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**Propagating Family Planning In Nigeria:
The Role Of The Mass Media**

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Abstract

This paper discusses the importance and roles of the mass media in promoting family services awareness and utilization in Nigeria. The paper indicates that Nigeria is characterized by rapid population growth and this is perceived as an obstacle to economic growth. To reduce the population growth rate family planning is advocated. The paper notes that despite efforts by the Federal Government of Nigeria, local and international agencies and organization in making family planning services available to those who need them, the levels of utilization of these services are still low in the country especially in the rural areas. It is the contention of this paper that the problem of low utilization of family planning services in Nigeria could be solved through family planning awareness and enlightenment campaigns; these the mass media can do through compulsive persuasion which should aim at moving non-users of family planning services from a state of complete ignorance of the need of the services, the available methods and the sources of supply towards a position of decision and action. Various strategies of achieving these are examined in the paper. It is suggested that appropriate steps should be taken to expose people to reliable information about family planning especially practice.

INTRODUCTION

The urgency of Africa's needs has generated concern not only in Africa itself, but throughout the world. Today, Africa is the poorest continent and its population is increasing at an unprecedented rate. Development must proceed at an extraordinary pace if per capita welfare is to be improved (World Bank, 1986).

Sub-Saharan Africa has vast human and physical resources and potential for development. To fulfill that potential, both an immediate response to today's crises and sustained efforts to ease the long-term constraints on development are required. Life for the majority of Africa's people can then improve. One of such efforts is reducing high levels of fertility so that population growth subsides.

In Nigeria, the balance between the stable high rates and the steadily declining death rates has led to annual growth rate of about 3 per cent (F.O.S. 1996:13). During the oil boom of the 1970s, rapid population growth was not perceived as an obstacle to economic growth. There was then no conscious effort to have a population policy to control population growth.

In Nigeria, as a result of the increasing concern with the negative effects (especially the worsened living standards of the 1980s) of rapid population growth on the country's development, a population policy document was prepared and accepted by government in 1988. Family planning is the key programme of the country's population policy because it is believed that it would produce a panacea for the high population growth rate in Nigeria.

One of the objectives of the National Population Policy is to achieve lower population growth rates through reduction of birth rates by voluntary fertility regulation methods that are compatible with the economic and social goals of the nation. One of the targets set is to extend the coverage of family planning services to 80 percent of women in the country. Furthermore, the National family planning programme is to make available a variety of methods of fertility regulations to ensure free and conscious choice by all couples (Federal Republic of Nigeria, 1988), the provision of family planning service that are easily affordable, safe and culturally acceptable and the promotion of population education.

In Nigeria, the implementation of Nigeria's population policy with specific emphasis on family planning programme aimed at influencing fertility faces a daunting task – that of affecting directly

extremely sensitive and personal decisions (Okojie, 1990:35 – 48). This assertion exhibits an element of truism when we examine statistics concerning family planning knowledge and use levels among Nigerians. Despite the assistance of International agencies such as the UNPPA, USAID, the World Bank and non-governmental organizations such as the International Planned Parenthood (IPPF) through its Nigerian affiliate, the Planned Parenthood Federation of Nigeria (PPFN) in making family planning services available to those who need them, Nigerians, most especially those in rural areas have not embraced family planning techniques to a reasonable degree. This is reflected in the low levels of usage of family planning services in the country as reported in some demographic and health surveys and by scholars. These, include among others - Nigerian fertility survey 1981/82; Ondo State Demographic and Health Survey (1989); National Demographic and Health Survey (1990:45), contraceptive prevalence surveys of 1992 and 1993, population Reports (1992:11) and The National Survey on Household Practices on Safe Motherhood in Nigeria (2005).

