

# Barriers to Fertility Regulation in Nigeria: A Literature Review

Jacobs, Theresa<sup>a</sup> Azuonwu Goodluck<sup>b</sup>

Email: [theresajacob466@gmail.com](mailto:theresajacob466@gmail.com)<sup>a</sup> [goodator2002@yahoo.com](mailto:goodator2002@yahoo.com)<sup>b</sup>

Department of Human Kinetics, Health and Safety Studies, Ignatius Ajuru University of Education, Rumuolumeni, Rivers State, Nigeria<sup>a</sup>

Rivers State, Nigeria Department of Nursing Science, University of Port Harcourt, Rivers State, Nigeria<sup>b</sup>

## Abstract

The ability of women to control their own fertility is absolutely fundamental to women's empowerment, equality and general wellbeing. Evidence suggests that only few attempts have been made to understand the interconnections between fertility regulation and the complex tactics women must use to preserve and develop their social identities. This paper discussed fertility regulation. It also examined factors hindering fertility regulations in Nigeria such as cultural norms, religion, myths and misconceptions, gender inequalities and lack of access and availability of contraceptives for adolescents. The review concluded that to achieve a holistic and equitable recovery from the current fertility issues Nigeria is facing, girls and women must be empowered as drivers of change, acknowledging the central role they play not only in the family and community but in the economy and human resource management. This is because investments that meet women's and adolescent girls' needs for family planning and quality reproductive health care, would improve women's health. It also creates opportunities for broader, sustainable development. Based on the review, it was recommended among others that couples should have joint decision making towards the size of the family they need to avoid unnecessary increase in population and government should strengthen and enforce existing policies and laws to regulate population growth as rapid increase in population has significant effect on the country's development.

**Keywords:** Women; fertility; regulation; population

## Introduction

The ability of women to control their own fertility is absolutely fundamental to women's empowerment, equality and general wellbeing. This is because of the risks faced by women from unplanned births and unsafe abortion which poses a serious public health concern. Also, when a woman able to regulate her fertility, she can effectively plan the rest of her life and be more productive to herself and the society at large. There is an interconnection between fertility regulation and women's social identity, however, evidence suggests that only few attempts have been made to understand the interconnections between fertility regulation and the complex tactics women must use to preserve and develop their social identities (Family Planning, 2020). According to the United Nations Population Fund (2016), an estimated 225 million women in developing countries have an unmet need for modern contraceptive methods despite improvements in contraceptive use globally.

Although, there is a fall on fertility rate globally, as more people according to Marston et al. (2018) are spending more of their lives taking action to avoid unwanted or unplanned pregnancies and births. Nonetheless, Nigeria is among the few country that fertility is still growing and is hinged on a youthful composition with more than 72 percent of them being below 30 years, while half of the female population are in their reproductive year's between 15 and 49 years (Daka, 2022). Furthermore, recent evidence shows that the nation's fertility rate is one of the highest in the world (World Bank, 2020). Consequently, high fertility places women at greater risk of maternal mortality and birth complications.

Meanwhile, Nigeria's population is one of the fastest growing worldwide, and the largest in Africa. The population is estimated to reach over 400 million by 2050 with 5.2 live births per woman and a population growth rate of 2.5 percent annually (World Bank, 2020; Nigeria Population Commission, 2018). Furthermore, the Nigeria Demographic and Health Survey (2018) indicated that the total fertility rate in the northwest of the country was 6.6 live births per woman, and that women aged 40 to 49 years averaged 8.3 births in their reproductive lifetimes. Similarly, Nigeria has more maternal deaths annually as compared to any other country in the world (Roser, and Ritchie, 2020) and the fourth highest maternal mortality ratio (World Health Organization, 2020). Sadly, the northern region has the highest rates within the country (Nigeria Demographic and Health Survey 2018). Available evidence shows that most women in Nigeria report a high unmet need as per access to family planning and adequate information. The United Nations Agency for International Development (2018) defined unmet need for family planning as "'lack of modern contraception use by a woman who is fecund, sexually active and does not want a child for at least two years'". Arguably, the inability of Nigeria to formulate and implement fertility regulation policies has impacted on the nation's rising population and poor maternal health index.

