

A Review of Socio-Cultural Factors Militating the Use of Family Planning Services in Nigeria

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Abstract

Family planning is an important component of reproductive health that affects the lives of women, their family members and the nation as a whole. Access to safe, effective and affordable family planning services is recognised by the world health organisation as a universal human right. This review paper is premised on the socio-cultural factors militating the use of family planning services in Nigeria. It reviewed the rationale for the study as well as the specific objective which includes; to examine the influence of religious beliefs on the use of family planning services, to examine the influence of traditional cultural values on the use of family planning services, to examine the level of access and availability on the use of family planning services, to investigate the influence of level of education on the use of family planning services, and to examine the influence of socio-economic status on the use of family planning services in Nigeria. This review adopted doctrinal approach or secondary sources of data collection in order to ensure a diligent and meticulous approach to the research. The review in this study was obtained from previously published journals, articles, books that focused on the specific phenomenon being investigated. Findings based on the objectives review numerous socio-cultural factors affecting the use of family planning services in Nigeria including; disapproval, religious beliefs, cultural disapproval, long distances of sources, poor services of family planning clinics, limited knowledge and education, cost amongst others. It was recommended amongst others strategies aimed at improving access/availability to family planning services; the involvement of traditional/religious leaders, economic empowerment of women/education and continuous research aimed at improving safety and reducing side effect profile of the methods.

Keywords: Socio-cultural Factors, Family Planning Services, Nigeria.

INTRODUCTION

Population increase has become a great concern for economic planners, demographers and even government. This is as a course of its socio-economic impact at individual and societal level. The effort to raise incomes and living standard is falling in many countries especially Nigeria, particularly where population is growing most rapidly and where family planning is not widely practised. In the seventies, the country enjoyed oil boom and having a larger family, did not bring economic burden to parents because economic situation was relatively cheaper and easy to come by. There was little or no psychological stress about caring for children.

Many parents stick to the traditional belief of having many children, because culturally having many children prove how wealthy a man is. Also, many parents especially

men, prefer to have large families that could help them in farming and other economic activities. The Current realization that large population can hold back socio-economic development and health for all programmers has led to the quest for information on family planning and other related reproductive health problems. Maternal health outcomes in Nigeria have continued to be of great concern.

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According to the 2018 National Demographic Health Survey (NDHS), there were 512 maternal deaths per 100,000 live births, which is still high when compared to the developed countries (National Population Commission, 2018). Family planning is one of the ways through which maternal deaths can be reduced. The interval between pregnancies can be prolonged by providing family planning services for postpartum women and this can help protect their health and that of their newborns. Efforts have been ongoing to ensure that contraceptives are available to women in Nigeria (OlaOlorun, & Tsui 2019; Every Woman Every Child (EWEC) 2017), however, uptake is still low with only 12% of women using a modern method of family planning. There is also high unmet need for family planning in Nigeria with about 19% of married women having an unmet need for family planning. This can subsequently lead to high fertility rates and increased population growth in the face of economic instability facing the country (Muhammad, 2017). Additionally, maternal mortality and morbidity can be unfavourable to economic development.

Family planning services is an educational, comprehensive medical or social activity which enables individuals to determine freely the number and spacing of their children and to select how this may be achieved. Chandra, Bernstein, Ezeh, Faundes and Glasier, (2016) indicated that 41.7% of women of reproductive age receive at least one family planning service from a medical care provider either already pregnant, seeking to become pregnant or infertile because of sterilization. Nonetheless, the low percentage of individuals using family planning services suggests that either some women are not planning their pregnancies deliberately or they are experiencing problems accessing this type of services (Odimegwu, 2019). Family planning in Nigeria is one of the pillars of safe motherhood where women can access services that would prevent unwanted pregnancies. In Nigeria, family planning services are frequently delivered in clinics with little or no connection with medical facilities. The utilisation of these services in Nigeria is low when compared to the high fertility and population growth rate in Africa, high fertility translates into high population, and the growth rate was estimated to be between 2.5 and 3.0 percent per annum. Osemwenkha (2014) further stated that it is likely that the utilisation of family planning services can alter the population growth rate. Reports have shown that contraceptive knowledge, and usage is very low in Nigeria, hence the reason for the high fertility and increased population (Osemwenkha, 2014)

