

## **Predictors of Public Acceptance of Family Planning Programme in a Typical Sub-Saharan African Context**

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**ABSTRACT:** *This study focuses on the public acceptance of family planning programme in Nigeria. There exist scanty empirical studies on family planning programme public acceptance from the social marketing view. In order to fill the literature gap, predictors of public acceptance of family planning programme were investigated. The research design for this study was survey design and the unit of analysis comprised child-bearing Nigerians in Enugu State, Nigeria. Child-bearing Nigerians are those Nigerians that are still having children and have the tendency of giving birth to more children. Quota sampling technique was adopted and the sample size was 246 respondents which was determined using Cochran's formula (since the study population is infinite). Data were collected through a structured questionnaire and multiple regressions were used to test the hypothesized relationship between the independent variables and the dependent variable. From the result findings, perceived susceptibility, perceived severity, perceived benefit, perceived barrier, and self-efficacy are the major predicting factors of public acceptance of family planning programme among child-bearing Nigerians. In conclusion, this study has identified major predicting factors of public acceptance of family planning programme in Nigeria. Also, it has provided an empirical support that perceived susceptibility, perceived severity, perceived barrier, perceived benefit and self-efficacy have significant and positive effect on the public acceptance of family planning programme. We recommend that health and social policy makers in Nigeria should sensitize the child-bearing parents in the rural areas about the essence of family planning programme and make available social marketers and entrepreneur that will help do an awareness campaign rigorously.*

**KEYWORDS:** Public Acceptance, Family Planning Programme, Nigeria, Sub-Saharan Africa

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## **INTRODUCTION**

According to United Nation Habitat's projection, Nigeria population will be around 500 million by the year 2050. This projection is premised on a number of factors. Firstly, the population of Nigeria is rising at an increasing rate i.e., geometrically without adequate measures to control it. Secondly, there is a popular orientation among most Nigerians that the number of children one has shown his/her level of relevance in the society. Thirdly, the Nigerian legislation permits one man to have up to four kids from one woman and supports polygamy. These factors have led to high birth rate which is supported by advancement in the medical sciences that has reduced child mortality rate. The resultant effect of these orientations is that Nigerians is tending towards population explosion. This can be attested by the infrastructural break down experienced in the major cities of Lagos, Abuja, Port Harcourt etc.

Despite the availability of modern medical practices that can curb population explosion through effective birth control measures like proper family planning programme, it was observed that most child-bearing Nigerians may not be aware of these birth control measures. Also, the majority of them could be skeptical about various family planning programme that are being rolled out by the government and some non-government organizations. Sequel to this, it is timely and urgent to investigate the predictors of the public acceptance of family planning programme among child-bearing Nigerians. An understanding of these predicting factors will help in effective and efficient population control policy formulation and implementation, it will help strategy implementation from the economic point of view which will help in designing a long-lasting and formidable development plan for Nigeria, hence alleviating social problems that emanate from overpopulation like unemployment, urban congestion etc.

Nigeria being the largest economy in Africa and also the most populous black nation in the world, there is dearth of empirical studies that investigate the factors predicting the public acceptance of family planning programme focusing on the child-bearing group who constitute the majority of the active population of the country. Therefore, there is need to conduct a country-specific and context-specific study in this direction. More so, from the extant literature, studies on health marketing that were anchored on health-belief model from the sub-Saharan Africa context is very scanty so, there is an urgent need to explore the applicability of health-belief model on family planning programme acceptance in Nigeria.

### **Research Objectives**

The broad objective of this study is to investigate the predictors of public acceptance of family planning programme in Nigeria. In specific terms, this study seeks to:

- a. Identify the factors that have dominating effect on the public acceptance of family planning programme in Nigeria.

- b. Determine the effect of the identified factors on the public acceptance of family planning programme in Nigeria.

### **Research Questions**

- a. What are the factors that have dominating effect on the public acceptance of family planning programme in Nigeria?
- b. How has the identified factor influenced public acceptance of family planning programme in Nigeria?

