

SOCIAL FACTORS INFLUENCING DECISION-MAKING RELATED TO FERTILITY CONTROL IN NIGERIA.

Anum O.J.¹, Hulugh P.K¹, Dooior D ², & Zawua T.P ³

¹Department of Sociology, Benue State University, Makurdi, Benue State, Nigeria

² Benue State Schools of Nursing and Midwifery Makurdi, Benue State, Nigeria.

³ Department of Biological Science, College of Science, Federal University of Agriculture, Makurdi, Benue

E-mail: ornguj@yahoo.com; zawua2014@gmail.com; akpoohulugh@yahoo.com

***Abstract:** Control over the timing and number of children continues to be a challenge for many developing countries including Nigeria today. As the population keeps increasing, the level of demand also increases and this brings about inflation of useful agricultural products or resources. The demands of these resources make people sold out their products quickly and share their money on basic human needs like building of houses, educational training of children, clothing and consumables for tackling hunger, thus make acute poverty take over for the cost of these maintenances. There is also competition on the limited resources available like farm lands for agricultural practices, economic trees, sand for building and construction, gravel sands, etc all resulting from high population experienced. Deforestation is noted due to farm activities or limited spaces for farming and boosting of commercial activities, housing and transportation parks. Because of natural increase in fertility in Nigeria led to born of social vices such as political thuggery, gangsterism, disputes due to uncontrolled population, assassinations, militia exploitations emanating from illiteracy, poverty and drugs addiction, arson, prostitution (commercial sex worker) child labour as hawkers. Much of these problems could be prevented through effective social fertility control strategy. This paper examines the concept of fertility control, empirical evidence of fertility control in Nigeria, Malthusian theory of population growth, social barriers to fertility control in Nigeria and the national population policy in Nigeria. The article also recommends that effort should be intensified on enlightenment campaign in order to remove all barriers affecting decision-making against fertility control.*

Keywords: Africa; Beliefs; Traditional authority Structure; Fertility Control.

Reference to this paper should be made as follows: Anum O.J., et al (2015), Social Factors Influencing Decision-Making Related to Fertility Control in Nigeria. *J. of Social Sciences and Public Policy*, Vol. 7, Number 2, Pp. 55 – 72.

INTRODUCTION

One of the greatest global population problems today is how to achieve fertility control in a fast growing population particularly in the third world regions and the continent of Africa. Fertility control also known as birth control is a method or device used to prevent pregnancy. Pritchett (in Dooior) defined fertility control as purposeful measures by

government aimed at affecting demographic variables such as fertility and mortality of a nation.¹⁴¹ Fertility control is a component of population general policy, centered on education, health (family planning services contraception, immunization), agriculture (food and nutrition) and cultural practices (espousal relationship to fertility policy).¹²¹ The meaning of fertility control was born out of the magnitude of the demographic explosion that characterized in the 20th century, particularly the Sub-Saharan Africa and least affected by North and South Africa. A phenomenon which has been well managed by advanced nations to a replacement level of two children per a woman's life birth and the leading world technology that have successfully giving their well-being (sustainable development). It is also thought provoking in the sense that third world continent, regions and countries also enshrined in their population policy documents to achieve fertility decline as stated clearly in their goals, objectives, targets and strategies. Yet, their fertility rate rises annually.¹³¹

United Nations (UN) found that Ninety five percent (95%) of the world fertility occurs in developing nations where birth rate is highest and 13 times more than Europe where population is actually declining.¹⁴¹ The fact still remains that there is "baby-boom" and population is increasing much faster in the third world nations, African and Nigeria.¹⁵¹ In Africa, the sub-Saharan is most hit with a population variation of 832,763,504 million in 2009, 853,566,225 in 2010 and 812,501,589 in 2011 respectively, contributing about 12% of the world population.¹⁶¹ Thus, evidence has shown that Nigeria has the highest population in Africa as census figures indicated; 1965:55.7 million, 1991:88.9 Million and 2006:140.4 million.¹⁷¹ By October, 2011 Nigeria Population was estimated at 167 million.¹⁸¹ It is frightening that the United States of America based Population Reference Bureau stated that the Nigerian population is estimated to hit 433 million by the year 2050.¹⁹¹ This then means that Nigeria will continue to experience high fertility rate. It is also threatening that an estimated 113.6 million women in the developing world cannot meet the needs for contraception, 105.2 million married (of whom 55.4 million wish to space births and 49.8 million wish to limit further childbearing) and 8.4 million unmarried women. Sub-Saharan Africa has 24 million (22% of total) basically due to large population of Nigeria, Ethiopia and Democratic Republic of Congo. This actually attempts to accept the fact that there is a wide gap between people and government population policies for birth control-with all its emphasis on sound theoretical goals, objectives, targets and strategies enshrined in the policy documents of 2004.

