family structure, location, and knowledge levels which in turns shape attitudes and beliefs [8]. Positive or negative trends

might stand as obstacles or facilitators in use of family planning methods. Recognizing these attitudes should be a priority for program designers so they can develop targeted family planning services and interventions [7]. Family Planning in Nigeria is multi-dimensional and it defined by the social economy factors and social cultural as well. A comprehensive approach to solving these complexities would acknowledge the hand-in-hand functioning of gender roles, cultural norms, spatial

inequalities, age, level of education and individuals' perception. Effectively implemented family planning programs should hold women's economic

empowerment as a focus, while also considering cultural factors and adapting interventions to age and positioning.

CONCLUSION

The family planning issue in Nigeria gets solved as a complicated problem by many factors with different focus. It qualifies the significance of attending to the socioeconomic and sociocultural determinants as the primary step towards the success of family planning programs. The fact that Nigeria has a high birth rate and that the risks associated with high birth rates for both maternal and maternal child health calls for looking at the issues facetiously. The study

recommends for a comprehensive strategy that recognizes various sociological features such as gender roles, cultural norms, geographical gaps, age, literacy, and individual attitudes. Enhancing women's economic status, addressing cultural issues fully, and altering intervention designs to target particular groups in different communities are the most significant moves towards success in Nigeria that will be attained.

REFERENCES

1. World Health Organization (WHO). *Repositioning Family Planning; Guidelines for Advocacy Action*. 2008.
2. *International Journal of Obstetrics and Gynaecology*. 1996;38(2): 115–118.
3. *Nigeria Demographic Health Survey. Preliminary Report National Population Commission MEASURE DHS, ICF International*. Calverton, Maryland, USA. 2013.
4. Ahmed T. *Pakistan Demographic and Health Survey 1990/91 and 2012-13*, in Islamabad and Columbia. 1992. MD: Pakistan National Institute of Population Studies and Macro International; 2014
5. Abe, E. and Omo-Aghoja, L. O. (2008). *Maternal Mortality at the Central Hospital Benin City Nigeria: A Ten-Year Review*. *Afr. J. Reprod. Health.*, 12(3): 17–26.
6. Gauthier, A. H. (2007). The impact of family policies on fertility in industrialized countries: a review of the literature. *Population research and policy review*, 26:323–46.
7. Sensoy, N., Korkut, Y., Akturan, S., Yilmaz, M., Tuz, C. and Tuncel, B. (2018). Factors affecting the attitudes of women toward family planning. *Family planning*, 13;13:33.
8. Wambugu, J. W. (2019). *Health Care Quality Dimensions, Client Characteristics, and Performance of Family Planning Programme in Nakuru County Kenya* (Doctoral dissertation, University of Nairobi).

CITE AS: Ogbozor Ndidu Chukwudi (2024). Nigerian Family Planning: Taking Socioeconomic and Sociocultural Aspects into Account for Sustainable Development. IAA JOURNAL OF COMMUNICATION 10(1):14-15. <https://doi.org/10.59298/IAAJC/2024/101.1415.10000>