LOW CONTRACEPTIVE USE IN NIGERIA AND ITS IMPLICATIONS FOR POPULATION GROWTH AND SUSTAINABLE DEVELOPMENT

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Abstract
Contraceptive use is the intentional adoption of any device or act aimed at the prevention of pregnancy. One of its major benefits is giving its users the right to decide when and how many children to have. Global uptake of contraceptives has been on the increase however, is low in sub-Saharan Africa and Nigeria in particular. The aim of this study was to examine the implications of the low use of contraceptives in Nigeria, through a critical look into contraception trends, contraceptive methods, factors influencing non-use, and the role of male partners in contraceptive use. The study employed the use of secondary data, majorly drawing facts and statistics from the United Nations Reports on World Contraceptive Use. The study found that although the uptake and use of contraceptives in Nigeria is appreciable, however a lot of challenges are still faced in achieving this objective. The study concluded that preventing unwanted pregnancy and intentionally limiting number of children can curb rapid population growth which is detrimental to the developmental goals of the Nigerian nation.

Keywords: Contraception, Prevention, Pregnancy, Population growth, Sustainable development

Introduction

Contraception (CPT) is the prevention of pregnancy by interfering with standard process of ovulation, fertilization and implantation. It could also mean the intentional use of artificial methods or other techniques that prevents pregnancy as a consequence of sexual intercourse (Jain and Muralidhar, 2011). Therefore any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. The major aim of contraceptive use is to allow its users enjoy a sexual relationship without the consequences of an unwanted pregnancy or freedom to have children when

desired. The use of contraceptives should also be linked to maximum comfort and privacy, as well as minimized costs and side effects. Contraceptive use also enable couples and individuals realize their right to freely and responsibly choose if, when and how many children to have (Adegboyega, 2019).

Family planning or child spacing on the other hand, is defined as a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods (Okonofua, Lambo, Okeibunor and Agholor. 2011). The new development agenda includes the targets relevant for family planning which is; universal access to sexual and reproductive healthcare services (target 3.7) under the wider goals on health, gender equality and on women and girl empowerment.

According to United Nation's World Contraceptive Use Report (2015), contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, contraceptive use has increased, especially the modern methods of contraception from 54% in 1990 to 57.4% in 2015. In Africa, modern contraceptive use rose from 23.6% to 28.5% in women aged 15-49. Use of contraceptives by men makes up a relatively small subset of the above prevalence rates and is limited to the modern methods of male condoms and sterilization. Currently, reports on global contraceptive prevalence rates and unmet needs for family planning indicate overall gains across countries. However, indicators of slow progress in the uptake of contraceptives and a reduction in unmet needs or family planning are still evident in some sub-Saharan African countries like Nigeria. (UN, World Contraceptive Use, 2015).

It is against the above background that this review study was undertaken to examine the implications of the non-use of contraceptives in Nigeria. The review particularly critically looked into contraception trends, methods of contraceptives, factors influencing non-use, and the role of male partners in contraceptive use in the Nigerian setting.

Conceptualization of Key Terms

Concepts of Contraception and Contraceptives Contraception (CPT) is the prevention of pregnancy by interfering with standard process of ovulation, fertilization and implantation. It refers to the intentional use of artificial methods (or other techniques) to prevent pregnancy as a consequence of sexual

intercourse (Jain and Muralidhar, 2011). On the other hand, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive.

Concept of 'Unmet Need' as it Relates to Contraceptive Use Unmet need for contraception simply means, not using contraceptives despite wanting to avoid pregnancy. According to the Demographic Health Survey (2015), a woman of reproductive age (15 - 49) has unmet need if she is married legally/cohabiting/in a consensual union/unmarried and sexually active; she is not using any method of contraception; she is fecund; and she does not want to have a child (or another child), in the next two years or at all.

Population Growth Population growth is the increase in the number of individuals in a population. It is caused exclusively by the operation of fertility, mortality and migration. Population growth also refers to change in the size of a population, which can either be positive or negative – overtime depending on the balance of births and deaths. According to Williams and Pisano (n.d), there are three main types of population, namely; expansive, constricted and stationary. An expansive population has higher fertility rates, lower life expectancies and large number of people within the younger age groups, while a constricted population depicts lower birth rates and a large portion of the population within the older age groups. A stationary population on the other hand, shows equality between age groups in the population and little or no increase or decrease in fertility rate. Many developing countries fall within the expansive population, of which Nigeria is one of them. Population growth without growth in available resources and services could be a limiting factor to achieving development goals in any nation.