According to Nigeria National Policy on Population for Sustainable Development (NNPPSD) ¹¹¹ and Nigeria National Demographic Health Survey ¹²¹, the major problems to fertility control decision-making in Nigeria are cultural practices. While Dooior ¹³¹ and Mustapha ¹⁴¹ have identified traditional authority structure, cultural practices and general belief system of the people as antagonistic to government policies, family planning services and contraception use in Africa. In most countries in Africa and the Middle East, the general belief systems are represented by the people. These includes; multiple variations of Christians, Moslems and folk systems of belief, traditional or cultural beliefs

involving social security, prestige, pride, economic belief, family planning beliefs, which may involve myths and misconceptions.¹¹⁵¹ These factors are perceived to have brought about influences on the decision-making related to fertility control. The determinants of fertility in developing societies (such as Nigeria) are believed to be influenced by the demand for a certain number of children, their survival and assessment of their survival. Dooior have pointed out that "demand for children at the household level may be influenced by family preferences for a certain number of surviving children especially in regions of high mortality, parents may produce more children than they actually desire in the expectations that some will not survive."¹¹⁶¹ Nigerian Demographic Health Survey put the under five mortality rate at 157 deaths per 1000 live births, infant mortality rate is 75 deaths per 1000 live births, and the neonatal mortality rate is 40 deaths per 1000 live births, while the post-neonatal mortality is 35 deaths per 1000 live births.¹¹⁷¹ This is one among the highest in the world.

Enger linked increase in fertility rate to the belief that children are seen as investment good. This is especially in poor societies, which are seen as economic investment goods to the extent that there is an expected return in the form of child labour and the provision of financial support for parents in old age when their children reach adulthood and earn a living.¹¹⁸¹ A number of studies also linked the religious beliefs as among factors for the increase in fertility rate that has been a problem to the government efforts on fertility control in less developing nations, Africa and Nigeria. Edmands¹¹⁹¹, Ayam¹²⁰¹ and Aluko¹²¹¹ noted that religious beliefs concerning fertility control may be closely allied to those of cultural practices and cultural beliefs. It is not far from the fact that, concepts such as "contraception", "sexuality education" viewed as right and wrong usually stem from religious precepts and are further developed into rewards and punishments.

The religious belief system seems to influence decision-making about large family size in households, therefore making it difficult for the world to achieve the agenda of fertility decline among developing nations.

In a patriarchal social system of the developing nations that largely depends on the value of high desire for children in the society, the main problem is how to sustain and control women to keep faith with the desire. Moreover, the main problem of men is loss of control. Based on the studies of Ayaga a loss of control means everything to men, it means loss of status quo, loss of potential fertility, loss of social security and heirs and thus a plus to anti-natalist. Against this background, men tactically use authority structure via patriarchal system to descend hard on women with non-compliance on the desired number of children.¹²²¹ Such measures include domestic violence in the home front, pronouncement of death penalty for contraception use without husbands' permission and other coercive measures.¹²³¹ Unsustainable rate of fertility has a serious setback on economic development and poverty alleviation, living most of the third world nations, including Nigeria under vicious cycle of poverty for years. As expressed by the statements of Roberts McNamara, a onetime president of the World Bank in 1978, when

he equated high population growth with nuclear war as both are "silent" killers. In his words:

...the greatest single obstacle to the economic and social advancement of the majority of peoples in the underdeveloped world is rampant population growth. The threat of unmanageable population pressure is much like the threat of nuclear war...both threats can and will have catastrophic consequences unless they are dealt with rapidly and rationally.^[24]

The lingering issue is that, the high fertility rate will continue to frustrate government efforts to provide sustainable development for the well-being of her citizens such as water, housing, health, schools, employment opportunities, social security and other infrastructural development. Social problems associated with unsustainable population if not controlled includes lack of savings, high consumptions levels, no mechanized means of agriculture and foot marks of vicious poverty circle, high infant and child mortality, unemployment, poor educational facilities, shortage of water and other inadequate social infrastructure such as health, electricity, transport and communication. Global warming, greenhouse and ozone layer depredation, incessant disputes as pressure is mounted on the traditional land tenure system ^[25] all hinder the benefits obtained from fertility control. These problems are more pronounced in some third world continents, regions and countries such as Nigeria.

The fact remains that fertility cannot be less achieved with all government will and commitment to provide good policies, excellent family planning services/contraception without considering people's espousal under the general belief system, authority structure and cultural practices is overlooked. Questions begging for answers from the government are that: who has unmet needs for policies, programme actions and contraception? In other words, needs for whom? Need by whom?

Conceptual Overview of Fertility Control

Fertility control also implies legislative laws in which government make decisions on limiting natural population of the nation. Gupta and Ghai have defined fertility control as a "social policy that involves both stimulation and inhabitation of contraception".^[26] To add to this definition, sociologists Enger and Smith have stated that it is "a conscious regulation of population sizes by societies of which it is the desire of the third world to have a slope down population curve".^[27] Population Reference Bureau defined fertility control as purposeful measures by government aimed at affecting demographic variables such as fertility and mortality of a nation. Fertility control is a component of population general policy, centered on education, health (family planning services contraception, immunization), agriculture (food and nutrition) and cultural practices (espousal relationship to fertility policy). ^[28] Therefore, Obono argued that "fertility control must include factors such as authority structure, cultural practices and general beliefs system of the people that impinge on the policy." ^[29]

Benagiana, Testa and Cocuzzi noted that in the contemporary world, it becomes absolutely impossible to speak of "family planning", "fertility control" or "contraception" in isolated fashion. Therefore, it becomes a necessity for governments to insert interventions in these fields into the global context of all other interventions in matters of fertility decline.^[30] In their views therefore, the meaning of fertility control entails the following:

- a. It has to be welfare oriented
- b. It has to do with sustainable development
- c. It calls for the will and commitment of political leaders with their agencies; especially on traditional authority structure, cultural practices and general beliefs system of the people.
- d. It needs integrated family planning, contraception and fertility control approach.
- e. It calls for the attention of scholar's research for monitoring/evaluation on cultural and religious desires and intentions, programme actions and contraceptive methods
- f. Government motivational approach to peoples' behaviour towards family limitation.

