

## FAMILY PLANNING AND ECONOMIC DEVELOPMENT IN NIGERIA

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### Abstract

*This study investigates family planning and economic development using Edo state, Nigeria as a case in point. The study used poverty alleviation, health of women and children and women empowerment as human development index frontlines. The study adopted survey design. The target population for this study are the married women drawn from three senatorial districts of Edo State (Edo South-University of Benin, Benin City; Edo Central –Ambrose Alli University, Ekpoma and Edo North –Federal Polytechnic, Auchi) using stratified sampling technique to stratify the state. The primary source of data collection was the administration of questionnaires to the selected respondents. The purposive sampling technique was used to select the respondents for the study based on their interest on the study. A total of four hundred and fifty (450) respondents were used for the study. Descriptive statistics (frequency and percentage) was used to analyse the socio-demographic variables while t-statistic was used to analyse the hypotheses of the study. The study revealed that family planning helps in reducing poverty among women through reduction of the economic effect of large family. It also improves the health of women and children through spacing of their pregnancies, reduces maternal related health risks and leads to women empowerment via giving them room to be employed, start a business and access to opportunities and economic resource. The study recommended that government should tap into this positive consequence of family planning by enacting a legislation that will give legal backing to family planning so that cultural and traditional reasons cannot hinder its full implementation especial in rural areas where the practice is extremely low thereby improving the Human Development Index of the country.*

*Keywords: Family Planning, Poverty, Empowerment, Health, Development*

### Introduction

Development is the most important goal of an ideal government. Any government bereft of development brews the invitation to social vices, civil uprising/unrest and/or insurrection. Development is believed to be a dynamic and evolving process. However, the developmental disparities between the rich countries and the poor countries especially of sub-Saharan Africa seem not to entirely support this view. Although wars, famine, corruption, and bad leadership have often been adduced as reasons for the continued under-development of these poor nations (sub-Sahara Africa), the unlikelihood of these factors being solely responsible for the underdevelopment of Africa is evident from the fact that similar disasters and vices also exist in some rich nations without any palpable rocking their development. Global development is measured in more concrete terms using the Human Development Index (HDI) which is a comparative measure of life expectancy, literacy and standard of living and the provision of health is a key element of a policy to promote broad-based economic growth and development.

Investment in human capital, with proper mix of sound and consistent economic policies and robust labour markets, produces [significant gains](#) for developing economies. Full funding of family-planning needs of poor countries would lift millions out of poverty, improve rates of educational attainment, and [help close the gender pay gap](#) in the other global divide. For these and many other reasons, the [United Nations Population Fund](#) (UNFPA) is committed to supporting countries' efforts to uphold the right of individual's – and especially women – to choose whether and when to have children. The ability to decide when or whether to have children is not only a basic human right; it is also the key to economic empowerment and development, especially for poor women and economies. But in many developing countries, this right is being undermined by a lack of access to safe, modern forms of contraception, cultural/traditional reasons etc. The decision to start a family is one of the most important choices a person can make. It is also a fundamental human right; only individual adults should have the power to decide whether, when, or how often to conceive. And yet, for millions of people around the world, especially in underdeveloped, developing countries this right remains unrealized because of many reasons especially culture/tradition and institutional barriers. More than [200 million](#) women in developing countries who want to delay or avoid pregnancy are not using modern contraception. Women who are poor, less educated, or live in rural areas can face significant economic, cultural, and institutional barriers to birth control, and often turn to [dangerous forms of pregnancy prevention](#) out of desperation. If women had universal access to voluntary family-planning information and services, maternal deaths could be reduced by as much as [three-quarters](#) and infant deaths by as much as a fifth. (UNFPA, 2018)

According to [United Nations Population Fund](#) (UNFPA) (2018) family planning does not only save lives; it also saves money. For every dollar invested in reproductive health services, \$2.20 is saved in pregnancy-related health-care costs. Moreover, the longer a woman waits to have children, the higher her productivity and the longer she can participate in the paid labour force, thereby boosting the economic health and prosperity of poor communities and the economy in general. Some governments have already recognized these benefits and are allocating funds wisely. In Thailand, for example, the Ministry of Health has increased its family-planning budget on the grounds that the added spending now will reduce health-care costs later. These so-called [demographic dividends](#) are forecast to be particularly high for countries in Sub-Saharan Africa especially Nigeria, where roughly [a third](#) of the population is between the ages of ten and 24 and are of productivity range.