The underutilisation of family planning services in Nigeria is attributed to psycho social factors like low literacy, traditional/cultural values, level of education, age of the

mother, religious belief, and low socio-economic status of women (Oyedokun, 2017); and spousal communication on family planning has also been found to influence contraception use. Again, the number of living sons a woman has also influences her contraceptive use. The resultant effect of underutilisation of these services is a leading cause to the high prevalence of teenage pregnancy and maternal deaths in Africa. Family planning services are necessary for the widespread of adoption of preconception care for planning pregnancies and counseling. The potential of family planning services is to promote preconception care which is limited by underutilisation of these services and adequate attention to preconception care during the reproductive years is dependent on the woman and man planning their pregnancies, not only in respect to their timing but also on health-related factors that would maximize their chances for a healthy pregnancy and healthy infant. Child spacing, which is one of the benefits of utilising family planning services have been identified as a means of reducing maternal deaths. Nigeria alone accounts for 10 percent of maternal deaths and disability occurrence (Ekpenyong & Ekpenyong 2019). In addition, utilisation of family planning helps to prevent women from participating in unsafe abortion practices. This is because in Nigeria, like many other African countries, abortion is illegal and the United Nation Population Fund (UNFPA) 2009 reported that 74,000 women were estimated to die because of unsafe abortion.

STATEMENT OF THE PROBLEM

The issue of family planning services in term of the factors that affect its utilization is a global phenomenon. Several people have interest in planning their family, but it is either they are not aware due to several factors, or some are very much aware of it, but they avoid family planning due to personal and religious reasons. Yet, level of education has a lot to do on the issue of family planning services in Nigeria (Opalaye, 2018). Religious reasons, traditional belief and other reasons serve as the back - up to couples not being aware and not using family planning services. Islam for example believes that, "family planning is prohibited and that one should marry a woman whose family has more children". It is also believed in Islam that more children own by a woman, the more her Ummah (Muslim brotherhood) will grow. While in Christianity, it is believed that, God created man and woman, and commanded them to multiply. With these religious injunctions, most couples in Nigeria are holding unto it and disregard family planning services. This has turned out to be socio-economic and demographic problems in Nigeria (Muhammad, 2017).

Contrarily, some couples are aware of family planning

services, but they are not using it, because the tradition or patriarchal cultures that the husband has the final say in the family. This brings about argument in deciding the approval of family planning among husband and wife. This is a major constraint as women in Nigeria cannot take decisions for themselves without the approval of their husbands who are regarded as the head of the family. Therefore, it makes women more unlikely to use contraceptives, if their husband disagrees even though they are aware of family planning services and methods. While some couples are aware, but do not know the type to use and/or who to discuss such kind of confidential family affairs with (USAID (2021).

Awareness and adaptation goes along with education; studies have shown that the rural couples in Nigeria are mostly uneducated compared to developed world. Therefore, family planning method to use is not known to couples within the rural settlement because they lack information or are ignorant of modern method of contraceptives. In addition, some of the people in Nigeria are aware and also utilize family planning services, but they misuse or are unable to carefully follow the family planning instruction guide due to several factors. Hence, this study examines the socio-cultural factors affecting the use of family planning services in Nigeria, in order to establish what, how and why they do not utilize it.

There are still a number of factors for not using a method. Factors affecting the use of family planning services may include disapproval, religious beliefs, cultural disapproval, fertility desires and fear of side effects, long distances of sources, poor services of family planning clinics, limited knowledge and skills of providers, workload at the clinic, inconvenience at the family planning clinic, and cost. Literature have shown that there are other socio-cultural factors affecting the use of family planning services in Nigeria such as lack of knowledge and awareness of the health benefits of family planning, social stigma rumors and myths about use of contraceptives, and lack of consensus among partner is considered as factors preventing family planning practice (Muhammad, 2017; Olise, 2022; & Reshma, 2018). Therefore, it is against this background that this study seeks to examine the socio and cultural factors affecting the use of family planning services in Nigeria.

AIM AND OBJECTIVES

The broad aim of the study is to examine the socio and cultural factors affecting the use of family planning services in Nigeria. While, the specific objectives are to:

- i. Examine the influence of religious beliefs on the use of family planning services in Nigeria

- ii. Examine the influence of traditional cultural values on the use of family planning services in Nigeria
- iii. Examine the level of access and availability on the use of family planning services in Nigeria.
- iv. investigate the influence of level of education and non-awareness on the use of family planning services in Nigeria
- v. Examine the influence of socio-economic status on the use of family planning services in Nigeria

LITERATURE REVIEW

Conceptual Review

Concept of Family Planning

The definition of family planning is approached in different ways by different authors. These various approaches either overlap or are observable in agreement with one another as what family planning should mean based on the writer's perspective and social context. Family planning simply means the propensity or tendency of having intercourse without the result of pregnancy. Thus, one did not abstain from sex, yet nothing like pregnancy for the period of time the couples want. Thus, it is a conscious attempt by couples to space birth to guarantee health of the mother and child or children. Invariably, it results into birth/fertility control (Alana, 2017).

According to USAID (2021) family planning is a concept that refers to the practice of controlling the number and spacing of children in a family through the use of contraception and other methods. It encompasses various strategies and services aimed at enabling individuals and couples to make informed decisions about their reproductive health. Family planning as a practice that helps individuals or married couples to attain certain objectives, such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family (Azuh, Fayomi & Ajayi, 2015).

