

# Family Planning: A Human Right for Women

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**Résumé:** D'après les résultats de la recherche menée dans ce domaine, le taux d'acceptation du planning familial est relativement bas en Afrique au Sud du Sahara en général et au Nigéria en particulier parce que les femmes n'ont pas conscience qu'il contribue un droit pour elles. Dans cet article, l'auteur cherche à déterminer les facteurs socio-économiques qui expliquent une telle situation (l'éducation, les revenus, la place des femmes dans les emplois rémunérés, la connaissance et l'abilisation de la contraception, la prise de décision, etc).

Le corpus qui a servi à l'analyse est le résultat d'une interview menée auprès de 164 femmes choisis au hasard à Cross-River State au Nigéria, site de la recherche. Les résultats indiquent que c'est parce que les femmes n'exercent pas librement leur droit à d'autres choses telles que l'éducation, l'emploi, la participation totale aux affaires de la communauté, etc.) qu'elles ont également des difficultés ) exercer leur droit au planning familial car les droits de l'homme ne sont mieux exercés que s'ils sont considérés globalement et non pris isolément. En conclusion, l'auteur suggère, entre autres stratégies, que la position de la femme soit renforcée dans la société par le biais de l'emploi, de l'éducation et de la reconnaissance sociale afin, qu'elle puisse venir à bout de leur marginalité et ainsi jouir de tous les droits en tant que citoyennes de leur pays.

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*Family Planning as a powerful preventive health measure and as a human right must mean several things. It must mean more than using contraception to avoid unwanted births. It must mean positive planning for wanted births. It must mean timing and spacing births so that the health of the mother is not put at unnecessary risk. It must mean using contraception rather than being exposed to the trauma of induced abortion. And it must mean taking interests of all the family - and possibly the wider interests of the community and the country into account when deciding to have a child...*

*Bradman Weerakoon, Secretary General, International Planned Parenthood Federation, 1987.*

It is apt to assert that the gap created by falling mortality and continuing high fertility rates (which means growing numbers of children in the family) places a lot of burden on Third World women (Stycos, 1982). To further compound the problem for Nigerian women, the culture stipulates that the onus of bearing, nurturing and socializing the child rests heavily on them. Thus, the Nigerian women bear great strains from the combined effects of these two factors.

It is in consideration of the above facts that this paper is entitled, "Family Planning: A Human Right for Women". It must be immediately added that the writer of the paper is aware that the man is a partner in reproduction. Indeed, in many cultures he is expected to and often does

decide on many important reproductive issues such as timing and number of children to be born (that is barring physiological problems). Given men's powerful position in this matter, we should actually talk about family planning as a human right for men. How be it, many family planning definitions place emphasis on the couple but do point out that since the woman bears the brunt of childbearing she should have the last say when there is a disagreement (Sipila, 1975; United Nations, 1981).

The primary objectives of this paper is to demonstrate that women's position in the Nigerian society greatly inhibits their capacity for exercising the right to family planning. Thus, our working thesis is that as long as Nigerian women suffer major disabilities in other areas of human rights to wit: education, employment, genuine participation in community and public activities etc., for that long will they fail to fully apply the right to family planning. This thesis is predicated on the fact that greatest achievements are made when human rights are applied in their totality rather than in isolation.

Mention of human rights highlights the fact that several national and international instruments exist for the protection of the individual as he/she operates in society. For example, the partly suspended 1979 Nigerian constitution, *inter alia*, specifies that "every individual is entitled to respect of the dignity of his person". It further enjoins that "no citizen of Nigeria shall be subjected to any disability or deprivation merely by reasons of the circumstances of birth". The recently drafted constitution stresses much of the same issues. In other words, both men and women are accorded equal or the same status. However, in practice as well as in human relations in the Nigerian community, it is observed that both respect and non-deprivation are gender biased in favour of the men. Regrettably, women suffer severe disability for being women. For example, women in Igboland generally are forbidden to break the culturally-highly valued and ever-present kolanuts; some of their counterparts in the north of Nigeria are required to stay in purdah; while in different parts of the country women are denied inheritance of family property including land as well as participation in many secret societies and organizations. These are only few evidences of discrimination against women on account of gender.

