

## **MULTITUDINOUS CHILDREN: A SEQUEL FOR INNUMERABLE PROBLEMS**

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### **Abstract**

Family planning involves spacing pregnancies to achieve the desired number of children through effective birth control methods. Despite campaigns to promote contraceptive use, Nigeria faces rising population issues, including increased numbers of street children, which strain the economy and resources. A significant concern is the health risk to mothers and infants, with more than 60% of births in Nigeria falling into high-risk categories. These high-risk births include those spaced too closely, to mothers who are too young or too old, and to mothers with many previous children, resulting in a higher risk of child mortality before age five. Family planning can significantly reduce these risks by promoting appropriate birth spacing. The importance of having a manageable number of children is emphasized to ensure adequate provision and care. Effective population management policies are necessary to prevent reckless childbearing. Over the past four decades, global efforts to increase family planning access have averted 4.1 million maternal deaths by reducing fertility rates from 6-7 children to 2-3 children per woman in many low-resource countries, except Sub-Saharan Africa, where the average remains five children per woman. Nigeria continues to struggle with low family planning uptake despite its benefits. This seminar paper explores the concept of having many children and its societal impact, highlighting family planning's role in reducing hunger, poverty, and optimizing maternal and child health

**Keywords:** Family Planning, Population, Reproductive Age, Contraceptive, Multitudinous

### **Introduction**

The rapid increase in the global population may lead to major food and shelter shortages or environmental overexploitation, resulting in severe natural disasters (National Population Commission NPC, 2019). This overpopulation concern has prompted countries worldwide to implement measures to control their populations, though enforcement often lacks rigidity and effectiveness (NPC, 2019). Family planning, emphasized by developing nations, is crucial for development but is hindered by inadequate infrastructure for awareness (Yasmin and Miyan, 2018). Africa's current population, based on recent United Nations estimates, is approximately 1.43 billion, constituting 16.72% of the world population, with Nigeria's population estimated at 220 million, making up 2.64% of the global population and ranking seventh in the world (UN, 2023; Worldometer, 2023). Family planning, defined by the ability to manage the number and spacing of children, requires effective services and supportive attitudes (Çalikoğlu et al., 2018; WHO, 2018; Yasmin and Miyan, 2018).

According to the World Health Organization (WHO, 2018), family planning is a fundamental human right and a crucial intervention in preventing unwanted pregnancies. The modern birth-control movement began in 1912 when Margaret Sanger, a public health nurse concerned about

the adverse health effects of frequent childbirth, miscarriages, and abortions, started disseminating information about contraception (Aiyamani et al., 2020). Sanger opened the first family planning clinic in Brooklyn in 1916, challenging laws that suppressed birth control information. Though initially shut down by the police, subsequent legal battles allowed physicians to provide contraceptive advice for health reasons. Throughout the 1920s and 1930s, Sanger's efforts led to the establishment of more clinics and the easing of legal restrictions, enabling some state health departments and public hospitals to offer family planning services by the 1930s. Early contraception methods were unreliable and often harmful, involving natural remedies and practices that posed significant health risks, such as the use of lead, mercury, and charms (Chikezie et al., 2017; Rabiou, 2018; Okunade et al., 2016; PPFA, 2015; Moroole et al., 2020). By the late 19th century, modern family planning began to take shape, culminating in the formation of the Family Planning Association in 1939, which promoted family planning amidst opposition from religious groups and cultural norms (Stacey, 2018; Kriel et al., 2019; Sundararajan et al., 2019; Adofo et al., 2021). Despite ongoing challenges, family planning remains a critical component of reproductive health, essential for reducing maternal mortality (Onwurah et al., 2019; USAID, 2020).