Concept of Family Planning Services

The term "family planning services" might have several definitions depending on the way you look at it. In many cases, it refers to the public health service aimed at decreasing unwanted pregnancies and helping women control if and when they have children. And it is true there are governmental agencies as well as other organizations that provide family planning services for little or no cost to women who meet certain qualifications (Abasiattai,

Bassey & Udoma, 2018). However, family planning services are not just those public health services available through special programs. The broader definition of the term covers any services that allow women to control when she gets pregnant if she wishes to get pregnant at all. According to the Office of Disease Prevention and Health Promotion in 2019 about 45% of all pregnancies each year are unintended. Family planning is all about empowering women to make conscious choices about their reproductive health. Any woman can get family planning services from her obstetrics or gynecologist.

Things included in the broader definition of family planning services, According to Undelikwo, Osonwa, Ushie, and Osonwa, (2018).

General Reproductive Health: Many women's health services may be considered a part of family planning. Things like pelvic exams, pap smears, pregnancy testing, counseling, and breast exams are all things the gynecologist routinely provides. They are also part of family planning. The health of the reproductive system is a critical part of planning for future pregnancies.

Birth Control: Birth control counseling and management is often what most people associate with family planning. And while the term is often used to describe this particular service, it is not sole purpose of family planning services. However, birth control in any form is a key part of family and pregnancy planning because it provides women with more options. A gynecologist can give counseling on all types of hormonal or non-hormonal birth control including: Oral contraceptives, Barrier contraceptives, Intrauterine devices (IUDs), Contraceptive implants. Other hormonal options (skin patches or vaginal rings) and Natural methods.

Fertility Awareness: Fertility awareness is a type of birth control. However, rather than a prescribed medication or device, it is a method. Fertility awareness is also called natural family planning (NFP), or the rhythm method. There are different methods people follow including the Sympto-Thermal Method, the Ovulation Method, and the Billings Method. These methods may vary in some ways, but the general idea is the same. A woman's menstrual cycle is tracked to determine the days she is most likely to get pregnant each month. For a couple wanting to prevent pregnancy, they will then practice what is called periodic abstinence on those days and not have sex.

Pregnancy Spacing: Pregnancy spacing is another important part of family planning service. Pregnancy spacing is sometimes called birth spacing, or inter-pregnancy interval. How soon a woman gets pregnant

again after a prior pregnancy can have an impact on both maternal and infant health. According to the March of Dimes, it's best to wait 18 months between giving birth and getting pregnant again. Too little time between pregnancies increases the risks of premature birth. Other aspects of family planning, like birth control counseling or fertility awareness, can help with pregnancy spacing. Birth spacing may also be a factor for women who have had difficulty getting pregnant or for women older than 35. The 18-month window may not be right for those women. That's pregnancy spacing is an important part of family planning.

Assisted Reproductive Technology: Actual fertility treatments or ART procedures don't really fall under the umbrella of family planning services. These services wouldn't be covered by insurance as part of an appointment for pregnancy planning. Government or low/no-cost programs do not include fertility treatments as part of their family planning services. However, seeing a gynecologist will likely be one of the first things to do when having difficulty conceiving. And any service that involves discussion or counseling on planning to have a baby qualifies as pregnancy planning, so we're including it here. Many gynecologist practices offer fertility evaluations and some offer treatment. Sometimes a doctor will refer you to a fertility specialist for further evaluation and treatment.

Benefits of Family Planning

Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. Other reasons are stated bellow;

- i. **Reducing the number of abortions overall, especially unsafe abortion:** Closing the gap in the unmet need for contraceptives would further reduce the number of abortions worldwide by 64% each year. More than half of all abortions occurring in developing countries like Nigeria are unsafe, and fewer unsafe abortions would lead to fewer maternal deaths and injuries.
- ii. **Preventing sexually transmitted infections (STIs), including HIV/AIDS.** Improved access to condoms, both male and female, reduces the rate at which STIs, including HIV, are spread. Moreover, to the extent that HIV-positive women are better able to prevent unplanned pregnancies and births, they are also helping to reduce the rate of new HIV infections.
- iii. **Empowering women.** Women who can control the number and timing of their children can take better advantage of educational and economic opportunities, improving their own future and that of their families.

- iv. **Promoting social and economic development and security.** High population growth hampers poor countries like Nigeria's economic development as their expanding populations compete for limited resources such as food, housing, schools and jobs. Rapid and unsustainable population growth renders societies more unstable and can lead to greater civil unrest.
- v. **Protecting the environment.** Since so many women worldwide want fewer children than their mothers did, increasing their access to voluntary family planning services will further slow population growth rates. Rapidly growing population exacerbates environmental degradation and strains the world's resources.