## **LITERATURE REVIEW**

### ***Relationship between Perceived Susceptibility and Public Acceptance Behavior***

Perceived susceptibility refers to subjective assessment of risk of developing a health problem (Janz & Becker; Rosenstock, 1974; Glanz, Barbara & Viswanath, 2008). The HBM predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem (Rosenstock, 1974). Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. Rosenstock (1974) opines that others may acknowledge the possibility that they could develop the illness, but believe it is unlikely. Rosenstock (1974) further asserts that individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviors. Individuals who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviors to decrease their risk of developing the condition. The HBM predicts that higher perceived threat leads to a higher likelihood of engagement in health-promoting behaviors. Based on the foregoing, we therefore hypothesized as follows:

***H<sub>1</sub>: There will be a positive and significant relationship between perceived susceptibility and public acceptance behavior towards family planning program.***

### ***Relationship between Perceived Severity and Public Acceptance Behavior***

Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences (Janz & Becker, 1984; Rosenstock, 1974). The HBM proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may cause disability or pain) as well as broader impacts of the disease on functioning in work and social roles (Janz & Becker; Rosenstock, 1974; Glanz, Barbara & Viswanath, 2008). For instance, an individual may perceive that family planning does not promote healthy behaviour, but if he or she perceives that there would be serious consequences as a result of being poor and others, then he or she may perceive non-adoption of family planning to be a particularly serious situation. Therefore, we hypothesized as follows:

***H<sub>2</sub>: There will be a positive and significant relationship between perceived severity and public acceptance behavior towards family planning program.***

***Relationship Between Perceived Benefit and Public Acceptance Behavior***

Health-related behaviors are also influenced by the perceived benefits of taking action (Glanz, Barbara & Viswanath, 2008). Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease (Janz & Becker, 1984). If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behavior regardless of objective facts regarding the effectiveness of the action (Glanz, Barbara & Viswanath, 2008). For instance, individuals who believe that adopting family planning promotes healthy behaviour, are more likely to adopt family planning program than individuals who believe that family planning will not promote healthy behavior. On this basis, we hypothesized as follows:

***H<sub>3</sub>: There will be a positive and significant relationship between perceived benefit and public acceptance behavior towards family planning program.***

***Relationship Between Perceived Barrier and Public Acceptance Behavior***

Health-related behaviors are also a function of perceived barriers to taking action (Glanz, Barbara & Viswanath, 2008). Perceived barriers refer to an individual's assessment of the obstacles to behavior change (Rosenstock, 1974). Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior. In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur (Rosenstock, 1974; Glanz, Barbara & Viswanath, 2008). Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects of a medical procedure) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior (Rosenstock, 1974). For instance, lack of access to affordable health care and the perception that a family planning pill or device will cause significant discomfort may act as barriers to adoption family planning program. Based on the aforementioned, we therefore hypothesized as follow:

***H<sub>4</sub>: There will be a positive and significant relationship between perceived barrier and public acceptance behavior towards family planning program.***

***Relationship Between Self-efficacy and Public Acceptance Behavior***

Self-efficacy was added to the four components of the HBM (i.e., perceived susceptibility, severity, benefits, and barriers) in 1988 (Rosenstock, Strecher & Becker, 1988; Glanz, Barbara & Viswanath, 2008). Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior (Glanz, Barbara & Viswanath, 2008). Self-efficacy was added to the HBM in an attempt to better explain individual differences in health behaviors (Rosenstock, Strecher & Becker, 1988). The model was originally developed in order to explain engagement in one-time health-related behaviors such as being screened for cancer or receiving an immunization

(Rosenstocks, 1974; Rosenstock, Strecher & Becker, 1988). Eventually, the HBM was applied to more substantial, long-term behavior change such as diet modification, exercise, and smoking (Rosenstock, Strecher & Becker, 1988). Developers of the model recognized that confidence in one's ability to effect change in outcomes (i.e., self-efficacy) was a key component of health behavior change (Glanz, Barbara & Viswanath, 2008; Rosenstock, Strecher & Becker, 1988). Therefore, we hypothesized as follows:

***H<sub>5</sub>: There will be a positive and significant relationship between self-efficacy and public acceptance behavior of family planning program.***

### **Theoretical Framework**

The theoretical framework that was used to frame this study is health-belief model. Health-belief model (HBM) is a psychological health behavioral change model developed in the 1950s in regard to the uptake of health services. The model suggests that people's beliefs about health problems, perceived benefits of action, barriers to action and self-efficacy explain acceptance (or lack of acceptance) of health-promoting programme. HBM asserts that the rationale behind taking any action to promote or accept any health education programme is based on (A) how strongly they feel that they are vulnerable to the health-related issue on ground. (B) whether the suggested health intervention programme is of value. (C) whether the effectiveness of the treatment is worth the cost. (D) which barriers to overcome in order to institute and maintain specific behavior. (F) influence by significant person, who may have been susceptible to the same health-related issue, showing the need for action. HBM postulates that an individual could accept certain health-related programme on the basis of perceived susceptibility, perceived severity, perceived benefit, perceived barrier and self-efficacy. This study adopts HBM because it is in line with the main objective of this study and has high applicability in the health marketing and social marketing studies.