It is the contention of this paper that the problem of low utilization of family planning services in Nigeria could be solved through family planning awareness or enlightenment campaigns. These, the mass media should provide. Information about modern health services is often directly obtained through health information obtained through exposure to media such as radio, television, newspapers and magazines. The mass media have been used in a number of developing countries to induce people to use modern health practices and services (Manoff, 1985). In Nigeria, while it is probable that information on family planning as presented in the mass media play a key role in making the services accepted and used by Nigeria, the importance and roles of mass media in promoting family planning services awareness and utilization have not been fully discussed.

In this paper, the current status of family planning services among Nigerians and the expected roles of the mass media in raising the levels of knowledge and use of the services in Nigeria are examined.

CURRENT STATUS OF FAMILY PLANNING PREVALENCE IN NIGERIA

The Nigeria Fertility Survey of 1981/82 shows that the levels of knowledge and use of contraception among the surveyed women are very low. Only a third of the women have ever heard of any methods of contraception. Sexual abstinence, the pill and injection are the most commonly known of the methods.

According to the survey, the number of those who have ever-used contraception is consequently and correspondingly low; only 15.1 percent of the surveyed population have ever used any method of family planning, mostly inefficient methods (12.5 percent). The method most frequently used among the women is abstinence from sex (most probably for short intervals of time). Use of contraception at the time of the interview was very low. Only 6.2 percent of the women exposed to the risk of child-bearing were using contraception. Almost all of these current users (5.5 percent) were using an inefficient method, again mostly abstinence. Contraceptive use in the open was minimal (NPB, Lagos, 1984:119).

The survey further shows that the levels of knowledge, past and current are all varied substantially by the socio-economic and demographic characteristics of the women. Almost all of the women who had never used any form of contraception in the past do not intend to use any in the future. Ninety eight percent of the currently married fecund women who had never used any family planning methods do not intend to use at anytime in the future. Approximately two-thirds of women who know the pill, injection, IUDs or other female scientific methods, but have never used them, do not know a source of supply of the method (NPB, 1984:119).

The Ondo State Demographic and Health Survey (1989: XV-XVI) shows that forty-eight percent of all women reported having knowledge of a contraceptive method. Knowledge of modern methods was about the same, 47 percent. There are clear differentials in knowledge by area of residence and education; urban woman and more educated women have the highest levels of contraceptive knowledge.

Respondents most frequently reported knowledge of the pill (35 percent) and injection (35 percent). For the IUDs, condom and female sterilization, about 20 percent of respondents reported knowledge of each method.

Contraceptive prevalence is low in Ondo state. Ever use was reported by only 15 percent of women, current use by 9 percent. Current users rely primarily on the pill and periodic abstinence (3 percent of women using each) and the condom (2 percent). Current use is higher for urban women, more educated, and women with many living children. An interesting finding was that the level of current use for all women is higher than that of married women (9 against 6 percent).

With respect to sources of supply, private sector sources (Pharmacies, shops, physicians) supplied 38 percent of current users and public sector sources (government hospitals and health centers) provided supplies to 37 percent of current users.

In response to a question about family planning messages on radio and television, 85 percent of respondents indicated that this was acceptable.

Almost one-quarter (23 percent) of married women wanted no more children, 38 percent want another child after 2 years, 20 percent want another child within 2 years and 18 percent were undecided about having another child or the preferred timing of another child.

The National Demographic and Health Survey of 1990 found that knowledge of Contraception remains low in Nigeria, although it has increased over the last ten years. The survey also found that 46 percent of women know of a contraceptive method (44 percent know a modern method). In contrast, the 1981/82 Nigeria Fertility Survey found that only 34 percent of women had heard of any contraceptive method. Twice as many urban as rural women know of at least one contraceptive method (70 percent and 35 percent respectively). Knowledge of methods was slightly lower among currently married women and higher among never-married women than among all women. Almost twice as many married women reported knowing a modern method (41 percent) as reported knowing a traditional method (24 percent)

The survey also found that only 15 percent of the study population has ever used a modern family planning and only 9 percent has ever used a modern method. Fourteen percent has ever used family planning than among all women who have ever used family planning method. The levels, though low reflect an increase over the past decade. Ten years ago just 1 percent of Nigerian women were using a modern family planning method. The pill, intra

uterine devices (IUDs), and injection are the most popular modern methods married couples; each is used by about 1 percent of currently married women. However, the single most widely used method is periodic abstinence (rhythm method), used by just over one percent of married women as the survey shows.