Barriers to Family Planning Services

Cognitive, culture and demographic barriers were the main barriers that lead to not using/discontinuation of family planning methods. According to Reshma, (2018) women identify psychosocial reasons as the primary barriers to not using family planning services. The barriers to utilization of family planning services in Nigeria are the concerns of the safety of the methods to health, husband's opposition, religious prohibition, lack of money, poor health services desire for more children and fear of side effects which could also be based on wrong information or level of education.

Socio-Cultural Factors and Family Planning Services

Variety of socio-cultural factors militating the use of family planning service factors among others include:

- i. **Non-Awareness of Family Planning Services:** The initial step towards the utilization of family planning services by couples is the acquisition of awareness regarding these services. It is important to acknowledge that a certain level of awareness typically precedes the adoption of a specific family planning method (Ahanonu, 2019). Despite the widespread knowledge regarding birth control methods, the utilization of more complex techniques remains infrequent. The majority of young couples who possess awareness about birth control methods acquire this information from their peers. However, it is crucial to note that awareness obtained from friends often contains a significant amount of misinformation, distortion, falsehood, misconception, and self-centered perspectives. Consequently, this has resulted in the non-utilization or failure of various family planning practices in Nigeria. According to Reshma, (2018), health workers serve as the primary source of

information on emergency contraception in Nigeria. Additionally, there exists a low level of awareness regarding contraceptives in the slums of Nigeria's cities, primarily due to the poor living conditions and limited educational opportunities of the residents. Consequently, they do not value or appreciate knowledge about contraceptives to the same extent as individuals who are wealthier and more educated. Undelikwo, Osonwa, Ushie, and Osonwa, (2018) argue that there is evidence suggesting that family planning messages disseminated through the media play a crucial role in enhancing knowledge about family planning methods. Consequently, increased awareness leads to greater acceptance and utilization of these methods, particularly in areas with low literacy rates. Azuh, Fayomi, and Ajayi (2015) established that in Nigeria, mass media and social networks play significant roles in disseminating knowledge about contraceptives, and women translate this knowledge into behaviors that contribute to reduced fertility rates. The primary sources of awareness regarding contraception include parents, spouses, books, magazines, friends, teachers, and other forms of mass media. Ultimately, the extent of couples' utilization of family planning services is contingent upon their level of awareness.

- ii. **Level of Education:** Ahanonu, (2019) reports that the use of modern family planning was found to be much less common among women of reproductive age in Nigeria who had no formal education as compared to those who had some formal education. In a similar vein, women were much less likely to use modern family planning if their spouses had no formal education. As a result, informal education also affects the use of modern family planning among those who do not use it. Therefore, the degree of socialization determines the use. One of the main factors affecting people's knowledge of and use of contemporary birth control methods is their level of education. This is due to the fact that education makes people more receptive to and knowledgeable about contemporary birth control options
- iii. **Proximity to the Medical Centers and Facilities:** The likelihood of family planning use being influenced by the availability of family planning facilities and/or methods was higher when compared to the absence of such approaches. Thus, the use of contemporary family planning techniques is significantly influenced by the closeness of the family planning facility and medical facilities (Azuh, Fayomi, & Ajayi 2015). According to Undelikwo *et al.*, (2018) married women's acceptance and use of contemporary family planning techniques

may be hampered by their distance from the closest medical institution. Reshma (2018) argued that, poor access to health care centers negatively affect the utilization of modern methods of family planning services, as some of the health care centers may be geographically be inaccessible. Access to family planning services is determined by physical and logistical factors.

- iv. **Socio-Economic Status:** low socio-economic status of African women puts them in a situation where they are dependent on their husbands for financial support. They therefore, cannot independently decide on the number of children required in their families, the use of contraceptives, the husbands' use of condoms, nor about the husbands' polygamous marriages and/or extra-marital affairs. Women's low socio-economic status puts them in a submissive role, where they lack self-confidence, assertiveness and self-value. Husbands might have to grant their wives permission to use contraceptives. The higher the woman's socio-economic status, the more assertive she becomes and the more she can enjoy her reproductive rights. Women who are not earning an income or who earn smaller incomes falling below the breadline will always depend on their husbands for support, therefore forfeiting the right to decide about the reproductive issues generally, and the use of contraceptives specifically
- v. **Religion:** One of the variables influencing the pattern of contraceptive use as a family planning strategy is religion. For instance, Islamic women are less likely to utilize contraception because they typically defer to males when determining the appropriate number of children. In addition, the Roman Catholic Church has highly strict views on family planning and is against numerous birth control options. Married women were thus discouraged from utilizing family planning because to their strong religious desire for additional children. Undelikwo *et al.*, (2018) demonstrates that since God created children, there is no need to plan for or regulate fertility. One of the determining elements that influence family planning practices in Nigeria is religion. (Alana, 2017). However, based on religion kicking against family planning among married couples, it has shown that religion is a strong setback of family planning in Nigeria.
- vi. **Culture of the land:** An individual's degree of adherence to their cultural values affects not only their use of contraceptives but also their behavior when having children. In a lot of Nigerian societies, husbands give their wives' families gifts or cash as a

