

Uncovering The Barriers Faced by Women in Utilizing Family Planning Services: The Role of Social Stigma in Takum Local Government Area of Taraba State, Nigeria

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Abstract: The adoption of family planning is one of the effective ways through which women can enhance their reproductive health and feel empowered to take decisions on the timing and spacing of their pregnancies. Many women in diverse locations, however, encounter severe challenges in using family planning services, which include social stigmatization. This paper investigates the impact of societal stigma as a barrier to women's accessing family planning services in the Takum Local Government Area in Taraba State. It focuses on variables that contribute to societal stigma such as cultural norms, religious views, gender inequity, and contraceptive myths. Using a systematic evaluation of existing literature and Social Identity Theory, the research argues that social stigma against family planning utilizers in the study area causes the fear of judgment and negative labeling by members of the community that consequently generate significant psychological and social hurdles for women, resulting in reduced contraceptive usage. Furthermore, the study emphasizes the intersectionality of social stigma, focusing on how it disproportionately impacts marginalized groups such as young women, unmarried women, and those from low-income families. Based on the findings, this study proposes a number of methods to reduce the influence of societal stigma on women's use of family planning services in Takum Local Government Area. Comprehensive community-based awareness efforts, targeted education programs, the participation of religious and community leaders, and the provision of confidential and non-discriminatory services are among them.

Keywords: Social Stigma; Role; Barriers; Attitude; Family Planning; Takum; Taraba State; Nigeria

INTRODUCTION

Social stigma generally refers to the unfavorable categorization or treatment of people or groups based on certain features or actions that differ from socially acceptable norms. When it comes to family planning and contraceptives, social stigma has been one of the barriers militating against their utilization. Globally, the social stigma associated with contraception is normally rooted in cultural, religious, and societal norms that discourage contraceptive usage and limit women's reproductive autonomy (Levandowski et al., 2012; Makenzius et al., 2019). Stigma can cause fear, humiliation, and social isolation, which can contribute to unfavorable attitudes toward family planning services (UNFPA, 2019). To overcome societal stigma, comprehensive measures that address cultural and socioeconomic factors, empower women, and promote inclusive reproductive health care are required.

Traditional and cultural dispositions about fertility, gender roles, and family size contribute to societal stigma around family planning in many African countries, including Nigeria (Hkansson et al., 2018). When utilizing contraception, women may feel pressure to comply with conventional expectations of reproduction and may suffer unfavorable social criticism. This mortification influences women's attitudes, understanding, and use of family planning services, reducing their capacity to exercise their reproductive rights and make informed decisions (Solo & Festin, 2019; Sinai et al., 2017). Social stigma around family planning exists in Nigeria owing to a mix of cultural, religious, and socioeconomic issues (Jain et al., 2019). Misconceptions, fear of adverse effects, religious convictions, and the idea that contraceptive use is ethically wrong can all lead to negative attitudes about contraception, thereby causing underutilization and limited access to high-quality reproductive healthcare (Izugbara et al., 2019).

In Taraba State, specifically in the Takum Local Government Area, the pervasive effect of societal stigma significantly affects women's perceptions and behaviors toward contraceptive services. The detrimental consequences of community gossip, judgmental attitudes, and the association of contraception usage with promiscuity contribute to the existing stigma surrounding family planning. These stigmatizing beliefs and attitudes instill fear and hesitation in women, creating barriers that hinder their access to reproductive health services. The impact of this stigma goes beyond personal biases, as it has profound implications for reproductive health outcomes and exacerbates maternal and child health challenges in the region. Women may be discouraged from seeking the necessary support and information related to family planning due to the fear of being labeled negatively by their communities.

Consequently, inadequate use of contraceptives and limited access to essential reproductive health services can lead to unintended pregnancies, increased maternal mortality rates, and heightened risks for both mothers and children. While fertility control is important for empowering women, improving maternal and child health outcomes, and promoting sustainable development, the social stigma directed at family planning utilizers can influence their dispositions toward the use of contraceptives, creating barriers to access and utilization of these services. Addressing the issue of societal stigma is crucial for promoting complete reproductive healthcare and improving overall maternal and child well-being in the Takum Local Government Area. Therefore, this article analyzes the particular influence of social stigma on women's attitudes toward family planning services in Takum Local Government Area of Taraba State.