Concerning knowledge of fertile period, the survey indicates that 35 percent of the women interviewed said they did not know when a woman is most likely to conceive and 30 percent gave periods which reflected lack of knowledge of the most likely period a woman can become pregnant. Also concerning the unmet need for family planning services, the survey report shows that 12 percent of currently married women in Nigeria have an unmet need for family planning to space their births.

About availability of family planning and health services, the survey report shows that 83 percent of rural women live in communities where informants were able to identify a facility that provides family planning services. Practically, all women live in communities where informants could identify a facility offering maternal and child health services. Overall, non-users live farther away from a source of family planning services than do users. Thirty-seven percent (37%) of non-users compared to Seventeen percent (17%) of users, live 10 kilometers or more from a facility that offers family planning. However, many rural non-users (30 percent) live within five (5) kilometers of such a facility.

The survey also reports that family planning outreach services are much less available than maternal and child health outreach services. Only 10 percent of currently married rural women live in communities served by a health worker who provides family planning outreach services (F.O.S., Lagos, 1992:117 – 127).

Population Reports (1992:11) revealed that contraceptive prevalence is low in Nigeria. It puts the level at below 10 percent.

According to Population Reference Bureau and the Centre for Population Options (1994), among married women aged 15 – 19 in the developing world, only 17 percent currently practice family planning.

In Nigeria, only 1 percent or 2 percent adolescents do so (Kirby, 1994:12-13). Even among married adolescent women who have interest in spacing or timing their births, substantial percentages (some 20 percent to 40 percent) are not using contraception

(Population Reference Bureau and the Centre for Population Options, 1994). In Nigeria, among unmarried sexually active adolescents, contraceptive use is believed to be even lower. Only about 11 percent of the adolescents used contraceptives.

The preliminary report of Family Planning Survey for June and September 1992 found that over three quarters of women of reproductive age (15years – 49years) reported knowing of at least one method of contraception. Usage was however lower; about 20 percent reported using any method while about half of these users were using modern methods. These figures represent significant increases on the figures reported in the Nigeria Demographic and Health Survey of 1990. At that time knowledge stood at about 46 percent while usage of any method was 6.0 percent and usage of modern method stood at 3.5 percent.

Also the report shows that women in the southeastern part of Nigeria have the highest percentage of usage of contraception, recording about 16.5 percent in June and 17.7 percent in September, 1992 whereas the women in the southwestern part recorded about 11 percent in the two rounds and women in the north (east and west) recorded about 6 percent (FOS, 1992:25-26).

Concerning factors affecting usage of contraceptive method, the report indicates that the first easily observable factor is urbanization. Percentage of users of modern contraceptive methods in the urban areas is more than double contraceptive methods in the urban areas are more than double that of the rural areas in the September survey. Although the ratio is a little less for other quarters (FOS, 1992:25-26)

Concerning the method of contraception, the findings show that on the whole about one fifth of the methods used by women appear equally prevalent, for example in September, 1992, 10.4 percent of women were using modern contraceptive methods while the corresponding figure for traditional methods was 9.9 percent. Among the users of modern method, the commonest method was pill, which was found being used by a little over half of all users of contraception. Injection, condom, and IUDs were the next in order of importance. The three of them almost equally being used, account for another third of users of modern method.

Diaphragm, foaming tablets, foam/jelly and sterilization were least used (FOS, 1992:27).

According to the report, users of traditional methods were more often than not using method of periodic abstinence. In terms of sources of supply, the report reveals that a little less than half of the women reported obtaining supply from private sources. Government sources were reported by one tenth of the women in September survey although the figures for the earlier round were a little lower. Other sources (friends/relations, church, etc) all accounted for less than 5 percent in each of the three rounds in 1992. Of the private sources, patent medicine stores constituted the commonest sources while pharmacies, private hospitals and clinics were next in order of importance. Private doctors and even open market place were also reported. A small fraction of women received supplies from their places of work. (Federal Office of Statistics, 1992:1-7).