These entire elements must be included in any definition or meaning of fertility control. Therefore, the study looks at the definition of fertility control as any conscious efforts undertaken by government to limit, space or control natural fertility by soliciting individual aspirations, peoples belief system, authority structure and cultural practices with a motivational intention for a social change towards fertility decline through family planning services, and fertility technological devices of contraception and other intervention such as education, employment opportunities, immunization of children; and scholars research oriented aimed at constant reforms; that all geared towards sustainable development.

Empirical Evidence on Fertility Control in Nigeria

Considerable empirical works have been carried out on fertility control in Nigeria. A few of them are reviewed for the benefit of this study. Caldwell and Caldwell presented an empirical analysis in Ibadan, Nigeria and discovered that total fertility rate (TFR) of around six (6) do not provide proof of any significance degree of family limitation. They also discovered that an average of female marriage was around 20 years. Again, in their research study in Ibadan, Nigeria using 1050 respondents who had over attempted to limit fertility by any means rather than sexual abstinence, from their analysis, it is clear that the limitation of family size was a minor function of contraception (11.8%) where as the major decision to use contraception was for extramarital purpose (31.5%) and post-partum sexual abstinence (31.1%) that many Yoruba's took the traditional approach of three years to two years.^[31]

A study in Konshisha, Benue State using 500 respondents, Kar discovered that husbands' opposition for family planning and contraception came from farmers who demand more children to take care of the farm (80%).^[32] Raimi in his study in Kwara State, using 261 respondents found out that knowledge and use of contraceptives were relatively low. Only about a quarter of the respondents claimed to have any knowledge about contraceptives. Only about 8% claimed current use of contraceptive methods at that time. Christians' knowledge and use of contraception was significantly of higher proportion than Muslims. All respondents agreed that the desire to have many children dominates the Islamic faith and discourage the use of orthodox method of family planning. Based on this, none of the respondents mentioned the issue of inadequate implementation of family planning programs ^[33] this means that there is no need for patronage, even if there was accessibility and availability of contraceptive methods. Isife, Albert and Isaiya in a study carried at rural communities of Imo State, Nigeria using 50 married women, discovered that religious beliefs (45%), and fear of side effects of contraception methods (16%), and cultural practices (39%) affect fertility control despite the high knowledge of family planning. ^[34]

Omoera did a study on broadcast media in family planning matters in rural North-East Nigeria using 1000 married respondents. His study showed that a relationship exists between social factors of non access (traditional authority structure, cultural practices and general beliefs system) and fertility control. The study found out that most Nigerians, especially those living in the rural settings do not believe to count the number of children. They also found it extremely difficult to openly talk about sexuality and other family related issues. ^[35] In his findings, Omoera stated that men as the brain behind traditional authority structure and decision makers on matters of family planning are not the target audience of family planning programmes through the use of mass media. His study also revealed that many people in the rural areas have not taken to the adoption of modern family planning methods. The study discovered that the hostile behaviour so far put towards fertility control was based on some archaic laws, cultural practices and religious doctrines that compelled a majority of the people to keep sealed lips on issues of childbearing, number of children and other family matters. ^[36]

Mustapha & Mohammed presented their empirical analysis on the male knowledge, attitudes and family planning practices in Northern Nigeria and came out with the findings that economic, early age at marriage for women and men undermine couple with undecided manner of husbands to allow their wives to use family planning practices has increased fertility rate. ^[37] Odimegwu also lamented that there is low implementation of policy due to barriers from socio-cultural factors, since the launching of the policy (fertility control) the attitude of Nigerians was unfavorable. The study also found out that the lower echelon of the society regarded children as the glory of parents and any attempt to limit the number is believed to contradict God/Allah/Supreme Being injunction, so both; Christians, Moslems and traditional religion resisted the policy. ^[38] There is no appeal whatsoever on demographic premise that rapid socio-economic

development cannot be realized in the face of rapid population growth. NNDHS has carried out a cross-sectional empirical study in Nigeria, using respondents of 33,385, women were aged 15–49 and 15,486 men aged 15–59 respectively. The study identified that fertility in Nigeria has remained at a high level over the last 17 years from 5.7 births per women in 1991 to 5.9 births in 2008. The study also discovered that on average, rural women are having 2 children more than urban women (6.3 and 4.7 children, respectively). The study advanced reasons such as authority structure, cultural practices and the general beliefs system of Nigerians.¹³⁹¹