### **Statement of Research Problem**

Nigeria's population is growing rapidly with estimation of 201 million people (UNFPA, 2019). It is the most populous country in Africa and the seventh most populous in the world. If the current population growth rate of 2.6 percent is sustained, Nigeria will double its population size in about 31 years; by 2050, it will become the third most populous country in the world (United Nations, 2017, UNEPA 2019). This momentous level of growth would pose many challenges to the country, increasing pressure on existing infrastructure and environmental resources while limiting opportunities for economic development. Unchecked growth would increase the youth population to unsustainable levels; already, more than half of the population is under the age of 19 (United Nations, 2017)—a demographic situation that puts the country at risk of wide-scale youth unemployment, civil instability, and slow

development progress (Husain, Patierno, & Smith 2016). Given that unintended pregnancies are an important driver of population growth, one way to mitigate these adverse effects and promote development is to invest in family planning. The links between family planning and development are increasingly gaining recognition, hence the need for this study to investigate family planning and economic development in Nigeria.

### **Objectives of the Study**

The main objective of this study is to determine the role of family planning on economic development of Nigeria. Specifically, the objectives of the study are to:

1. examine the relationship between family planning and poverty alleviation
2. determine the relationship between family planning and health of women and children
3. Evaluate the relationship between family planning and women empowerment.

### **Hypotheses of the study**

The following hypotheses guided the course of this study

- family planning does not significantly lead to poverty alleviation
- family planning does not significantly improve the health of women and children
- Family planning does not significantly lead to women empowerment.

### **Theoretical Framework**

The Malthusian Theory of Population is the theory used for this study. Malthusian Theory of Population is a theory of exponential population growth and arithmetic food supply growth. Thomas Robert Malthus, an English cleric, and scholar published this theory in his 1798 writings, *An Essay on the Principle of Population*. He believed that through preventative checks and positive checks, the population would be controlled to balance the food supply with the population level. These checks would lead to the Malthusian catastrophe. Thomas Malthus theorized that population grew in [geometric progression](#). A geometric progression is a sequence of numbers where each term after the first is found by multiplying the previous one by a fixed, non-zero number called the common ratio. He stated that food production increases in arithmetic progression. An arithmetic progression is a sequence of numbers such that the difference between the consecutive terms is constant. He derived this conclusion due to the Law of Diminishing Returns. From this, we can conclude that population will grow faster than the supply of food. This exponential population growth will lead to a shortage of food.

Malthus then argued that because there will be a higher population than the availability of food, many people will die from the shortage of food. He theorized that this correction would take place in the form of Positive Checks (or Natural Checks) and Preventative Checks. These checks would lead to the Malthusian catastrophe, which would bring the population level back to a 'sustainable level'. He believed that natural forces would correct the imbalance between food supply and population growth in the form of natural disasters such as floods and earthquakes and human-made actions such as wars and famines. To correct the imbalance, Malthus also suggested using preventative measures to control the growth of the population. These measures include family planning, late marriages, and celibacy. According to Malthus, preventive checks are always in operation in a civilized society, for positive checks are crude. Malthus appealed to his countrymen to adopt preventive checks in order to avoid vice or

misery resulting from the positive checks. Family planning is the best strategies to avoid the misery resulting from the positive checks and other negative results from over-population growth especially for a country like Nigeria where population growth (2.6%) is more than economic growth (1.9%).

### **Concept of Family Planning**

Family planning is the decision-making by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age interval between children. This means that both halves of a couple have equal rights to decide on their future fertility. In planning their future children, partners need to have the right information on when and how to get and use methods of their choice without any form of coercion. Such planning helps mothers and their children enjoy the benefits of birth spacing and having planned pregnancies. Family planning is one of the leading strategies to improve family life and welfare, control unwanted population growth, and aid the development of the nation.