### **Empirical Review**

Social marketing has become a vital tool in creating awareness and changing consumers' healthy behaviour. The issue of how effective it is, has become a major concern to researchers because many companies or businesses have resorted to these programs to enable them achieve their objectives and satisfy the changing needs of the consumers, and often it becomes difficult to evaluate the success of social marketing programs as they aim to change

However, Afework (2018), on his study on the perceptions of people about family planning: The social marketing experience in Ethiopia, aimed at analyzing the role and practice of social marketing as an approach to address issues related to attitudinal change about family planning. Based on the idea of social marketing and its application to positively influence the behavior through changing attitudes of individuals related to family planning and contraceptive use, the study was developed with the methodology applied for preparing instruments of data collection, sampling and data analysis. It was found that marketing-mix as designed for social issues such as

family planning, has a key role to play to positively develop the attitude towards the concept and bringing favorable changes in the behavior of individuals. Also, that individual's responsibility towards society and usage of family planning services was also found to be associated with social marketing-mix. In other words, it concludes that, as the social marketing activities and programs increase, the attitude towards family planning will become more favorable among the society members.

Rukundo (2011) in the study on the Role of social marketing in family planning in Rwanda, opined that social marketing through the use of social media is set to understand how it can create awareness through social marketing campaigns, use of promotional mix in order to address behavioral change. The study involved the problem identification which is witnessed by the high population increase in Rwanda from 7-12 Million people as per current statistics, and despite the Government campaigns against population pressures and its consequences of poverty, famine, shortage of land, diseases, and poor access to education has resulted into poor quality of life. The research was conducted in 2 district of Rwanda and 20 respondents were selected in each based on convenience sampling. Data collection design was made up of primary and secondary sources, and the study found that 90.8% of respondents revealed that practicing family planning helps families to improve their wealth and health, 89.2% pointed out it helps to reduce unwanted pregnancies, and 85.8% pointed out that it reduces poverty in families. based on the findings, still social marketing media has not attained maximum capacity to address social marketing programs as weak points were shown in media coverage, accessibility and cost, communication clarity and the general development of media infrastructure all of which hinder social marketing effectiveness and recommended that there should be appropriate programs to increase literacy on social marketing agendas especially those who had limited education. This increases the knowledge and prepares people to have open understanding to any intended programs. Therefore, it recommends that social marketing programs should be constantly reviewed, evaluated through the benchmark indicators such as progress, efficiency, effectiveness and impact they have heard to the population in relation to the set objectives.

Another study by Samad, Madichie and Nwankwo, (2008) on the role of social marketing models in family health interventions in Pakistan stated that Social marketing techniques have been used extensively in international health programmes, especially for contraceptives and oral re-hydration therapy. The paper analyses the performance of two social marketing programmes for hormonal contraceptives in Pakistan using different models for interventions to achieve somewhat similar goals. The models used for social marketing interventions include the Manufacturer's model and the non-governmental organisation (NGO) model. Their results indicated that both programmes were effective in increasing contraceptive usage with no evidence to suggest that either the manufacturer's model was more sustainable or the NGO model more effective in serving the poor population.

Again, Mustafa et al., (2015), carried out a research on the family planning knowledge, attitude, and practices among married men and women in rural areas of Pakistan. The paper presents the findings of a qualitative assessment aimed at exploring knowledge, attitudes, and practices regarding family planning and factors that influence the need for and use of modern contraceptives. A descriptive exploratory study was conducted with married women and men aged between 15 and 40. Overall, 24 focus group discussions were conducted with male and female participants in three provinces of Pakistan. The findings reveal that the majority knew about some modern contraceptive methods, but the overall contraceptive use was very low. Therefore, it concluded that the need for qualified female healthcare providers, especially for long term family planning services at health facilities instead of camps arranged occasionally; and recommended that, addressing issues around access, affordability, availability, and sociocultural barriers about modern contraception as well as involving men will help to meet the needs and ensure that the women and couples fulfill their childbearing and reproductive health goals.

