

Religious Positions on Family Planning in Nigeria: Implication for Population and Socio-Economic Impact

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Abstract

The high rate of population increase in Nigeria arouses the question of birth control and one of the ways of achieving such is through family planning. This paper examines the positions of religious adherents on family planning in Nigeria using Effurun and Kano as samples. The broad objectives of the study include the exploration of the knowledge of family planning among religious adherents; finding the differences in the position of religious adherents with regards to family planning; finding the association between the knowledge of family planning and their socio-demographic characteristics; and investigating the association between the socio-demographic characteristics of the respondent and their position on family planning. The study used the survey method in which data was collected through a structured questionnaire which was distributed among 450 religious adherents spread across Christianity, Islam, and African Indigenous Religion in Effurun and Kano metropolises. Out of this, 334 were retrieved from respondents. The result shows that 71.6% of religious adherents support family planning as an effective means of birth control irrespective of their religious affiliations and beliefs. This suggests that religion may likely not be an inhibiting factor to the success of any policy of birth control in Nigeria. This paper contributes to knowledge on the aspects of religion and population problem in Nigeria and as such recommends strong legislation on birth control.

Keywords: Religions, family planning, Population, Nigeria, Economy

1. Introduction

1.1 Background to the Study

The current situation of the increasing population of the world is beginning to make political leaders, as well as other stakeholders to think of a possibility of employing birth control mechanism, especially at the local or regional level (Schenker & Rabenou, 1993: 969). As such, there is an increasing awareness of the need to regulate individual fertility irrespective of cultural and religious beliefs that favour multiplication of children in a given society (Schenker & Rabenou, 1993: 969). The prediction of the increase of world population is enough reason to think of overpopulation especially in a country like Nigeria where the population is growing much more than economic growth and capacity in terms of per capita, food security, energy, health, and gross domestic product (GDP). In a nation where the fertility and birth rates are very high, there is the need for study as to how it can affect population and economy in the future and the factors that may likely aggravate the situation. Although, some publications have been done previously on population and religion as it concerns Nigeria, one of the aspects of scholarship in Nigeria that has not received adequate attention is the relationship that exists between health, population, and religion. In Nigeria, religion has a lot of influence on the populace because the three main religious denominations (African Indigenous Religion, Islam, and Christianity), especially Christianity and Islam have a very large number of

adherents. This has been shown in the existing literature. For instance, the 1963 population census of Nigeria which is the first to include religious affiliations showed that both Muslims and Christians were growing in an equal rate in Southern Nigeria in terms of population (Nolte et al, 2016: 546). Also, in a survey carried out by Nolte et al (2016:554) considering the 2006 census, population increase from religious angle showed that by 2006, the population of Christians grew to 64.3%, Muslim 35%, and African Indigenous Religion 0.7% in the South-Western States of Nigeria. This shows that the population of religious adherents in Nigeria is almost proportional to the population of the entire nation including amorphous ones. As such, the influence of religion in virtually all spheres of Nigeria whether social, political, ethnic, cultural, economic, or otherwise cannot be ignored. We can, therefore, plausibly admit that religion can determine a lot in the sensitisation of the populace in terms of health and development. This is so because Africans especially Nigerians are very religious (Mbiti, 1967:1; 1975: 27). As such, we cannot also take for granted that religious beliefs can hinder or influence the decision of people to make themselves available in participating in population control and health care that may concern their individual well being on the one hand and the well being of the nation on the other hand. Whatever happens, in the long run, will eventually affect the individual and the nation at large.