According to Starbird, Norton & Marcus (2016) family planning encompasses the services, policies, information, attitudes, practices, and commodities, including contraceptives, that give women, men, couples, and adolescents the ability to avoid unintended pregnancy and choose whether and/or when to have a child. Family planning helps people have the desired number of children, which as a result improves the health of mothers and contributes to the nation's social and economic development. In most developing countries like Nigeria, it is common practice for women to have too many children, too close to one another. As a consequence, the population size of the country has grown dramatically but economic growth has not kept in parallel with it. Current statistics has it that population growth in Nigeria is 2.6% while economic growth is 1.9% (CBN 2018 and UNFPA, 2019) .Such an unbalanced population size with economic growth definitely will inevitably have a negative consequence on the wellbeing of the economy. Family planning is one of the strategies which is proving to be effective in tackling these challenges.

### **Literature on Family Planning and Economic Development**

Family planning reduces health risks to women and gives them more control over their reproductive lives. With better health and greater control over their lives, women can take advantage of education, employment and civic opportunities. Families with fewer children are often able to send their children to school so girls get a chance to attain higher education, and as an outcome, the age of their first marriage is often later and their years of fertility reduced. They also benefit from being an employee. In addition, it is not difficult for parents to clothe and feed their children if they can limit their family size. The expenses that they need to care for a small-sized family will be less, so they can save more and be self-sufficient. With regard to social services, both the government and the family invest less if the family and population size is small. This can help save essential resources and thereby contribute to the economic growth of the nation as a whole. In general, having a larger proportion of well-educated, healthy, productive and self-sufficient families can contribute a great deal to the sustainable development of a country. In this regard, the social and economic benefits of the family are essential.

Contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions.

Some contraceptives also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems. Family planning helps mothers avoid pregnancy when they are vulnerable because of their youth or old age. The risk of having pregnancy-induced hypertension (high blood pressure) is much higher in younger mothers. On the other hand, older mothers, who have given birth to 5 or more children, have a tendency to uterine rupture during labour, which can cause severe vaginal bleeding and shock. In places where emergency obstetric care facilities are lacking, these two consequences of age have been leading causes of maternal deaths.

Once the desired number of children has been achieved, a woman can avoid further pregnancy by using family planning methods. Any pregnancy and birth equal to, or higher than, five can have greater risks for the mother. The risk of dying from multiparity (giving birth more than once) increase for a woman who has given birth to five or more children; her risk is 1.5 to 3 times higher than those who have given birth to two to three children. Most abortions result from unwanted pregnancy, and significant numbers of maternal deaths can be attributed to unsafe abortion induced by untrained practitioners. Family planning helps mothers prevent such unwanted pregnancies. Together with other health services, such as diarrhoea and pneumonia management, the nutrition programme and the expanded programme on immunization, family planning directly contributes to the improvement of children's health and growth. It also indirectly contributes to children's wellbeing and development by improving maternal health. Adequately spaced children can be well fed and healthier than closely spaced children. Mothers can have ample time and good health to care for their children.

Investment in family planning drives economic growth, women empowerment, and gender equality. When Nigerian women have the choice to determine the number of children they want and when to have them, Nigeria will be positioned to reap the demographic dividend. The demographic dividend is the economic growth that results from a decreased ratio of dependents to the working age population. By reducing the dependency ratio, people will live longer, be more productive, have an incentive to save for their retirement, and increase their investments. Families can also have fewer dependents that need social services; healthier and well-nourished children; and a growing workforce that includes more women. When women in developing countries such as Nigeria space their births by at least three years, their babies are almost twice as likely to reach their first birthday. Women are also more likely to advance their education and increase their income over time. Successful family planning, therefore, leads to better health and social outcomes. A lower ratio of children to adults can create a *demographic bonus*: With fewer children, families have more disposable income to save or invest. Furthermore, a smaller proportion of children means that a greater percentage of the population is in the working age groups. If good jobs are available, this situation can contribute to economic growth. However, some caution is in order when drawing connections between lower fertility and socioeconomic development. The *demographic bonus* is not automatic but dependent on appropriate policy in other areas. Furthermore, savings from the *bonus* must be wisely spent or the effects may be negative.