Further discoveries of the study showed that unplanned pregnancies are common in Nigeria with overall 4% of births are unwanted, 7% are mistimed (wanted later). The median age at first marriage in Nigeria among women aged 25–49 is 18.3 years. Urban women marry 4 years later than rural women (21.1 and 16.9 years, respectively). Teenage pregnancy is identified to be high in Nigeria, 23% of young women aged 15–19 years have either began childbearing or are pregnant with their first child. On family planning, NNHDS found out that 72% of all women and 90% of all men know about one contraceptive method, and go ahead to identify that male condoms, the pill and injectables are the most widely known methods. 15% of currently married women are using any contraceptive method and 10% are using a modern method. The most commonly used among currently married women are injectables (3%), followed by male condoms and the pill (2% each).¹⁴⁰¹ This as well is linked to reasons of factors of non-access. Private organizations are the main providers of contraceptive methods in Nigeria for about 60%, while the participation of public medical sector in family planning service delivery has decreased from 37% in 1990 to 23% in 2008. More findings indicate that overall, 20% of currently married women have a challenge of family planning of 15% for spacing, and 5% for limiting.¹⁴¹¹

From the above review, it appears that fertility control has not found its feet, despite efforts made by the Federal Government of Nigeria, assisted by International donors. This implies that sustainable development cannot be achieved in the presence of influences of social barriers on fertility control decision-making. Therefore, the researcher hopes to examine and proffer solutions on how fertility control can be improved so as to prevent the effect of unmet needs effectively. The researcher intends to do this by considering some demographic variables, which were neglected in the past. Such variables include; general belief system, authority structure and cultural practices that brewed and licensed the social factors that keep fertility rate high.

THEORETICAL FRAMEWORK

The Malthusian Theory of Population Growth

The theoretical underpinning of this work lies in Malthusian theory of population. The proponent of the theory is Reverend Thomas Malthus (1766 – 1834), a clergy man and a mathematician, was the first to give serious thought to exponential growth in population and its consequences on humanity.¹⁴²¹ People, according to him, unless checked in some

way doubled their numbers in every quarter of a century. Thomas Malthus observed two things that necessitated his work: the rapid increase in population of Great Britain as at the time of his first publication and the law of diminishing return experienced in the area of agricultural output. Thus, he declared: "The best lands are taken up first, then the next best, then the inferior, at last the worst; at each stage the amount of food produced is less than before. If existing cultivated land were farmed intensively the same inexorable law will operate and again there will be diminishing return. Consequently, it would be impossible to maintain expansion of food production to keep pace with increasing population".¹⁴³¹

The fundamental assumption of Malthus based on his experience of time is that human beings are like plant and non - rational animals - have the instinct and urge to reproduce. Therefore, without a check, human beings would grow to an incalculable number to fill the world in few thousand years.¹⁴⁴¹ In summary, the theory postulates that, population increases at geometric ratio while food production increases at arithmetic ratio. It goes further that if the situation is left unchecked, at a time, population will grow beyond food supply. He therefore, envisaged or predicted two checks to be in control. Of course, Malthus was aware that starvation rarely operates directly to kill people; something else intervenes to kill before starvation, this, he referred to as "positive" checks. They include death via war, malnutrition and pestilence. There are also "preventive" checks - limit to birth via infanticide, abortion, contraception etc which he referred to as "improper means" and not economically productive - a position borne out of morality as a clergy man. He further pointed out that positive checks and other forms of preventive checks are "misery" or "vice" that would markedly lower the dignity of human nature. Malthus argued that, the best form of population control is the moral restraint which meant late marriage, remaining chaste for the meantime - the only option to save people and their communities from "rags and squalid poverty". In other words, poverty was an inevitable result of rapid population growth.¹⁴⁵¹

Nigeria is a high fertility country and there is evidence its large population inhibits government's efforts in meeting the basic needs of the people. With the population of already exceeds 130 million people growing at roughly 3 % at annually,¹⁴⁶¹ a considerable proportion of the country's resources is doubtless, consumed instead of being accumulated as capital for development purposes. To that extent, the rate of development lags behind that of population growth, which triggers stagnation in social service delivery. This necessarily impedes whatever progress being achieved in the fight against poverty. To this extent, the predicted doom of population theory is manifesting in Nigeria - rapid population growth rate, food crises, large scale poverty, ethnic and religious conflict, HIV/AIDS epidemics, etc. Although, the aforementioned are in line with the theory's predictions, Nigerian government operational modus favors these manifestations over the years.

Social Barriers to Fertility Control in Nigeria

Non-access barriers to fertility control will be reviewed under the following basic factors: (a) general belief system (b) authority structure (c) and cultural practices.

