



## RELIGIOUS BELIEFS ON THE USE OF FAMILY PLANNING METHODS AS EXPRESSED BY MARRIED ADULTS IN ILORIN METROPOLIS, KWARA STATE

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### Abstract

**Background:** This research was carried out to investigate the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis, Kwara State, Nigeria. In the study, variables such as gender, religion, and highest educational qualifications were examined for their influence on the respondents' views.

**Methods:** Descriptive research design was adopted for the study. A total of 240 married adults participated in the study. An instrument titled Religious Beliefs and Family Planning Use Questionnaire (RBFPUQ) was used to gather data for the study. The validity of RBFPUQ was conducted by giving the instruments to a team of experts in the University of Ilorin, Nigeria

**Results:** The study revealed that religious beliefs have no influence on the use of family planning methods. The study also showed that there was no significant difference in the respondents' views based on gender and educational qualification but there was a significant difference based on religion.

**Conclusions:** It was recommended that counselors and health workers should liaise with religious leaders to organize seminars and workshops concerning reproductive issues for married adults in Kwara State. This should be regularly conducted for enlightenment as this will enable married adults to further put various family planning methods that are within their reach to use

## INTRODUCTION

Religion has an important influence on a variety of social attitudes, the relationship between religion and views on family planning remains largely unexplored. Using data from a nationally-representative survey, Caldwell and Barkat-e-Khuda (2000) examined the influence of religious attendance and identification on family planning attitudes. Higher religious attendance is linked to less favorable opinions about contraception.

It remains indisputable that Nigeria is a nation known for religiosity and this is evident in the three-major religion in the country, namely: Christianity, Islam and African Traditional Religion. The African Traditional Religion greatly appreciates procreation of many offspring. The mode of life of the people before Western civilization is indicative of this, as many children were given birth to by couples as a means of helping agricultural purpose and allied purposes. Both Christianity and Islam do not deviate from the line of having numerous children. In defending this idea, some people refer to the observation of the Holy Bible and Holy Quran

Holy Bible at Genesis Chapter 1 vs 27-28 implies that couples should continue to procreate without any preventive measure.

Holy Quran at Quran 6 v 151 also means that couples should not attempt to prevent pregnancy nor abort any pregnancy.

Family planning is designed for couples to decide on or plan the number of children they wish to have, to space their children through prevention using contraception, to facilitate family's health and wellbeing (Okeowo & Olujide, 2014). International Planned Parenthood Federation (2003) described family planning as "avoiding" unwanted birth, regulating the interval between birth to ensure adequate spacing, ensuring births occur at the best times in relation to the age of the mother (preventing and reducing number of pregnancies in women under twenty and over thirty-five years of age), and determining the number of the children in the family.

Worldwide, population growth is alarming, and this factor has immensely aggravated the ordeals around socio-economic develop-

ment (Chaw, 2002). Nigeria, particularly is no exception in this situation. In response to this, nations have adopted policies such as family planning to regulate population growth. Alwin (2002) opined that family planning is a key aspect of reproductive health and is also a key factor in individual and family well-being, with direct implications for overall physical and mental health and for overall quality of life.

In Nigeria, Federal Ministry of Health (2005) asserted that family planning is "a way of thinking and adopting voluntarily spacing methods, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples to promote the health of the family, group, and thus contribute effectively to the social development of a country. Similarly, family planning is when a couple decides that they have as many children as they want, and they use some methods to avoid pregnancy. In a simple term, it is a method of having children by choice and not by chance (Stephanie, 2015).

Adopting family planning methods allows great opportunity for individuals especially in voluntarily taking a decision about the desired number of children they intend to have. World Health Organization (2004) responded that family planning is of immense benefit to the health of those who apply it. The organization expresses that: "Family planning allows in individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy". Similarly, Medicine Net (2013) stated that family planning involves fertility awareness, periodic abstinence and the rhythm method. This approach, according to Medicine Net, "entails not having sexual intercourse on the days of a woman's menstrual cycle when she could become pregnant or using a barrier method (such as a condom, the diaphragm or a cervical cap) for birth control on those days". The breakdown or the scientific analysis of pregnancy permutation behind the method is explained as: "because a sperm may live in the female's reproductive tract for up to 7 days and the egg

remains fertile for about 24 hours, a woman can get pregnant within a substantial window of time from 7 days before ovulation to 3 days after. Methods to approximate when a woman is fertile are usually based on the menstrual cycle, changes in mucus, or changes in body temperatures" (Medicine Net, 2013).