Traditionally and socially in Nigeria, women are generally accorded the inferior position. This is to the extent that even the poorest, most unformed and rural man tends to believe that he is superior to most women regardless of their social, economic and educational achievements. Such beliefs and attitudes, according to a United Nations' report, "do not present man and woman as equals in dignity, respect and decision-making capacity", (United Nations, 1981;153). Infact, the report goes further to say that "these beliefs are in flagrant contradiction of the body of human rights formally recognized by all countries".

At the international level, the United Nations has made various provisions for the integration of women in all aspects of their nations' activities. It has thus proclaimed the rights to education, employment, and family planning. (United Nations, 1975;7). With special reference to family planning; world leaders meetings in 1966, under the auspices of the United Nations, declared thus:

*we believe the objective of family planning is the enrichment of human life, not its restriction, that family planning by assuring greater opportunity to each person frees man to attain his individual dignity and reach his full potential, (ibid.).*

This declaration highlights the importance of family planning for the individual in particular but with wider implications for the couple and the society as a whole. Thus far, we have made reference to the concept of family planning but have not yet given it an operational definition. As already noted, Weerakoon (1981) rightly averted that family planning means a lot of different things to different people. In this work, we shall adopt Sipila's interpretation of the principles set out in the Declaration on Population, issued on Human Rights Day, 10 December, 1966, "... that the opportunity to decide the number and spacing of children is a basic human right", (ibid.). Based on this, Sipila interprets family planning to mean "the exercise of the right all persons to determine freely and responsibly the number and spacing of their children, including the right not to have children", (Sipila, 1975;8).

Given the above interpretation, it is proper to observe that the individual is assumed to have the wherewithal to reach free and responsible decisions with regard to family.

Sipila's interpretation of family planning is very acceptable if men and women operate as equal partners in decision-making and in the exercise of the "package of human rights". However, as already stated, men generally tend to enjoy superiority of status in society, more so in traditional societies where they exact their influence even in matters of reproduction. It is therefore pertinent to raise the question whether all individuals have the wherewithal to reach free and responsible decisions with regard to family size. It is noted that there are many inhibiting factors (for example, low social status, cultural expectations, illiteracy, high fertility, demon-domesticity, etc.) which make the exercise of this right difficult to attain in many situations. In Nigeria, women seem to suffer these disabilities more than the men. This is why the topic of this paper is narrowed to them.

In dealing with women and the application of the right to family planning, several pertinent questions come to mind. For instance, what is the position of women in society which may encourage or discourage the exercise of this right? Is the individual woman well educated on body

functions, the reproductive activity and its implications for the health of her child and herself and the well being of their community and country? Does she even know that family planning is her right? Even if she knows, does she have access to the appliances and knowledge of its use?

There are no easy answers to the above wide-ranging questions. This is primarily so because the exercise of the right to family planning can only become truly meaningful and "gain height" when it is applied alongside other related human rights. To gain some useful insights into the Nigerian women's capability for asserting the right to family planning, it is necessary at this stage to examine some key variables (for example, social status, education, occupation, fertility rates etc.) that are traditionally expected to affect the exercise of this right.

Let us begin by examining the status of women in the Nigerian society. By social status, we mean the social standing or recognition given to women in the community as measured by their level of education, participation in paid employment outside the home and income, among other factors. In earlier works, (see for example, Ogbuagu, 1986), the author has shown that women in Nigeria generally have very low societal recognition. This observation is neither limited to one ethnic group nor does it have geographical limitations. It seems to pervade virtually the entire Nigerian society.

Thus, traditionally in Nigeria, women are largely supposed to be seen and not heard. In other words, they are supposed to be unquestionably submissive, obedient and indeed subservient to the males. This situation starts with girls playing these culture-bound and culture-supported roles in the family of orientation and later transferring them to the family of procreation.