kind of bride prize. Because of this payment, males view their wives as things they have purchased. Women ultimately lose their ability to choose whether to take contraceptives or how many children they want. In certain situations, a man may be able to recoup his bride price if his wife is unable to conceive. Undelikwo *et al.*, (2018). In polygamous marriages, the wife with most children is likely to be the husband's favourite wife. Women in this kind of a marriage are not likely to use contraceptives, if they are competing to be the husband's favourite with the largest number of children. In this instance, even adolescents might not be willing to use contraceptives since they know the values, culture and beliefs about children in their societies. It implies that culture poses a barrier to the use of contraceptives.

EMPIRICAL REVIEW

Socio-Cultural Factors Militating the Use of Family Planning Services

Ekpenyong, Nzute, Odejimiand and Abdullahi, (2021) conducted a study on the determining factors influencing the utilisation of family planning services among female of reproductive age (15-45 years) in Bauchi Local Government Area, Bauchi State, Nigeria. A descriptive cross-sectional study was conducted. Hundred questionnaires were distributed to 100 women of reproductive age of which 96 of them were retrieved. Data were analysed using Statistical Package for Social Sciences (SPSS). Descriptive statistics was used to summarise and organise the data. Pearson's Chi-square test was used to test for association between variables and level of significant was set at 5% (0.05). Findings: Results from this study show that (84.4%) respondent's utilisation of family planning services depends on husband's acceptance of the family planning method. The study also found that cultural acceptance, access to family planning services, schedule of family planning clinic, effectiveness of family planning method and awareness; 75%, 75%, 62.5%, 79.2% and 63.5% respectively all influence utilisation of family planning. Academic attainment and knowledge of family planning methods were significant and influence family planning use.

Utoo, Swende, Utoo and Ifenne (2012) examined the barriers to utilization of modern methods of family planning amongst women in a community south-South of Nigeria. The study was a cross-sectional study using structured interviewer administered questionnaires to 145 pregnant women at the antenatal booking clinic in Sacred Heart Hospital, Obudu, Cross-Rivers State, Nigeria from June to September 2010. Results: Majority (98.6%)

of the respondents knew at least one method of family planning. The commonest known methods included; Condom (35.2%), periodic abstinence (26.2%) and oral contraceptive pills (16.6%). Out of the 145 respondents, 118(81.4%) accepted family planning. Out of these number, 85(72.0%) have ever used any method while 33 (28%) had not. Barriers to usage of modern methods of family planning were: concern of safety to health (25.9%), Husband's opposition (24.2%), desire for more children (17.2%), Religious prohibition (13.8%), lack of money (10.3%) and fear of side effects (8.6%). There was a significant relationship between acceptability and utilization ($p < 0.05$). Conclusion of the study and recommendations based on the findings of the study were highlighted.

Chukwuji, Gadanga, Sule, Yusuf, and Zakarriya (2018) investigated the extent of awareness, accessibility and utilization of family planning information in Zamfara State, Nigeria. The descriptive survey method was adopted for the study. The population of the study consisted of all the fourteen (14) Local Government Areas of Zamfara State and the targeted respondents of the study were the married women of Zamfara State. Simple random sampling was adopted for the study because of its appropriateness which ensured that no part of the population was excluded. Nine (9) Local Government Areas out of the fourteen (14) in the State were selected representing 75% of the total number of the Local Governments and 83% respondents to represent the entire population of the fourteen (14) Local Government Areas under study. The study made use of questionnaire and interview as instruments of data collection. The findings revealed that eight family planning information systems are available in the state and they are, Pills, Male condom, Abstinence system, Birth spacing, Contraceptive (injectible), Maternal death, Infant mortality and its benefit. It was also discovered that (30%) of the respondents were aware of family planning activities and very few number of them aware of the benefits of family planning in Zamfara State.(36%) have access to family planning information and method. It was discovered also that Radio constitute the highest (37%) source of family planning information in the state while all (100%) of the respondents Strongly Disagreed of having heard family planning information from the worship centers. Recommendations made include, Government galvanizing all sectors of the country to participate actively in family planning activities to check the explosive growth rate of our population. Government should as a matter of necessity muster enough political will to execute its 2014 Blue Print to the later with relevant updates.

