Social Norms and Nigeria’s Population Growth:

Applying a social norms perspective in issue diagnostics and programme response

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Outline of presentation

• Background
• Concept of social norms & population dynamics
• The context of our reproductive health script
• The question of social dilemma
• Critical review of programme response
• Elements of a norms shift intervention
Background

• UNFPA estimates that the world population will reach 7 billion by Oct 2011
• Highest growth still from Asia – India, China
• Africa is also experiencing a significant population growth
• Nigeria is the most populous country in Africa currently with a population of 165 million. Estimated growth rate 1.9%; average
• Average fertility rate per woman (by end of reproductive year 5.7
• Projected population around 730 million in 2100, third highest in the world by then
• Biological and economic factors are essential in understanding population growth. BUT....
• Social norms play significant roles in Nigeria population dynamics
• E.g. norms on preference for large families and gender preference
Concept of social norms

• For this study, we adopt a working conceptualization of social norms as having three main elements: conditional preference, empirical expectation and normative expectation.
• A social norm is a form of behavior regularity with the 3 main elements above
• The underlying notion of social norms approach is interdependence of decisions
• While many behavioral practices are independent, many social practices are interdependent
• Therefore, changing community practices will be required coordinated action based on common knowledge etc.
Social norms and population dynamics

• 50 years of research on demographic growth have identified the power of social norms in population dynamics
• 1960-1965 – studies found the existence of normative sanctions concerning sub normative family size
• McLaughlin (1974) showed consistent evidence on the existence of normative order in regulating family size in a specific range
• The International Conference on Population and Development (1994) recognized the role of social norms in demographic dynamics and population growth
• In the US Polits found preference for super normative family size of 8 children per family in the US. Mueller & Yoder (1997) found studies that denigrate sub normative family size. BUT This is changing
• Isiugo-Abanihe 2004, Eguavoen et al, 2007 show that different behavioral preferences for a particular family size are based on social expectation.
• In the tradition setting, people’s decision on the number of children to have is influenced by what they think others think they should have.
Social Norms and Nigeria’s population

1. family size

- Empirical expectation: Nigeria has an average fertility rate of 5.7 children per family, a situation influenced by a number of biological and social factors.
- Normative expectation: Across the country, there is an expectation that a couple should have more than one child.
- Conditional preference: I prefer to have two, three or even four.
- In some contexts the number of children may be five or six children. Assumption: No one can legislate me fecundity.
- When a family does not have the ‘appropriate’ number of children, (a socially constructed number), there are some forms of sanctions (in form of gossip) or pressure (in form of parental, family etc involvement).
Qualitative evidence...

• “I come from a family of 10 children, and I have 7 children already. I don’t expect my children to have no children. At least they must have a good number” (Yoruba man Ire, South West Nigeria)

• “I am from the North. Islam allows us to have up to four wives, if we can take care of them. Even if I don’t have four wives, I can have two. I already have 6 children. And I will tell my children to multiply too” (Hausa man from northern Nigeria).

• “Some time ago, women in Igboland are recognized for their fertility. A woman with 9 children is inducted into a special group. The practice has not totally died down. Although I don’t to have as many as 9 like some of my friends, I have 7 already” (Key informant from Nnewi Eastern Nigeria).

• “Children enhance a man's status and the prestige of his lineage; his extended family also bears some of the burden arising from his high fertility”. (Male key informant from Lagos)
2. Gender preference

- Various studies have confirmed that there is gender preference for males in Nigeria. This results in a tendency by both men and women to have more children until they have a boy child.

- It is not uncommon for many wives (regardless of education) to continue procreating in expectation that they would have a male child.

- Men can and do have extra marital sexual relationship in the search for male children. This practice is socially sanctioned or not frowned at.

- Isiugo-Abanihe (2004) argues that sons are agents of continuity of family name and this drives the practice of polygyny and prolific child bearing to ensure that sons survive to perpetuate the lineage.

- Adeleye and Okonkwe (2010) found a prevalence of the norm of boy gender preference of nearly 50% of all respondents, a situation described as ‘worrisome’.

- Eguavoen et al (2007) found 89.5% son preference among female community respondents in another part of the country.
Qualitative evidence...

• “A man who does not have a male child is to be pitied” (key informant -Isiugo-Abanihe )

• “Women in polygamous settings can do anything to get a male child” (Female respondent in Eastern Nigeria)

• “Having at least one male child gives you more comfort in our society and family setting. I had 3 girls before I finally had a boy and I was under pressure.

• “I know of educated couples, whose husbands had to have children outside of wedlock because of this boy issue” (Female respondent from Lagos)
• **Mama na boy.** Story about a young man living in the city who is expecting the news of his wife delivery. Nurse informs him his wife gave birth to a baby boy. Excited, he texts her mum in the village – saying “mama na boy”. (meaning my wife has given birth to a boy). The whole community goes in jubilation.