Muhoza, Rutayisire & Umubyeyi (2013) measured the success of family planning initiatives in Rwanda using a multivariate decomposition analysis. The study described the family planning initiatives in Rwanda and analyzed the 2005 and 2010 RDHS data to identify factors that contribute to the increase in contraceptive use. The Blinder-Oaxaca technique was

used to decompose the contributions of women's characteristics and their effects. With a mean predicted increase of 0.342 in contraceptive prevalence rate between 2005 and 2010, the most increase (77 percent) results from changes in effects of women's characteristics compared with changes in these characteristics (17 percent). Variables showing significant contribution in effects are women's education, experience of child mortality, and place of residence. Regarding the compositional differences, effects are relatively greater for woman's education, exposure to family planning messages in the media or at health facilities, husband's desire for children compared with wife's, and woman's child mortality experience.

Erfani (2012) examined the impact of contraceptive use on women's educational advancement as an indicator of women's empowerment. Multinomial logistic analyses indicated that compared with contraceptive nonusers, women using modern contraceptives before a first birth were more likely to experience a one to two year increase in education level after marriage, when controlling for other factors. Women in the most recent marriage cohorts were more likely to continue their education after marriage, especially those who were using modern contraceptives as opposed to traditional methods. Findings of this research clearly indicate that family planning use after marriage enables women to improve their education by freeing them from reproductive activities.

### **Methodology**

The study adopted survey design. The target population for this study are the married women purposively drawn from three senatorial districts in Edo State (Edo South-University of Benin, Benin City; Edo Central –Ambrose Alli University, Ekpoma and Edo North –Federal Polytechnic, Auchi) using stratified sampling technique to stratify the state. The age range of the respondents is between the ages of 24 and above years. Since the focus of the research is primarily on family planning and economic development. The primary source of data collection was the administration of questionnaires to the selected respondents. The purposive sampling technique was used to select the respondents for the study based on their interest on the study. A total of four hundred and fifty (450) respondents were used for the study with each senatorial district producing one hundred and fifty (150) respondents.

The instrument which was validated two experts, one in health economics and one in measurement and evaluation in university of Benin. In establishing the reliability of the instrument that was used for the study, the Cronbach Alpha statistic of internal consistency was used which gave a value of 0.79 which means that there is consistency in the instrument. Descriptive statistics (frequency and percentage) was used to analyse the socio-demographic variables while t-statistic was used to analyse the hypotheses of the study.

### **Result Presentation and Analysis**

A total of four hundred and fifty (450) questionnaires were administered. 440 questionnaires were duly completed and retrieved back after careful monitoring and supervision. This represents 97.8 percent response rate.

### **Analyses of Respondents Demographics.**

#### **Table 1: Distribution of respondent based on age**

Age	Frequency	Percent
Valid 24-33	94	21.4
34-43	163	37.0
44-53	126	28.6
Above 53	57	13.0
Total	440	100.0

*Source* : Researcher's field survey 2019

The result of *table one* indicates that most of the respondents are within the age range of 34-43 years of age. A break-down of the result shows that, respondents within the age range of 24-33 is 21.4%, 34-43 is 37.0%, 44-53 is 28.6% and above 53 years is 13.0%.

**Table 2: Distribution of respondent based on education**

Education	Frequency	Percent
Valid WAEC	23	5.2
NCE/OND	77	17.5
FIRST DEGREE	181	41.1
MASTERS	88	20.0
PHD	71	16.1
Total	440	100.0

*Source* : Researcher's field survey 2019

The result of *table two* indicates that most of the respondents have first degree within the period under survey. A break-down of the result shows that, respondents with WAEC has 5.2%, NCE/OND has 17.5%, First Degree has 41.1%, Master has 20.0% and PhD has 16.1%.

**Table 3: Distribution of respondent based on number of children**

number of children	Frequency	Percent
Valid 1-2	161	36.6
3-4	159	36.1
5-6	86	19.5
Above 6	31	7.0
No Response	3	.7
Total	440	100.0

*Source* : Researcher's field survey 2019

The result of *table three* indicates that most of the respondents have 1-2 children within the period under survey. A break-down of the result shows that, respondents with 1-2 children have 36.6%, 3-4 children have 36.1%, 5-6 children have 19.5% and above 6 children have 7.0%. The result of no response is 0.7%.

**Table 4: Distribution of respondent based on Religion**

Religion		Frequency	Percent
Valid	Christianity	361	82.0
	Islam	63	14.3
	Traditionalist	9	2.0
	No Response	7	1.6
	Total	440	100.0

**Source :** *Researcher's field survey 2019*

The result of *table four* indicates that most of the respondents are Christians by faith within the period under survey. A break-down of the result shows that, respondents who are Christians have 82%, Islam have 14.3%, Traditionalists have 2.0% and no response have 1.6%.