General Belief System

In most countries in Africa and the Middle East, the general belief systems are represented by the people. These include; multiple variations of Christians, Moslems and folk systems of belief, traditional or cultural beliefs involving social security, prestige, pride, economic belief, family planning beliefs, which may involve myths and misconceptions.^[47] These factors are perceived to have brought about influences on decision-making related to fertility control. The determinants of fertility in developing societies (such as Nigeria) are believed to be influenced by the demand for a certain number of children, their survival and assessment of their survival. Ijaiya have pointed out that demand for children at the household level may be influenced by family preferences for a certain number of surviving children especially in regions of high mortality, parents may produce more children than they actually desire in the expectations that some will not survive.^[48]

The general belief attached to the increase in fertility on the improvement in the status and wealth of the individuals or families, and an increase in social security at old age of parents in the society, since increase in fertility rate implies that the nation, community or family, is assured of sufficient manpower to provide defense for the community and more working hands in farm and non-farming activities. Generally, in the African context, to limit family size is a selfish act of individuals unwilling to make personal sacrifices for the good of the larger society. It is equally believed that the failure of men and women to fit into this expectation exposes them to taunts. These taunts, as part of cultural narratives are directed at males/females that deviate from 'standard' roles. Such men in Nigeria are called 'women', 'weaklings', 'incapacitated', 'effeminate', 'girls'. These men are not respected. According to Dooior, in local cultural imaginaries, they lack fit. Such women are called 'men', 'masculine', 'wicked', 'stubborn', and 'tigers'. They are stigmatized. This is because our cultures view taking the role of the other (i.e. male taking the role of women or vice versa) as the ultimate humiliation, an unfortunate crisis, and a transgression. The labels and names applied to these 'unfits' aim at denying them proper humanity.^[49]

The religious belief system seems to influence many ideas about large family size in households, therefore making it difficult for the world to achieve the agenda of fertility decline among developing nations. Melinda Gates,^[50] Co-chair of the Bill and Melinda Gates Foundation along United Nations Fund Population Activity (UNFPA) ^[51] blame religious beliefs and contraception's associated with population control for creating a situation in which over 215 million women in the developing world experience non access to contraception that jeopardizes fertility control in developing countries. Religious objections to fertility control are to be taken more seriously than other factors of access such as side effects of contraception, the cost and availability of contraception. A number

of studies by Abubakar ^[52], Dzugba ^[53], Aluko ^[54], Raimi ^[55], NNPPSD ^[56], and Ode ^[57], observe that religious beliefs from a global perspective that God/Allah or Supreme Deity is the only one that gives children, at the same time, take care of them, no matter the number. Therefore, it is a forbidden thing for human to even count, the number of children provided by God. The religious beliefs on procreation cut across the Roman Catholic Church, Protestant, Hindus, Judaism, Islam, Buddhists and traditional folk that strongly opposed the fertility control in developing nations, Africa down to Nigeria.

Traditional Authority Structure

Many studies have tried to explain social barriers to fertility control in terms of authority structure. A psycho-social phenomenon where the social strata of the community is patterned to favour men in decision-making on how and when to procreate, how many to procreate, whether to go to school, or engage in formal employment or not. Above all decide to accept the traditional or orthodox methods of family planning. Alubo simply stated that is an affair where men are simply the dominant in the home front. ^[58] Ritzer has stated that authority structure is all about women experience of difference, inequality and oppression in their various social locations within capitalism and patriarchy. ^[59] Traditional Authority structure has a powerful influence on reproductive decision making and behaviour in most of the developing countries as men are the primary decision makers about sexual activity, fertility and contraceptive use. It is in this same argument that Population Report has aptly stated:

*In many developing countries men are often called **gatekeepers** because of the many powerful roles they play in society—as husbands, fathers, uncles, religious leaders. In their different roles men control access to health information and services (family planning inclusive), finances and other resources. ^[60]*

The social arrangement where gender roles affect fertility control as Ali and Sultan have put forward their argument that “had these women been empowered to decide about the number of children to be born, the scenario would have been different and shall family size norms would have prevailed”. ^[61] Empirical evidence in Pakistan shows that there is a big gap between behaviour and desires. Only 35% had the number of children that they had desired whereas, a very large number of women had more children than their stated ideal number of children. 54% of women either wanted to stop having children or wanted to wait at least two years before having other children but were not protected under authority structure. ^[62]

Fertility control is affected by the traditional authority structure right from the socialization process of what is referred to as an *ideal man* and *ideal woman*. Izugbara observed that an *ideal man* in African context is socialize to be domineering, aggressive, tough, ruthless and in control and so to see themselves as naturally superior to women, on the other hand an *ideal woman* female socialization often aims at making girls and women submissive, easily ruled or controlled and to see themselves as natural inferior to

men. ^{163]} In other words, the good/ideal girls and women are supposed to be "dutiful in the home front", "fearful" and humble to the man and in the community. This then means that girls/women cannot have access to school, employment, family planning services and contraception without the consent of the men and husbands in particular. Population Reports ^{164]} have expressed that women submit to men because they are afraid of retaliation, such as being beaten or divorced. They become helpless and hopeless because their gender roles place them in oppressive and subordinate position in the community. Therefore, men place them in a situation to "breed like rabbits" to increase the population.