To perpetuate such a situation, women marry out of their parental families, a bridewealth is paid on them and in many cases they are expected to change their names at marriage. These cultural practices and expectations go very far in perpetuating the low status of women in the society. Given such a weak and low status, women are ill positioned to claim a right such as the right to family planning. For instance, only recently, a group of women after listening to a lecture on AIDS, refused to take condoms home for fear of being suspected of promiscuity by their husbands but instead requested the lecturer to arrange to speak to their husbands on the same topic. This they argued, will help to soften their husbands' opposition to the use of condoms. This further buttresses the point made above.

In order to effectively handle the issues raised above, we carried out a small scale study to examine women's views on and rate of the use of family planning. The research was conducted in the Odukpani local government area of Cross River State of Nigeria. Specifically, we selected the Qua settlement which is east of the Qua river and comprises mainly two

large villages, Idundu and Anyanganse. Though close to Calabar municipality, the settlement is essentially rural. By 1983, it had an estimated total population of 6,683 people.

This area was selected because of its rural nature and its proximity to the researcher's area of residence (Calabar, the Cross River State capital). The latter factor was quite helpful as the researcher had easy access to the research area and therefore could easily reach the respondents than could have normally been the case.

### **Method of Study**

It was necessary to get a listing of the households since no research frame for the area was available. With the aid of four trained assistants, it was possible to carry out a numbering of the households defined in terms of persons who pool resources together for the purposes of eating and meeting the day-to-day financial obligations of the units or as Sule (1988: 40) puts it, a household comprises "persons living together under the same dwelling unit and sharing common eating arrangement." Having done this, we went ahead to select 100 households from the listed 411 households by simple random sampling. It was the intention of the team to select two respondents from each household for analysis. But for various reasons including absence at the time of interview, unwillingness of some of the interviewees to cooperate, etc., all the selected respondents could not be interviewed. All together we were successful in 164 cases (at least 1 respondent was selected from each of the 100 households). This gives a response rate of 82 percent.

In order to elicit information from the selected candidates, an interview schedule was used. Two forms were adopted - the original English version and a translation of it into Efik the commonness local language spoken in the area. This made it possible for people of different educational levels to be interviewed. In all, the English schedule was used for about 65 percent of the respondents and 35 percent was interviewed with the local dialect schedule.

Considering difficulties often encountered in interviewing rural or village people who are often not very familiar with the interview situation or process and so can easily suspect the intentions of the interviewers, this response or success rate is quite encouraging.

### **The Research Population and Sample**

Our target population was women of childbearing age (15-49 years) in the selected households. Although it was not possible to have an accurate count of the number of women per household, an estimate we made gave us a range of one to four women per household. Our sample of 164 was then selected by random sampling of the women of the specified age range living in the households. At least one woman was interviewed in each household.

**Respondents' Attitude to and Use of Family Planning**

Our data in Table 1 reveal that an overwhelming majority (83.3%) of the respondents approve of couples using family planning to limit the number of children they have. Only 7.9% disapprove while another 8.6% are uncertain about their attitudes. This is a good sign that the respondents are aware of the existence and perhaps the usefulness of family planning. If this interpretation is correct, the probability that these women are using contraceptives will be fairly high.

**Table I - Distribution of Respondents according to their Attitude to and Usage of Family Planning**

Attitude	Ever used	Usage Never used	NA	NO	Total %
Approve	17	92	28	137	83.5
Disapprove	0	3	8	13	7.9
Uncertain	3	8	3	14	8.6
Total	20	105	39	164	100.0

N.A. = No answer.

However, an analysis of the respondents' use of contraceptives casts some doubt on their earlier widespread approval that couples should use contraceptives for regulating their family size. From these responses, of all those who approve of the use of family planning by couples, only 13% admitted to have ever used or are currently using any form of contraceptives for controlling their fertility. This percentage of usage is very small. The discrepancy between approval and use calls for further examination. It is possible that although the women approve usage, they are unable to use any form of contraception because of lack of knowledge of the different methods.

