

## Managing Family Size and Population Growth in Ethiopie East L.G A. of Delta State, Nigeria

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### Abstract

**Background:** Managing a reasonable family size is a major health and environmental challenge in developing nations like Nigeria, especially in Ethiopie East LGA of Delta State, where growth in population exerts much pressure on social services, healthcare system and educational institutions. In spite of the availability of family planning services, their utilization has remained suboptimally low due to financial difficulties, religious beliefs or low awareness.

**Objective:** This study investigated the effect of financial constraints, religious influences, unintended pregnancies, and low awareness on population growth and decisions related to family planning.

**Methods:** the study used a survey research design with 133 participants out of a population of 200 participants' selected by simple random sampling. Data collection was done with a validated questionnaire and analyses was by descriptive statistics.

**Results:** Findings revealed that 33.83% of participants agreed that financial constraints hinder family planning which tallied with existing studies on cost-related barriers. Also, 41.35% affirmed that social and religious beliefs discouraged contraceptive usage, while 45.11% found a link between financial difficulties and unintended pregnancies. However, 54.89% disagreed with the fact that awareness gaps contributed to population growth, indicating that cultural resistance may reduce the effect of educational campaigns.

**Conclusion:** *The study highlighted the need for a multi-faceted interventions, such as financial support for contraceptive access, integrate culturally sensitive awareness programs in communities while engaging with religious and community leaders. Promote male involvement in decisions related to family planning the region to reduce population growth and family wellbeing.*

**Keywords:** *Family Planning, Financial Constraints, Population Growth, Religious Beliefs*

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## Introduction

Family planning is the ability of couples and individuals to determine the timing and number of their kids they desire through the use of contraception, reproductive health services, and health education. Family planning is key in managing population growth as well as resource allocation, as unregulated population increase can strain government budgets, healthcare systems, and social services. In Nigeria, particularly in Ethiopie East LGA, rapid population growth remains a pressing challenge despite various initiatives aimed at promoting family planning.

Atama et al.,(1987), Ikogho and Onoharigho (2025) identified various factors contributing to uncontrolled population growth, such as inadequate child spacing, unintended pregnancies among young people, and financial pressures may sometimes lead to risky behaviors such as unhygienic menstrual practices, prostitution among others. To address these challenges, several State governments launched workshops, mass media campaigns, and seminars to inform the public on issues relevant to family planning. While these efforts yielded great results, progress has remained slow, especially in rural or urban communities where cultural and religious challenges persist. Financial constrains deter access to the utilization of family planning services. According to, Ikogho and Akpokiniovo (2025) stress and financial instability prevents many families from adopting services related to health such as contraceptive measures, as the cost of modern reproductive health services is often unaffordable for low-income households. Their study in South-South Nigeria found that economic hardship leads to high fertility rates, as many families view children as economic assets rather than liabilities. Contrastingly, Sinaga et al.,(2015) argued that financial hardship is not enough to determine family planning decisions. Their studies in Northern Nigeria suggested that even among economically stable families, religious and cultural beliefs still influenced contraceptive usage, overriding financial considerations. This counter-study highlighted the complexities between social and economic factors in shaping reproductive health behaviors. In the same vein, religious ideologies is a major role in shaping attitudes related towards family planning. Studies by Eborka et al., 2021 and Oti and Mbabuike in 2019, revealed that religious doctrines may discouraged contraceptive use, and that natural reproduction was a divine mandate. In many Nigerian communities, contraception is seen as interfering with divine will especially among Christian and Islamic faith-based settings, leading to resistance in family planning programs.

However, not all religion are opposed to family planning. Research by researchers highlighted the acceptance of contraception use among religious groups, especially among those who advocated for responsible parenthood / economic stability. This indicated a gradual shift in attitudes, among younger religious sets who prioritized financial security and maternal health over rigid doctrinal

interpretations (Ntoimo,2022) The relationship between unintended pregnancies and financial strain is well-documented in existing literature. According to Gavin et al., (2014), unintended pregnancies often result from limited access to contraceptives, poor sexual health education, and financial instability. Their study in Lagos found that any young women experiencing unintended pregnancies faced severe economic hardships, which in turn influenced their decision to keep or terminate pregnancies.

Conversely, a study by Okafor opined that unintended pregnancies are linked to financial difficulties. This findings suggested that peer influence and lack of parental guidance or misinformation may pay major role. In the same vein, pregnancies could occur in spite of financial crisis, suggesting the critical need for a nuanced understanding of decision-making beyond financial constraints related to reproductive health (Okafor,2021; Ikogho,2022).

