CONSTRAINTS OF FAMILY PLANNING WITHIN MARRIAGES IN DELTA STATE, NIGERIA

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Abstract

The introduction of family planning methods has not been able to realise the goal of tackling fertility rate and infant and maternal mortality which are high in the African continent, including Nigeria. Several socio-cultural factors have been put forward as responsible for this condition; thus, this paper examines constraints to the utilization of family planning methods among married persons in Delta State, Nigeria. The diffusion of innovations theory forms the theoretical framework for this study. The cross sectional research design, involving 399 respondents was employed to obtain data regarding the uptake of family planning methods among married persons across the senatorial districts of Delta State. Major results of the study confirmed that early girl child marriage and male spouse dominance as decision makers in the home affect the use of family planning methods in Delta State, Nigeria. The study recommends that early girl child marriage and obtaining of male spouse consent for family planning can be achieved when custodians of traditions and customs are used to communicate the gains of family planning and ills of early girl child marriage in communities of Delta State, Nigeria.

Keywords: Family planning, consent, spouse approval, girl-child, contraceptives

Introduction

Changes in the structure of African families still reflect the enduring tensions between traditional and modern values and structures. Although there have been widespread accounts of families

abandoning key traditional practices in favour of modern ones, the major trend remains the creation of systems of marriage and family organisation that draw on both traditional and modern norms (WHO, 2019). One aspect of family life that has been in conflict with modern practices is in the area of reproduction and fertility control. Several beliefs and norms surround procreation within African society. Children are seen as wealth and source of blessing from the gods meant to perpetuate the family lineage (National Population Commission, 2019; Ochako, Temmerman, Mbondo & Askew, 2017). This promoted polygamy where the man marries many wives who give birth to many children. However, the introduction of Christianity and education helped to whittle down the practice of polygamy, with monogamous, cohabiting and single parent families on the increase.

These family types rather than reduce fertility levels have overtime helped to increase it owing to socio-cultural practices like early girl child marriage, religious beliefs and cultural endorsement (Haider & Sharma, 2013). Culturally male are the head and decision makers in the home including issues affecting reproductive health. Culture guides behaviour and is a macro-structural factor that influences reproductive behaviour. Patriarchal views on gender roles are socially constructed and reinforced within various cultural settings and result in women lacking autonomy to make their own decisions about using family planning/contraceptive (FP/C) methods (Ochako, Temmerman, Mbondo & Askew, 2017). These views under male dominated society give men power to decide the number of children to give birth to, and the when and how of reproduction being custodians of cultural practices. Within these fronts, reproductive health policy of family planning meant to control and reduce fertility rate has met several setbacks, registered with the low intake and non-use in some instances due to age long traditions and customary practices that are normative and entrenched in the day to day life of people.

For instance, early girl child marriage has thrived despite the wide spread efforts to end it. Child brides are prone to domestic violence and are less likely to participate in family planning decision making due to immaturity and lower socioeconomic status (Santhya, Ram & Acharya, 2010; Kidman, 2016; Delprato, Akyeampong, Sabates & Hernandez-Fernandez, 2015). One of the major problems with child marriage is the pressure to raise children while they are still children

themselves and have limited knowledge about sexual and reproductive life. Research evidence indicates that child marriages are associated with many adverse reproductive outcomes such stillbirth, miscarriage, stunting, underweight, unwanted pregnancies, and abortion (Nasrullah, Zakar, Zakar, Abbas, Safdar & Shaukat, 2018). Childhood pregnancy put both the mother and her baby at high risk of adverse reproductive outcomes Lack of knowledge and social influence of culture and religion especially in rural and some urban locations in Nigeria influence women use of contraceptives.

Efforts have been ongoing to ensure that contraceptives are available to women in Nigeria (Every woman Every Child, 2017; Muhammad, 2017); however, uptake is still low with only 12% of women using a modern method of family planning (National Population Commission, 2018). There is also high unmet need for family planning in Nigeria with about 19% of married women having an unmet need for family planning (National Population Commission, 2018). This can subsequently lead to high fertility rates and increased population growth in the face of economic instability facing developing countries (Olise, 2012) In Nigeria, there is a high level of knowledge about family planning but most women still do not make use of family planning services (National Population Commission, 2018). Challenges to the uptake of family planning services as identified by previous studies include factors such as spousal 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 among others (Olise, 2012; Haider & Sharma, 2012; Aryeetey, Kotoh & Hindin, 2010; Teye, 2013; Shamseer, Moher, Clarke, Ghersi, Liberati & Petticrew, 2015). This paper examines constraints of family planning in marriages in Nigeria: A study of Delta State. This paper therefore examines how spouses in Delta State, Nigeria approve the use of family planning methods in their marriages.