## Concept of Fertility Regulation

The intentional method of avoidance of pregnancy used by either male or female is referred to as fertility regulation (Jain and Muralidhar (2011). Evidence suggests that various methods of fertility regulation have been in existence as far back as the beginnings of recorded history; couples sought ways to control the number and timing of births (Newman, 2001). Some of the methods of family planning used by men include the withdrawer method, use of condom or the surgical procedure of vasectomy while the women used a wide array of contraceptives including the barrier method of the female condom, the oral, implantable or injectable contraceptives pill and sterilization (World Health Organization, 2020). On the other hand, extended breastfeeding of infant has long been known to suppress ovulation and enable spacing between births.

Available reports shows that globally, social concerns regarding birth and reproduction vary with age, ethnic identity, or religion (Jain and Muralidhar, 2011). In some culture, factors such as abstinence or ensuring virginity until a girl is mature and ready for marriage are prevalence while in others factors such as religious opposition to fertility regulation and female genital mutilation which includes removal of the clitoris to reduce female pleasure during sex have negative impact on quality of life as well as female reproduction.

One of the many benefits of fertility regulation is that it improves maternal health by reducing the risk of pelvic inflammatory disease, associated ectopic pregnancy, morbidity and mortality of illegal abortions and their complication. It gives women the opportunity to achieve their career goals (World Health Organization, 2020). Furthermore, fertility regulation does not only reduce the strain on environmental and community resources but also promotes better health for children. Thus, it is necessary to formulate and implement policies that promotes fertility regulation as it would help improve the quality of life of Nigerians.

Recently, the Federal Government of Nigeria, President Muhammadu Buhari launched the Revised National Policy on Population for Sustainable Development and the National Council on Population Management, which stressed the need for urgent measures to address Nigeria's high fertility rate, through expanding access to modern contraceptive methods, family planning, counselling and commodities, as well as promote births' spacing nationwide. The overall goal of the policy was to improve the quality of life and standards of living of all Nigerians (Daka, 2022). In addition, he posits that the policy "will enable Nigeria to achieve rapid fertility control, improve the health of women, adolescents, new born and children and other population groups."

## Barriers to Fertility Regulation in Nigeria

- 1) **Cultural Norms (desire for male children and large families):** In Nigeria, the desire for large families is extensively reflected in the average number of children the average Nigerian couple have which according to Nigeria Demographic Health Survey, (2018) was five (5). A recent report by the United Nations Children Fund (UNICEF) stated that about seven million babies are being born yearly in Nigeria (UNICEF, 2017). The desire to continue child bearing among high parity couples raises a public health concern. Published reports from the Nigeria Demographic Health Survey (2018), reveals that 61.6% of women with six or more children in northern Nigeria wanted more children. Interestingly, among men the percentage was even higher as 89.1% desired more. Moreover, Izugbara and Ezech (2010) posit that cultural norms is responsible for the high fertility rate in northwest Nigeria as these norms affects their perception. For these people having many children represents wealth and status, ensures the survival of family names, and it broadens social networks and influence. Hence, large family size is believed to both represent and engender wealth, influence, respect, and fame. In addition, large families are perceived to have economic benefits, such as serving as social insurance for parents as they age and contributes to household income from market-based employment. Sinai et al. (2017) assert that desire for male children may further drive high fertility in Nigeria.
- 2) **Religion:** The role of religion in fertility regulation cannot be over emphasized. Pinter et al. (2016) posits that religion is often an important part of the cultural fabric of communities and, as such, can influence decision making, ideologies, and moral and ethical behaviors. Hence, religious beliefs on issues of fertility, contraceptive adoption, and abortion can differ greatly among Protestant Christians, Catholics, Muslims, and Traditionalists. Several evidences suggest that most religious leaders hold beliefs that lead them to speak against modern contraceptive methods (Okigbo et al. 2017; Pinter et al. 2016; Gueye et al. 2015; Agadjanian, 2013). As a result, they can greatly influence the demand side of family planning and, more generally, the reproductive health and well-being of their communities.