**Table 5: Distribution of respondent based on Work Statue**

Work Statue		Frequency	Percent
Valid	Self employed	122	27.7
	Employee	309	70.2
	No Response	9	2.0
	Total	440	100.0

**Source:** *Researcher's field survey 2019*

The result of *table five* indicates that most of the respondents are employees within the period under survey. A break-down of the result shows that, respondents who are self-employed have 27.7%, employee have 70.2%, and no response have 2.0%.

**Table 6: Distribution of respondent based on Type of Employee**

Type of Employee		Frequency	Percent
Valid	Private	75	24.27
	Government	234	75.73
	Total	309	100.0

**Source:** *Researcher's field survey 2019*

The result of *table six* indicates that most of the respondents are government employees within the period under survey. A break-down of the result shows that, respondents who are government employees are 75.73%, and private employees are 24.27%.

**Table 7: Distribution of respondent based on knowledge of family planning**

		Frequency	Percent
Valid	Yes	411	93.4
	No Response	29	6.6
	Total	440	100.0

**Source:** *Researcher's field survey 2019*



The result of *table seven* indicates that all most of the respondents have knowledge of planning within the period under survey. A break-down of the result shows that, respondents who have knowledge on family planning have 93.3%, no knowledge on family planning have nil and no response has 6.6%.

**Table 8: Distribution of respondent based on Method of Family Planning**

Method of Family Planning		Frequency	Percent
Valid	Oral	29	6.6
	IUD (intrauterine device)	82	18.6
	Injectable	103	23.4
	Implant	16	3.6
	Condom	99	22.5
	Sterilization	29	6.6
	Vasectomy	11	2.5
	Abstinence	19	4.3
	Others	52	11.8
	Total	440	100.0

**Source:** Researcher's field survey 2019

The result of *table eight* indicates that the most commonly used method of family planning is injectable with 23% within the period under survey. A break-down of the result shows that, respondents who use oral have 6.6%, IUD have 18.6%, injectable have 23.4%, implant have 3.6%, condom have 22.5%, sterilization have 6.6%, vasectomy have 2.5%, abstinence have 4.3% and others have 11.8%.

### Hypotheses Testing

The t-statistic was used to analyse the hypotheses of the study.

**Hypothesis one:** family planning does not significantly lead to poverty alleviation

**Table 9**

s/n	question	N	Mean	Std. Dev	t	df	p-value
1	Family planning reduces family size thereby reducing the economic effect of large family	440	3.12	0.69	94.85	439	0.00
2	Family planning contributes to improved nutrition	440	3.03	0.68	93.86	439	0.00*
3	Family planning contributes to improved well-being of women	440	3.01	0.77	81.80	439	0.00*
4	Family planning advances women access to resources	440	3.01	0.89	71.06	439	0.00*
5	Family planning advances women access to opportunities	440	2.73	0.96	59.64	439	0.00*
6	Family planning can help women save thereby start a business	440	2.78	1.00	58.53	439	0.00*

7	Family planning can help women achieve their employment goals	440	2.85	0.82	73.28	439	0.00*
8	Family planning is an effective interventions to foster human development	440	2.86	0.90	66.86	439	0.00*
9	With few children via family planning, parents are able to cloth and feed their children	440	2.96	0.86	72.18	439	0.00*
10	Family planning helps families to be self sufficient	440	2.93	0.88	70.32	439	0.00*
	<b>Average</b>	<b>440</b>	<b>2.93</b>	<b>0.84</b>	<b>74.24</b>	<b>439</b>	<b>0.00*</b>

\* **significant at 5% significance level**

The result of *table nine* using the t-statistic (probability value) shows that, family planning significantly reduces the economics effects of large family, improves nutrition of family, improves well-being of women, and gives women access to resources and economics opportunities. Also, family planning significantly, help women start a business, achieve employment goals, foster human development among women, cloth and feed their children and helps family to be self-sufficient. This is because the p-values are less than 0.05. In general, since the average p-value is less than 0.05 ( significance level), it leads to the rejection of the null hypothesis that family planning does not significantly lead to poverty alleviation and accepting the alternative hypothesis that family planning significantly lead to poverty alleviation.