Conceptualizing Family Planning

Family planning means the ability to decide number and timing of pregnancies and is used synonymously with contraceptive use in this study (Tsui, McDonald-Mosley & Burke, 2010). This involves the

husband and wife coming together to decide on the Family planning is one of the most cost-effective interventions in health (Darroch, 2018), and improves health by preventing mother to child transmission of HIV (Human Immunodeficiency Virus), contributing to child spacing, decreasing the infant mortality and by reducing the number of unsafe abortions (Tsui, McDonald-Mosley & Burke, 2010). Women that are healthy before pregnancy are more likely to have healthy pregnancies as well as healthy children. Pregnancy planning enables actions to improve preconception (Stephenson, Heslehurst, Hall, Schoenaker, Hutchinson & Cade, 2018).

These actions may include adherence to prescribed medication, intake of micronutrients such as folic acid, cessation of harmful lifestyle habits and weight loss for overweight women. In order to improve family planning and preconception health, national health authorities in the United States recommend reproductive life plan assessment (Johnson, Posner, Biermann, Cordero, Atrash & Parker, 2006; Gavin, Moskosky, Carter, Curtis, Glass & Godfrey, 2014; American College of Obstetricians and Gynecologists, 2016). A reproductive life plan encompasses an individual's pregnancy intentions in light of their personal values and life goals. There are several clinical tools available to guide conversations on reproductive life planning, one such tool is called the Reproductive Life Plan (RLP) and was developed by Merry K Moos in 2006 (Edmonds & Ayres, 2017).

Family planning (FP) is widely acknowledged as an effective intervention for saving women's and children's lives and improving their health (Paterson, 2015). The periods of pregnancy and immediately after delivery are considered great opportune for counseling women on the adoption of modern family planning methods because of the woman's frequent encounter in the health system over a relatively long time horizon (Yu et al., 2016) It has been observed that closely spaced pregnancies within the first year postpartum are the riskiest for mother and children, resulting in increased risks for adverse outcomes.

Early Girl Child Marriage and Family Planning Use

Child marriage is a global issue that cuts across countries, cultures and religions. The phenomenon has been experienced by a large number of women globally (UNICEF, 2007). In spite of the

widespread efforts to end child marriage, about one-third of the girls in low- and middle-income countries will most likely be married before age 18 due to attained progress levels which are not sustained in many countries and less than 10% of girls will get married before they attain 15 years of age (United Nations Population Fund, 2012; UNICEF, 2012). In resource-constrained settings, the prevalence of child marriage is alarming. More than 67 million women aged 20–24 years were married as adolescents by 2010, with 20% of them from Africa. The indication was that 14.2 million adolescents, who are less than 18 years had been married off annually; making almost 39,000 young women married on a daily basis (United Nations Population Fund, 2012). This will increase to about 15.1 million girls per year, beginning from 2021 to 2030 (United Nations Population Fund, 2012), should the current trend be allowed to persist.

Child marriage is rooted in communities' socio-cultural practices and is an act of human rights violation (Paterson, 2015; African Charter on the Rights and Welfare of the Child, 2017).

Complications in pregnancy and delivery are prominent determinants of morbidity (obstetric fistula, HIV/AIDS) and mortality among young women in low- and middle-income countries (United Nations Population Fund, 2012; Godha, Hotchkiss & Gage, 2013; Yu, Mason, Crum, Cappa, Hotchkiss, 2016). International agreements to protect the rights of young women in child marriage include the 1989 United Nations Convention on the Rights of the Child (CRC) (Paterson, 2015), and the 1990 African Charter on the Rights and Welfare of the Child (ACRWC) (African Charter on the Rights and Welfare of the Child, 2017).