**Respondents' Knowledge of different Contraceptive Methods**

To pursue this line of reasoning, it was necessary to examine respondents' knowledge of different methods of contraception. On this question, responses as displayed in Table II, show that only 13% of them did not know of any method of family planning. The rest (87%) had knowledge of at least one method. It appears that the major problem is not lack of knowledge. The question still remains as to why most of the women do not use contraceptives. Even those few who are currently using or have ever used contraceptives (71%) use very unreliable methods - the rhythm and withdrawal methods whereas only a small percentage (29%) used pills and diaphragms.

**Table II - Distribution of Respondents according to selected socio-economic Variables**

Socio-economic Variables	No. of Respondents	%
<b>Educational level:</b>		
No Education	31	18.8
Some Primary School	105	64.0
Some Secondary School	28	17.2
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Occupation for Women:</b>		
Stereotyped	148	90.4
Non-stereotyped	8	4.8
Farming	8	4.8
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Current Occupation:</b>		
Petty trading	96	58.8
Farming	44	26.6
Unemployed	24	14.6
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Family Income:</b>		
Below N2,000	64	39.1
N2,000 - N3,999	82	50.0
N4,000 - N5,999	5	3.1
N.A.	13	7.8
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Knowledge of Family Planning:</b>		
Yes	143	87.0
No	21	13.0
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Reasons for supporting Family Planning</b>		
Economic	115	70.3
Health	21	12.5
Others	28	17.2
<b>Total</b>	<b>164</b>	<b>100.0</b>
<b>Decision-making in family:</b>		
Both	114	69.6
Husband alone	50	30.4
Wife alone	0	00.0
<b>Total</b>	<b>164</b>	<b>100.0</b>

### **Decision-making in the Family**

From these observations, it appears likely that the women are handicapped in matching what they most probably need with actual use. To further explore this matter, an examination of decision-making on important or major issues in the family was undertaken. In all, 71.9% of the respondents gave an answer to this question. A breakdown of the responses shows that in 30.4% of the cases, the husbands took decisions alone. In the remaining cases, the respondents indicated that both of them reached decisions together. In no case did the woman take major decisions alone. This suggests a strong male influence which could affect other areas of family living including the primary focus - reproduction. This conforms with the stipulations of the National Population Policy (1988) which strongly suggest, among other things, that men should be enlightened on their "role and responsibilities in family life". From the above discussions, it can be inferred that the non-usage of family planning methods by the majority of the women may be linked to their weak position in decision-making in the home.

### **Reasons for approving Use of Contraceptives**

To underscore this point, we analyzed the reasons the respondents gave for approving the use of contraceptives for family planning. From Table II, we observe that most of the women (70.3%) gave economic difficulties as their major consideration for supporting family planning. Another 12.5% cited health problems as a reason for their approval of family planning, while the remaining 17.2% gave other reasons or did not in some cases respond to that question. The implications of these given reasons for the development of a strong motivation for the adoption of family planning are far reaching. Notwithstanding such evidences of willingness to use contraceptives, the majority of the women do not in actual fact use them. Once again, we are reluctantly led to conclude that the women may not really be in a position to adopt the methods they know and have good reasons for supporting.

### **Educational Background and Knowledge of Contraceptive Methods**

In support of this observation, we examined the women's educational background. The women are mainly semi-illiterates. Thus, 64.1% have few years of or completed primary school while 18.8% are illiterates with no formal schooling, (see Table II). Only 17.2% have some years of secondary school education and so can be regarded as literate. It is obvious from these data that the women generally have poor educational background. To further examine this issue, in table III, the level of education is cross-tabulated with knowledge of types of contraceptives. Generally, knowledge is high but there is still a noticeable differential to the level of education as knowledge rises with higher levels of education. In addition, knowledge of the more



reliable methods - diaphragm, the pills and injection - increases as educational attainment rises. This goes to buttress the point that is being stressed which is that exposure to education helps the individual woman in taking decisions on reproductive matters. Since education is a key factor in developing an individual's awareness and appreciation of social issues, it can be argued that the respondents under discussion are, in the main, primarily unexposed to the real benefits of education. With this observed low level of education, it is hard to see how they can successfully break the bonds of traditionalism and thus be able to assert their right to family planning (an exercise which needs full awareness of one's rights and the capacity for achieving those rights).