STATEMENT OF THE PROBLEM

Despite the efforts of government and international organizations to promote family planning services, various impediments hinder women from fully utilizing these services. Women in Taraba State's Takum Local Government Area encounter significant barriers to accessing and using family planning services, and societal stigma emerges as a central obstacle that hinders their reproductive autonomy and well-being. The use of family planning facilities among women in Taraba State's Takum Local Government Area is greatly hampered by societal stigma, which reinforces unfavorable attitudes, discriminatory behaviors, and misunderstandings about family planning methods and the women who seek them. Social stigma manifests through various dimensions, including cultural norms, religious beliefs, gender roles, and societal expectations. Consequently, women are discouraged, shamed, or even ostracized when attempting to access or use family planning services, leading to reduced contraceptive use and limiting their reproductive choices. Deeply rooted cultural and religious views that equate contraception with promiscuity, immorality, or a lack of confidence in divine providence can cause social shame. Women who go for family planning are typically subjected to criticism, gossip, and disapproval, which discourages them from accessing the knowledge and tools they need to properly plan their families.

Furthermore, societal stigma influences healthcare practitioners' attitudes and conduct, which may carry prejudiced ideas or engage in discriminatory practices, limiting women's access to excellent family planning services. The effects of societal stigma on women's use of family planning services are multifaceted. Firstly, women's capacity to make educated decisions regarding their reproductive health is hampered by a lack of knowledge and correct information about various procedures and their advantages. Additionally, due to societal stigma, women have limited access to excellent family planning services, denying them the right to regulate their bodies, resulting in unwanted births, maternal health concerns, and increasing population growth. Third, societal stigma reinforces conventional gender norms and limits women's educational, economic, and social potential.

On this note, it is important to identify the unique obstacles that females encounter while seeking family planning services in Takum Local Government Area, with a focus on the impact of societal stigma in the study area.

METHODOLOGY

Secondary data from a variety of sources, including formerly published publications, academic journals, newspapers, websites, and numerous other documents, is used in the study. This approach is justifiable since it allows the comparative analysis of different views and finding possible areas of divergence or agreement among scholars. The use of secondary data improves the research's robustness and depth by providing a larger contextual backdrop to the study and allowing for a more nuanced appraisal of the issue at hand.

CONCEPTUALIZATION OF KEY TERMS

Social Stigma: rejection, or unfavorable treatment of people or groups based on certain features or actions that differ from socially acceptable norms. Women may face stigma in the context of family planning owing to criteria such as age, marital status, number of children, or contraceptive use.

Barriers: refer to many forms of impediments or impediments to progress, communication, access, or engagement. Physical, social, economic, geographical, and cultural barriers might all exist. Cultural differences can cause hurdles when people from various cultures have different conventions, values, beliefs, and communication methods.

Role: the ability to have an effect or impact on someone or something. In the context of this paper, it involves the ability of social stigma to shape women's opinions, decisions, behaviors, or attitudes towards family planning either positively or negatively.

Family Planning: The conscious effort and practice of controlling and regulating the number and spacing of children in a household. It encompasses a wide range of techniques and tactics aimed at avoiding or obtaining conception based on an individual's or couple's reproductive goals. Individuals and couples can utilize family planning to make informed decisions about when, how many, and how long to wait between pregnancies.

Attitude: refers to an individual's system of beliefs, attitudes, and actions toward people, things, events, or ideas. It expresses a person's assessment or judgment of something and impacts their ideas, feelings, and behaviors in relation to that item. Positive, negative, or neutral attitudes can range from strong to weak. Personal experiences, societal and cultural circumstances, and individual perspectives and beliefs all have a role in shaping them. Attitudes, whether conscious or unconscious, can have an impact on how individuals perceive and interact with their surroundings.

LITERATURE REVIEW

Several researchers have conducted studies on societal stigma and women's attitudes toward family planning services. According to Ajzen and Fishbein's 1980 theory of reasoned action, attitudes have a crucial influence in determining behavior. When it has to do with contraceptive services, societal stigma by members of society on contraceptive usage might have a detrimental influence on women's views toward these facilities. Parker, Veldhuis, Hughes and Haider (2019) found that social stigma was one of the major barriers that contribute to discouraging contraceptive use and this implies that women who face stigma linked with family planning have a higher probability to have negative attitudes and lower willingness to take contraceptives. Similarly, a study by Rice, Turan, White, and Turan (2018) emphasized that women who faced higher levels of stigma were less likely to have positive attitudes toward family planning. In agreement, Kabagenyi, Jennings, Reid, and Nalwadda (2014) posited that the social stigma related to contraceptive usage can dissuade males from supporting their partners' use of family planning facilities. This shows that stigma can have an indirect effect on women's views toward family planning as a result of their male partners' lack of support. Tessema, Streak Gomersall, Mahmood, and Laurence (2017) found that social stigma towards family planning can impair women's access to effective care. Also, because of the stigma, health practitioners may have unfavorable opinions toward women seeking family planning services, thereby influencing the whole experience and women's attitudes