Also the Programme of Action adopted by the International Conference on Population and Development (ICPD) in 1994 has as part of its activities the protection of young women in child marriage (Kidman, 2016) Article 16(2) of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) states that "women should have the same right as men to freely choose a spouse and to enter into marriage only with their free and full consent" and that the "betrothal and marriage of a child shall have no legal effect (United Nations Population Fund, 2012). In 2010, about 158 countries confirmed that 18 years was the minimum legal age for marriage. However, in 146 countries, state or customary law allows girls younger than 18 to marry with the consent of parents or other

authorities; while in 52 countries, girls under age 15 can marry with parental consent (United Nations Population Fund, 2012). In 2014, almost all African Union member countries signed some of these laws which emphasise that the minimum age for marriage is 18 (Foley, 2015).

Overall, the political will to implement marriage laws varies substantially across sub-Saharan African countries. Whereas about 90% of the countries in sub-Saharan Africa region (37 out of 41 countries) have legislated a minimum marriage age of 18 years for women, however, one-third of them permit marriage below age 18 years with parental consent, hence creating a compromise for parents to marry off their daughters before they attain adult age (Maswikwa, & Kaufman, 2015). Unfortunately, marriage laws in several sub-Saharan Africa countries have provisions that allow children to marry in certain circumstances such as under customary law or if they become pregnant irrespective of their age. The incoherence in the legal proscriptions is challenging because child marriage is a long term practice which is culturally acceptable as a rightful approach to protecting young women from premarital sex and the consequences of unintended pregnancy and sexually transmitted infections (Walker, 2012).

Male Engagement in Family Planning Porgrammes and it Use in the Home

Because women are the ones who face the risks associated with pregnancy and childbirth, they are often the focus of family planning programs. Furthermore, most contraceptive methods are female-controlled, giving women better control over their fertility (Koski, Clark & Nandi, 2017). Programmes presume that women have greater motivation than men to use family planning services, and they usually interact more with health care services in general than men. Yet this targeted programming often overlooks the gender-related power dynamics that position men at the head of the household with decision-making power, including whether and when sex occurs and if contraception is used (WHO, 2019).

Developing countries make up about 85% of the global population and account for 99% of all maternal mortality cases (Bishwajit, Tang, Yaya, Ide, Fu & Wang, 2017). According to the 2018 National Demographic Health Survey (NDHS), the maternal mortality ratio

(MMR) was 512 deaths/100,000 live births (National Population Commission (NPC Nigeria, 2019), and Nigeria accounts for approximately one-fifth of maternal deaths globally (WHO, 2019). Additionally, the lifetime risk of maternal death in Nigeria is 0.029 (1 in 34) (NPC, 2019) compared to 1 in 4900 in most developed countries (WHO, 2019). Low level of male involvement in reproductive health practices is one of the drivers of high maternal morbidity and mortality. This has reduced the impact of family planning interventions and intertwines with unregulated fertility that hinders economic development and creates a political imbalance in a country (WHO & USAID, 2008; Koffi et al., 2018).

Globally, there is a growing rise in the recognition of the benefits of involving men in family planning services (Casey et al., 2016). It is known from research that gender dominance, particularly men's disapproval of family planning, has an impact on the subdued prevalence of contraceptive use in sub-Saharan Africa (Withers et al., 2015). A study done in Bangladesh documented a 40% male involvement rate (Bishwajit, Tang, Yaya, Ide, Fu & Wang, 2017), and a similar study carried out in Western Nigeria documented 39.6% (Ani et al., 2016). This shows that male involvement remains low despite ongoing efforts. The effect of male dominance on the decision-making process heightens the poor indices of reproductive health, as documented in a study in Nigeria where 62% of women had their husbands as their decision-makers and only 6% of currently married women at the time of the survey made decisions for themselves (NPC, 2019). Male involvement in SRH (Sexual and Reproductive Health) is an integrated approach in engaging men as clients, partners, and agents of positive change in reproductive health issues (Pascoe, Herstad, Shand & van den Heever, 2012).