**Table III - Level of Education by Knowledge of Types of Contraceptives**  
No of responses to types of contraceptives

Level of education	No of Respondents	VD	DR	JE	RY	PILLS	Injection
No school	23	6	10	2	21	10	11
% of expected cell frequency (23)		26.1	43.5	8.7	91.3	43.5	47.8
Primary school	94	21	64	15	82	83	78
% of expected cell frequency (94)		22.3	68.1	16.0	87.2	88.3	83.0
Secondary school	26	7	22	13	24	25	23
% of expected cell frequency (26)		26.9	84.6	50.0	92.2	96.2	88.5

Na = 21

Note

- (1) D = Vaginal douche  
DR = Diaphragm  
JE = Jelly  
RY = Rhythm/Withdrawal
- (2) The percentages do not add up to 100 as respondents were requested to tick as many of the methods as they know. In effect each cell is supposed to have as many responses as there are respondents.

### **Some Effects of High Fertility**

Fertility is another factor which plays a major role in influencing women's ability to assert themselves. In Nigeria, fertility rates are high. The Nigeria fertility survey estimates the total fertility rate of Nigerian women to be about 6.34 children, (National Population Bureau, 1984). For Women from Southern Nigeria, the total fertility rate can go as high as 7.48 children, (Etukude, 1987 and Ukaegbu, 1977). For the women of the Qua settlement in Odukpani local government area Cross River State used for this study, the number of children ever born by women who have completed their fertility is 6. Though this figure is slightly lower than the above quoted national rate, it is still quite high. In any case, since we are dealing with recalled numbers, these older women may have forgotten to include children who may have died or those who had long left home. These possibilities notwithstanding, the fertility rate of 6 children is high. Such high fertility rates have serious implications for the women.

Apart from the risk to mothers (which according to the International Planned Parenthood Federation 1987, is still very high in Nigeria), the women spend virtually all their lives nursing and caring for children without having much time for themselves. Such a heavy burden placed on women tends to limit their participation in community and other non-familial activities. Without such participation, their visibility in the society is blurred and so is their social recognition in the polity.

### **Job Aspirations of Respondents and their Current Occupations**

It is no wonder that in response to a question on what occupations they consider appropriate for women, they mentioned mostly those occupations traditionally regarded as good for women and compatible with housework and child-bearing (see table II). Thus, 90.4% of the interviewees consider stereotyped occupations, (trading, typing, secretarial duties, teaching, nursing and petty private business) as appropriate for women. Only 4.8% would want to see women as medical doctors (an example of a non-stereotyped career).

To further explore the respondents' job aspirations for women, we found it necessary to examine their current occupations. From table II, it is observed that most of them (58.8%) are petty traders while 26.6% and 14.6% are farmers and job seekers respectively. For these categories of women, being a teacher, a nurse or a secretary may be considered an improvement on their current status. It is highly probable that this fact may have largely influenced their choice of appropriate jobs for women.

### **Income Levels of Respondents' Families**

Finally, we considered the income levels of the women as Table II shows. Generally, the family incomes (a combination of wife's and husband's annual income) are low. Specifically, 39.1% of the respondents have family incomes of below ₦2,000 when the national minimum wage for the lowest worker is about ₦1,800 per annum. About 50% of the respondents come from families that earn above ₦2,000 but below ₦4,000. Only 3.1% of the families earn above ₦4,000 but below 6,000 per year. Such low incomes are earned mostly through self effort or self employment.

