

Social Welfare and Economics of Family Planning Practice: a Numeric Appreciation of Socio-Economics of Nigerian Family Selection Traits

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Abstract

Due to ignorance of unenlightened minds, man to women relation has given rise to unwanted pregnancies, births of unwanted innocent babies and undesirable loss of women and babies. In making efforts to curb further occurrence of such unfortunate instances, governments and institutions had since embarked on enlightenment and family planning programmes. Contributions had since been made and supports granted on improvement of family life. On having access to relevant information on the issue at stake, urge to formulate numerical measure was developed. In this paper, it is aimed to carry out studies of Nigerian women opinions in support of or against using family planning contraceptives and associated quality of life. In fulfillment of aim, sample opinions on related eight factors of three hundred and eighteen women were demographically processed. Economic selection traces were formulated and related to government supports and insurance covers. The test values obtained revealed that families which initially selected Norplant were likely switching on to Diaphragm. In future, such families would likely resort to use of Condom.

Keywords: characterization by factors, selection traces relations, welfare supports and decision making analysis

Introduction

With a view of avoiding unwanted pregnancies but spacing birth and limiting number of children, use of contraceptives is increasingly used by married women. Blanc et al 2002 reported that demographic and health survey (DHS) already carried out had revealed that use of contraceptives was 41-81% lower in fifteen countries concerned. It was reported in 989 that effort was geared towards use of contraceptives with a view of maintaining good family planning practice. It is now required to conduct a survey of Nigerian opinions in support or against use of contraceptives.

Summary of Opinion Sampling

A demographic survey was carried out in Ilorin City, Nigeria in August to September, 2012 with three hundred and fifty questionnaires, out of which three hundred and eighteen were correctly responded to. A questionnaire contained thirty seven structured questions to be answered by married women with age of less than forty years on use of contraceptives and associated family live experience. Data collected were coded and processed, using SPSS 10.0 Package, to obtain calculated sample values (see table 1).

Table 1: Percentage distribution of married women by eight selected factors

Selected Factors	Number of Responses Out of 318
-Age (Years)	n(%)
< 20	006(01.9)
20-24	048(15.1)
25-29	090(28.3)
30-34	074(23.3)
35-39	062(19.5)
40-	038(11.9)
-Education	
No schooling	026(08.2)
Primary	028(08.8)
Secondary	100(31.4)
Tertiary	164(51.6)

-Religious Affiliation	
Islam	120(37.7)
Catholic	042(13.2)
Pentecostal	092(28.9)
Others	064(29.2)
-Age at Marriage	
<20	150(47.2)
20-25	150(47.2)
26-30	005(01.5)
31-	009(02.8)
Non-response	004(01.3)
-Parity/Number of Children	
None	086(27.0)
One	082(25.8)
Two	076(23.9)
Three	046(14.5)
Others	018(05.7)
Non-response	010(03.1)
-Contraceptive Ever Used	
Female sterilization	026(08.2)
Injection	068(21.4)
Norplant	010(03.1)
Pill	052(16.4)
IUD/LOOP	014(04.4)
Condom	078(24.5)
Diaphragm	008(02.5)
Periodic abstinence and withdrawal	038(11.9)
Traditional method	018(05.7)
Non-response	006(01.9)
-Contraceptive Currently Used	
Female sterilization	012(03.8)
Injection	044(13.8)
Norplant	010(03.2)
Pill	032(10.1)
IUD/LOOP	028(08.8)
Condom	089(28.0)
Diaphragm, foam	008(02.5)
Periodic abstinence and withdrawal	064(20.1)
Traditional method	022(06.9)
Non-response	009(02.8)
-Reason for Discontinuation	
Not effective	058(18.24)
Partner opposition	098(30.82)
Not accessible	008(02.52)
Not safe	030(09.43)
Costly	020(06.29)
Side effect	038(11.95)
Others	042(13.20)
Non-response	024(07.55)

It is revealed in table 1 that nearly half of women concerned were less than twenty nine years of age and three quarters of them were literate. Percentage distributions of opinions were bracketed. For ever use contraceptive, use of condom was 24.5%, followed by injection 21.4%, pill 16.4% and other methods 52.2%. For current use of contraceptive, condom was 28%, followed by injection 13.8%, periodic abstinence and withdrawal 20.1%. For

discontinuation, partner opposition was 30.82, followed by ineffectiveness 18.24%, side effect 11.95%, not save 9.43%, costly 6.29% and not accessible 3.52%.