Sustainable Development Sustainable development is defined as an approach to growth by utilizing resources in such a way that it allows for renewal or continued existence for others. The most widely used definition is that given by the United Nations (1987), in which they defined sustainable development as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. This means that a development is not sustainable when the future of the upcoming generation cannot be guaranteed. A good example of a sustainable development is the use of recycled materials/renewable resources in the construction of a building. Goodland (n.d) described four types of sustainability namely; human, social,

economic and environmental sustainability. Although, the types of sustainability have different ideas, they are all interwoven in the sense that, in the long run, when development is sustained in one aspect it will be reflected in the sustainability of the others. This paper however will throw more light on human sustainability. Goodland explained that human sustainability in terms of maintaining human capital, which are the individual goods of a person rather than between individual and society. Human capital therefore constitutes; the health, education, knowledge, skills, leadership and access to services which an individual possesses. Unlike institutions human sustainability requires continued maintenance for about 2-3 decades of investments throughout one's lifetime as human life is short and finite. The promotion of maternal health and nutrition, infant and early childhood care, is a good example of the start of human sustainability. Human capital that cannot be sustained may have huge consequences on the overall development of a society.

Brief Overview of Methods of Contraception

The two major methods of contraception are; the traditional and modern methods. Child spacing was practiced in the past through the use of traditional methods (Alkema, Kantorova, Menozzi, 2013). Some of these traditional methods are still in existence today. Myths, rituals and the use of herbs to regulate fertility in women were practiced by some cultures. Many of these traditional methods of contraception have no harmful side effects; however, some are dangerous or counterproductive (Mairiga, Garba, Kullima and Bako, 2012).

Traditional methods of contraception include;

- The lactational amenorrhea method
- Coitus interruptus (withdrawal method)
- Calendar/rhythm method
- Cervical mucus method
- Rituals and traditional medicine and herbs
- Abstinence (celibacy or not engaging in sexual intercourse).

Modern methods of contraception are products or medical procedures that hinder reproduction from acts of sexual intercourse. Modern methods include the following;

- Male Condom: this forms a barrier preventing the sperm from getting into the vagina.
- Female Condom: this is made from soft, thin synthetic latex. They are worn inside the vagina to prevent semen from getting into the womb.
- Sponge: this is inserted into the vagina. It has a depression to hold it in place over the cervix. An applicator is used to place foam on the vagina, which acts a spermicide to destroy male sperm, while the sponge acts as a barrier to stop the sperm from reaching the egg
- Diaphragm: this is a rubber, dome-shaped device, inserted into the vagina and placed over the cervix. It stays in place over the user's pubic bone and has a firm but flexible ring that helps it press against the vaginal walls.
- Cervical Cap: this is a thimble-shaped, latex barrier device that fits over the cervix and blocks sperm from entering the uterus.
- Intrauterine device (IUD): this is a small T-shaped plastic or copper device that is placed in the womb (uterus) by a doctor or nurse. It releases copper that acts as a spermicide to stop one from conceiving and it protects against pregnancy for between 5 and 10 years. Another version is the hormonal IUD which contains progestin preventing sperm from reaching and fertilizing the egg by thickening the cervical mucus and thinning the wall of the uterus. This stays in place as long as pregnancy is not desire

Theoretical Framework

Health belief model was used as the framework on which this study was anchored on. It was established in the 1950s by Irwin Rosenstock and later built upon by Becker (1974). Health belief model is a social psychological health behavioural change model developed to explain and predict health-related behaviours particularly in regard to the uptake of health services. It also attempts to explain the conditions under which a person will engage in individual health behaviours. It suggests that an individual's belief about the effectiveness of recommended health behaviours and the perceived threat attached to it, will predict the likelihood that the health action will be adopted. This goes to say that when women of child bearing age are adequately informed on the benefits of utilizing modern long-acting CTPs and the consequences arising from its non-use, they are more likely to adopt it. In the long run,

population growth will be slowed and the available resources and services will be able to cater for the present and upcoming generation.

There are four key constructs of health belief model identified as; perceived susceptibility, perceived severity, perceived benefits and perceived barriers. Two other constructs namely; self-efficacy and cues to action were later added to the constructs. In applying the health belief model a woman who is made aware that she is susceptible to maternal mortality and her child likely to die if she does not take up family planning through the use of long acting contraceptives, and the severity of the consequences arising thereof to not just her and the child's welfare but also to the nation at large, will be more willing to take up the use of CTPs. The perceived benefits of CTP use such as; reduced maternal and infant mortality, better education and employment chances, decreased population growth and economic stability are such that more women will likely utilize modern CTPs. The perceived barriers to the use of CTPs such as; finance, side effects of the CTPs, cultural limitations, religious beliefs, poor access to available CTPs and poor educational levels, could be all be dispelled through the empowerment of women both intellectually and financially. Decision-making in health issues are in most cases propelled by certain cues such as perceived efficacy of CTPs, testimonies or advice from significant others on the use of CTPs or public awareness campaigns on the benefits of CTPs. These cues are crucial to the level of confidence (self-efficacy) that will be built in the individual to take up the use of CTPs.