The National Survey on household practices on safe motherhood in Nigeria shows that 31.1% of men compared to 23.2% of women reported using family planning in the six States surveyed. Use of family planning methods varied by background characteristics of the respondents.

Among women, age, educational level, and urban location were generally positively associated with the use of family planning (FP) methods. The use of family planning was highest among women in Ondo State (37.8%) and Akwa Ibom State (36.0%) but lowest in Kogi State (17.6%) and (5.9%) and (5.9%) in Taraba State.

Among men, age and education influenced also positively the highest use of family planning. The rate of FP methods use among men with higher education was about four times (37.9%) than of men with no education (9.0%). The use of family planning was highest among the men in Ebonyi State (46.2%) and Kano State (44.1%) but lowest in Kogi State (16.7%) and Taraba State (13.5%).

Comparatively, the use of FP methods was higher for males than for females in four States – Ebonyi, Kano, Ondo and Taraba States – while the reverse was the case in the two other States – Akwa Ibom and Kogi.

Among women, the report indicates that oral contraceptive pill (23.7%) was the most commonly used family planning method, followed by injectables (22.8%) and intrauterine device (IUD) (21.9%). Condom was reportedly used by 7.9% of their partners during sexual intercourse. Female sterilization was practiced by 1.8% of the women interviewed.

The report also shows that among male respondents, condom was the most commonly used method (29.1%), followed by withdrawal method (19.4%) while 15.5% reported that they practiced rhythmic method with their partners. Male sterilization was reported in only 1% of respondents.

INFORMATION ABOUT FAMILY PLANNING AND CONTRACEPTIVE BEHAVIOUR

Information about modern health services is often directly obtained through past experience with the formal health system or through health information obtained through an exposure to media such as radio, television, newspaper, and magazine. The media have been used in a number of developing countries to induce people to use modern health practices and services. While it is probable that information on health practices as presented in the media also plays a key role, there is no research evidence to prove its direct relationship to the use of ... healthcare services (Leshie and Gupta, 1989:54).

Information about family planning in all ramifications is very important as far as its utilization is concerned in any communities, be it urban or rural. Lack of information, incorrect or incomplete information and misinformation, incorrect or incomplete information and misinformation are constraints to the use of family planning (Schuler, 1985:260-270; Basu, 1984:136-142; Moreno and Goldman, 1991:44-49; Population Council, 1990b:236-240; and Nunez, et al., 1991b:539-544;).

Writing on the cognitive component of availability of family planning as a determinant of utilization of family planning, Park et al., (1977:67-76) say that it is assumed that there exists a demand for family planning among the vast majority of people living in the developing world and that this desire to use family planning could be better realized with the availability of family planning services. People, however, need information and knowledge about the available family planning services including the methods (Kircalioglu, et al, 1994: A-33; and Sankaran, 1994:A-38)

Women's perceptions of the risks of contraceptives and awareness of unfavourable rumors about contraception may likely lead to its non-utilization and discontinuation (Bobadilla et al., 1990:63; Hill and Pebley, 1989:657-687; and Bongaarts, 1991:293-313). In their study "Modernism and Contraceptive use in

Columbia", Baldwin and Ford (1976:75-79) found that the chief obstacle to effective use of family planning appears to be sheer lack of knowledge and information about family planning most especially the methods available.

Family planning information components are: knowledge about reproduction and why birth control is a necessary part of planned reproduction, knowledge about the way to use birth control where to obtain family planning services and knowledge about costs and benefits of children (Corsa and Oakley, 1979:139). Women's lack of knowledge about their reproductive periods may deter them from using contraceptive (Presser, 1974:8-14).