Family planning involves couples discussing when and how many children to have to ensure optimal care for the child financially, psychologically, and socially. While commonly associated with contraception and birth control, family planning encompasses broader measures that allow couples to determine the timing and spacing of their children. It is recognized globally as a pillar of reproductive health essential for achieving safe motherhood (Onwurah et al., 2019). Access to family planning is a human right for women, regardless of their circumstances (Starbird et al., 2016). Historically, before modern methods, birth control often led to sterility or death (Okunade et al., 2016). Currently, 90% of people using family planning rely on modern methods worldwide, although in sub-Saharan Africa, only 15.7% of women use modern methods, with 6.1% using traditional methods (Rabiou, 2018). Studies show that family planning significantly reduces maternal and infant mortality, preventing 272,040 maternal deaths and reducing maternal deaths by 44% in developing countries, alongside reductions in infant and childhood mortality (Islam, 2018; Tessema et al., 2017).

Despite these benefits, many women continue to die from pregnancy and childbirth-related causes, with 295,000 maternal deaths globally in 2017, 196,000 of which occurred in sub-Saharan Africa, predominantly in low-resource countries (WHO, 2019). In Nigeria, family planning use among married or in-union women is approximately 21%, with 18% for all women, significantly lower than the global average of 65% (NPC, 2019). This low usage is not due to a lack of awareness but rather cultural expectations, particularly in rural areas where children are seen as future help in agriculture (Rabiou, 2018). Closely spaced and unwanted pregnancies are leading causes of infant and maternal mortality in developing nations, stressing the need for healthy pregnancy timing and spacing to ensure positive outcomes (Aychiluhm et al., 2020).

Globally, the use of family planning remains extremely low, with utilization inconsistent across sub-Saharan Africa. For instance, family planning usage is only 15% in Nigeria, less than 10% in Ethiopia, 20% in Tanzania, 25% in Kenya, and 40% in Zambia (Mehare et al., 2020). Various studies have identified numerous factors negatively influencing family planning use, including inadequate services, myths, misconceptions, partner opposition, religious beliefs, and cultural opposition (Jennifer et al., 2020; Kaydor et al., 2018). The paper aims to describe the concept of

multitudinous children as a source of numerous problems, identify the implications of having many children on families and society, explore myths and criticisms of family planning, and highlight potential solutions.

### **Concept of Multitudinous Children**

Family planning is defined as the ability of individuals and couples to anticipate and attain their desired number of children by spacing of their births, (Çalikoğlu *et al.*, 2018; WHO, 2018). According to Yasmin and Miyan (2018), family planning involves the provision of effective services that includes adequate information about family planning, as well as courteous attitudinal practices by the provider. According to World Health Organization (2018) family planning is considered a fundamental human right, as well as a key intervention in the prevention of unwanted pregnancies.

Globally, it is documented that family planning is one of the pillars of reproductive health for the achievement of safe motherhood (Onwurah *et al.*, 2019). Access to family planning, is a human right of the female, irrespective of her circumstances (Starbird *et al.*, 2016). Previously, before the advent of modern methods of family planning, people practiced birth control differently, and most of the methods used, were intended to control fertility, which frequently led to sterility or death (Okunade *et al.*, 2016). Currently, it is estimated that, internationally, 9 out of 10 people, who use family planning, depend on modern methods of family planning (Rabiu, 2018). However, studies indicate that, in subSaharan Africa, only 6.1% of reproductive-age women, who are in unions, use traditional methods of family planning, while 15.7% rely on modern methods of family planning (Rabiu, 2018).

### **Overview of Different Types of Family Planning**

Family planning methods include traditional, natural, and modern approaches (Maxwell *et al.*, 2015). Traditional methods involve generational practices using herbs, concoctions, rituals, lactational amenorrhea, coitus interruptus, and abstinence (Rabiu, 2018). Natural methods rely on fertility awareness without devices or pills, such as the rhythm, cervical mucus, basal body temperature (BBT), and Sympto-thermal methods (Henry, 2018). Modern methods encompass contraceptives like combined oral contraceptives (COCs), progestogen-only pills (POPs), implants, injectables, patches, sterilizations, intrauterine devices, diaphragms, emergency contraception, vaginal rings, sponges, and spermicidal agents (Hubacher & Trussell, 2015; Ewerling *et al.*, 2018). Studies show that family planning significantly reduces maternal and infant mortality, averting 272,040 maternal deaths according to Islam (2018), and reducing maternal deaths by 44%, infant mortality by 10%, and childhood mortality by 21% in developing countries (Tessema *et al.*, 2017). Despite these benefits, many women still die due to pregnancy and childbirth-related causes.