Formulation of Basic Selection Indices

It is noted that reasons forwarded against use of contraceptive varied substantially. Misleading ideas of contraceptive and side effect of using it seemed to have discouraged its consistent use. Significant number of enlightened women who were in support of family planning programme was reported to be enjoying better family life. This report agrees with earlier one from Steele 1999.

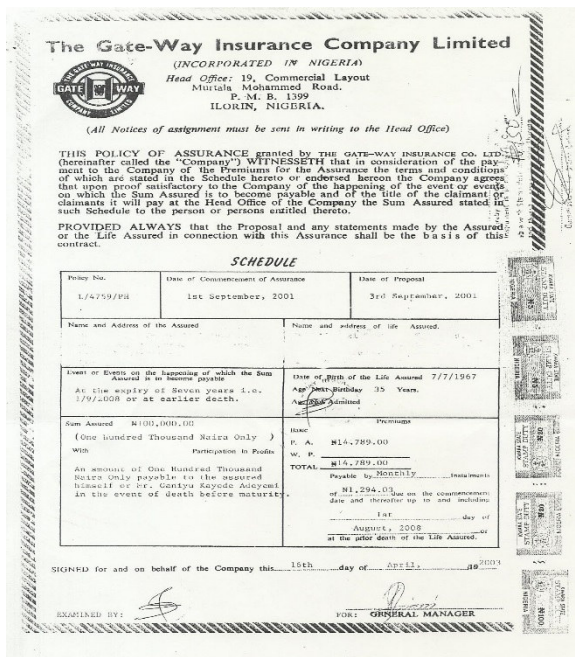
Let S_p denote annual cost of maintaining approved medication of family planning PM, while S_s denotes annual cost of maintaining self medicated family planning SM. Suppose S_i denotes the current annual value of social insurance premium SI in the document provided. Then the value of quality of life to women on PM, at end of k th year of maintaining SI-insurance agreement, is

$$V_{PM, k} = V_{pi} + |\sum S_{ik} - \sum S_{p, ik}|, M_{pk} = |V_{PM, k} - V_{PM, k-1}| \quad \dots 1$$

The value of quality of life to other women on SM, at end of the same year of maintaining the same insurance agreement, is

$$V_{SM, k} = V_{smi} + |\sum S_{ik} - \sum S_{s, ik}|, M_{sk} = |V_{SM, k} - V_{SM, k-1}| \quad \dots 2$$

M_{pk} is the current marginal cost return corresponding to social welfare index $V_{PM, k}$ of women on PM-approved medication. Marginal cost return M_{sk} belongs to other women on SM-self medication, having social welfare index $V_{SM, k}$.



Document: Certificate of life assurance policy

Application of Results

Consider life assurance policy provided and government subsidized prices of contraceptives in table 2.

Table 2: October 2004 subsidized prices of contraceptives

Product	Package	Unit Price (N)
Condom	piece	0001.00
Norplant	piece	2,000.00
Injection	vial	0060.00
Diaphragm, foam	tube/20	0100.00
Pill	set	0060.00

Source: Kwara State Ministry of Health, Nigeria

The given prices and insurance premium values were used in calculating sample values in table 3. Amount of money expended on approved medication was taken to be deduction from family income, while annual value of

the premium was taken to be addition to the same family income. Considering third and last columns of table 3, trend of marginal cost returns manifests increasing debit return for Norplant. Trends of marginal cost returns of the remaining four options manifest decreasing credit returns. Column by column search of the table reveals that, at beginning, families would not likely select Norplant. Later at end of third year, the same families would very likely decide to use Condom.

Conclusion

Application of results, in respect of other families on self medication, is not available because knowledge of their being committed to approve family planning scheme could not be ascertained. The available summary is in agreement with 1995 adopted Beijing Declaration and relates to better quality of life being enjoyed by the enlightened families on approved medication. The pattern of switching from one type of contraceptives to another confirms previous observation made by Steele and Diamond 1999. In view of governments and stake holder's intentions, it is recommended that efforts should be intensified on further sponsorship of enlightenment programmes and material supports to improve quality of life of more families.

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