Other barriers to population control are male dominance in terms of gender dynamics and lack of awareness of varied methods of family planning methods which could impede effective population control. This was probably why Adebayo and Ogunleye (2022) asserted that in some rural communities in the Sub-saharan Africa, inadequate knowledge on modern contraceptives promoted reliance on traditional methods that could be injurious to health. The study also indicated that misinformation or fear of possible side effects, and many cultural myths discouraged the adoption of contraceptives, promoting high fertility rates (Adeleye et al., 2010; Eseoghene,2021). Sex education is key in family planning, yet cultural challenges often deter comprehensive discourse, promoting adolescents reliance on informal sources like media and peers. Incorporating sex education into the school curriculum has a way of mitigating gaps in knowledge, by implication, reduction in teenage pregnancies(Ikogho & Ikogho,2022; Jibril,2022). Consequently, the HIV epidemic highlighted the need for an effective comprehensive programs, especially in Africa, where the infection rates are high. International bodies advocated for evidence-based sex education to promote the outcomes of reproductive health and all its associated rights. This is so because, in spite of media campaigns, misconceptions about HIV and its transmission still persisted (Igabari, Nwangwa, & Ikogho, 2025). It should also be noted that premarital counseling promote couples' decision making and awareness, genetic risk assessment, especially in in locations known for high prevalence of consanguineous marriages and hereditary diseases. Genetic counseling can become very useful as it provided management guide for diagnostic risk assessment which can enhance relationship stability (Ikogho & Temisere-Bethel,2025). In Nigeria, inadequate healthcare infrastructure mare family planning services in spite of efforts to scale up primary healthcare. Addressing these challenges is important for improving reproductive health.

### **Statement of problem**

Managing a reasonable size of family and the issue of population growth has remained a critical challenge in Nigeria, especially in Ethiope East LGA of Delta State, where population expansion is placing increasing pressure on the healthcare systems, social and educational services. In spite of the available family planning services, some families still struggle to adopt and use effective reproductive practices that are healthy because of financial difficulties, religious influences or limited awareness.

Financial difficulties often make families to forgo available contraceptive methods, causing unintended pregnancies. Additionally, some deeply rooted religious and traditional beliefs may deter contraceptive use, thus reinforcing increased fertility rates. The connection between financial hardship, stress and childbearing remains an area of national concern, as economic stress may contribute to unintended/ unplanned births, thereby increasing the poverty and dependency cycle. In the same vein, a lack of awareness about available family planning methods always lead to misconceptions and underutilization of available reproductive health services. While existing studies have documented family planning both at the state and national level, limited studies documented how these factors influence population growth within and around Ethiopia East LGA. An understanding of the interplay between these factors (financial constraints, unintended pregnancies, religious belief and awareness levels) is vital for developing interventions that are effective in promoting sustainable population management. This study is was designed to close this gap by providing evidential insights into the main barriers to the adoption of family planning methods and how they are impacted for population growth in the region.

### **Purpose of Study**

The purpose was to explore factors that may likely affect family planning and population decisions /control such as religious beliefs, unintended pregnancies financial challenges among others.

### **Research Questions**

1. How do financial constraints impact family planning and contribute to population growth?
2. Do religious beliefs discourage family planning practices?
3. What is the relationship between unintended pregnancies and financial pressures leading to childbearing?
4. Does lack of awareness about family planning contribute to population growth issues?

### **Significance of the Study**

This study looked at family planning challenges in Ethiopia East LGA, Delta State, with the aim to help families make informed reproductive health decisions, such that the findings may help policymakers and health care providers in advocacy and effective health interventions.

### **Methodology**

This study utilized the descriptive survey research design. A sample of 133 was drawn from target population of 200 individuals, with a simple random sampling technique, data was collected **with** a structured questionnaire developed based on expert recommendations. Reliability of  $r = 0.81$  was established through a pilot study involving 20 participants outside the study area. Data collection took a six-week period, Data analyses was done with frequency counts and percentages. Participants were informed that they can withdraw at any stage of the study, informed consent was also obtained before the data were collected. Participation was voluntary, and then confidentiality and anonymity was ensured. The results are presented in **tables** as follows;-

**Table 1: Impact of Financial Constraints on Family Planning and Population Growth**

**Response Category Frequency (N) Percentage (%)**

Strongly Agree	22	16.54
Agree	23	17.29
Neutral	38	28.57
Disagree	29	21.80
Strongly Disagree	21	15.79
<b>Total</b>	<b>133</b>	<b>100.00</b>

Table 1, shows the views of respondents. 33.83% believed financial constraints is responsible for hindering family planning, leading to high birth rates. However, 33.08% do not see financial limitations as an important issue, while 28.57% remained neutral, thus indicating that there are divided perceptions on the issue.