Furxhiu, Kusaku and Cera, (2020) in a study on how social marketing influences behavioral change attempt to explore and describe some of the ways social marketing practices and instruments have been used to influence behavioral change. According to them, Social marketing is being observed as an approach that is increasingly being used to achieve positive impacts on the behavior of individuals and groups, and to help sustain these over time. Their main purpose in the article was to present some of the aforementioned evidence brought up by previous researchers trying to establish effective practices social marketing approaches should implement in order to achieve desirable behavioral results. The study was explorative in nature and focuses on the important role social marketing principles and practices play in fueling behavioral change and achieving behavioral goals. They also discuss some of the barriers social marketing models face as well as recently developed social marketing frameworks such as strategic social marketing and community-based social marketing. Throughout their exploration, they were reminded social marketing 's main goal- to introduce and absorb financial marketing 's principles, tools, instruments and techniques in order to influence a target group 's behavior in a wide range of areas such as health care, environment and education with the aim of benefiting society as a whole.

Also, Bach, and Alnajar, (2018), in a study on the Impact of Social Marketing on Public Behavior maintained that Social marketing utilizes the traditional commercial marketing strategies to influence public behaviors effectively so as to bring about greater social/public good. While similar to commercial marketing, social marketing does not attempt to maximize profit or sales, rather the goal of social marketing campaigns is to change a behavior in the society which will benefit the overall public such as persuading people to use only efficient lighting so as to conserve energy or persuading more individuals to use seat belts. To this end, they concluded that it is crucial for social marketers to ensure that they use effective marketing plans and strategies such as the 4 Ps of the marketing mix in combination with other factors such as policies and partnerships in order to make the social marketing program or campaign a success. Finally, the paper explored

how social marketing can have a significant impact on public behavior if social marketing campaigns are deployed keeping in view traditional marketing strategies and plans.

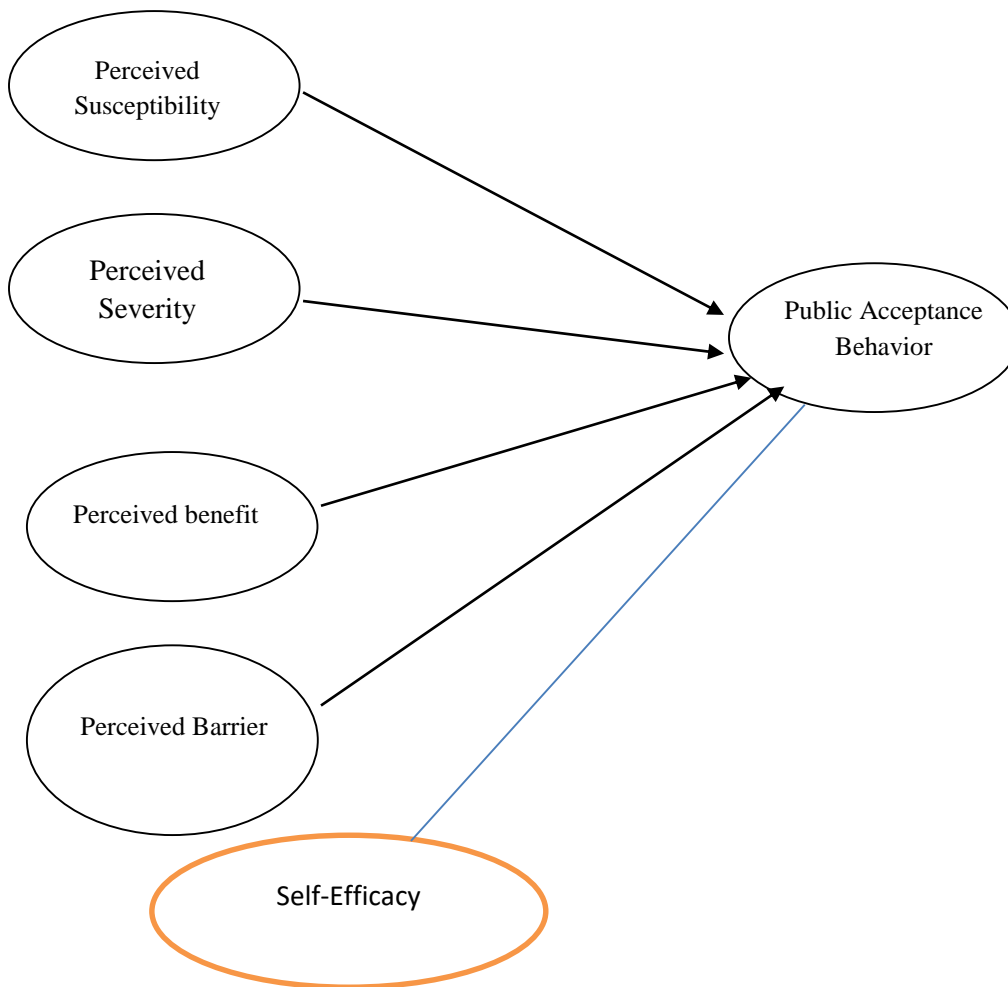
Also, Chin, and Mansori, (2018), carried out a study on Social Marketing and Public Health: A Literature Review. The objective of the paper was to provide the concept of social marketing and public health through the intensive literature review. Their study focuses on the discussion and justification regarding the social marketing and public well-being. It explains the integration between these two disciplines through the literature review. Given that, the research illuminates an individual's perceptions regarding public health awareness and disease early diagnosis using social marketing approach. Considering this, Theory of Planned Behaviour, Social Cognitive Theory, Protection Motivation Theory and Health Belief Model were applied to understand the behavioural change and intention towards the intended healthy behaviour. Furthermore, Model of Communication is used to ensure an effective communication process and the target audience decodes the intended healthy behaviour message.