toward the providers of the services. Agha and Do (2009) corroborated that family-planning-related social stigma can women's perception of the quality of care, as stigmatized women may regard services as insufficient or judgemental, leading to unfavorable attitudes toward family planning. Makenzius, Rehnström Loi, Otieno and Oguttu (2023) found that women who reported high levels of stigma linked with family planning were less likely to have favorable views toward contraceptive use. Okafor (2016) corroborated that women who encountered stigma associated with family planning have higher chances of having unfavorable views and lower inclinations to use contraception. Social stigma is a substantial obstacle to family planning usage in many African nations, including Nigeria. The main factors that cause social stigma are cultural and religious beliefs. The key factors frequently contribute to the stigmatization against the practice of contraception and promote the idea that having a large family size is a blessing and according to the will of God. In some cases, women who seek family planning services face this stigma, which labels them as morally aberrant or promiscuous. So, fear of being characterized as promiscuous, worry about spouse disapproval, or criticism from religious authorities can all exhibit negative attitudes about family planning.

THEORETICAL FRAMEWORK

Social Identity Theory is a psychology theory created in the 1970s by Henri Tajfel and John Turner. It explains how individuals acquire a sense of identity and self-esteem as a result of their social group membership. People have a natural desire to classify themselves and others into groups, and they get a feeling of self-worth from the prestige and esteem associated with these groups, according to this notion. It holds the position that individuals attempt to retain a good social identity by favourably assessing members of their own group and adversely evaluating members of other groups. This is referred to as in-group favoritism and out-group denigration. People boost their self-esteem by associating with a favorably regarded group and distancing themselves from a poorly valued out-group. Social identity is formed in three stages: social classification, social identification, and social comparison. Folks place themselves and others into social groups based on similarities and shared qualities in the first stage. This classification fosters a sense of belonging and aids in the formation of one's social identity. Societies internalize the identity of the group to which they belong in the second stage, social identification. They incorporate the group's ideals, customs, and beliefs into their own self-concept. This affiliation results in a sense of group unity and a desire to preserve a favorable group image. The third step, social comparison, is comparing one's own group to others. To retain a good social identity, this comparison is frequently slanted in favor of one's own group. Individuals can boost their self-esteem and retain a healthy social identity by viewing their own group as superior.

Social Identity Theory has been influential in understanding various social phenomena, such as intergroup conflict, prejudice, and discrimination. It emphasizes the importance of group membership in molding people's views, actions, and intergroup connections. The idea has also been used to explain group dynamics in organizational settings and to comprehend collective identity creation in wider social contexts. While Social Identity Theory gives useful insights into the psychological processes underpinning group behavior, it does not account for all aspects of intergroup connections. Individual variations, environmental conditions, and cultural standards all play a part in determining intergroup interactions. Women in Takum Local Government Area may identify as members of numerous social groups in the context of family planning services, such as their ethnic or religious group, their community, or their gender. These social identities can impact their views and behaviors surrounding family planning, as well as societal stigma. Social stigma is a phenomenon defined by the prevalence of unfavorable ideas, attitudes, and stereotypes about certain actions or features in society. Social or religious standards may contribute to the stigmatization or discouragement of contraceptive usage in Takum Local Government Area when it comes to family planning. Because it is viewed as a break from established gender roles or moral norms, this stigma largely targets women who seek family planning services. In this situation, societal disapproval might present itself in a variety of ways. Women who use family planning methods

may encounter discrimination, marginalization, or even verbal abuse from their communities. They may be branded as morally aberrant or as failing to fulfill their responsibilities as moms or husbands. This unfavorable societal attitude frequently causes women to be hesitant to seek or publicly discuss family planning, limiting access to vital reproductive health care and contributing to the perpetuation of undesired pregnancies and population increase. Creating an inclusive environment that respects individual choices and promotes reproductive health and well-being requires addressing societal stigma via education, awareness campaigns, and community participation.