**Hypothesis two:** family planning does not significantly improves the health of women and children.

Table 10

s/n	question	N	Mean	Std. Dev	t	df	p-value
1	Family planning contributes to improved nutrition	440	2.97	0.83	75.12	439	0.00*
2	Family planning helps women with time to space their pregnancies to ensure healthy nutritional outcomes	440	3.05	0.68	93.97	439	0.00*
3	Family planning reduces maternal deaths	440	2.79	0.98	59.80	439	0.00*
4	Family planning reduces the number of women exposed to pregnancy-related health risks,	440	2.98	0.93	67.32	439	0.00*
5	Family planning reduces the number of times a woman is exposed to the risks of pregnancy	440	2.93	0.88	69.97	439	0.00*
6	Family planning reduces newborn, infant, and child mortality	440	2.95	0.90	69.07	439	0.00*
7	Family planning increases child survival	440	2.94	0.88	70.20	439	0.00*
8	Family planning helps women to stay healthy	440	2.86	1.05	57.16	439	0.00*
9	Family planning helps women to have healthy children	440	2.98	0.83	75.58	439	0.00*
	<b>Average</b>	<b>440</b>	<b>2.94</b>	<b>0.88</b>	<b>70.91</b>	<b>439</b>	<b>0.00*</b>

**\* significant at 5% significance level**

The result of *table ten* using the t-statistic (probability value) shows that, family planning significantly improves nutrition of family, helps women space their pregnancies to ensure healthy nutrition, reduces maternal deaths, pregnancy related health risks and number of times a women is exposed to the risk of pregnancy. Also family planning reduces newborn, infant and child mortality, increase child survival, helps women to stay healthy and have healthy children. This is because the p-values are less than 0.05. In general, since the average p-value is less than 0.05 ( significance level), it leads to the rejection of the null hypothesis that family planning does not significantly improves the health of women and children and accepting the alternative hypothesis that family planning does significantly improves the health of women and children.

**Hypothesis three:** family planning does not significantly lead to women empowerment

Table 11

s/ n	question	N	Mean	Std. Dev	t	df	p-value
1	Overall well-being of women and girls improves as fertility declines	440	2.92	0.92	66.58	439	0.00*
2	Family planning expands women capacity to make and act on decisions	440	2.75	1.00	57.62	439	0.00*
3	Family planning advances women access to resources	440	3	0.91	69.49	439	0.00*
4	Family planning advances women access to opportunities	440	2.85	0.89	67.06	439	0.00*
5	Fertility decline has a positive impact on girls' education	440	2.87	0.95	63.11	439	0.00*
6	Family planning is an effective interventions to foster human development	440	2.91	0.84	72.89	439	0.00*
7	Early and unintended pregnancy can be a cause of dropping out of school.	440	2.95	0.87	71.21	439	0.00*
8	Family planning can help women stay in school	440	2.97	0.88	70.74	439	0.00*
9	Family planning can help women learn a trade	440	2.83	1.02	57.88	439	0.00*
10	Family planning can help women save and start a business	440	2.97	0.85	73.60	439	0.00*
11	Family planning can help women achieve their educational goals	440	2.88	0.94	64.59	439	0.00*
12	Family planning can help women be an employee	440	3.01	0.78	81.01	439	0.00*
	<b>Average</b>	440	2.91	0.90	67.98	439	0.00*

**\* significant at 5% significance level**

The result of *table eleven* using the t-statistic (probability value) shows that, family planning significantly improves overall well-being of women and girls as fertility reduces, expands women capacity to make and act on decisions, advances women access to resources and opportunities, and improves girls' education. It also an effective interventions to foster human development, recues girl drop out in school, helps women stay in school, helps women learn a trade, start a business, be an employee and achieve higher educational goals. This is

because the p-values are less than 0.05. In general since the average p-value is less than 0.05 (significance level), it leads to the rejection of the null hypothesis that family planning does not significantly lead to women empowerment and acceptance of the alternative hypothesis that family planning does significantly lead to women empowerment.