In all, a heightened awareness on the benefits, consequences and efficacy of long-acting CTPs, as well as a visible in the improvement in the intellectual and financial growth of women of child bearing age will bring about an increased use of CTPs. In the long run, a healthy population that is stable economically will create an environment where the available resources will be enough to go around and still be left over for the future generation.

Brief Overview of Recent Trends in Contraceptive Use (Globally, Africa and In Nigeria)

According to the UN's Department of Economic and Social Affairs (United Nations, 2015), 64% of married and cohabiting women used modern or traditional methods of contraception in 2015. This is a huge difference compared to the figures on contraception use in 1970, which was 36%.

Contraceptive use was lower in the least developed nations (40%), and was particularly low in Africa (33%), and highest use was recorded in North America (75%). Africa also had the highest unmet need (this means the percentage of women of reproductive age who want to stop/postpone childbearing but who report that they are not using any method of CPT to prevent pregnancy) in the world at 24%. Less than half of total demand for family planning was being met with modern methods in 54 countries (34 of which are in Africa). Despite that, some African countries have made the biggest leaps in contraception use over the past 40 years and are projected to make the greatest gains in the next 15 years with its percentage at 33.4% on the continental average.

In sub-Saharan Africa, higher levels of modern CTP use by unmarried sexually active than married females were recorded in 2016 and the most predominant types used were the injectables followed by implants. South and East African regions had the highest figures for the use of modern CPT and CPT uptake increased more quickly in the East than Western Africa (UN World Contraceptive use Database, 2016).

In 2017, Nigeria the most populous nation in Africa, recorded 13.4% of CPT use (any method), any modern method 10.8%, traditional method 2.6%, unmet need 27.6% (spacing 18.5%, limiting 9.1%) and demand satisfied by modern methods was 26.3% (UN, World Contraceptive Use Database, 2018). A reduction was observed in CPT use from 20.4% in 2016 to 13.4% in 2017. More married/in-union women made use of modern methods of contraception than traditional methods. However, figures for unmet need were still very high (27.6%).

Levels of Unmet Needs in Relation to Contraceptive Use (Globally, Africa and In Nigeria)

Unmet need for contraception simply means, not using contraception despite wanting to avoid pregnancy. This is central for effective family planning policies and programs that aim to help women and couples to choose the number and timing of their children. According to the Demographic Health Survey (2015), a woman of reproductive age (15 - 49) has unmet need if she is married legally/cohabiting/in a consensual union/unmarried and sexually

active; she is not using any method of contraception; she is fecund; and she does not want to have a child (or another child), in the next two years or at all.

Globally, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern CPT methods. Reasons for this include; limited choice of method, limited access to CPT, fear/experience of side effects, cultural/religious opposition, poor quality of available services, users and providers bias and gender-based barriers. Globally there has been an increase in CPT prevalence and decrease in unmet need since 1970, the sub-Saharan African region continues to have the lowest CPT prevalence at 24% and highest level of unmet need at 25% (Cleland, Harbison and Shah, 2014).

Factors Influencing Contraceptive Uptake in Nigeria

InNigeria like other sub-Saharan African nations, factors determining the uptake of long-acting reversible CPT (LARC) include; age, level of education, work status, wealth index and exposure to mass media (Adedini, Onisakin and Somefun, 2019).One major reason for persistent high fertility levels and high maternal and child mortality rates across many sub-Saharan countries is the low level of CPT uptake and high unmet needs for CPT, either for limiting or spacing. According to Solanke (2017), maternal age, parity, age at first birth, child mortality experience, fertility desire, ideal family size, and maternal education, place of residence, employment status, geographic region and remarriage significantly influenced non-use of contraceptives. However, only a few of the characteristics such as; parity, fertility desire, maternal education, household wealth and geographic region, significantly influenced modern CPT use.