Despite the realization of the necessity to space pregnancies or control births through family planning methods, religion stands as an obstacle to this mechanism. The position of religion to the idea indicates a climate of hostility with the point that family planning system is not in line with God's wish. Some religious believers even cite some religious tests that forbid the use of contraception. On this position, Ellison and Goodson (1997) wrote "Christian critics of family planning often point to the text of Genesis 1:28, describing God's words to Adam and Eve upon their expulsion from the Garden of Eden" They continued that "Biblical internists tend to hold negative views on the use of contraception based on the belief that Biblical scripture related to procreation represents dogmatic proscription on human behavior". This is not an exception in the Islamic religion as well.

Yeatman and Trinitapoli (2008) in their study titled "The relationship between religions and family planning in rural Malawi", pointed out the disheartening level of the relationship between religion and family planning. This accounts for why several citizens of the country will not embrace family planning system. They stated that "Despite the centrality of religion and fertility to life in rural Africa, the relationship between the two remains poorly understood". This means religious believers in the region find it difficult to think that religion can reconcile with the tenets of family planning system.

In long standing research, Caldwell and Caldwell (1987) inferred that religious and cultural factors will deter the people of Sub-Saharan Africa from appreciating family planning. Their conclusion was that Sub-Saharan Africans may well resist fertility decline than other world regions; reasons being cultural and religious belief system. The same view of the people of Sub-Saharan Africa was held by Trusell (1987). Trusell opined that the people will never accept any suggestion or theory pro-

moting fertility decline. Trusell explained that "religion was – and to an extent still is – seen largely as a barrier to fertility decline and to family planning adoption in the region". Quillan (2004) proposed three preconditions necessary for religion to influence fertility, and the three ways through which religions affect fertility will penetrate the psyche of the adherents. Quillan argued that "religion will influence fertility behavior when it: (i) articulates norms relevant to fertility; (ii) can communicate these values and promote compliance; and (iii) is central to the social identity of its followers". It can be inferred that the attitude of the followers of the religion will automatically and dogmatically be moulded by those religious recommendations. It is possible to have a variety of positions about family planning methods from the adherents of different religions. It is on this basis that the researcher investigated influence of religious beliefs on the use of family planning methods among married adults in Ilorin metropolis, Kwara State, Nigeria.

## METHOD

The research design adopted for the study was descriptive survey method. The target population for this study comprised all married adults in Ilorin metropolis. There are three Local Government Areas (LGAs) in Ilorin Metropolis. Since it is not possible to get the whole target population, purposive sampling techniques was employed to select eight big religious institutions in these LGAs i.e. 3 churches, 3 mosques and 2 traditional healing homes. The Simple random sampling technique was also used to select respondents in each of the organizations; this was to ascertain that people who practice their religion were those that were sampled. This continued until a total of Two hundred and forty (240) married adults were selected to participate in the study.

The instrument titled Religious Beliefs and Family Planning Use Questionnaire (RB-FPUQ) was developed by the author after lots of literature review. The author is aware of various measurements of religious beliefs and use of family planning but many of these instruments are foreign based instruments and cannot be adopted for use in this locale. Secondly,

what constitutes religious belief within existing instruments is not always defined from the religious adherents' perspectives. RBFPUQ contained 15 items that seek information on the influence of religious beliefs for instance, 'despite our religious beliefs, I and my spouse use the following family planning devices/methods: withdrawal method, condom, oral pills among other questions. The demographic form was used to collect personal information of the participants such as Gender: Male (); Female (); Religion: ATR (); Christianity (); Islam (). The instrument was patterned after a four-point Likert rating scale of Strongly Agree 4 (points); Agree (3 points); Disagree (2 points) and Strongly Disagree (1 point). The mean score for making decision on the respondents' responses was therefore 2.5 in which items that has mean score 2.5 and above was regarded as the family method used by married adults in Kwara State. The validity of RBFPUQ was conducted by giving the instruments to team of experts in Nigeria. These experts corrected and made suggestions that improved on the instrument; they affirmed that the instrument has both face and content validity. To measure the reliability of the instrument, the researcher adopted the test re – test procedure. To do this, the questionnaire was administered to 20 respondents who did not take part in the study. The instrument was administered on the same group of respondents after an interval of four weeks. A correlation coefficient of 0.80 was obtained through Pearson's Product Moment Correlation. This implies that the instrument was reliable for the study.