Duboviks and kite (2020), in a study on the effectiveness of social marketing in HIV prevention: a literature review, argued that one of the most important issues in social marketing today is the evaluation of its effectiveness and its ability to prove that social marketing interventions have led to consistent behavioural changes. The paper aimed to analyse available evidence on the effectiveness of social marketing in health outcomes and improvements in health behaviour change, with particular emphasis on the effectiveness of social marketing and the methods used to evaluate it in the context of HIV prevention. Qualitative and quantitative content analysis were used, also the adopted form of flow of information through the different phases of a systematic review (PRISMA) was applied during paper selection. It was found that majority of social campaigns included in the review run poor approaches to measuring the effectiveness of social marketing interventions, such as measuring changes in health outcomes and health behaviours of the target audience only after its implementation, which weakens the evidence of its effectiveness, and ignore various factors such as product availability to target audience, cultural factors, and target audience knowledge on the issue. However, Campaign's creators are recommended to take into account that in order to create an effective social marketing intervention, it is necessary to carefully explore the target audience and provide the best possible exposition of behavioural products to target audience during the campaign.

In another systematic review done by Mohsen Shams (2018) in Iran, on Social Marketing for Health: Theoretical and Conceptual Considerations stated that Social marketing is an approach to persuade people to accept ideas and attitudes, perform healthy behaviors, refer to health facilities, and receive health products. In this study, the theoretical considerations and practical steps for planning, implementing, and evaluating the interventions based on the social marketing approach was discussed. He studied four researches designed and implemented based on the social marketing model.



Based on the formative research, the social marketing-based intervention was designed and the interventions resulted in statistically significant reductions in the two target behaviors in the intervention group as compared with the control group. He therefore concluded that successful in the health market, it is required to consider the key principles and techniques of social marketing such as consumer research, audience segmentation, exchange theory, competition thinking, and marketing mix by decision-makers, managers, and care providers. Therefore, recommended that, the future policy should be focused on empowering them to apply this approach as an important solution for health issues.



Source: Researcher's Conceptualisation  
Figure 2: Proposed Research Schema

## MATERIALS AND METHODS

The research design for this study is survey design and the unit of analysis comprised child-bearing Nigerians in Enugu State, Nigeria. Child-bearing Nigerians are those Nigerians that are still having children and have the tendency of giving birth to more children. Quota sampling technique was adopted and the sample size was 246 respondents which was determined using Cochran's formula (since the study population is infinite). Data were collected through a structured questionnaire and multiple regressions were used to test the hypothesized relationship between the independent variables and the dependent variable.

## RESULT/FINDINGS

The table below shows the model summary of the regression analysis. The table showed a correlation coefficient (R) of .845 which is a positive, strong correlation. The R square tells how much of the variance in the independent variables is explained by the model. The value is .714 expressed as a percentage (multiply by 100, by shifting the decimal point two places to the right), this means that our measurement model explains 71.4% of the variance in the dependent variable (public acceptance). This is quite a respectable result (particularly when compare to some of the results that are reported in the literature review). Adjusted R square value provides a better estimate of the true population value. The value is .708 which indicates that the numbers of independent variables and the sample size of this study are large enough for a study of this magnitude.