Aliyu (2017) examined family planning services in Africa:

The successes and challenges. It was concluded that the practice of family planning can be beneficial to mothers, children, the entire family and the country as a whole, in the following ways: Protecting the health of women and children by reducing high-risk pregnancies and allowing sufficient time between pregnancies. It was also observed that despite near universal knowledge on contraceptives, there is an obvious knowledge-practice gap. There are barriers, personal, religious and community levels, to contraceptive use. Contraceptives have a lot of benefits to the mother, child and community. Thus, there is a need for publicity campaigns through information, education and communication (IEC) to address social and cultural barriers to FP including misconceptions and misinformation. Contraception should be vigorously promoted in SSA not only for its demographic dividends but also on socio-economic and health grounds and the attainment of sustainable development goals (SDGs).

Isa, Ahmad and Usman (2019) investigated socio-cultural factors affecting the use of family planning services in Tungan Maji community of Niger State. The survey research design was adopted using the simple random sampling techniques. Data collection was done using structured interview questions and analysis using percentage and frequency distribution. The attitudes of the women of in Tungan Maji community towards family size, spacing, and planning are briefly reviewed. It was shown that the felt need of the women for a means of control of reproduction and their approval of contraception is not matched by the use of the available family planning services. Imam and Maidala (2018) investigated the socio-cultural factors affecting family planning services among women in Nigeria with special reference to Bade local government, Yobe State. The study utilized the cross-cultural survey design. The main objective of this study is to identify and examine major socio-cultural factors affecting family planning programs in the study area and suggest possible solutions for it. Questionnaire was the major instrument used in data collection. The data collected was analyzed using simple percentage and frequency distribution. The study discovered that there are socio-cultural factors affecting the use of family planning programs among women in the area such as Lack of knowledge and awareness of the health benefits of family, social stigma rumors and myths about use of contraceptives, and lack of consensus among partner is considered as factors preventing family planning practice.

Kelechi and Catherine (2016) investigated socio-cultural factors influencing the use of family planning services among women (15-49) years of age in a primary health centre typical of those in Port Harcourt, Nigeria. Data was

collected from 100 women who were between antenatal health care at the Model Primary Health Centre Port Harcourt Nigeria. Self-questionnaires were used to gather information on the influence of socio-cultural factors of family planning. Bivariate analysis showed a significant relationship between education and women's uptake of family planning, religion and contraception use. The majority of respondents (64%) indicated they do not access family planning services due to their spouse's disapproval. This was a study limited to 100 women from a specific region in Nigeria - further research is necessary to ascertain the general population.

Chiemezie, Uzoma, Amelia, Aloysius and Uche (2019) examined belief system as a barrier to the use of modern contraceptives among the Idoma of Benue State, North Central Nigeria. Questionnaire ($n = 1107$), in-depth interview ($n = 6$) and focus group discussion ($n = 52$) were used to collect data from three local government areas (LGAs). The results showed high levels of knowledge (88.0%), however, only 37.8% used modern contraceptives. The male condom had the highest percentage use (56.7%). Chi-square results showed that LGA, education and occupation were significantly related to the use of modern contraceptives. Being of greater age increased the likelihood of use, whereas higher levels of education and income decreased the likelihood of modern contraceptive use ($p < 0.05$). According to the last Demographic and Health Survey in Nigeria, contraceptive prevalence rate was 14.3% while only 2.4% of women of reproductive age group use injectable contraceptives. Understanding whether and how the socio-cultural factor influences family planning was shown above and thus important for knowledge.

Alana & Idowu (2018) examined factors influencing non-utilization of modern methods of family planning among couples in Paikon-kore Community, Abuja. The study employed both quantitative (survey) and qualitative (in-depth interview) methods to source for raw data from 1500 couples in the community. The findings of the study revealed that religious, education, cultural factors, level of exposure, employment status and so on influence the practice of family planning in Nigeria. Agunbiade, (2017) examined the factors affecting the non utilization of family planning among women attending selected health centers in Ile Ife, Osun State, Nigeria. The design was descriptive analytical survey and adopted the purposive sampling technique. The data was collected using a self-structured questionnaire which contained questions drawn in open ended and close ended forms. The questionnaire has three sections with section A exploring the socio-demographic characteristics of the samples, section B exploring the

attitude and perception of women about family planning and section C exploring the factors affecting women's choice in utilizing family planning services. The data collection was a face-to-face distribution of questionnaires to the respondents by hand. The data collected was analyzed using a descriptive (frequency tables) and inferential statistics (correlations), graphs and Statistical Package for Social Sciences (SPSS) as statistical tools. The Findings showed that more than two-third (68.6%) had ever used a family planning method. Meanwhile, about two-third (60.4%) were currently using a family planning method, while 39.6% were not using any method. Majority (26.3%) rated condom as the most effective method of contraception. Factors identified as militating against the utilization of contraceptive use were; fear of side effects (80.2%), personal dislike (71.7%), opposition of spouse (63.5%) and unwelcoming attitude of health workers (61.1%) and non-effectiveness of family planning services (54.3%). Hypothesis testing revealed a strong relationship between fear of side effects and utilization of family planning services ($X^2 = 26.091$, $df = 1$ and $p = 0.001$ at 0.05 significant value). However, there is no significant relationship between spouse opposition and utilization of family planning services ($X^2 = 1.171$, $df = 1$, $p = 0.279$ at 0.05 significant value).