Behaviour and attitudes also play an important role among the choice of using family planning methods and this indirectly affects fertility and population rates (Sensoy, Korkut, Akturan, Yilmaz, Tuz and Tuncel, 2018). Attitude towards family planning methods are influenced by the following characteristics; economic factors, socio-cultural factors, location, age, education, traditional beliefs, religion, family type and level of knowledge. Socio-cultural factors such as fertility preferences or values related to having children are also a key factor in the use of CPT and not just economic factors. Furthermore, national policies or reproductive health programs are also influential matters.

The role of men in developing countries is especially important as regards supervision of health decisions of women. In most cases, women's reproductive health is influenced by male policy makers and male healthcare providers (Davis, Vyankandondera, Luchters, Simon and Holmes, 2016). A study have showed that the feminization of CPT/ Family planning services and education contributed to lack of CPT knowledge in men, as well as reduction in sexual pleasure while using condoms (Ndinda, Uzodike, Chimbwete and Mgeyane, 2011). Clarke (2000), also reported that the preference for male children also contributed to additional male resistance to CPT and family planning services, as male children are the bearers of the family name and lineage

Studies in sub-Saharan Africa also identified a variety of factors whereby male partners negatively influences CPT and family planning services. Some of these factors influencing male involvement in CPT/FP use include; negative personal beliefs about CPT/FP, perceived side effects, poor economic status, religious influences, limited male contraceptive choice, suspicion of female partner infidelity, male preference for larger families (Maharaj, 2012) as well as negative interactions with healthcare providers (Ochako, Temmerman, Mbondo and Askew, 2017).Male participation in reproductive health of women is usually inadequate. They not only need to be informed about CPT but also, its usage and effectiveness. It is therefore necessary, that men have a positive approach towards CPT use, thereby making it easier for women to access and use family planning services, and as a result, availability and continuity in services is ensured.

Implications of Low Contraceptive Use on Population Growth and Sustainable Development in the Nigerian State

Contraceptive (CTP) use and family planning are key factors in tackling crucial developmental goals especially in developing countries. However, culture, myths and misconceptions, as well as the decision making of the individuals involved, in most cases, limit the use of CTPs (Ekpenyong, Nzute, Odejimi&Abdullahi, 2018). The use of CTPs is also dependent on access to healthcare facilities, male dominance and lack of knowledge about the various CTP options available (Fayehun, 2017). In Nigeria, access and use of CTPs is still very low. As at 2015, only 15% of women aged 15-49 were utilizing CTPs and the country's population growth rate was 2.6% (Mberu& Reed, 2014). There is currently an estimated 181.8 million people in Nigeria. Fertility rate in

the country is over 5 children per woman and death rate is slow. On the other hand, infant and maternal mortality rates in Nigeria were among the highest in West Africa and CTP prevalence rates (modern/all methods) were less than 16% (National Population Commission, 2014; Nigerian Demographic and Health Survey, 2013). It was therefore important that the reasons for low use of CTPs and the effects resulting thereof be investigated.

Studies on use of CTPs have majority reporting a high awareness of CTPs, however utilization was low and the use of traditional less effective methods were more prevalent. Adebowale, Adeoye and Palamuleni (2013) reported that although respondents were aware of CTP, only 49.7% had ever used any method and only 25.4% of that figure was currently using one form of CTP. Respondents also used more of traditional methods of CTPs, married women were four times more likely to use CTPs than single women and CTP use was low among women with no formal education. According to Fayehun (2017), an average Nigerian man/woman aged 15-49 has knowledge about 5 types of CTP methods eventhough these methods carry the highest risks of pregnancy. Only few men (17.9%) and women (24.7%) knew of the long acting reversible methods of CTP. A study in Kaduna state Nigeria, found out that in 2017, only one-fifth of married women were using CTPs in the state. Also that the low uptake of modern CTP and continued unmet need among women were as a result of low women empowerment, barriers at home and community, socio-cultural and financial factors, need for husband's permission to access services and health facility limitations on women's fertility desires (Sinai, Omoluabi, Jimoh&Jurczynskak, 2019). Wang and Cao's (2019) study went further to explain that although women are currently being engaged in education and workforce and desire to limit childbirth, low use of CTPs will result in further deprivation in Nigerian women especially with regard to health and socio-economic status.

The use of CTPs has resulted in the successful prevention of unplanned pregnancies, ensured optimum birth spacing, reduction in maternal and infant mortality and improved the lives of women and children in general (Ajayi, Adeniyi&Akpan, 2018). However, several studies have reported barriers to the utilisation of CTPs due to an array of social, emotional and cultural factors. Ekpenyong et al. (2018) study found that women's use of contraceptives wasdependent on the husband's acceptance of the methods, cultural acceptance, access to family planning services, effectiveness of the method and awareness.