In 2017, approximately 295,000 maternal deaths occurred globally during pregnancy and childbirth, with 196,000 in sub-Saharan Africa, and 94% in low-resource countries (WHO, 2019). In Nigeria, a demographic and health survey revealed that 21% of currently married women use family planning, compared to 65% globally (NPC, 2019). This low prevalence in Nigeria, despite high awareness, is partly due to expectations in rural areas for children to assist in agriculture (Fagbamigbe *et al.*, 2015; Rabiu, 2018). Closely spaced pregnancies and unwanted

pregnancies are leading causes of maternal and infant mortality, particularly affecting developing nations and women of reproductive age (Aychiluhm et al., 2020). Healthy timing and spacing of pregnancies are crucial for achieving healthy pregnancy outcomes.

### **Myths about Family Planning**

One significant barrier to contraceptive use is the prevalence of myths and misconceptions about modern methods, such as exaggerated or incorrect reports about side effects, misconceptions about health problems, and negative stereotypes about those who practice family planning (Arnold et al., 2016). For instance, many women in both developed and developing countries wrongly believe that using oral contraceptives is more dangerous than pregnancy.

1. A common myth is that breastfeeding completely prevents pregnancy. Breastfeeding can help prevent pregnancy only if a woman is within six months of delivery, has not resumed menstruation, and the baby exclusively breastfeeds. If any of these conditions are not met, ovulation can still occur, so breastfeeding women should use contraception to avoid pregnancy.
2. Another misconception is that pregnancy cannot occur if the woman does not have an orgasm. Pregnancy happens when sperm fertilizes an egg, and the woman's orgasm is not necessary for fertilization. Women of childbearing age release an egg each month as part of their menstrual cycle, regardless of sexual activity or orgasm.
3. The belief that douching after sex can prevent pregnancy is false. After ejaculation, sperm quickly move into the cervix, beyond the reach of douching solutions. Additionally, douching can disrupt the vaginal bacterial balance, leading to irritation or infection.
4. Some people think they can avoid pregnancy by only having sex during the "safe" time of the month, believing a woman is only fertile one day a month. However, this method is unreliable due to the variability of ovulation.
5. The notion that having sex in certain positions, such as standing up or with the woman on top, can prevent pregnancy is a myth. Sperm are deposited deep in the vagina and move towards the cervix regardless of the sexual position.
6. Using plastic wrap or balloons as makeshift condoms is dangerous and ineffective. These items do not fit well and can easily tear during sex, whereas condoms are specifically designed to fit properly and provide effective protection.
7. The withdrawal method, where the man pulls out before ejaculation, is not reliable. Pre-ejaculate fluid can contain sperm, and there is also the risk that the man may not withdraw in time. Around 22 out of 100 women using this method for a year will experience an unintended pregnancy.
8. It is also a myth that a woman cannot get pregnant the first time she has sex. Pregnancy can occur any time ovulation happens, regardless of whether it is the first sexual encounter.
9. Another incorrect belief is that showering, bathing, or urinating immediately after sex can prevent pregnancy. These actions do not affect the sperm that have already entered the cervix.



10. Lastly, some believe that birth control pills are effective immediately after starting them. In reality, it usually takes about seven days for the pill to become fully effective, so alternative contraception should be used during this period.