Contraceptive use to limit or space births is not the norm in Northern Nigeria. For instance, only 6.2% of married women in the northwest were currently using any form of modern contraception, and the majority of married women - 68.7% - reported no need for family planning for either spacing or limiting (Nigeria Demographic Health Survey, 2018). Moreover, women from the North-east and North-west region (92 per cent) constituted the highest percentage of those who do not use any form of contraceptives in Nigeria (Owoseye, 2018). These regions are predominantly Muslims and religious beliefs drive high fertility (Babalola et al. 2017; Sinai et al. 2017; Izugbara & Ezech, 2010). Similarly, Izugbara and Ezech (2010) noted that many women believe that high fertility honors God. Specifically, one way to serve God with fertility is to give birth to several children who will worship Him and secure the future of their religion. In the same vein, Obasohan, (2015) asserts that the religious belief that God places children in the womb and “until they are given birth to, you do not stop” is a major barrier to fertility.

- 3) **Myths and Misconceptions about Contraceptives:** A major predisposing factor affecting fertility regulation efforts in Nigeria is the case of having to contend with myths and misconceptions and negative perceptions about family planning use, such as beliefs that contraceptives are dangerous to a woman’s health, that they can harm a woman’s womb, that contraceptives can inhibit subsequent fertility or that they can cause cancer (Family Planning, 2020; Hutchinson et al. 2018; Gueye et al. 2015; Ankomah et al. 2011; Izugbara & Ezech, 2010). Despite several advocacies by the Nigerian government and development partners on the benefits of family planning, acceptance of modern contraceptives has remained very low in Nigeria (Owoseye, 2018). In spite of the various benefits of contraceptives, it was reported that 87 percent of women in Nigeria or their partners do not use modern or traditional contraceptives (Owoseye, 2018). Evidence from the 2016/17 Multiple Indicator Cluster Survey (MICS) indicated that only 11 percent of women of ages 15 to 49, currently married or in union, use the method in the country. These statistics are worrisome as they further imply that much needs to be done, especially in the northern part of the country to make Nigerian women embrace modern contraceptives and reduce fertility.
- 4) **Gender Inequalities (male dominance, early child marriage):** Nigeria is a male dominant country; hence fertility is mostly driven by gender power imbalances, fostered by patriarchal social structures in which women have limited autonomy over most decisions, including those affecting marriage, health and fertility (Sinai, 2017; Adanikin, 2019). Consequently, men are often the final decision-makers on important household matters, including those related to “household purchases, health of family members, timing of pregnancies, family size, and education of children” (Babalola, 2015). As the decision-makers on family size, men ultimately determine contraceptive use through their fertility desires and approval or disapproval of contraception (Sinai, 2017; Schwandt, 2011). Furthermore, early childhood marriage is still a widespread practice in Nigeria and often times, it is the result of entrenched gender inequality. When child brides start giving birth, the resultant effect is increased population.
- 5) **Limited access and availability of contraceptives for Adolescents:** In Nigeria, limited access to targeted sexual and reproductive health care services for adolescents contributes to the high fertility rate. This has resulted to the high prevalence of adolescent pregnancy. Due to the stigma and judgmental attitude from society, healthcare educators and healthcare professionals, most adolescents have limited access to contraceptives in Nigeria.

### **Implication for Reproductive Health**

The need to prioritize the reproductive and sexual health of women is necessary through effective information and empowerment. Reproductive and sexual health is the foundation of female complexity as understanding its endocrine component is vital as it is key to effective fertility regulation and general wellbeing of women. Ensuring the barriers to fertility regulation are removed would help reduce over population.

### **Conclusion**

In the bid to accelerate fertility decline in the country, the Revised National Policy on Population for Sustainable Development and the National Council on Population Management should increase access to education and family planning and invest in or empower individuals, particularly girls and women, to achieve their own desires in life. This is because investments that meet women’s and adolescent girls’ needs for family planning and quality reproductive health care would help to address restrictive gender norms, and improve women’s health. Furthermore, it would foster sustainable development and a better future for Nigerians.