Theoretical Framework

The paper adopts Diffusion of Innovations theory espoused by Rogers (2003) that works to integrate the science of social networks with the science of social influence (Contractor & DeChurch, 2014). The core idea behind the theory is that modern contraceptive use cannot spread from person to person in the same way that a pathogen like HIV does. Rather, what may spread directly from person to person and diffuse through social networks are beliefs, attitudes, and social norms that influence the likelihood of using or not using modern

contraceptives. (Casterline, 2001). Thus, the approach to the communication and implementation of the use of family planning methods is to identify the beliefs, attitudes, and social norms that spread in these communities; delineate the social process by which the transmission occurs; describe the structure of the social network where these ideas spread; and model the spread of the ideas and of modern contraceptive use itself. Two constructs from Diffusion of Innovations (Rogers, 2003) were particularly important in our conceptual approach. The first, compatibility, posits that innovations will spread through populations to the extent that they are consistent with the values, beliefs, and needs of intended users. This construct relates especially to fertility desires, which historically have been very high in sub-Saharan African societies but have been declining in recent decades (Casterline & Agyei-Mensah, 2017).

The second, relative advantage, involves the extent to which the innovation is perceived to provide a superior means to achieving a given end than other alternatives. Compared to traditional methods of avoiding births such as withdrawal and periodic abstinence, modern methods such as injectables may offer advantages including higher effectiveness and greater potential for control by women, but may have disadvantages that include side effects, costs, and other factors (Rossier & Corker, 2017). Thus, the beliefs, attitudes, and social norms whose spread we sought to understand included not only those relating directly to modern contraceptives, but also those pertaining to the desirability of delaying, spacing, or limiting births.

Within this clime, the tackling of the problem of early girl child marriage has to be communicated alongside the diffusion approach employed to disseminate the use of family planning method. This way, the people should be educated about the merits and demerits of the practice and how to benefit from contraceptives use. This goes same for spousal approval; similar channels of ideological spread and communication of beliefs within the local communities should be used propagate the need of involving male spouse in family planning right from the grass root level where belief system and religious norms hold sway.

Methodology

The cross sectional research design was used to explain the constraints of family Planning within African marriages. The design

helps to evaluate the occurrence of events and its relative impact on a population such as Delta State with diverse ethnic background. The design helps to understand the stability or otherwise of a phenomenon of interest and how people react to them it as time goes on, whether the behaviour is constant or adjusted with time. The population for this study is 78,580 which was drawn from Abraka with (25, 789), Obiaruku with (31,234) and Uzere with (21,557) (Nigeria Bureau of Statistics, 2021). The population consisted of male and female resident in the area. Taro Yamane sample size formula was used to derive a sample of 399 from the population. Multi-stage sampling method was used to select the respondents that participated in the survey from the study area. Using this sampling method, the Delta State was clustered into three groups in line with the senatorial Districts grouping; Delta Central (Ethiope East, Abraka), North (Ukwuani LGA, Obiaruku) and South (Isoko South, Uzere). Questionnaire was used to collect data from the respondents and it was designed using the five point Likert scale of 4 for Strongly Agree; 3 for Agree, 2 for Strongly Disagree, 1 for Disagree and 0 for Undecided. The reliability of the instrument was calculated using Cronbach Alpha method and a reliability score of 0.79 was obtained which was considered reliable for the instrument's use in data collection. The data generated were analyzed using descriptive statistics such as frequency counts and percentage. Pearson Product Moment Correlation (PPMC) was used to test hypotheses 1 and 2 to ascertain the relationship between the independent and dependent variables in the study. This was done using version 23 of the Statistical Package for Social Sciences (SPSS) to run the analysis.

Results and Discussions

399 copies of the instrument were distributed to the respondents. However, only 354 of the 399 questionnaires distributed to respondents were returned completely and precisely filled. This means that 89.0% of the questionnaires were returned, while 11% were misplaced and mutilated.

Distribution of socio-demographic characteristics of Respondents

This section presents the distribution of respondents' socio demographic characteristics.

Table 4.1: Socio-Demographic of the Respondents

		Frequency	Percentage
Sex	Male	84	23.7%
	Female	270	76.3%
	Total	**354**	**100.0**
Age (years)	14-24	148	42.0%
	25-35	123	35.0%
	36 years and above	19	5.0%
	Total	**354**	**100.0**
Marital Status	Single	101	29..0%
	Married	209	59.0%
	Divorced	44	12.0%
	Total	**354**	**100.0**
Religion	Christian	281	79.4%
	Muslim	55	15.5%
	African Traditional Religion	18	5.1%
	Total	**354**	**100.0%**
Occupation	Unemployed	198	56.0%
	Trader	45	13.0%
	Farmer	78	22.0%
	Civil servants	24	7.0%
	Religious leaders	9	3.0%
	Total	**354**	**100.0**