Other studies carried out in Nigeria also revealed reasons for low use of CTPs such as financial factors, fear of side effects, non-earning power of the women and out of pocket expenses (Adeyemi, Adekanle&Komolafe, 2008; Asekun-Olarinmoye et al. 2013; Akinlo, Bisiriyu&Esimai, 2014; Blackstone &Iwelunmore, 2017).

Nigeria's population is projected to see a continued increase from the current estimate of 174 million to 440 million by 2050, and will then become the third most populous country in the world after China and India, if the current fertility trends continue (World Population Prospects, 2012; United Nations, 2013). Nigeria, compared to other populous countries has its projected population growth on a relatively small land mass and this will not be economically sustainable coupled with the continued economic, religious and political crises they country faces (UN, 2013).The rate of population growth as a result of low CTP use will have a broad impact on the lives of people as well as the society as a whole. The National Policy on Population for sustainable development set up in 2005 by the Federal Government of Nigeria, stipulated that achieving a high quality of life for people today should not jeopardize the ability of the future generation to meet their own needs. One of the main targets of this policy was to increase CTP prevalence rate for modern methods by at least 2% annually through family planning. However, as at 2015, only 15% of Nigerian women aged 15-49 were using CTPs.Growth in population is indirectly tied to economic growth. Gould (2009) opined that countries with the highest per capita income and human development index tend to have the lowest fertility rates.

Over population will indirectly lead to an increased demand for food, depletion in land resources, poverty, unemployment, rising competition for scarce resources, amplification of deviant behaviour and also creation of slum areas in urban settings. Studies have also shown that highly populated areas tend to report more health problems, have unstable homes, behavioural adjustments and poor academic performance in children (Sandstrom& Huerta, 2013).Fayehun's (2017) study also pointed out that with the low use of CTPs in the country, the population will continue to grow and this would mean an increase in the dependent age group, increased health inequalities, over stretching of limited infrastructure and rapid urbanization which will in turn limit the provision of services.

Contraceptive use contributes to reduction in population growth which subsequently leads to poverty reduction and preservation of the environment as well as demand for public goods and services (Adebowale et al. 2013). Effective family planning has been considered a key factor in building societies that are stable economically. Wright, Ukatu, Ottun, Oyebode, Sarma& Chung (2018) found out that economic recession was likely to reduce the use of CTPs and this could result to increased fertility and in the long run an increased population. The use of CTPs would not only improve maternal and child health but also national development indirectly, through the reduction of population growth and struggle for scarce resources (Ahmed, Li, Liu &Tsui, 2012).It is therefore pertinent that greater efforts be placed on the increased use of CTPs, as the resultant effect of its low use could be detrimental to population growth and efforts at sustaining the country's development.

Conclusion

Uptake and use of contraceptive or family planning services is crucial for growth and development in Nigeria. Population growth remains a challenge in Nigeria as high fertility and increasing dependency translate into greater demands on government to address accentuating problems of unemployment, underemployment, poverty, urban degradation, crime and political unrest.

Unfortunately, contraceptive use in Nigeria is still very low despite a high public awareness on the different types of CTPs available. Women and men who currently use CTPs mostly make use of traditional methods with a high rate of failure. This is due to the fear, myths and misconceptions that a lot of users have about modern long acting reversible CTPs. On the other hand, non-use of CTPs was triggered by cultural and religious beliefs, spousal approval for use of CTPs, out of pocket expenses and poor educational levels of women of child bearing age. These reasons for non-use will result in higher birth rates, increased maternal and infant mortality, higher population growth rates and competition for scarce resources. A more comprehensive public awareness on the various types of CTPs available and empowerment of women in all ramifications will indirectly result to an economically stable economy. Population control should therefore be used for sustainable growth in Nigeria.

Recommendations

a. Combined efforts of the government, health personnel and religious and community leaders should be pulled in educational campaigns on the use of CTPs.
b. Education and religion can be leveraged upon to increase CTP use by the government and policy makers in the country through the emancipation of women both financially and intellectually to increase the uptake of modern CTPs.
c. More emphasis should be laid on cultural concerns, myths and misconceptions in population policies and programmes in the country.
d. Knowledge gap on the types of modern long lasting CTPs should be filled through better public awareness on the available types of CTPs and their effectiveness. Also the consequences of procreating as it relates to population growth rates and national development should be emphasised.
e. Women should be integrated into all social and economic development planning programmes at all levels of governance.
f. Access to CTPs must go hand in hand with better sex education.

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