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CONTEMPORARY PERSPECTIVES IN FAMILY
RESEARCH VOLUME 18

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

EDITED BY

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FOREWORD

Nigeria, with over a total population size of over 200 million, is made up of over 250 ethnic groups. Nigerian families have undergone tremendous changes over the hundreds of years. These changes have been as a result of societal as well as economic changes. Over the last few decades in Nigerian societies, families have experienced marriage rates drastically falling, with divorce rates rising. Also the number of unmarried individuals are on the increase. Traditional family situations such as large family size with high number of children is fast metamorphosing into one to two children. Polygynous families are giving way to monogamous marriages. The basis of marriage is also changing, from love foundations and procreation to cohabitation or what is now regarded as “friends with benefits.” Culture transmission has also had strong effects. Particularly with the advent of new social media, which allows individuals have unrestricted access to happenings all across the globe, serving as a point of learning and adopting cultures foreign to Nigeria.

This volume of *Contemporary Perspectives in Family Research* attempts to highlight a comprehension of changes that are occurring in Nigerian families. The volume consists of 11 chapters, all focusing on families in different parts of Nigeria. The chapters address topics varying from changes in marriages on the basis of social media, role change and conflicts, and substance abuse. Four chapters discussed perception and factors contributing to abuse in the family and the final chapter presented a comparison between Nigeria and Ghana.

Social changes have affected not just relationship forms but also dynamic family structures in Nigeria in the last couple of decades. Rules and norms that guide the traditional marriage institution are changing. Oluwatobi Joseph Alabi and Olawale Yinusa Olonade, in their paper “Complexities, Dynamism, and Changes in the Nigerian Family Structure” identified the increase in the popularity of “baby-mamas” and “baby-daddies.” They explained how relationships within marriages have become weaker and more volatile, drawing a link between changing gender roles and the complexity of marriage relationships. In addition, observable changes in marriage were discussed, such as delay in age of marriage, individuals refusing to marry, increase in single never-married parents, cohabiting among unmarried adults, among others. Globalization, just like it has affected other countries, has affected the Nigerian Family system. Culture diffusion and improved educational and technological development have contributed to the changes which have influenced relationships between genders within the family system.

How do mothers who are in the workforce cope with the challenges that do affect their roles as both mother and employee? Moruf Adebisi Bankole and Olasunkanmi Adebisi Osho’s paper, “Family Roles and Official Responsibilities

among Working Mothers in some Selected Work Organizations in Lagos, Nigeria,” examined how some mothers attempt to strike a balance between keeping the family intact while being able to give optimum performance at their jobs. They were able to show that maintaining child care while keeping active at their places of work, particularly for nursing mothers, proved to be quite difficult, as these mothers experienced imbalance between efficient childcare roles and their job tasks. Workplace demands affected the home commitments much more than the effects of home demands on work responsibilities. They found that women were less happy with the way their work responsibilities affect the level of commitment they give to the home. They also do not feel satisfied with how home care demands, particularly bringing up the child, do limit their potentials at the workplace.

We do spend a good deal of our time immersed in social media. This affects our day-to-day communication with others. To what extent does this strong attachment to social media create problems in marriages in Nigeria? Lateef Omotosho Adegboyega, in the paper “Influence of Social Media on Marital Stability of Married Adults in Ilorin Metropolis,” identified some of the issues such as spousal neglect, quarrels emanating from abuse of social media within the family, unsatisfied needs, neglecting family responsibilities, and so on, as having negative effects on how stable a marriage will remain. Social bonds among family members are further reduced with excessive involvement in the use of social media. The findings showed that not only does excessive use of social media encourage marital infidelity, it also promotes family negligence and creates avenues for conflicts between spouses. The paper also showed that the longer one has married, and marrying late in age, the more stable they are likely to be.

In Nigeria, women have not been regarded as having the ability to meet the needs of the family. Men, on the other hand, are seen as the traditional head of the homes. Omowumi Omodunni Idowu and Olusegun Oladele Idowu, in their paper “Women, Labor Participation and Household Poverty in Nigeria,” covers the period 1990–2020, tried to show how the involvement of women in formal economic engagement is a consequence of household poverty rather than contemporary urban development. Using data from World Bank and autoregressive distributive lags, they used unemployment as an index for poverty and analyzed in threefold (male unemployment, female unemployment, and total unemployment) the effect on female labor participation. Findings showed that while one year lagged female labor force participation (FLFP), factors, such as family size and gender ratio in labor participation positively influence female labor participation. Also, women were more willing to be economically active outside the home. However, female unemployment, male unemployment, and GDP growth rate were identified to have negative effects.

Tolulope Funmilola Ojo, Ebenezer Bayode Agboola, and Olasumbo Bilikisu Kukoyi’s paper “Family Factors and Psychoactive Substance Use among Adolescents in Nigeria,” examined the influence of family factors on the use of psychoactive substances among the adolescents in Nigeria. When positive values are not encouraged within the family, negative values will be developed and adopted by the children. They identified factors that increase the propensity of

adolescents to engage in delinquent behaviors to include family conflict, poor communication practices, and unemployment. When these factors are at play, they act as reinforcement for aggression and interpersonal hostility, which could then encourage them to indulge in substance abuse. Their findings show how family factors have significant influence on the use of psychoactive substances among adolescents in Nigeria. Obtaining data from 144 participants, with the use of empirical data, the study found that more of the delinquent behavior involved children from unstable homes and low socioeconomic status families.