## Recommendations

1. Reproductive health educators should organize health educational campaigns to enhance the awareness of the general public especially couples and females on the processes of regulating fertility and plan properly for the family.
2. Ministry of health through public health units should take the lead role to ensure female fertility and family planning clinics provide requisite information regarding child birth and contraception.
3. Women should prioritize their health and the family by attending fertility and family planning clinics to receive information necessary for their reproductive and sexual health.
4. Government should strengthen and enforce existing policies and laws to regulate population growth in Nigeria as rapid increase in population has significant effect on the country's development.
5. Couples should have joint decision making towards the size of the family they need, to avoid unnecessary increase in population.

## References

- Adanikin, A.I., McGrath, N. & Padmadas, S.S. (2019). Power relations and negotiations in contraceptive decision-making when husbands oppose family planning: Analysis of ethnographic vignette couple data in Southwest Nigeria. *Culture Health and Sexuality*, 21(12),1439–1451. <https://doi.org/10.1080/13691058.2019.1568576>.
- Adedini, S.A., Babalola, S., Ibeawuchi, C., Omotoso, O., Akiode, A. & Odeku, M. (2018). Role of religious leaders in promoting contraceptive use in Nigeria: Evidence from the Nigerian urban reproductive health initiative. *Global Health: Science and Practice*, 6(3),500-514. <https://doi.org/10.9745/GHSP-D-18-00135>
- Agadjanian, V. (2013). Religious denomination, religious involvement, and modern contraceptive use in southern Mozambique. *Studies in Family Planning*, 44(3), 259–274.
- Ankomah, A., Oladosun, M. & Anyanti, J. (2011). Myths, misinformation and communication about family planning and contraceptive use in Nigeria. *Open Access Journal of Contraception*, 2, 95–105.
- Babalola, S., Oyenubi, O., Speizer, I.S., Cobb, L., Akiode, A. & Odeku, M. (2017). Factors affecting the achievement of fertility intentions in urban Nigeria: Analysis of longitudinal data. *BMC Public Health*, 17(1), 942. <https://doi.org/10.1186/s12889-017-4934-z>.
- Babalola, S., Kusemiju, B., Calhoun, L., Corroon, M. & Ajao, B. (2015). Factors associated with contraceptive ideation among urban men in Nigeria. *International Journal of Gynaecology & Obstetrics*, 130(Supplement 3), E42–6. <https://doi.org/10.1016/j.ijgo.2015.05.006>.
- Daka, T. (2022). Buhari moves against high fertility rate, launches revised population policy. <https://guardian.ng/news/buhari-moves-against-high-fertility-rate-launches-revised-population-policy/>
- Duze, M.C. & Mohammed, I.Z. (2006). Male knowledge, attitudes, and family planning practices in northern Nigeria. *African Journal of Reproductive Health*, 10(3),53–65. <https://doi.org/10.2307/30032471>.
- Family Planning (2020). Why Nigeria's attainment of family planning 2020 goal will be a miracle - expert. <https://www.familyplanning2020.org/news/why-nigeria's-attainment-familyplanning-2020-goal-will-be-miracle-expert>.
- Gotmark, F. & Andersson, M. (2020). Human fertility in relation to education, economy, religion, contraception, and family planning programs. *BMC Public Health*, 20, 265.
- Gueye, A., Speizer, I.S., Corroon, M. & Okigbo, C.C. (2015). Belief in family planning myths at the individual and community levels and modern contraceptive use in urban Africa. *International Perspectives on Sexual and Reproductive Health*, 41(4), 191–199. <https://doi.org/10.1363/intsexrephea.41.4.0191>.
- Hutchinson, P. (2018). Evaluation of the MTV shuga naija family planning /reproductive health television drama in Nigeria. New Orleans: Baseline survey report.
- Ilyas, M., Alam, M., Ahmad, H. & Ghafoor, S. (2009). Abortion and protection of the human fetus: religious and legal problems in Pakistan. *Human Reproduction & Genetic Ethics*, 15(2), 55–59.
- Izugbara, C.O. & Ezeh, A.C. (2010). Women and high fertility in Islamic northern Nigeria. *Studies in Family Planning*, 41(3), 193–204. <https://doi.org/10.1111/j.1728-4465.2010.00243.x>.
- Jain, R. & Muralidhar, S. (2011). Contraceptive methods: Needs, options and utilization. *Journal of Obstetrics and Gynaecology of India*, 61(6), 626–634. <https://doi.org/10.1007/s13224-011-0107-7>
- Marston, C., Renedo, A., & Nyaaba, G. N. (2018). Fertility regulation as identity maintenance: Understanding the social aspects of birth control. *Journal of Health Psychology*, 23(2), 240–251. <https://doi.org/10.1177/1359105317726367>
- National Population Commission, (2019) [Nigeria]. Nigeria Demographic and Health Survey 2018 – Final Report. Abuja, Nigeria and Rockville, Maryland: NPC and ICF; 2019.
- Obasohan, P.E. (2015). Religion, ethnicity and contraceptive use among reproductive age women in Nigeria. *International Journal of Maternal and Child Health & AIDS*, 3(1), 63–73.
- Okigbo, C., Speizer, I., Domino, M.E. & Curtis, S. (2017). A multilevel logit estimation of factors associated with modern contraception in urban Nigeria. *World Medical and Health Policy*, 9(1), 65–88.
- Okigbo, C.C., Speizer, I.S., Domino, M.E. & Curtis, S. (2017). Gender norms and modern contraceptive use in urban Nigeria: A multilevel longitudinal study. *BMC Women's Health* 18, 178 (2018). <https://doi.org/10.1186/s12905-018-0664-3>
- Owonikoko, K.M., Okunlola, M.A., Adeleke, A.O. & Akinboade, A. F. (2012). Fertility regulation among women of reproductive age in Ibadan, south-west Nigeria: contraception, abortion or both. *The Nigerian Postgraduate Medical Journal*, 19(1), 25–29.
- Owoseye, A. (2018). Culture, religious misconceptions hindering family planning in Nigeria. <https://www.premiumtimesng.com/health/health-features/280411-culture-religious-misconceptions-hindering-family-planning-in-nigeria.html>
- Pinter, B., Hakim, M., Seidman, D.S., Kubba, A., Kishen, M. & Di-Carlo, C. (2016). Religion and family planning. *European Journal of Contraception and Reproductive Health Care*, 21(6), 486–495.