Since creation, the biological or sex role of women cannot be estimated. In a patriarchal social system of the developing nations that largely depends on the value of high desire for children in the society, the main problem is how to sustain and control women to keep faith with the desire. Moreover, the main problem of men is loss of control. Based on the studies of Izugbara a loss of control means everything to men, it means loss of status quo, loss of potential fertility, loss of social security and heirs and thus a plus to anti-natalist. ^{165]} Against this background, men tactically use authority structure via patriarchal system to descend hard on women with non-compliance on the desired number of children. Such measures include domestic violence in the home front, pronouncement of death penalty for contraception use without husbands' permission and other coercive measures. Women in developing nations, especially Africa to include Sudan, Zimbabwe, Nigeria and Zaire have handed off their decisions on fertility control to their husbands. ^{166]} This of course, may be among reasons the African population at 2011 was 994,527,534; sub-Saharan at 812,501,589. This is the highest population in the world, in a similar situation, Total Fertility Rate (TFR) of Africa stalled" at 5.1; sub-Saharan Africa, 5.5 and West Africa at 5.8. ^{167]}

Cultural Practices

International and Local literatures available have revealed that cultural practices have influence on fertility control decision in time and space. Casterline ^{168]}, Rosen ^{169]} and WHO ^{170]} have pointed out that the provision of best policies, programme actions and contraception will not amount to fertility decline when people cultural practices are ignored by policy makers in democratic or non-democratic settings. The people's espousal will turn into hostility and frustration of the government intentions to bring about well-being to the individuals and improvement welfare to the populace will be counterproductive. Ijaiya ^{171]} have stated that the increase in the rate of fertility in less developed countries is worrisome that measures including contraceptive devices suggested or put in place at national, community and household levels in reducing it seem not to have had much impact. This again agrees with the work of Casterline ^{172]} and Rossen ^{173]} that solutions to fertility control lie with social factors such as cultural practices.

Omoera has stated that the traditional cultural values which stress the value of children to society has made the public to view family planning as a disguised attempt at birth control which ran counter to fertility control. ^{174]} Reproduction in Africa and Nigeria in particular

is a cultural issue in which large families are seen as a source of free labour and wealth or economic asserts and insurance in old age. Due to this, people tend to have large families with preference for male children, which may delay the usage of contraception by couples who do not have male children. The service of the male child is noticed in African context that couples do consult oracles to ensure that they will give birth to a male child. ^[75] The main problem that may be associated with decision-making related to high fertility in most developing countries, particularly in the rural agricultural population, is that children are productive agents. Furthermore, the practice of subsistence agriculture with heavy reliance on family labour contributes to high fertility.

Furthermore, several factors are also perceived for the increase in fertility rate especially in sub-Saharan Africa. Key among them are the proportion of women in sexual unions which in turn is affected by other demographic factors including the age at first marriage or union, the pervasiveness of marriage and other unions, rates of divorce, separation and remarriage and male mortality levels; and hence marriage in African context is focuses on children, the high fertility is associated with early marriage and remarriage in terms of death, divorce or separation.

Nigerian Policy on Population Control

Population policy on fertility control is a government policy instrument used by the National Population Commission in exercising its control on population size, population growth rate, fertility, morbidity and mortality; population projection and sources of population data. ^[76] While Obono defines population policy as “an explicit set of governmental statements relating government’s espousal to a course of action aimed at affecting a predetermined balance between population events”. ^[77] The definition takes care of peoples’ behaviour in respect to their general belief system, authority structure and cultural practices that hinder fertility control to bring about individual well-being and generally welfare of the population.

Policy Goals

Obono ^[78], Ode ^[79], (2006) and NNHDS ^[80] rightly observed that the cardinal policy goals, objectives, targets, strategies of NPP are:

- Improvement of the standards of living and quality of life;
- Promotion of health and welfare;
- Achievement of a lower population growth,
- Achievement of an even distribution of rural-urban population.

Policy Objectives

To actualize the goals, the objectives were:

- i. Promotion of awareness among the citizens of population growth and its effect development.
- ii. Education of young people on population matters prior to their entry into the ages of marriage and childbearing.

- iii. Promotion of mass family planning services.
- iv. Improvement of the demographic data collection on regular basis and the use of such data for economic and social developing planning
- v. To provide everyone with the necessary information and education on the value of responsible family size to both the individual family and the future of the nation in achieving self reliance.

Policy Targets

The targets of the policy were:

- i. Reduction of the proportion of women marrying before age 18 year by 50% by the year 1995 and 80 % by the year 2000.
- ii. Extension of family planning service coverage to 50% of women of childbearing age by 1995 and 80% by the year 2000;
- iii. Provision of suitable family life education and services to all adolescents by the year 2000 to enable them to assume responsible parenthood;
- iv. To direct a significant programme in terms of family planning services to all adult males by the year 2000.
- v. To reduce the number of children a woman is likely to have during her life time, now and over six, to 4 per woman by the year 2000 and reduce the present rate of population growth from about 3.3% a year to 2.5% by 1995, and 2.0 by the year 2000.
- vi. To reduce infant mortality rate to 50 per 100 live birth by the year 1990 and 30 per 100 live births by the year 2000.
- vii. Family planning services shall be made available to all persons voluntarily wishing to use them. Priority attention shall be given to reaching high risk client for example; women under 18 years or above 35 years, previous complicated pregnancies of childbirth or those with chronic illness which increases the health risk of pregnancy.

Policy Strategies

The strategies of population policy were:

- a. Making family planning (FP) services easily affordable, safe, and culturally acceptable;
- b. Mobilizing all relevant public and private agencies for effective delivery of these services;
- c. Tailoring special and favourable social and economic programmes toward involving women in the nation's development effort as an important way of bringing down fertility rates, and
- d. Developing an aggressive programme of population information and communication.