### **Criticisms Associated with Family Planning**

Critics of the idea that lowering high fertility and slowing population growth would yield economic benefits argue that this assumption is flawed. Initially, concerns posited that rapid population growth would stymie economic development in developing countries, straining food supplies, natural resources, and the environment. However, social scientists disputed the direct link between high fertility rates and economic growth, suggesting that other factors might play more critical roles in economic development. This debate over the relationship between population growth and economic progress persisted for decades due to an inadequate research base that could not conclusively resolve the disagreements.

The necessity of contraception in developing countries is another point of contention, based on the perception that individuals in these regions prefer larger families and lack interest in fertility regulation. Critics argue that most couples in developing countries are not inclined towards voluntary family planning because they traditionally value having large families. Consequently, there is skepticism about the receptiveness of these populations to family planning initiatives, questioning the underlying assumption that there is a significant demand for fertility regulation.

The effectiveness of family planning programs in reducing fertility rates and slowing population growth is also debated. Some social scientists and women's rights advocates question whether family planning programs are the appropriate policy tool for addressing high fertility rates. They suggest that a more comprehensive approach is needed, one that goes beyond family planning to address broader socio-economic and cultural factors influencing fertility. These critics argue that without such a holistic approach, family planning programs alone are insufficient to achieve the desired reductions in fertility rates.

As global fertility rates decline and population growth slows, some argue that family planning programs are becoming less necessary. Recent discussions among public policy commentators warn of a potential "population implosion" or "birth dearth," suggesting that declining birth rates are now a more pressing concern than overpopulation. This shift in perspective implies that population growth is no longer a critical policy issue, leading to the argument that family planning should no longer be prioritized in public policy.

Health-related criticisms of family planning programs encompass several concerns. Health and women's rights advocates express unease about the safety and efficacy of contraceptive technologies, questioning whether these methods are adequately safe for widespread use. There is also debate over whether regulating fertility truly offers significant health benefits. Additionally, the relationship between abortion and contraceptive use remains a controversial topic, with some arguing that family planning programs might implicitly promote abortion. Finally, critics highlight issues related to the quality of care in family planning programs, emphasizing the need to address family planning within a broader reproductive health framework that includes safe pregnancy, women's nutrition, breastfeeding, and HIV/AIDS prevention. These

concerns suggest that a narrow focus on contraception may overlook critical aspects of women's overall health and well-being

### **Concept of Multitudinous Children as a Sequel for Innumerable Problems**

Professor Oladapo Ladipo, President/CEO of the Association for Reproduction and Family Health (ARFH) in Abuja, emphasizes the importance of population moderation, stating that having only as many children as one can adequately provide for reflects wisdom. He advocates for a population management policy to curb unrestricted childbirth. Sociologist Umar Kari from the University of Abuja highlights the challenges of promoting birth control in Nigeria due to entrenched traditions and religious values. Former President Goodluck Jonathan underscores the necessity of managing population growth for effective economic planning, while BBC Nigeria correspondent Will Ross notes the increasing pressure on land due to population growth, which contributes to violence. Etokidem et al. (2017) warn of the potential catastrophic consequences of unchecked population growth, stressing the urgent need for global population control measures. Despite efforts, many countries struggle to enforce population control policies, with inadequate infrastructure hindering effective family planning initiatives in developing nations.

President Goodluck Jonathan's statement in 2012 regarding Nigerians having too many children sparked controversy, particularly aimed at those unable to adequately support their offspring. Jonathan suggested that people should only have as many children as they can afford, prompting calls for new policies and legislation on family planning to control birth rates. While his remarks received mixed reactions, they underscored the pressing issue of unchecked population growth and its implications, including its link to escalating violence in the country. Professor Oladapo Ladipo of the Association for Reproduction and Family Health emphasized the need for population moderation and management policies, advocating for responsible parenthood and sustainable family sizes to ensure adequate provision for children.

The scenario of Haruna, whose wife just had their 11th child, highlights the multitude of problems associated with large families. Kunle, Haruna's employer with three children of his own, is already supporting Haruna's first two children in school, while four other children are scattered without proper care. Ladipo, a professor, argues that individuals like Haruna, who fail to control family size, burden those like Kunle who have fewer children and are financially stable. Nigeria's urban and rural populations were nearly equal by 2010, but urbanization is rapidly increasing, with projections suggesting 94 million urban residents by 2015 and an estimated 162 million by 2030, exacerbating concerns about population growth despite efforts to promote low fertility rates.