**Question:** would the same jubilation have taken place if the new child was a girl?
Our reproductive health script...

- born into relatively big families, eat with children of other families
- expecting to live large families: “multiply and replenish the earth”
- consider children from other families as 'brother’ and ‘sister’
- there is ‘controlled’ discussion on sex and reproductive health issues at family level; may take place in groups of same ‘category’
- non-interference in procreation because this is a ‘divine’ work
- Difficult for young people to discuss any form of sexuality issues with parents because it not normally done. Largely taboo!
- Preference of boys to girls in family formation
- Men can display of masculinity - sexual prowess; XXX girl friends
- These elements play a fundamental role in sexual reproductive health perceptions, judgments, values, beliefs, and cognition.
- The internalized scripts are eventually externalized through practices and behaviors around sexuality and reproductive rights
Any social dilemma here?

- Yes and no. But more yes than no!
- On family size issue, there is no complete loss for an individual even if they don’t have the normative family size.
- But when it is a case of not having a child, there is serious trouble!!!
- Not having a child is not an option. Children a must!!!
- Yes for gender preference because there is more pressure/sanction on gender preference than on large family size.
- Best case: it is better for me to have a boy, or all to have boys. I can’t take it when others have boys and I don’t have. And in any case, not having children is not an option.
- The cost for not looking for a male child is too high for any individual in absence of any form of motivation/norm shift. So all look for boys.
- Norm shift necessary where none looks for a boy child.
- Is this possible? ??
Critical review of current programme response

• **Medical model:** Early response has been largely biomedical, focusing on provision of service for population control. Such services include a raft of family planning devices and voluntary testing and counseling. This approach promotes individual action of service uptake. Very little application of social norms perspective.

• **Externally induced policies:** Two policy shifts have taken place, but have been externally induced by development agencies. Policy regime is prescriptive, and in Nigeria you don’t ‘prescribe’ on children. For example the Government came up with a National Population Policy in 1988, which proposed four children per family. But this has not worked in view of the various nuances of the meaning of family in the country.

• Recently Prof. J. Sachs proposed maximum 3 children per family. Uproar!! This is far from normative and empirical expectation. Would it work? Not quite!!!
Review of programme response...

- **Negative social campaigns**: Several mass mobilization interventions for adoption of family planning devices and reduction of large family size, have been carried out, but some of them have been negative. They have not focused critical normative elements that drive the population dynamic.

- **Weak engagement of networks**: Population campaigns have not fully tapped into the lessons in network analysis. Networks help facilitate better information flow and capable of influence leverage. Studies have suggested that to promote a norm shift that addresses population challenges of the country, it is necessary to engage a ‘network of networks’ e.g.: various formal and informal etc. that are connected to the primary stakeholder.
Proposing a norm shift

FOCUS/DIRECTION OF NORM SHIFT...
• New values on masculinity and femininity
• Revising existing script of boy or girl, man or woman
• Reinforcing current values of care and support for children
• Emphasizing few number of children aligned close to normative expectation
• Changing normative expectation on high ideal family size and no gender preference
Elements of the norm shift (1)

- **Recategorization of practice**: It is essential support a rethink of the behavior around preference for high family size and boy preference to have a sustainable change. This will focus on the contribution of both boy and girls children in society. This will emphasize new ‘rules’ of masculinity and femininity for the society. E.g., Saleema case study.

- **Values deliberation**: Primacy of human rights based conversation/dialogue: emphasize community dialogues and other forms of community conversation which underlie personal motivation for change. E.g. Tostan experience.

- **Promotion of common knowledge through pedagogic methodologies**: This will evolve a new script for different population groups, address collective ignorance and enhance common knowledge, ultimately coordinated change. New gender orientation will go beyond awareness creation to values deliberation.
Elements of norms shift (2)

• **Emphasis on internal motivation for change not financial incentive:** In many countries, (including India and Bangladesh) financial incentive has been given a tool of addressing high population growth. India provides cash incentive of approximately $125 for couples to have fewer children.

  BUT a major lesson from this course is financial incentive ‘crowd out’ personal motivation to change. Incentive will delegitimize moral commitment in dealing with populations issues.

• **Harmonization of norms** : equilibrate moral, legal and social norms. Concentrating on specific regulatory systems not grounded on normative perspective will not work. e.g. Bogota case study. Prescriptive population policy in Nigeria has not worked in Nigeria. We need to find some consistency in the legal and social norm.

• **Holistic approach** is needed in engaging around multiples norms and subscripts that frame individuals behavior regularity and social conventions. An integration of approaches for social transformation is imperative.

• Organized/collective diffusion of new norm: this will promote common knowledge and will provide some pressure, social sanction. It will shift the normative expectation of various subgroups and change the reproductive health script.
Finally... consider the following answers to overpopulation......

• Genocide, green card to another planet, emigration to Jupiter
• Mass starvation. Sterilize everybody??
• Criminalize child birth, practice one child policy, ban sex????????????????????????
• Natural solutions— earthquake, flood, tsunami, diseases, volcanic eruptions
• But what about ....
• The social norms approach?

Thanks