Religion, population, and economy as far as Nigeria is concerned are important aspects that should be explored with the aim of developing Nigeria's economy by involving religion to help in achieving a good economical development plan. Assuming, the National Assembly intends to make laws on population control, would such a proposed bill see the light of the day if religious adherents or religion itself resist it especially in a situation where a larger part of the nation's population belongs to one religious group or the other? It is, therefore, important that research of this nature will be very helpful in thinking towards making concrete policies on population control in Nigeria. Moreover, this paper will also be helpful in making the government see a reason to add religion to Nigeria's population census so as to help us in appreciating and knowing at a glance a real estimate of religious adherents in Nigeria. All of these will be helpful in taking concrete steps in Nigeria and also help other African nations with similar issues to have the spot assessment of the relationship that exists between religion, population, and economy. One of the common mistakes policymakers in Nigeria have always made is the crafting of policies that are not congenial with the reality the people are facing. As such, the implementations of such policies become very difficult to achieve. For instance, the policy by some states like Delta state in Nigeria to make out-of-school children go to school was a beautiful policy. However, this policy could not be effectively implemented in a state or country where social security and free education are not available. The reason is obvious in the fact that most out-of-school children are either feeding themselves by doing menial jobs like hawking commodities on the streets or roadside or helping their parents or guardians for family survival. If the parents of such children earn money from social security where there is no job, at least, these parents will find it easy to release their children to school. The same thing may be applicable in a situation where religious tenets or ideology resists family planning. If family planning must succeed in Nigeria, religious leaders must be carried along to help in the education of their adherents to accept any methods of family planning that could be accommodated in their religions because it has been proven by scholars that religion influences decision making a lot.

For instance, McQuillan (2004) has shown three preconditions that are necessary for religion to influence fertility in a nation. The first is that religion can affect fertility behaviour when it articulates norms relevant to fertility. The second is that religion can affect fertility behaviour when it can communicate these values and promote compliance. The third is that religion can affect fertility behaviour when it is central to the social identity of its followers. Therefore, using the survey method, this paper aims to examine the positions of religious adherents on family planning in Nigeria and how such positions could impact the population and socio-economic situation of Nigeria in the future. This present paper argues for the inevitability of population upsurge and a far-reaching socio-economic impact if citizens of reproductive age especially couples in Nigeria reject family planning on religious or other grounds on the one hand and population and economic balance if birth control is achieved in Nigeria on the other hand.

1.2 Statement of the Problem

Family planning belongs to the medical and biological fields. A lot of medical professionals including scholars have written a lot on this field. Specifically, family planning has been associated with the use of contraceptives, and those who approved of family planning according to Odimegwu (1999:86), “were twice as likely as respondents who disapproved to be using contraceptives.” Literature on health research has also shown that Nigeria has a high fertility rate of 5.5/woman and a high population growth rate of 3.2% (Etokidem et al, 2017:707). Despite the above high fertility and population rates, “Nigeria’s contraceptive prevalence is 15%, which is one of the lowest in the world” (Etokidem et al, 2017:707). The fertility rate of Nigerian women is natural. It is a gift from God Almighty. However, failure to take some drastic measures to control reproduction may cause overpopulation, hence the emphasis on family planning.

Despite public awareness efforts by the government, Non-Governmental Organizations (NGOs), etc, it appears it is not yielding effective results. This is why Nigeria’s population keeps growing at a high rate. Those who have carried out research in this regard have shown that part of the reasons is the rejection of family planning on the ground of religious belief, cultural belief, cravings for more children, partners’ disagreements, failure of the method used, fear of reduction of sexual pleasure, and the fear of it causing infidelity in marriage (Etokidem *et al*, 2017:711). Other researches that have been carried out in this field also identify religious belief and patriarchal factors as part of hindrances to the success of women’s involvement in birth control in Nigeria (Bamgboye & Ajayi, 2016; Esike *et al*, 2017; Sinai *et al*, 2019). This seems to indicate that the demand and utilisation of family planning (FP) in Nigeria has been consistently low (Nmadu *et al*, 2019). Does religion influence people’s decision on birth control in Nigeria? Are religious adherents in Nigeria aware of family planning and how it can be helpful in the control of population growth? What are the positions of religious adherents on birth control in Nigeria; and what are the differences in their positions? These and other questions are what this paper intends to answer.