**Table 1** **Model Summary<sup>b</sup>**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.845 <sup>a</sup>	.714	.708	1.12029	2.027

a. Predictors: (Constant), perceived susceptibility, perceived severity, perceived benefit, perceived barrier, self-efficacy

b. Dependent Variable: Public Acceptance of Family Planning programme

The table below reveals the analysis of variance (ANOVA) of the regression analysis. ANOVA value assesses the statistical influence of the result. This tests the null hypotheses that multiple R in the population equals 0 i.e.  $p < 0.5$  (Muijs, 2004; Pallant, 2007). The ANOVA in this study is 113.0735 which is statistically significant at 0.00; this implies that the research model is a good-fit. Also, because the p-value is less than 0.05, the model is significant.

**Table 2** ANOVA<sup>a</sup>

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	709.581	5	141.916	113.075	.000 <sup>b</sup>
	Residual	283.643	226	1.255		
	Total	993.224	231			

a. Dependent Variable: Public Acceptance of Family Planning programme patronage

b. Predictors: (Constant), perceived susceptibility, perceived severity, perceived benefit, perceived barrier, self-efficacy

In the coefficient table (see table below) the collinearity statistics column shows the tolerance and the Variance inflation Factor (VIF) of the regression. Tolerance is an indicator of how much of the variability of the specified independent variable is not explained by the other independent variables in the regression model. Values less than 0.1 indicates that the multiple correlation with other variables is high, suggesting the possibility of multicollinearity. In this study, two independent variables have tolerance slightly higher than 0.1 which is very negligible since others have tolerance values higher than 0.1. Also, the Variance Inflation Factor (VIF) of the regression model shows that two independent variables have VIF value slight above 10 which is also negligible (see table below).

**Table 3:** Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	.411	.357		1.151	.251		
PSus	.174	.037	.269	4.701	.000	.386	2.593
PSev	-.810	.109	-.906	-7.407	.000	.084	11.841
PBen	.718	.104	.948	6.912	.000	.067	14.880
PBar	.059	.022	.113	2.667	.008	.702	1.424
Self-Efficacy	.272	.045	.325	6.088	.000	.442	2.261

a. Dependent Variable: Public Acceptance of Family Planning Programme

The smaller the value of significance (p- value) and the larger the t- value, the greater the contribution of that predictor. In this model, perceived susceptibility (t =4.701, p = .000 < 0.05), perceived severity (t = 7.407, p = .000 < 0.05), perceived benefit (t = 6.912, p = .000 < 0.05), perceived barrier (t = 2.667, p = .008 < 0.1) and self-efficacy (t = 6.088, p = .000 < 0.05) were all significant predictors of family planning programme acceptance. From the magnitude of the t-values, we can see that perceived severity has the highest effect, follow by perceived benefit; self-efficacy, perceived susceptibility, and perceived barrier in that order.

More so, standardized coefficients Beta were calculated because they provide insight into the importance of a predictor in the model. The Beta value for perceived benefit (.948) indicates that perceived benefit had the strongest on public acceptance of family planning programme, while perceived severity showed the second strongest relationship ( $\beta = .906$ ), self-efficacy showed the third strongest predictor, perceived susceptibility showed the fourth strongest predictor and perceived barrier showed the fifth strongest predictor.

## **DISCUSSION**

From the result findings, perceived susceptibility, perceived severity, perceived benefit, perceived barrier, and self-efficacy are the major predicting factors of public acceptance of family planning programme among child-bearing Nigerians. It was found that respondents that perceived that they are vulnerable to social problems relating to lack of proper birth control tend to accept family planning programme. Also, individuals who perceived social problems that emanate from over population as dangerous accepted family planning programme. More so, respondents that have assessed the value or benefit that result from controlled population and small family size accepted family planning programme. Furthermore, individuals who have perceived the inconvenience, expense and danger of population explosion and large family size accepted family planning programme. Lastly, individuals who perceived that they are competent to successfully avoid large family size that result in population explosion accepted family planning programme.

## **Recommendations**

We recommend that health and social policy makers in Nigeria should sensitize the child-bearing parents in the rural areas about the essence of family planning programme and make available social marketers and entrepreneur that will help do an awareness campaign rigorously. More so, health marketers and social marketers should let the child-bearing Nigerians to be aware of the dangers of overpopulation both on their health and on the economy.

In conclusion, this study has identified major predicting factors of public acceptance of family planning programme in Nigeria. Also, it has provided an empirical support that perceived susceptibility, perceived severity, perceived barrier, perceived benefit and self-efficacy have significant and positive effect on the public acceptance of family planning programme. The implication for theory is that HBM has been proved to be empirically relevant and applicable to study relating to health and social marketing.

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