**Table 2: Influence of Religious Beliefs on Family Planning Practices**

**Response Category Frequency (N) Percentage (%)**

Strongly Agree	25	18.80
Agree	30	22.55
Neutral	30	22.56
Disagree	28	21.05
Strongly Disagree	20	15.04
<b>Total</b>	<b>133</b>	<b>100.00</b>

This table examined if religious beliefs discouraged family planning practices. 41.35% are of the opinion that religious talk/teachings discouraged contraceptive usage, while 38.35% shared different views. 22.56% were neutral suggesting that religious influenced may or may not affect family planning across contexts.

**Table 3: Relationship Between Unintended Pregnancies and Financial Pressures**

**Response Category Frequency (N) Percentage (%)**

Strongly Agree	32	24.06
Agree	28	21.05
Neutral	20	15.03
Disagree	30	22.56
Strongly Disagree	23	17.30
<b>Total</b>	<b>133</b>	<b>100.00</b>

Table 3 illustrated that a total of 45.11% see a connection in relationship between unintended pregnancies and financial pressures, whereas 39.86% do not share this view. The remaining 15.03% are Neutral, suggesting that while financial instability may play a role in unintended pregnancies, other factors could be a partaker.

**Table 4: Lack of Awareness about Family Planning and Population Growth Issues**

**Response Category Frequency (N) Percentage (%)**

Strongly Agree	20	15.04
Agree	23	17.29
Neutral	17	12.78
Disagree	31	23.31
Strongly Disagree	42	31.58
<b>Total</b>	<b>133</b>	<b>100.00</b>

This table revealed that 32.33% believed awareness gaps drive population increase, while 54.89% disagreed. A smaller portion with 12.78% were *neutral*, indicating that some participants do not perceive awareness as a factor in population growth.

## Discussion of Findings

The data analysis revealed that 33.83% of participants agreed that financial difficulties hindered the adoption of family planning. This finding corroborates studies which identified cost-related barriers as significant obstacles to contraceptive usage. Conversely, 33.08% of participants disagreed, suggesting that financial stability does not necessarily translate into increased contraceptive uptake, as religious and cultural factors may override economic considerations (Sinaga et al., 2015).

A considerable proportion (41.35%) of participants agreed that religious teachings could discourage family planning, a finding consistent with studies by Eborka et al, (2021) and Eti & Mbabuike (2019), which highlighted faith-based opposition to contraception. However, 38.35% disagreed with this assertion, indicating a divergence in perceptions (Ntoimo,2022; Ikogho & Onoharigho, 2024).

Additionally, 45.11% of participants perceived a connection between financial hardship and unintended pregnancies, aligning with research by Okafor, (2021), who identified economic difficulties as a key driver of unplanned births. However, 39.86% disagreed, suggesting that other factors, such as peer influence and misinformation, may also contribute to unintended pregnancies (Ikogho, 2022; Okafor, 2021).

Interestingly, only 32.33% of participants believed that a lack of awareness contributes to population growth, while 54.89% disagreed. This finding contrasts with Ushie et al.,(2022), who identified misinformation and poor contraceptive knowledge as key challenges to family planning in Sub-Saharan Africa. The discrepancy suggests that, although awareness campaigns exist, their effectiveness may be undermined by cultural resistance and persistent misconceptions (Adeleye, et al., 2010).

## Recommendations

The following are recommendations of the study:-

1. The government in collaboration with non-governmental organizations should promote access to affordable contraceptive, especially for low-income communities.
2. Family planning advocacy should include religious leaders who will address doctrinal resistance to family planning thus promoting responsible parenthood among faith based communities.
3. Ministries of education should adopt and include sex education in school curricula to enhance reproductive health literacy so as to reduce misinformation on the issue.
4. Targeted community - based interventions should address cultural misconceptions that can encourage family planning adoption.
5. Government should promote Policies that can enhance financial stability, specifically for women, this could reduce economic pressures that contributed to higher fertility rates.



## Conclusion

This study highlighted the complex link among financial, educational, religious, and cultural factors impacting family planning in Ethiope East LGA, Delta State. While economic hardship remains a major barrier, religious doctrines and misinformation continued to shape contraceptive choices. Addressing these issues require multi-sectoral collaboration, integrating financial support and community-driven initiatives to enhance population management.

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