Oddo, (2008) examined socio-cultural and norms factors influencing family planning choices among couples in Ibadan metropolis, Nigeria. The study established the influence of socio-cultural and norms factors on couples' family planning choices. Couples involved in the study were randomly selected from five different professions in Ibadan constituted the sample for the study. The two instruments used were author-constructed questionnaires with 0.62 and 0.69 reliability co-efficient respectively. The data obtained were analysed using chi-square statistics and multiple regression analysis. The results indicated that significant relationship existed between social and cultural factors (252.959); gender roles (176.849); social networks (95.424); religion (125.742); and local belief factors (205.196). The results further indicated that a combination of the five independent variables significantly predicted couples family planning choices yielding a co-efficient multiple regression (R) of 0.467 and F-ratio of 57.241. The results further revealed that significant relationship existed between each of the independent variables except local belief factors.

THEORETICAL FRAMEWORK

This review is anchored on two theories; Symbolic Interactionist Theory and the Healthcare Utilization Model

Symbolic Interactionist Theory

This theory 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. 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.

The theory also emphasized 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. For instance, Omolase, Faturoti, and Omolase (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. 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. It was also emphasized 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.

The most significant limitation of the symbolic interactionist perspective relates to its primary contribution: it overlooks macro-social structures (e.g., norms, culture) as a result of focusing on micro-level interactions.

The advantage or strength of symbolic interaction is that in contrast to other social theories it does not pose a theory of 1 society but, rather, focuses on individual acts and what goes on between people. This limited/weakness world view is why it will be useful to practitioners. While it provides a general view of how humans interact with and ascribe meaning to symbols around them, it is often too difficult to test because it is based on subjective interpretations. By focusing on subjective interpretations, the theory overstates the subjective basis of society.

Healthcare Utilization Model

The healthcare utilization model developed by Anderson (1968) is a conceptual model aimed at demonstrating the factors that lead to the use of health services. According to the model, usage of health services (including inpatient care, physician visits, dental care etc.) is determined by three dynamics: predisposing factors, enabling factors, and need. Predisposing factors can be characteristics such as race, age, and health beliefs. For instance, an individual who believes health services are an effective treatment for an ailment is more likely to seek care. Examples of enabling factors could be family support, access to health insurance, one's community etc. Need represents both perceived and actual need for health care services. The original model was developed by Ronald M. Andersen, a health services professor at UCLA, in 1968. The original model was expanded through numerous iterations and its most recent form models past the use of services to end at health outcomes and includes feedback loops.

Applying this model to family planning services one could see that the maternal and child morbidity and mortality

from preventable diseases can be dramatically reduced with inexpensive, integrated care at the community level. Availability of family planning service like contraceptive, condom e.t.c, are instrumental in reducing child numbers, helps in child spacing and even deaths in low- and middle-income countries like Nigeria (United Nations Millennium Development Goals 2018). Effective care can only occur when there is both sufficient capacity of local health services and appropriate health-seeking behavior by caregivers (e.g. parents and guardians). The knowledge of this research will help healthcare givers to provide adequate health education to clients and family in the community to expand their knowledge of family planning services to ensure adequate child spacing and reproductive health. The Model hypothesizes that contraceptive behaviour is a function of the perceived risk of unintended pregnancy, perceived severity, perception of contraceptive benefits and barriers to use.

The main strength of the Healthcare Utilization Model is that it embraces the concept that adopting a 'one-size-fits-all' to training isn't productive or feasible. This marks it out among other learning evaluation models.

The strength of using a model is that it allows prediction and simplification of complex systems. On the other hand, the weakness of a model is that they could be misleading and can be misinterpreted in a different way. Ideally, need is the major determinant of health-care utilization, but other factors clearly have an impact. They include poverty and its correlates, geographic area of residence, race and ethnicity, sex, age, language spoken, and disability status.

RESEARCH METHOD

This review adopted doctrinal approach or secondary sources of data collection in order to ensure a diligent and meticulous approach to the research. The data utilised in this study was obtained from published journals, abstracts, (government documents, technical reports, other reports, etc.), internet, articles, Demographic and Health Surveys (DHS) reports were used as resource materials. Manual search of reference list of selected articles was checked for further relevant studies. By the very nature of their sources and the data used, it becomes easily clear that the paper is a qualitative one that relied on content analysis as its method. It is, however, necessary to stress that the content analysis or document review is associated with the process of carrying out in-depth review of extant materials or literature on the subject matter under study. This review allows a researcher to piece information together in a rigorous manner in order to make sense of the analytical concerns of the research in question.