The theory believes that people strive to maintain a positive self-concept and a positive social identity. This means that women in Takum Local Government Area may be influenced by social stigma in their behaviour towards family planning services, as they want to align their behaviors with the norms and expectations of their social groups. If family planning is stigmatized in their community or social circles, women may face internal conflicts between their personal beliefs and the desire to conform to social norms. This can lead to negative attitudes or reluctance to access family planning services, even if they personally desire to do so. They may fear judgment, rejection, or social exclusion if they go against the prevailing norms. Furthermore, when women firmly identify with their social groupings, they become more vulnerable to the influence of social stigma. In such circumstances, their social identity has a significant impact on their ideas and actions. As a result, if the social groups with which they associate hold negative views on family planning, it might pose significant barriers to their ability to receive and benefit from these critical services. The temptation to adhere to the prevalent norms and beliefs within their groups can be overwhelming for women who place a high value on their social relationships. This pressure frequently leads to a reluctance to seek or use family planning services, even if they need or require them. Fear of judgment, criticism, or rejection from their social circles can significantly undermine their autonomy and reproductive choices.

To solve this issue, it is critical to establish inclusive and supportive settings within social organizations, as well as to promote open discourse and family planning education. Empowering women to make educated reproductive health decisions necessitates the elimination of stigmatizing attitudes and the dissemination of accurate information on the advantages of family planning. We can tear down the obstacles that prevent women from accessing these critical services by fostering an environment that values human autonomy and respects varied opinions. To address the influence of societal stigma on women's attitudes toward family planning services, a multifaceted strategy is required. Through education, awareness campaigns, and community participation, it is critical to confront and modify the negative perceptions and prejudices connected with family planning. In order to minimize stigma and improve acceptability, reliable information regarding the benefits of family planning and its compatibility with cultural and religious beliefs should be provided. It can also be good to provide safe and supportive areas where women can express their problems, share their experiences, and get therapy. Empowering women to make educated reproductive health choices and providing them with a variety of contraception alternatives can help mitigate the detrimental impact of societal stigma. In summary, the Social Identity Theory gives a framework for comprehending how social stigma impacts women's views toward family planning services in Takum Local Government Area. By recognizing the role of social identity and addressing stigma at multiple levels, it is possible to promote positive attitudes and increase access to family planning services, ultimately empowering women to make choices that align with their reproductive health goals.

FINDINGS AND DISCUSSION

From the review of existing literature, it can be deduced that the presence of social stigma significantly can affect women's attitudes towards family planning services in Takum Local Government Area of Taraba State. Cultural and sacred views influence opinions about family planning and can lead to social stigma. Cultural customs in Nigeria and Taraba State where Takum Local Government Area is located mostly believe in high family numbers and oppose contraception usage. This cultural and religious context

might amplify the stigma associated with family planning services and alter women's views toward them in the study area. Thus, women who publicly seek family planning may face criticism, condemnation, or ostracism from their communities and fear of societal repercussions will frequently lead to concealment and even reluctance to use contraception, resulting in unwanted pregnancies, restricted birth spacing, and higher mother and child health risks.

Furthermore, societal discrimination concerning the usage of family planning in the study area may foster misconceptions and falsehoods and women may be deterred from taking contraception because of incorrect ideas about infertility, promiscuity, or the negative health implications of specific methods. These false perceptions can sway women's decisions and limit their access to a variety of safe and effective contraception methods. Stigmatizing views from family members, friends, community members, or healthcare practitioners can instill fear, shame, and guilt, resulting in unfavorable attitudes toward family planning options in Takum Local Government Area. Moreover, gender dynamics and power inequalities in partnerships might amplify the influence of societal stigma on women's views about family planning. Women may encounter extra barriers in seeking family planning services in societies like Takum Local Government Area where males have decision-making power over reproductive health issues owing to their fear of unfavorable reactions from their male partners or other family members. Furthermore, healthcare personnel' attitudes and practices can either lessen or promote the societal stigma associated with family planning. Negative provider attitudes, judgemental conduct, or a lack of privacy and confidentiality might further stigmatize women seeking family planning services and discourage them from using them. The social stigma in society can also influence healthcare workers' views about contraceptive services. Stigmatizing attitudes among healthcare practitioners might show as judgemental behavior, a lack of confidentiality, or insufficient information and therapy. These issues can deter women from accessing reproductive healthcare and amplify the current stigma in the study area.