Section A of the questionnaire which dealt with the background information was analyzed using percentage. The statistical methods used for analyzing data in section B for testing the stated hypotheses were t-test and Analysis of Variance (ANOVA). The t-test is a statistical method for comparing means of two independent variables. ANOVA is an inferential statistical technique for comparing two or more group means. This is useful in analyzing the relative differences among gender, religion, gender and educational qualification. All hypotheses were tested at 0.05 alpha level

## RESULT AND DISCUSSION

The study revealed that despite the religious beliefs of married adults in Kwara State, they use family planning methods such as withdrawal method, male condom and oral pills, injectable, female condom, and emergency contraception among other family planning methods adopted. Although, religious beliefs have the potential to influence the acceptance family planning or the use of contraception by couples from either from the same or different religious backgrounds in very distinct ways however, in this study it is not so. This negates that of Schenker and Rabenou (2003) who asserted that religion and cultural factors are equally important in couples' decisions about family size and contraception. This study also negates that of Srikanthan and Robbert (2008) that religious beliefs are critical socio-cultural dimensions that have for long been considered as having important influences on attitudes towards, and the uptake of, contraceptive methods or family planning method. This finding however corroborates that of Quillan (2004) who reported that Family planning is not forbidden among religious people but is more commonly used by traditional adherents for birth spacing rather than to restrict the overall size of families. The findings also support the finding of Caldwell and Barkat-e-Khuda (2000) who stated that family planning and contraceptive use among couples irrespective of religious beliefs, to prevent unwanted pregnancy. The finding could be due to civilization in Kwara State which is fast replacing certain religious beliefs about family planning use.

Research Question 1: What is the influence of religious beliefs on the use of family planning methods among married adults in Il-orin metropolis?

Table 1 presents mean and rank order of respondents' expression on influence of religious beliefs on the use of family planning methods. The table shows that all the items have mean scores above 2.5 therefore it can be concluded that despite the religious beliefs of married adults in Kwara State, they use family planning methods such as withdrawal method, male condom and oral pills, injectable, female condom, emergency contraception among oth-

Table 1: Mean and Rank Order of the Respondents' Expression on the Influence of Religious Beliefs on the Use of Family Planning Method

Item No.	Despite our religious beliefs, I and my spouse use the following family planning devices/methods:	Mean	Rank
12	Withdrawal method	3.51	1 <sup>st</sup>
14	Male condom	3.38	2 <sup>nd</sup>
5	Oral pills	3.30	3 <sup>rd</sup>
4	Injectable	3.29	4 <sup>th</sup>
1	Female condom	3.27	5 <sup>th</sup>
2	Emergency contraception e.g. use of postinor	3.10	6 <sup>th</sup>
3	Intrauterine devices e.g. copper T	3.05	6 <sup>th</sup>
13	Abortion	3.00	8 <sup>th</sup>
11	Vaginal tablets	2.94	9 <sup>th</sup>
9	Abortion	2.88	10 <sup>th</sup>
8	Abstinence method	2.88	10 <sup>th</sup>
7	Vasectomy	2.85	12 <sup>th</sup>
15	Tubal ligation	2.83	13 <sup>th</sup>
10	Douching e.g. use of salt or potassium solution	2.83	13 <sup>th</sup>
6	Incisions	2.76	15 <sup>th</sup>

Table 2: Mean, Standard Deviation and t-value on the Respondents' Expression on the Influence of Religious Beliefs on the Use of Family Planning Methods Based on Gender

Gender	N	Mean	SD	Df	Cal. t-value	Crit. t-value	Sig
Male	130	57.66	8.291	238	1.28	1.96	.201
Female	110	58.84	5.311				

Table 3: Analysis of Variance (ANOVA) showing the Respondents' Expression on the Influence of Religious Beliefs on the Use of Family Planning Methods Based on Religion

Source	df	SS	Mean Squares	Cal. F-ratio	Crit. F-ratio	Sig.
Between Groups	2	1193.253	596.627	13.22*	3.00	.000
Within Groups	237	10696.330	45.132			
Total	239	11889.583				

\*Significant,  $p < 0.05$

ers.