In his analysis of demographic data in some 50 developing countries, Ross (1994) found that half of the women not using contraception in low prevalence countries lack knowledge about contraceptives.

In their study of North Indian State, Misra et al., (1976:66-74) and Laurghrin et al., (1994); note that lack of accurate information and knowledge about specific contraceptive methods and unfavourable rumours among villagers in the study areas were responsible for the low rate of utilization of family planning among the studied population.

Contraceptive use is related to exposure to mass media information about family planning (Arnold, 1972). Poor technical and communicative skills of health personnel have been suggested to compound under-utilization of maternity care services in many developing countries. For information about family planning in all ramifications to be the gateway to the use of family planning, the message it carries needs to be adequate and understandable and not excessively technical or detailed, elaborate or extensive. This is because prospective family planning acceptors need information about family planning and reproductive behaviour before a decision on whether to practice it or not is taken (Bicknell and Walsh, 1976:579-583, Moreno and Goldman, 1991:44-49).

RECOMMENDATIONS

Through compulsive persuasion, the mass media can play very important roles in assisting people to overcome resistance to attitudinal changes that will pave the way for greater realization of the need to adopt and popularize the small family norm (Iwunor 1991:274).

In getting family planning message across to the people, the audience should be an aggregate of all eligible couples i.e people in the reproductive age group of 15 – 49 years. The purpose of family planning information and education is to assist in moving non-users from a state of complete ignorance of the need for family planning, the available methods and the sources of supply, towards a position of decision and action.

In order that people are reached and adequately informed, they should be segmented to such groups as non-awareness of the existence and use of family planning, aware disapprovers, never user approvers, past users and current users.

From the nature of the different segments, one can infer that, for people in the first group, emphasis should be placed on providing them with information about the need for family planning as well as the various methods available. Efforts should be geared towards motivating them to adopt the method that best suits them. People in the second group should be persuaded to accept family planning as a way of life, since lack of use of family planning practices is attributed to inadequate knowledge about the available methods. Appropriate steps should be taken to expose the people to reliable information concerning family planning.

Since members of the never user approvers group are always young people with few children and as such desire additional children, family planning message should aim at getting them to cherish small families. To this group, family planning should be presented as an efficient way of spacing their children rather than a way of stopping child-bearing. Past users must have been dissatisfied and decided to terminate the use. The message here should try to identify mistakes made in the use of the services, stop diffusion of misconceptions and rumours and restore confidence in family planning.

The current users should be encouraged to keep up with the ideals. In order to achieve the desired impact, the ideals of small families as well as family planning methods should be sold as aggressively as possible to young people in the early years of their marital life, particularly those in the rural areas who are not yet fully exposed to the caveats and intricacies of family planning. In order to enhance their confidence, and cause them to accept family planning as being in their own overall interest, these rural areas should continue to be the main target for locating development projects with fertility control as one of their objectives.

In order to get the family planning message to people in both the urban and rural areas, the conventional and local media should be used. The various channels of communicating family planning information that should be used are the radio, television, films, the cinema, press, posters and displays, hand bills, exhibition, use of town criers, use of shopping bags, bus boards, interiors of buses, trains etc. others are postage stamps, match box tops, bottle tops stickers, wall paintings, batches etc. still other means are songs and drama, public talks, rallies and school population education programmes etc. For example, mobile film shows on family planning, population, health and other related issues should be shown as frequently as possible particularly in the rural areas, after advance notices and publicity. Mobile free film shows are known to have stimulating effects on the village folks, well written family planning messages stand a good chance of being well received.

Another very powerful channel of communication in both the rural and urban areas is the direct mail or mass mailing. This entails sending printed materials on family planning to opinion leaders, Family/Village Heads, District/Clan Heads, Councilors, Chiefs, Obis, Emirs, Oba, Teachers, Students and other respectable persons who are literate. Persons on the mailing list could sometimes be called upon to serve as communicators in their neighbourhood, place or work, school or locality.