- Rashid, S.G. & Latif, M. (2017). The influence of religion on family planning practices. [https://www.researchgate.net/publication/344617437\\_The\\_Influence\\_of\\_Religion\\_on\\_Family\\_Planning\\_Practices/link/5f905afda6fdccfd7b724743/download](https://www.researchgate.net/publication/344617437_The_Influence_of_Religion_on_Family_Planning_Practices/link/5f905afda6fdccfd7b724743/download)
- Roser, M. & Ritchie, H. (2020). Maternal mortality. Our World in Data. <https://ourworldindata.org/maternalmortality#maternal-deaths-by-country>.
- Schwandt, H. (2011). Perspectives on family planning in Ibadan and Kaduna, Nigeria: A qualitative analysis. Baltimore: Nigerian urban reproductive health initiative.
- Sinai, I., Anyanti, J., Khan, M., Daroda, R. & Oguntunde, O. (2017). Demand for women's health services in northern Nigeria: A review of the literature. *African Journal of Reproductive Health*, 21(2), 96–108. <https://doi.org/10.29063/ajrh2017/v21i2.11>.
- World Bank (2020). Fertility rate, total (births per woman). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN>.
- World Bank (2020). Nigeria development update, December 2020: rising to the challenge—Nigeria's COVID response. <https://openknowledge.worldbank.org/handle/10986/34921>
- World Health Organization (2020). Family planning/contraception methods. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- World Health Organization (2020). Maternal mortality estimates by country. Global health observatory data repository. <https://apps.who.int/gho/data/node.main.15>.
- United Nations Population Funds (2016). *Sexual and reproductive health*. www.unfpa.org.
- United Nations, Department of Economic and Social Affairs (2019). World population prospects: the 2019 revision | multimedia Library - *United Nations Department of Economic and Social Affairs*, 9; 1–13.
- United States Agency for International Development (2015). Maternal and Child Health Integrated Program (MCHIP), 13(41)–1–4. <http://www.mchip.netsitesdefaultfilesTanzania-PPFP.pdf>.