Hypothesis one which stated that there is no significant difference in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis based on gender was accepted. This implies that expression of male and female married adults on influence of religious beliefs on the use of family planning methods were not different. This could be due to the mutual decision made by the couples to prevent unwanted pregnancy i.e. not many couples will use fam-

ily planning method without seeking consent of the other partner. This finding contradicted the assertion of Ofonime (2016) who stated that married adults who are religious differed in their expression on contraceptive use based on gender.

Table 2 shows that the calculated t-value of 1.28 is less than the critical t-value of 1.96 at 0.05 alpha level. Since the calculated t-value is less than the critical t-value, the hypothesis which states that there is no significant difference in the influence of religious beliefs on the

use of family planning methods as expressed by married adults in Ilorin metropolis based on gender is therefore not rejected.

Hypothesis two which stated that there is no significant difference in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis based on religion was not accepted. This means that respondents were significantly different in their expression on the influence of religious beliefs on the use of family planning methods based on religion. Further analysis revealed that respondents who practise African Traditional Religion contributed most to the differences noted. This could be, since some religious groups are against the use of family planning, therefore married adults used family planning for birth spacing. The finding of this study does not corroborate the finding of Apanga (2015) which revealed that religion affiliation has no influence on the uses of family planning. Table 3 shows the calculated F-ratio of 13.22 is greater than a critical F-ratio of 3.00 at 0.05 level of significance. The null hypothesis is rejected since the critical F-ratio is less than the calculated F-ratio. Therefore, there is significant difference in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis based on religion.

Hypothesis three which stated that there is no significant difference in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Il-

orin metropolis based on educational qualification was accepted. This implies that respondents despite being religious, were not different in their response based educational qualification. This could be a result of government and health workers campaign on importance of family planning. The finding is in line with the studies of Okeowo and Olujide (2014) which showed that married adults have the knowledge of family planning and make use of it irrespective of their educational status.

To determine the mean value(s) that caused the significant difference observed in the ANOVA results of Table 3, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The results of the DMRT procedure are displayed in Table 4.

Table 4 shows the Duncan Multiple Range Test indicating the significant difference noted in the ANOVA on Table 3. Group 1 (ATR) with a mean score of 64.20 significantly differed from Group 2 with the mean score of 59.21 but significantly differed from Group 3 with a mean score of 55.85. All the groups differed from one another, but the significant difference noted was because of Group 1. Hence the significant difference noted in the ANOVA on table 3 was a result of respondents who were practicing African Traditional Religion thus, the hypothesis is rejected.

Table 5 shows that the calculated F-ratio of 1.09 is less than the critical F-ratio of 2.60 at 0.05 level of significance. The null hypothesis is not rejected since the critical F-ratio is greater

Table 4: Duncan’s Multiple Range Test (DMRT) showing Differences in the Respondents’ Expression on the Influence of Religious Beliefs on the Use of Family Planning Methods Based on Religion

Duncan Groupings	N	Mean	Group	Religious Affiliation
A	15	64.20	1	ATR
B	131	59.21	2	Christianity
C	94	55.85	3	Islam

Table 5: Analysis of Variance (ANOVA) showing the Respondents’ Expression on the Influence of Religious Beliefs on the Use of Family Planning Methods Based on Educational Qualification

Source	df	SS	Mean Squares	Cal. F-ratio	Crit. F-ratio	Sig.
Between Groups	3	1139.237	379.746	1.09	2.60	.281
Within Groups	236	10750.347	345.552			
Total	239	11889.583				

than the calculated F-ratio. Therefore, there is no significant difference in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis based on educational qualification.

This study has proven that religious belief did not influence respondents' use of family planning method. It is therefore essential for counselors to organize educational campaigns on the awareness of family planning services by emphasizing on the benefits of the services as it will help reduce misconceptions, and increase access and utilization of family planning services to promote the use of family planning methods. Counsellors can educate community leaders, religious affiliation and married adults on the benefits of family planning services to reduce opposition from members of the community and religion group to promote further use of family planning.

## CONCLUSION

There were no significant differences in the influence of religious beliefs on the use of family planning methods as expressed by married adults in Ilorin metropolis based on gender and educational qualification however, significant difference was found based on religious affiliation.

Recommendation from this study is counsellors should educate religious affiliation and community leaders more on the benefits of family planning services to sustain and maintain the use of family planning method.

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