DISCUSSION OF MAJOR FINDINGS

Socio and Cultural Factors Affecting the Use of Family Planning Services in Nigeria

Kelechi and Catherine (2016) and Ekpenyong, Nzute, Odejimi, and Abdullahi (2021) conducted studies on socio-cultural factors influencing family planning services utilization among women in Port Harcourt, Nigeria and Bauchi, respectively. Both studies found that spouse disapproval, education level, and acceptance of the method are significant factors. The study found that cultural acceptance, access to family planning services, clinic schedule, method effectiveness, and awareness influence the use of family planning. Academic attainment and knowledge of family planning methods also play a significant role. Socio-cultural factors in the Tungan Maji community of Niger State and Ile Ife, Osun State, Nigeria also influenced the use of family planning. Factors preventing contraceptive use included fear of side effects, personal dislike, opposition from spouses, unwelcoming attitudes of health workers, and non-effectiveness of services. The study by Chukwuji, Gadanga, Sule, Yusuf, and Zakarriya (2018) found that 30% of respondents in Zamfara State, Nigeria, are aware of family planning activities but few are aware of its benefits. Aliyu (2017) found that family planning can protect women's health by reducing high-risk pregnancies and allowing sufficient time between pregnancies. However, there is a knowledge-practice gap and barriers to contraceptive use, including misconceptions and misinformation. Publicity campaigns through information, education, and communication are needed to address these barriers. The study by Chiemezie, Uzoma, Amelia, Aloysius, and Uche (2019) found that belief systems, religious, education, cultural, exposure, and employment status influence the use of modern contraceptives in Nigeria. Oddo (2008) found a significant relationship between social and cultural factors, particularly religion and local belief factors. Utoo, Swende, Utoo, and Ifenne (2012) found that barriers to modern family planning include safety concerns, husband opposition, desire for more children, religious prohibition, and lack of money.

CONCLUSION

Challenges that were identified include lower education, desire for more children, side effects, uncertainty about its need, partner disapproval, lack of awareness of the benefits, previous side effects, religious beliefs, cost of services, and difficulty accessing services. For family planning to move forward in Nigeria a joint effort is needed and individual responsibilities must be taken seriously. A multi-sectoral approach including the traditional leaders,

religious leaders, education sector, reproductive health professionals, and the women affairs department among others, is needed to address the multi-pronged challenges facing the uptake of family planning services.

The family planning services, its benefits, and the barriers to its utilization was also explained. Therefore, the need to further intensify efforts to create awareness on the benefits of family planning and reaching out to the society by the health care providers in achieving the millennium development goals should be redressed. Also, as identified from the literature reviewed, female of reproductive age utilised family planning methods that are available in their community, which is inclusive of condom, hormonal pills and hormonal injections found in the primary health care centers' and in the patent medicine store that serve the community. Family planning services help men and women of childbearing age make informed decisions about their reproductive health. The benefits of family planning extend well beyond the individual seeking advice or treatment.

Access to these services empowers people to make appropriate choices for their lifestyle and have a positive impact on society. Women who can plan the number and timing of the birth of their children enjoy improved health, experience health, experience birth their children have a positive impact on society. Access to family planning services is vital to the health and future of females leading to safe motherhood. The ability to plan the number and spacing of births increases the likelihood for positive health outcomes for women, men, and their children. Improving knowledge about contraception and ensuring access to effective family planning options for residents in need are essential to decreasing unintended pregnancies and increasing intended pregnancies. Changes in attitudes towards contraception among Nigerians will increase their practice of contraception and improve their reproductive health.

RECOMMENDATIONS

Having reviewed relevant literature above on the factors influencing the use of family planning services in Nigeria. The following suggestions/recommendations were made:

i. Healthcare providers, particularly nurses, play a crucial role in educating women and society at large about the significance of family planning services. This education is essential in promoting awareness and understanding of the various methods available for family planning. In addition to healthcare providers, community and religious leaders also have a responsibility to encourage their subjects and followers to prioritize family planning services.

- ii. The information and guidance provided by these influential figures can contribute to a wider acceptance and adoption of family planning practices. To further support the dissemination of family planning education, the federal government should establish reproductive health care centers. These centers would serve as dedicated facilities where couples, regardless of their educational background, can receive comprehensive information on the different family planning methods available. By providing this education, the government can empower couples to make informed decisions regarding their reproductive health.
- iii. The findings of this review will be invaluable to healthcare providers, as it will enable them to deliver appropriate health education to their clients and families within the community. By expanding their knowledge of family planning services, healthcare providers can ensure that individuals and families have a comprehensive understanding of the importance of adequate child spacing and reproductive health.
- iv. It is crucial to raise public awareness about family planning services through mass media channels. The mass media serves as the largest platform for disseminating information to the public. By utilizing this medium, the public can be enlightened about the benefits and availability of family planning services, ultimately leading to increased adoption and utilization of these services.

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