### **Consequences of Multitudinous Children on the Family and Society at Large**

Parental stress, less relaxation time, and sleep deprivation are common issues in larger families, affecting the overall quality of life for both parents and children. Financial strain arises due to the increased number of mouths to feed, leading to lower family income and a higher risk of falling below the poverty line, which can contribute to late-life cognitive decline. Moreover, larger families are associated with decreased women's labor market participation, leading to lower earnings and potentially impacting cognitive functioning in both men and women. Additionally, the lack of personal time for parents is a significant consequence, while the health risks for

mothers increase with multiple pregnancies, raising concerns about perinatal morbidity and mortality rates, and the potential for physical disabilities in children due to premature birth.

The foremost issue stemming from large family size is the lack of basic amenities, leading to malnutrition and other deficiencies, while the financial strain placed on such families burdens society and the nation, often resulting in child labor and missed education opportunities for children. Inadequate parental attention due to social unrest, unemployment, and lack of education can contribute to behavioral issues such as alcoholism and drug abuse among children. Thus, raising awareness about the benefits of small families is crucial, emphasizing the importance of family planning, equal consideration for male and female children, and educating couples about available birth control methods to promote socially conscious family sizes and mitigate the negative consequences associated with larger families.

In families with several children, the allocation of individualized time with parents can become challenging, potentially leaving each child with less one-on-one attention. This division of parental time can strain familial dynamics, yet it's essential to acknowledge that parenting styles vary, and what works for one family may not suit another. Research suggests that children in larger families may benefit from broader social networks and early development of independent skills, counterbalancing the potential lack of individual attention. Raising a large family can impose significant financial and emotional burdens on parents, with increased expenses and demands on time. The financial strain encompasses various aspects, including food, clothing, education, and childcare. Moreover, the intensive care and supervision demanded by multiple children can exhaust parental resources, leaving them physically and emotionally drained as they navigate the complexities of daily life and parental responsibilities.

Managing a large family presents organizational challenges, as coordinating schedules and activities for numerous children can be daunting. The sheer number of individuals within the household amplifies the potential for disorganization, leading to overlooked tasks or misplaced items. Despite parents' best efforts to maintain order, the inherent chaos of managing a large family can sometimes overwhelm even the most organized caregivers, resulting in occasional lapses or oversights.

Large families often contend with a higher frequency of arguments and disagreements due to the diverse range of personalities and opinions within the household. With numerous individuals expressing differing views on various matters, conflicts may arise over mundane issues, exacerbating tensions and potentially fostering feelings of exclusion or resentment among family members. The abundance of perspectives and personalities in a large family setting increases the likelihood of interpersonal conflicts, necessitating effective communication and conflict resolution strategies.

The impact of large family size on individual quality of life manifests in several ways. Firstly, there's a risk of malnutrition among family members due to resource scarcity. Additionally, the presence of numerous siblings may foster a competitive environment, leading to interpersonal conflicts and feelings of jealousy or envy. Limited access to quality education may further impede individual development, exacerbating the challenges faced by members of large families. Moreover, overcrowded living conditions within the household can contribute to a hostile

atmosphere, hindering emotional well-being and overall quality of life for individuals within the family unit.

### **Consequences of Large Family Size on the National Economy**

Consequences of Large Family Size on the National Economy can manifest in several ways. Firstly, a high population, if managed effectively, could contribute to a productive workforce, but in low and middle resource countries like Nigeria, lack of job opportunities exacerbates the challenge of uncontrolled population growth, leading to social issues such as insurgency, banditry, and kidnapping, especially in the northern region. This situation has repercussions for the national economy as large families tend to spend most of their income on food, affecting savings and subsequently reducing investments. Additionally, unchecked population growth is linked to increased violence, impacting the nation's stability (WHO, 2018; Bhalla et al., 2018).