Furthermore, with family planning having strong positive influence on the wellbeing of the mothers, for instance, by reducing maternal morbidity and mortality, Abdullahi Kayode Ibrahim, in this paper “Factors Influencing the Attitude of Women Toward Family Planning Method in Nigeria,” tried to discuss the practice as being a major health issue in Africa, and particularly, Nigeria. The paper showed that factors like malnutrition, population boom, and diseases raise particular concerns for the country. He attempted to highlight the importance of a good and efficient family planning scheme and sexual abstinence by the unmarried, he also identified how much importance can be put on family planning: poverty reduction, reducing malnutrition in children, and prevention of sexually transmitted diseases. A number of factors are equally having their toll on the attitude of the women toward family planning in Nigeria. The use of family planning methods is much more common among middle-aged women than younger and older ones. Women with higher education tend to embrace family planning services more and are more likely to adopt the use than their peers with lower education.

Ayesoro Sunday Adesina and Sunday Stephen Ojo’s paper “Perception of Spousal Abuse: The Bane of Family Stability in Nigerian Contemporary Society. A Study of Lafia Local Government Area, Nasarawa State,” discuss how spousal abuse is having negative effects on marriage stability. Using a sample size of 200 respondents and another 20 participants, questionnaire and focus group discussions, respectively, were adopted to elicit information. They found that physical, verbal, and psychological abuse are recognized as spousal abuse in Lafia. They further identified substance abuse, prior history of aggression and violence, and proximal social relationships with peers as variables which could trigger spousal abuse, thus threatening the stability of the marriage. Their finding also reveals that partner battering, spousal rape, or sexual deprivation, and so on constitute spousal abuse in Lafia.

The home is supposed to function as a place of warmth, comfort, and love. But when different pressures rear their heads, conflict is inevitable. Christiana Omone Bose Makinde, Mercy Omosefe Omozusi, and Faith Ayotunde Bello’s paper “Psychosocial Factors of Home Conflict as Predicators to the Academic Performance of Young Adults,” identified parental involvement in the lives of children go a long way in improving their growth and development. Where conflicts occur and on a continuous basis, the effects on the children can be devastating. Studying 387 young adults, they found that when there are conflicts in the home, they produce tension and anxiety for the children, and these in turn will affect their responsiveness to academic requirements. They further identified poor

parenting, poor communication between parents and their children as factors that could increase the social anxiety for the children. Rather than the children developing strong abilities to acquire knowledge and skills necessary for their development into later life stages, they often results in breaking household rules or the law, aggressive behavior is violent and unpredictable as a consequence of conflicts arising from within the family.

What are those factors that could be responsible for partners being unfaithful to their spouses in Nigeria, and to what extent do spouses of such unfaithful partners experience domestic violence? Examining Ekiti State, in “Marital Infidelity and Domestic Violence among Married Couples in Ekiti State, Nigeria,” Ebenezer Bayode Agboola and Tolulope Funmilola Ojo provide data on 150 participants in Ado-Ekiti. Domestic violence (battering, marital rape, and murder) is on the increase in Nigeria, with about a third of all Nigerian women having experienced such. They highlighted contributory factors to include name calling, humiliation, denying spouse of sexual intercourse, as well as distrust of one another.

Following an approach different from the previous chapter, Aminat Adeola Odebo in “Prevalence of Husband Battering as viewed by Literate Married Adults in Kwara State, Nigeria,” examined what 386 married adults had to say on how gender, duration of marriage, and educational attainment could have effects on domestic violence. While reports of violence against women by men are extensive, violence by married women against their husbands are rarely reported. These include not only physical violence but also verbal abuse and threats against husbands, starving their husband of food and even sex. Others include pouring of hot liquids such as water and acid on their husbands. The reasons are not far-fetched either. Husbands have been accused of infidelity. Also, women have been seen to react to abusive conducts from their husband by being abusive in turn. As a result of cultural practices or taboos (being regarded as weak or “not being man enough”) in Nigeria, the married men, who experience these acts of abuse do not report these incidents to the authorities. Shame, stigmatization, and fear of being ridiculed also weaken the motivation or the will of the men to make official reports or such behaviors.

Are there differences in the preference to styles of sex according to couples from two West African Countries? Abdulrazaq Olayinka Oniye, Shuaib Abolakale Muhammed, Khadijat Mogaji-Yusuf, Christiana Modupe Sunmonu-David, and Abena Kyeraa Dapaah’s chapter “Intimacy Style Preference of Married Adult in West African. A Case of Nigeria and Ghana” identified sexual intimacy as one of the major factors affecting stability of marriages particularly in West Africa. When couples engage in sexual activities, rather than focus on the pleasures attached, they concentrate largely on procreation. Thus, neglecting the roles which different styles of sex play in maintaining sexual satisfaction. They identified communication styles, (sending signals of love and affection) and sexual behaviors as having correlation with marital satisfaction. Even though individuals are unique in their preferences, findings revealed that married adults from both countries have preferences for similar styles of sex.

These chapters present the interrelatedness between gender, educational attainment, culture and family norms, effects of societal changes on the attitudes

of people, which in turn helps to modify, shape and direct ideas, thoughts, and perceptions of Nigerian families in their different cultural differences. We wish to express our sincere thanks to the authors, reviewers, and also the staff at Emerald Publishing, all of whom helped to make this collection on Nigerian families possible.

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CHAPTER 1

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

Abdullahi Kayode Ibrahim

ABSTRACT

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

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

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

INTRODUCTION

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

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

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

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

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

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

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

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

CONCEPTUALIZING FAMILY PLANNING AND CONTRACEPTIVES

Family Planning

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

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

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

Contraceptive Use

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

THEORETICAL APPROACH

Social Action Theory

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

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

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

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

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

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

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

Importance of Family Planning

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

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

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

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

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

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

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

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

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

Age

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