Another strategy is the use of personal persuasive communication (PPC). This involves a door-to-door direct selling of family planning methods and service to people who need them. This will demand visits by family planning workers, health workers or any other motivating agent to the eligible couples with the aim of explaining to them the need for family planning. The various

methods and services available, sources of supply and cost (where applicable) will be made known to them as well as allaying fear in their use, securing first time use and sustenance or continuation of use.

Apart from locating the eligible couples, understanding their needs and individual differences, arousing their interest, persuading them to embrace family planning and getting them to accept and try particular methods of family planning, the family planning providers or village health workers should also be trained to offer family planning services and administer all the various types of contraceptives to acceptives to acceptors. In order that this strategy (PPC) is effective only those individuals who understand the essence of family planning and are ready not to allow their religious or their cultural values to influence their attitude towards family planning in general or certain methods in particular, should be used.

Personal Persuasive Family Planning Communication should as much as possible be targeted at eligible couples who are aware and are disapprovers, as well as the never users approvers. Past users also need personal communication in order to get them to resume once again the use of contraception while current users need to be encouraged to sustain their use. This approach is very important in getting people to embrace terminal contraceptives such as vasectomy and tubal ligation especially among high parity couples. In using this approach also, there is need for health workers and village family planning providers to establish personal rapport and friendliness with couples visited in order to encourage and promote their sustained use of family planning methods. To achieve the goal-ensuring that many eligible couples accept and utilize family planning as a way of life, it is suggested here that the experiences people especially couples who have had sustained use and are currently using family planning methods should be used as test cases. These people should serve as motivators/stimulators where possible.

Finally, like in advertising, the message contained in family planning campaign should be simple, brief and should concentrate on one idea-popularization of a small family norm, through the acceptance and sustained utilization of family planning methods.

The messages should emphasize:

- (1) Small family size. The need to limit and/or space children.
- (2) Family planning: Appeal to people to accept and use family planning.
- (3) Family planning methods: Available methods, sources and associated advantages and side effects.
- (4) Family planning specific programmes: These should dwell on messages designed to inform couples about issues such as population and health education etc.

According to Iwunor (1991:274-285) messages of types 1 and 2 are generally appropriate for young couples who are often aware of contraception or are aware and do not approve it or approve it and have never used it. On the other hand, messages of type 3 should be targeted at couples that have used contraception in the past and those who are currently using contraception. Messages of type 4 are expected to reach all couples in the reproductive age bracket.

CONCLUSION

Increase in use level of family planning in Nigeria will depend on the exposure of the people (especially prospective family planning acceptance/eligible couples) Bicknell and Walsh (1976:579-583); Mereno and Goldman (1991:44-49) and Iwunor (1991:274-285) observed that people need information about family planning and reproductive behaviour before a decision on whether to practice it or not is taken. In order that family planning messages and information reach a wider audience, family planning centers in states and local government areas should translate the information and messages on family planning to the local dialects. And also outreach and communication activities capable of spreading family planning awareness should be established at all family planning delivery centers/point or units to attract the less highly motivated, to motivate new family planning acceptors to continue, and to re-enlist those who dropped out.

The mass media should generate interest; provide information about family planning among the people. Although family planning is voluntary, it should be based on full knowledge, which the mass media are supposed to provide. Also the mass media should help make family planning programme look legitimate familiar and acceptable. The job involves the development of social support for

an innovation within the country by spreading the perception that other people like us are doing it and deriving benefit from it. In other words, the job of the media is not simply to spread information but to spread a sense of rightness about the practice (Ekanem, 1979:287). These roles of the mass media are important especially in our country where family planning activities are still in their infancy; for anything new, people are slow to accept until they are convinced that those they expect in the society had approved the thing. In brief, the role of the mass media for a successful propagation of Family Planning services in rural Nigeria in general and Akwa Ibom State in particular is one of combating what sociologists call *pluralistic ignorance*; a situation where people favour an idea but think everyone else is against it and so are afraid to speak or act in an approving way (Berelson 1969:401-416).

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