Given these low incomes and large families to cater for, there is enough reason to conclude that the respondents are typical of Nigeria's poor rural farmers and traders, a segment that dominates the country's population. Thus, encumbered with many cares and striving hard to meet mere survival needs, it would have been a great wonder if they were well committed to the use of family planning. The fact that only a small proportion of the research sample has ever used any method of family planning is consistent with their low social status, high fertility, meagre educational achievements, poor incomes and low status occupations.

Placed in such circumstances, can these women and women in similar situations in Nigeria adequately and effectively exercise their right to family planning? The answer is most probably not. This being the case, there is need for the guiding hands of state policy to come to their aid in order to change things for the better for the rural poor and the country as a whole.

### **Suggestions on Policy Inputs**

This paper therefore calls on the Federal State and Local Governments to adopt and meaningfully implement policies that will, among other positive effects,

- *Hasten the pace of female education in the country; broaden school curricula to include population education at primary, post-primary and post-secondary levels of the educational system;*
- *make available family planning information, services and facilities to all persons who wish to use them without discrimination on account of "circumstances of birth";*
- *integrate family planning into the country's overall national development programmes;*
- *de-emphasize the cultural division of labour according to gender and put women in positions of decision-making especially in those areas that are particularly critical to the female segment of the population.*

## Conclusion

We wish to emphasize the fact that women's lives are intricately intertwined with men's lives. Any efforts at enhancing the life of women will equally have positive effects on both the men and the society as a whole. The sooner women are encouraged, helped or liberated to enjoy their inalienable rights as full citizens of the country, that sooner will the much sought-after socio-economic development of the country come true. In all, a full attainment of women's rights especially in the area of family planning will by extension be beneficial to the entire society.

## Bibliography

- Daily Times 1979, *The Constitution of the Federal Republic of Nigeria* (Apapa).
- Etukudo, W.L. 1986, *Current Fertility Levels in Rural Nigeria: A Case Study of Anua in Uyo L.G.A. of Cross River State*, (now Akwa Ibom State), A master's Thesis presented to the Graduate School, University of Calabar.
- Federal Republic of Nigeria, 1988, *National Policy on Population for Development, Unity, Progress and Self-Reliance* (Federal Ministry of Health, Lagos).
- International Planned Parenthood Federation, 1987, *People 14: 3*.
- National Population Bureau, 1984, *The Nigeria Fertility Survey 1981/82* (Lagos: The federal Republic of Nigeria).
- Ogbuagu, S.C. 1984, *Statistic of Nigerian Women in Education*. Paper presented at the Third Annual Conference of Women in Nigeria held at Port Harcourt.
- Ogbuagu, S.C. 1985, "Depo-Provera, a Choice or an Imposition on the African Women: A Case Study of Depo-Provera usage in Maiduguri", in *Women and the Family: Proceedings of the Second Annual Women in Nigeria Conference* (Addis Ababa: CODESRIA).
- Ogbuagu, S.C. 1985, "The Integration of Women in the National Economy for Development: A Case Study", *The Nigerian Journal of Social Studies* 2, 1: 18-27.
- Ogbuagu, S.C. 1986, "The Status of Women and Fertility in Nigeria: The need for State Intervention", Paper presented at the Fifth Population of Nigeria Conference held at Kano, September 3-5.
- Rowley, J. 1987, "A death every minute" *People 14,3*.
- Sipila, H. 1975, *Status of Women and Family Planning* (New York United Nations).
- Stycos, J. 1982, "Status of Women", *International Encyclopedia of Population*, (New York: The Free Press).
- Sule, R. 1988, *Housing and Environment Planning*, (Calabar: Wusen Press Limited).
- Ukaegbu, A. 1977, "Family Planning Attitude and Practices in Rural Eastern Nigeria". *Studies in Family Planning* 8, 7: 173-187.
- United Nations 1975, *Population and Human Rights* (New York)
- United Nations 1981, *Population and Human Rights* (New York).
- Weerakoon, B. 1987, "Positive Planning", *People 14, 3:20*.