Furthermore, large family sizes can exacerbate societal ills and economic burdens. Scarcity of basic amenities like food, health, clothing, and shelter arises, leading to malnutrition and depriving children of education, pushing them into child labor. This perpetuates a cycle of poverty and unemployment, contributing to social unrest and increased rates of drug abuse and alcoholism. Moreover, the strain on public facilities and resources escalates, increasing government expenses on amenities and overusing land resources, which ultimately impacts the economy negatively. Additionally, the phenomenon of brain drain exacerbates unemployment as the public and private sectors struggle to absorb the surplus of trained graduates (Casey et al., 2018).

### **The way forward**

Family planning quality and acceptance are crucial for the welfare and autonomy of women, but often neglected in low- and middle-income countries (Adefalu et al., 2018). To enhance these aspects, a strategic plan must be developed, detailing interventions and budgeting for improved service delivery, alongside robust monitoring and evaluation processes to gauge progress and impact. Additionally, ensuring the presence of qualified midwives or nurses at primary healthcare centers is vital, as these centers serve as the first point of contact for urban dwellers, offering essential health education and services for family planning. Engagement of skilled personnel at these centers, with referral options to tertiary facilities, facilitates reproductive health access. Task shifting, defined as redistributing family planning services to a broader range of health workers, is essential for countries facing shortages of health personnel (WHO, 2017; Ezeanolue et al., 2018). This approach expands access to reproductive health services, particularly in underserved communities, contributing to national family planning objectives.

Continuous training and capacity building for health workers, such as community health extension workers, are essential for improving access to family planning in hard-to-reach communities lacking skilled professionals like nurses, midwives, and doctors. This training enables these workers to provide counseling and basic care, which is crucial for achieving family planning goals. Additionally, supportive supervision, which involves guiding, training, and encouraging staff to enhance their performance, is necessary for maintaining high-quality health services. Using integrated supportive supervision tools, this process reviews program



implementation at the primary health care level, identifies and addresses gaps, and strengthens providers' skills to deliver standard quality care acceptable to clients (Casey et al., 2018).

Government support for family planning is crucial, involving adequate budgeting and provision of free or subsidized modern family planning methods to ensure quality services. Policies promoting appropriate birth spacing and campaigns encouraging manageable family sizes are important for the acceptance and uptake of family planning methods, contributing to controlled population growth and economic development. Additionally, providing incentives to couples with large families who adopt family planning could further encourage its use. Collaboration with local and international NGOs and UN agencies like UNICEF and UNFPA is also vital for enhancing access to and quality of family planning methods (UN, 2018). Social and behavioral change (SBC) interventions can improve health outcomes by altering attitudes, perceptions, and practices regarding health and family planning through effective communication, whether in one-on-one or group education sessions, mass media, community mobilization, or engagement.

Health education is crucial for enabling clients to make informed decisions and voluntary choices regarding contraceptive methods, thereby promoting family planning practices. Essential information includes the effectiveness, correct usage, mechanisms, side effects, health risks, benefits, and urgent return symptoms of each method, presented in accessible and understandable formats. Bown et al. (2020) emphasized the need for adequately trained personnel in well-equipped health facilities to manage sexually transmitted infections and contraceptive complications, along with the use of proper information education and communication (IEC) materials and interpersonal communication programs (IPC) to encourage new acceptors and retain current users, ultimately increasing the contraceptive prevalence rate.

Community mobilization and engagement of key stakeholders from planning to monitoring family planning programs are effective in promoting family planning. The United Nations Population Fund (Ezeanolue et al., 2018) noted that involving faith leaders, especially within Catholic and some Islamic groups, can be challenging due to resistance to family planning, including complete objections to abortion by Catholics. However, many religious leaders are becoming more supportive of sexual and reproductive health for community welfare, using their influence to implement family planning programs. Community mobilization is also aiding in combating early marriage and promoting child spacing. Organizations like UNFPA are collaborating with leaders in regions such as Sokoto, Nigeria, and Chad to shift attitudes and enhance family planning practices for better maternal and child health (Ezeanolue et al., 2018).