CONCLUSION

This study, which was done on social stigma and its impact on women's attitudes toward family planning in Takum Local Government Area of Taraba State, explored the influence of stigmatization against family on women's reproductive choices and healthcare decisions in the study area. The findings demonstrate the prevalence of unfavorable social beliefs and discriminatory attitudes toward active family planners. According to the findings, the defaming attitudes toward family planning in Takum Local Government Area serve as a barrier for women who wish to adopt effective contraceptive methods. Many women avoid accessing family planning services for fear of being judged, ostracized, or losing social standing, resulting in unwanted births, high fertility rates, and inadequate control over their reproductive health. Additionally, the study emphasizes the interaction of social stigma with a variety of socio-cultural elements, such as gender roles, religious views, and conventional standards. These deeply embedded cultural expectations impose the responsibility of family planning squarely on women, increasing gender disparities and restricting women's autonomy. Women endure enormous pressure to adhere to cultural expectations of having children, which limits their capacity to make educated reproductive health decisions. The effect of social stigma on women's attitudes about family planning goes beyond personal well-being. It has an impact on the overall health and development of families, communities, and the nation. Pregnancies that are unplanned can put a strain on limited resources, perpetuate poverty cycles, and raise the risk of mother and newborn death. There is a need to create an atmosphere in which women feel supported in making reproductive health decisions by removing societal stigma, empowering women with correct information, and promoting gender equality. Comprehensive interventions are required to reduce the unfavorable impact of societal stigma on women's attitudes toward contraception in Takum Local Government Area. These interventions should primarily aim to raise knowledge, challenge negative preconceptions, and build an inclusive atmosphere that respects women's reproductive autonomy. Healthcare professionals, community leaders, and politicians all play critical roles in promoting gender equality and guaranteeing access to inexpensive and high-quality family planning services. To

successfully end the pervasive loop of social stigma associated with family planning, a comprehensive strategy including several aspects must be implemented. Education, empowerment, and legislative reform must all be part of this holistic strategy. This will empower women to make informed decisions about their reproductive health by providing them with relevant information and resources. Promoting gender equality while also removing discriminatory attitudes will help to a more egalitarian society. It will promote a supportive and inclusive environment for people, families, and communities not just in Takum Local Government Area, but also beyond its borders, by tackling the underlying causes of stigma. This all-encompassing effort will ultimately result in greater well-being and a brighter future for all.

RECOMMENDATIONS

To overcome the impact of social stigma on women's attitudes toward family planning services, it is crucial to implement a comprehensive approach that tackles the issue at multiple levels:

- To begin with, the government should perform a thorough evaluation to identify the particular social and cultural elements that contribute to societal stigma around family planning in Takum Local Government Area. This will aid in designing interventions to meet the specific issues that women encounter.
- The government should create and conduct targeted public awareness initiatives to eliminate family planning myths and misconceptions. Engage community leaders, religious leaders, and prominent persons in order to disseminate factual information and combat societal stigma.
- The government should give extensive gender sensitivity, cultural competency, and nonjudgmental counseling strategies to healthcare practitioners. This will allow them to provide family planning services with empathy and compassion, so lessening the burden of social stigma.
- The government should hold conversations and seminars with men and community leaders to address gender conventions, stereotypes, and biases around family planning. This will encourage them to take an active role in promoting and facilitating women's access to family planning services.
- The government should establish women's support groups and peer networks where they may discuss their experiences, get guidance, and receive emotional support. These platforms can help women overcome isolation and stigma while also empowering them to make educated decisions regarding their reproductive health.
- To expand the scope of family planning services and education, the government should work with local community-based groups. Use their understanding of community dynamics and existing ties to successfully confront social stigma.
- The government should make family planning services easily accessible, inexpensive, and available at convenient times and locations. Create youth-friendly clinics to meet the specific requirements of young women, who may encounter extra challenges owing to societal stigma.
- The government should enlist religious and traditional authorities as family planning advocates. Encourage debate and collaboration in order to create messages that are consistent with religious and cultural beliefs, emphasizing the benefits of family planning while combating stigma.
- There should be advocacy for policies and legislation that safeguard women's reproductive rights and promote gender equality should be undertaken. This can assist in addressing structural barriers and creating an atmosphere in which women can receive family planning services without fear of prejudice or stigma.
- The government should put in place a solid monitoring and evaluation mechanism to assess the success of the initiatives that are being implemented. Collect data on important indicators of family planning uptake and social stigma on a regular basis to support decision-making and change policies as needed.

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