Policy Evaluation

The population policy (fertility control) has attracted comments from scholars of various backgrounds since its inception in 1988/2004; Odimegwu ¹⁸¹, Ayam ¹⁸², Obono ¹⁸³, Adesokan ¹⁸⁴, and Abubakar ¹⁸⁵, have all pointed out that anti-natalist (government) has political will and commitment to enforce population control measures such as; policies, programme actions and contraception. However, patriarchy the principal agent and her agencies such as general belief system, authority structure and cultural practices over time have tended to contribute to growth of population of different areas of the country in ways militating against the interest of national development in contemporary times.

CONCLUSION

The paper highlights the influences of belief system, authority structure and culture on fertility control in our society. It also states that there is high population associated with the belief system of people on importance of children; the need of bearing many children for family heritage, preference of boy-child to girl-child for family continuity, bearing of children for wealth creation or attaining high economic status, number of death of children, early marriage, remarriage and polygyny for social status, women's infertility as usually believed by men that women are the usual host of infertility.

Way forward

In the light of the above exposition the writers advances the following recommendations:

- Government should bring about policies that would be gender-equality sensitive based that would empower women to have a say and contribute to their reproductive rights. And that, women can be part and parcel of the decision-making in the home front (family) as how and when to have the desired number of children to bear or to determine the ideal number without sex discrimination.
- Research, evaluation and publication should be a priority of the government towards patriarchal ideology and practice of gender-oppression, gender-inequality, structural oppression and gender differences that is the major obstacle to fertility control. This should extend to cultural practices and belief system.
- Men should be target in offering family planning services in a manner that is comfortable to them; hence they are gatekeepers to fertility control. They should be addressed directly with positive information about the benefits and safety of family planning.
- Government and Non-governmental Organisations (NGOs) such as World Health Organisation (WHO), World Bank, and United Nation Fund Population Activities can organize theatre/drama, symposiums and seminars especially in the peoples' dialogue. Seen, hearing and practice will make men have a re-think about patriarchy, domestic violence on women to produce large number of children.

- Since the desire for large family size is also dependable on farmers who are most populated in the study area, government should look for ways of improving on mechanized agriculture in the rural populace with the application of chemicals to destroy the weeds. This can be done through agricultural extension services where the illiterate members of the community will be taught practically. This will remove the temptation of sending children to the farm instead of school.
- There should be massive expansion on awareness on family planning activities. Government should encourage groups especially women that need to carry out family planning services/contraception among the communities. Such groups can be assisted with funds, and family planning materials at moderate and affordable rates. This can minimize the secret practice of contraception. Men should even be more encouraged being members of such volunteer groups.
- Finally, it will be worthwhile an effort if these recommendations are taken into consideration by government, Non-governmental Organisations, group volunteers and individuals. Fertility decline will set in and sustainable development will be felt at the national level and communities.

REFERENCES

- 1,13,16. Dooior, D. (2012). *"Unmet Needs and Fertility control in Nigeria."* Unpublished Master Dissertation, Department of Sociology, Benue State University, Makurdi.
- 2,21,54. Aluko, T. (2005). *"Birth Control as a weapon of social injustice: a feminist Critique."* International Journal of Gender and Health Services. 3 (3). 18-26.
3. Ajir, I.W. (2006). *"The Socio-political dimension of land disputes in Tivland of Benue State."* Journal of Sociology. 1 (2). 13-29.
- 4,51. United Nations (2010). *"World Summit on Sustainable Development"*. New York: UN.
- 5,25,79. Ode, I.O. (2005). *"A re-examination of relationship between population and sustainable development in Nigeria."* The African Journal of Law and Development Studies.1 (1). 128-139.
- 6,28. Population Reference Bureau (2011). *"Family Planning helps everyone"*. Washington D.C.: Government Printing.
- 7,12,17,39,40. Nigeria National Demographic Health Survey (2009). *"Population and Health Policies and Programmes"*. Abuja: Government Printing Office.
8. Nigerian National Population Commission (2006). *"Population and housing Tables: Benue State Priority tables"*. Vol. 1, Makurdi: Government Printing Office.
- 9,67. Population Reference Bureau (2006). *"Population and Fertility Rates of Africa"*. Washington D.C.: Government Printing.