### **Discussion of Findings**

The findings in table 1 revealed that most of the respondents are within the age range of 34-43 years of age. Table 2 revealed that that most of the respondents have first degree (HND/B.Sc). Table 3 reveals that most of the respondents have 1-2 children meaning that most the respondents are family planning compliant. Table 4 revealed that most of the respondents are Christians by faith. Table 5 revealed that that most of the respondents are employees and employees of the government. Table 7 revealed that all most all the respondents have knowledge of planning and mostly use injectable, followed by condom and IUD. The use of this modern methods could be as a result of the literacy level of the respondent. This was against the study of Anyanwu, Ezegbe, & Eskay, (2013) where traditional methods like abstinence and prolonged breast feeding were the commonest because of the low literacy level of the rural women used in the study and lack of awareness of the efficiency of the modern methods. According to Ademujo, Alemide, Ibekwe, Ogunwole & Waziri (2000) most rural women feared that these modern methods could be toxic and the devices such as the IUD may hurt their womb.

The result of table 9 revealed that family planning (FP) significantly lead to poverty alleviation. Increasing the use of voluntary family planning can help reduce population growth rates, which in turn can alleviate pressure on environmental, economic, and social resources and reduce poverty thereby facilitate development (Cates, 2010, and Petruney, Wilson, Stanback, & Cates 2014). This study is in-line with Population Reference Bureau (2019) . In Population Reference Bureau study, women in the FP program earn more money and lived in households with greater assets than women not in the FP program . Although income typically rises with educational level, women in the program group earned considerably more than those in the comparison group.

The result of table 10 revealed that family planning does significantly improves the health of women and children. This is in-line with the study of Phumaphi (2011), who found that women without access to family planning often continue to have children until they are physically unable to do so. Every day, approximately 1,000 women die from complications of child birth; of those 1,000 women, 570 live in sub-Saharan Africa, 300 in South Asia, and only 5 in high-income countries. (World Health Organization 2010). According to WHO (2010), in most parts of the world, caring for children and infants is the mother's responsibility. The disease burden is heavier in poor, overpopulated areas, and it is women who are caregivers of the sick. Because many of the ill are children under the age of five, a mother often has to carry around a sick child as she goes about providing for the family. But with effective family planning, these narratives is easily cared for because effective family planning improves the health of women and children as seen in this study.

The result of table 11 revealed that family planning does significantly lead to women empowerment. This is in-line with the study McKinsey & Company in Phumaphi (2011) who found that Children's chances of success in life depend on family circumstances more than on

any other factor. According to Mourshed & Whelan (2010) by age three, children with parents who are working professionals are a full year ahead of their poorer classmates; by age ten, that gap has grown to three years. In emerging economies in which access to good education is limited, smaller families are more economically sustainable and have increased potential for economic well-being.

### **Conclusion and Recommendations**

This study has empirically investigated the role of family planning in economic development. From the study, it is clear that most of the respondents are aware of family planning and do use it. But the usage is more among literates and urban dwellers. From the studies of Anyanwu, Ezegbe, & Eskay, (2013) and Ademujo, Alemide, Ibekwe, Ogunwole & Waziri (2000), most low educated women do not subscribe to family planning because of the fear that it may be toxic to their womb. Also, the study shows that family planning helps in reducing poverty among women through reduction of the economic effect of large family, access to resources and economic opportunities, employment goals and helps family to be self-sufficient. It also improves the health of women and children through spacing of their pregnancies, reduces maternal deaths pregnancy related health risks and number of times a woman is exposed to the risk of pregnancy, reduces newborn, infant and child mortality, increase child survival, helps women to stay healthy and have healthy children. And lastly, lead to women empowerment via giving them room to be employed, start a business and access to opportunities and economic resource. When all these are achieved via family planning, then the community or society is definitely on the path of growth and development. Because no society/economy grows or develops when it is still being challenged by high rate of poverty, high unemployment rate and maternal, infant and child mortality.

If all these are achieved family planning may have positive long-run consequences for families, society and economic development. The government should tap into this positive consequence of family by enacting a legislation that will give legal backing to family planning so that cultural and traditional reasons cannot hinder its full implementation especially in rural areas where the practice is extremely low. The act will checkmate the harsh prophecy by Central Bank Governor who said that if population growth rate is not controlled/checked the economy may face hard times by 2050. Also, policymakers in Nigeria should acknowledge the importance of family planning in order to create effective development initiatives.

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