Mass media, including telephones and radio, have been instrumental in transforming family planning services by disseminating key messages to target beneficiaries. Telephones, in particular, aid in data collection, monitoring, and evaluation of family planning programs, ensuring data sharing for analysis and decision-making. They also facilitate communication and monitoring of family planning supply distribution to prevent stockouts. Their availability, portability, and privacy enable them to provide advice to remote communities and excluded populations.

Monitoring involves the routine collection, analysis, use, and dissemination of priority data to track progress towards targets, identify gaps, and improve project performance. It includes routine data collection and aggregation, essential for tracking inputs and outputs of health

programs, including family planning. Evaluation is a systematic process of data collection, analysis, and interpretation to assess a program's activities and impacts. It includes process evaluation, examining program execution, and outcome evaluation, assessing intervention benefits. Impact evaluations determine the effectiveness of family planning interventions, conducted annually or at program completion.

### **Recommendations**

Ensuring women have adequate information, communication, and education about family planning is essential. To address this, women-friendly programs should be implemented nationwide. These programs would provide accessible, comprehensive education on various family planning methods, addressing common misconceptions and emphasizing the health and economic benefits of family planning. Outreach initiatives could include workshops, community meetings, and media campaigns designed to reach women of all ages and backgrounds.

In addition to community programs, it is imperative that family planning education is integrated into the school curriculum, starting from the primary level. Introducing this subject early in a child's education ensures that both boys and girls grow up with a clear understanding of family planning and reproductive health. This early education can help foster a generation that views family planning as a normal and essential part of life, ultimately leading to more informed and responsible decisions regarding reproduction.

Projects aimed at motivating women should highlight that family planning is not solely a women's issue but a shared responsibility with men. Campaigns can be designed to encourage men to participate actively in family planning decisions and practices, thereby promoting gender equality and shared responsibility. These projects could involve community leaders and male role models to advocate for the involvement of men in family planning.

Family planning services should be seamlessly integrated into all health clinics rather than being confined to Maternal and Child Health (MCH) clinics. This integration would make it easier for women to access these services during routine healthcare visits, thereby reducing the stigma and inconvenience associated with visiting specialized clinics. By normalizing family planning services within the broader healthcare system, more women would likely seek and use these services.

Furthermore, comprehensive MCH packages should include family planning as a core component. This inclusion ensures that women receive all necessary services and information in one place, promoting better health outcomes for both mothers and children. These packages could offer a range of family planning options, postnatal care, and education on child health and nutrition.

The government plays a critical role in supporting family planning through policy-making. Establishing clear, supportive policies would provide a framework for community practices and guide service providers in delivering consistent, high-quality family planning services. These policies should ensure adequate funding, training for healthcare providers, and the availability of family planning resources.

Finally, strategies to improve child survival rates are essential to assure families that their children will have a strong chance of surviving and thriving. This assurance can reduce the perceived need for larger families as a safeguard against child mortality. Efforts to improve child health could include enhancing prenatal and postnatal care, ensuring access to vaccinations, and promoting nutrition and hygiene practices. By improving child survival rates, parents can feel more confident in their family planning choices, knowing that their children are likely to grow up healthy and strong

## **Conclusion**

Family planning has transformed the world by promoting maternal health and well-being, empowering women economically, and driving national economic growth and development. However, its acceptance is hindered by various barriers, ranging from client-related issues to concerns about health system quality. To overcome these obstacles and enhance the acceptance of family planning services, it is essential to improve quality through strategic planning, effective implementation, and robust monitoring and evaluation systems. Support from governments, humanitarian organizations, and family units are crucial to maximize the benefits of family planning and ensure its widespread adoption.

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