Source: Author's Fieldwork, 2022

The socio-demographic characteristics of those who took part in the survey are shown in table 4.1. 76.3 percent of the respondents were females, while 23.7 percent were males, according to the gender distribution of the respondents. The age distribution of the survey participants shows that 35.0 percent are between the ages of 14-24 years, 42.0 percent are between the ages of 25-35 years, and 5.0 percent are 36 years, and above. The respondents' marital status revealed that 59 percent were married, 29 percent were single and 12 percent were divorced. The respondents' religious affiliations revealed that 79.4 percent were Christians, 15.5 percent were Muslims, and 5.1 percent were African Traditional Religion followers. The occupation distribution of the respondents revealed that 56.0 were unemployed, 13.0 percent were traders, 22.0 were farmers, 7 percent were civil servants and 3 percent were religious leaders.

Hypothesis one

There is no significant relationship between early girl child marriage and the use of family planning methods.

Table 4.2: Pearson test for the relationship between early girl child marriage and the use of family planning methods

		early girl child marriage	family planning methods
early girl child marriage	Pearson Correlation	1	.231**
	Sig. (2-tailed)		.000
	N	354	354
family planning methods	Pearson Correlation	. 231**	1
	Sig. (2-tailed)	.000	
	N	354	354

**. Correlation is significant at the 0.01 level (2-tailed).

From table 4.2, it can be observed that the Pearson correlation coefficient, r, *is* 0.231 and that it is significant at (p = 0.000). This means that the null hypothesis is rejected. In conclusion, there is a significant relationship between early girl child marriage and the use of family planning methods. This means early give child marriage negatively affects the use of family planning in marriages contracted between teenagers and teenagers and older adults

Hypothesis two

There is no significant relationship between male spouse approval and the use of family planning methods.

Table 4.3: Pearson test for the relationship between male spouse approval and the use of family planning methods.

		male spouse approval	the use of family planning methods.
male spouse approval	Pearson Correlation	1	.110**
	Sig. (2-tailed)		.000
	N	354	354
the use of family planning methods.	Pearson Correlation	.110**	1
	Sig. (2-tailed)	.000	
	N	354	354

**. Correlation is significant at the 0.01 level (2-tailed).

In table 4.9, it can be observed that the Pearson correlation coefficient, r, *is* 0.110 and that it is significant at (p = 0.000). This means that the

null hypothesis is rejected. In conclusion, there is a significant relationship between male spouse approval and the use of family planning methods.

Discussion of Results

The first finding of the study revealed that early girl child marriage is a factor that negatively influences the use of family planning methods. This is with a (r2 = 0.231, P. value = 0.000). This finding correlates with literature in the study. According to Paterson (2015) and African Charter on the Rights and Welfare of the Child (2017), early girl child marriage violates human rights to choice of who to marry and Nasrullah et al. (2018) argued that the practice put the laife of the mother and child at risk owing to lack of knowledge and high rate of fertility with in this group of female.

The second finding established that male spouse as heads of the family influence the use of family planning methods in the home. Male spouse as decision makers many times do not approve of the use of family planning owing to misconception and belief system that are rooted in the customs and traditions of the people (Withers et al., 2015). Also, research indicates that most programmes on reproductive health do not involve men and this makes it difficult for women to convince them of the benefits (WHO, 2019; Koski et al., 2017).

Conclusion and Recommendation

The study concludes that the persistence of the practice of early girl child marriage is a factor impeding the use of family planning methods among married couples in several communities in Delta State. Male as heads of family are not favourably disposed to the use of family planning methods in most communities in Delta State. Thus, the paper recommends that there is need for information dissemination and the need for programmes design to promote family planning to adopt similar style of communication of cultural beliefs and norms in the dissemination of information regarding family planning. This way, the practice of early girl child marriage can only be tackled from within and an outside method. There should be an infiltration using the very people who are agents of culture to propagate and discourage it, and in the process educate members of the community of the need to embrace modern contraceptives. Also, male spouse approval for

family planning methods can only be obtained when the very people to whom they hold in high esteem such as their parents, elders and folks are the persons communicating the benefit of this fertility control measure to them. This way, it can diffuse and become a part and parcel of their normative system, thereby influencing their reproductive life positively.

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