- 10,49,57. Ode, I.O. (2006). *Demography: Principles and Applications*. Makurdi: Selfers Academic Press Ltd.
- 11,56,76,80. Nigeria National Population Policy for Sustainable Development (2011). Abuja: Government Printing Press.
- 14,23,37,66 Mustapha, C.D. & Mohammed, I.Z. (2006). *Male Knowledge, Attitudes and Family Planning Practices in Northern Nigeria*." African Journal of Reproductive Health. 10 (1). 53-65.
- 15,19,47. Edmands, E.M. (2009). *Concepts and Issues in family planning: Guidelines for Nurses, Midwives and other health personnel*. New York: Carolina Chapel Hill Press.
- 18,27. Enger, E.D. & Smith B.F. (2006). *Environmental Science. A study of interrelationship: Human population issues*. (10th ed.). New York: McGraw Hill.
- 20,82. Anyam, D.T. (2011). *Issues in Moral Philosophy: Birth Control*. Makurdi: Obeta Continental Press.
22. Ayaga, A.B., Akweongo, P., Simmons, R. & Philips, J.F. (1999). *Women's fears and men's anxieties: the impact of family planning on gender relations in Northern Ghana*. Studies in family planning. 30: 54-66.
24. McNamara, R.S. (1978). *One Hundred Countries, Two Billion People: The dimensions of development*. New York: Praeger Press.
26. Gupta, P.A. & Ghai, O.P. (2007). *Textbook of Preventive and Social Medicine: Demography, Vital Statistics and Population Control* (2nd ed.). New Delhi: CBS Publishers.
- 29,77,78,83. Obono, O.M. (2002). *Rethinking the Nigeria Population Policy: Towards a multiculturalist perspective*. In C.J. Uche, N.I. Austin & J.O. Adesina, (Eds.), Current issues and perspectives in Sociology (240-255). Ibadan: Malthouse.
30. Benagiano, G., Testa, G., & Couizzi, L. (2004). *The meaning of fertility control in an integrated world*. New Delhi: Kholk.
31. Caldwell, J.C. & Caldwell, P. (2006). *Fertility control as an innovation: A report on in-depth interviews in Ibadan, Nigeria*. In J.A. Ebigbola & E.P. Renne (Eds). Population and Development Issues (225-280). Ibadan: African Book Builders.
- 32,41. Karl, M.S. (2011). *Problems and Prospects of family planning on women of child bearing age (18-45 years)*. Unpublished Project, Benue State School of Nursing Makurdi.
- 33,55. Rajimi, M.O. (2000). *Islam and Contraceptive use in Kwara State*. In K. P.Ebigbola & E.P. Renne (Eds.), Population and Development Issues (303-318). Ibadan: African Book Builder.

34. Isife, B.I., Albert, C.O. & Isaya, M.C. (2012). "Farmers' Attitudes towards Family Planning Programmes in Selected Rural Communities of Imo State, South-Eastern Nigeria." *Agricultural Science Research Journal*. 2 (3). 100-110.
- 35,36,74. Omoera, O.S. (2010). "Broadcast Media in family planning matters in rural Nigeria: The ebelle Scenario". *Journal of Communication*. 1 (1). 77-85.
- 38,81. Odimegwu, C.O. (1998). "An Appraisal of the National Population Policy for Development". Ibadan: Development Policy Centre.
- 42,46. Ewugi, M.S. (2012). "Malthusian Population theory and the Nigerian Economy: a political economy approach." *International Journal of Human Resource Studies*. 2 (4). 197-200.
43. Hanson, J.L. (1977). "A textbook of economics". London: MacDonald and Evans.
- 44,45. Weeks, J.R. (2002). *Population: An introduction to concepts and issues*. New York: Wadsworth Group.
- 48,71. Ijaiya, G.T., Ijaiya, M.D.A., Ijaiya, M.A, Raheem, U.A. & Olatinwo, A.O. (2009). "Estimating the Impact of birth Control on fertility rate in sub-saharan Africa." *African Journal of Reproductive Health*. 9 (2). 67-82.
50. Bill and Melinda Gates Foundation (2012). "No Controversy: Campaign to Reinforce Universal Access to Birth Control as a priority in the Developing World". New York: Bill and Melinda Gates Foundation
- 52,85. Abubakar, S. (2012, July 3). "Jonathan and his proposed population control law". *The Daily Trust*, Pp.56
53. Dzurgba, A. (2007). "On the Tiv of Central Nigeria: a cultural perspective". Ibadan: John Archers.
58. Alubo, O. (2012). "Sociology: A Concise Introduction". Jos: Ichejumu Press.
59. Ritzer, G. (2008). "Sociological Theory (7th Edition)". London: McGraw-Hill.
- 60,64. Population Report (1998). "New Perspectives on men's participation: Gender and reproductive behavior". 26 (2): 1-32.
- 61,62. Ali, S.M. & Sultan, M. (1999). "Socio-cultural constraints and Women's decision-making power regarding reproductive behavior". *The Pakistan Development Review*. 38: 689-696.
- 63,65. Izurgbara, C. (2012, July 24). *Family Planning Key to safe motherhood*. The Daily Trust, Pp.39.
- 68,72. Casterline, J.B. & Sinding, S.W. (2000). "Unmet needs for family planning in developing countries and implication for population policy". *Journal of Development and Population*. 26 (1). 691-723.

- 69,73. Rosen, J.E. & Conley, S.E. (1998). *"Africa's Population Challenge: Accelerating Progress in Reproductive Health."* (Vol. 4). Washington D.C.: Population Action International.
70. World Health Organisation (2006). Proceedings on Biennial Report 2004–2005 on Sexual and Reproductive Health, laying the foundation for a more just world through research and action: promoting teaching planning. Geneva. 1-8.
75. Mulira, P. (1991, 31 December). *"Birth Rates Plummeting in Some Ex-Communist Regions of Eastern Europe"*. The New Times.
84. Adesokan, F. (2011). Reproductive Health for all ages. Ado-Ekiti: Fax-well.