1.3 Objectives of the Study

The general aim of the study is to examine the positions of religious adherents on family planning in Nigeria. However, the study has the following specific objectives:

- to assess the knowledge of family planning among religious adherents in Nigeria
- to ascertain the position of religious adherents on family planning in Nigeria; and
- to find the differences in the position of the religious adherents with regards to family planning in Nigeria.
- Find association between the knowledge of family planning and their socio-demographic characteristics
- To find the association between the socio-demographic characteristics of the respondent and their position on family planning religion

1.4 Research Questions

- what is the level of knowledge on family planning among religious adherents in Nigeria?
- What are the Positions of Religious adherents on Family Planning in Nigeria?
- are there any differences in the position of the religious adherents with regards to family planning in Nigeria?.
- Are there any significant associations between the knowledge of family planning and the religious adherent socio-demographic characteristics?
- Is there any significant association between the socio-demographic characteristics of the religious respondent and their position on family planning in Nigeria?

2. Literature Review

Literature abounds in family planning, religion, and population. Here, such literature will be explored. Olaitan (2009) states that family planning is the planning of when to have and use birth techniques to implement such plans and that such techniques commonly used include sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management, and infertility management. Olaitan further explains that family planning is synonymous with birth control or spacing of children. Also, Srikanthan & Reid (2008) submits that religious and cultural factors have the potential to influence the acceptance and use of contraception by couples from different religious backgrounds in very distinct ways. In another research, Olaitan (2011) shows that socio-economic status, religious factors, and cultural norms do not influence couples' choice to do family planning, whereas the educational background of the couples and involvement of partners toward the choice of family planning significantly influence the choice of family planning among couples in Southwest Nigeria. Underwood (2000) states that Islamic religious leaders in Nigeria are in support of family planning to the extent of using a method that is acceptable in keeping with the tenets of Islam. In the same vein, Barrett et al (2014) also locate religion as an influencer in family planning decision making in society. Also, Obasohan (2015) says that religion and ethnicity are the two most important factors that shape the behavioural pattern, especially the health-seeking behaviours of the people of Nigeria. Obasohan submits further that religion and ethnic cultures have a huge influence on the decision of couples to either accept or reject contraception that is aimed at family planning and as such, it can either inhibit or increase the success of family planning in Nigeria. Also, Wusu (2015) opines that the role of religion in the use of contraceptives has become an issue of significant debate because of the somewhat overbearing influence on society. Wusu also shows that there is a significant increase in the level of awareness of modern contraceptives in Nigeria over the last two decades, but that non-use remains very high due to poverty and religious beliefs especially among women of Islam and Traditional religions. Also, In the same line of thought, Pinter et al (2016) state that religion and culture are closely associated in all societies and as such, they influence issues of ideology, morality, and decision making and even when diverse religions lack a united view on matters such as contraception and abortion, there is sometimes some dogmatic overlap when general religious principles are subject to the influence of local customs. In the same vein, Adedini et al (2018), state that religion is an important part of the socio-cultural fabric of many communities in Nigeria. They submit further that religious leaders have the power to inhibit or facilitate the effective adoption of contraceptive methods to support family planning. Apart from religion and culture, Umar et al (2019) state that the factors hindering the uptake of natural family planning methods (NFP) in Zaria, Nigeria include lack of awareness, fear of failure, and difficulties in the correct use of such methods. Götmark and Andersson (2020) opine that education correlates positively with GDP per capita but negatively with religiosity, which is also negatively related to contraception and GDP per capita. Also, Oyediran et al (2020) submit that Muslims are less likely to be involved in unintended childbearing compared to Christians (Catholics as well as other Christians) and that the association between religion and unintended childbearing also depends on the region of couple's residence in Nigeria.

Apart from Nigeria, family planning and religion have also been addressed in existing literature from other climes. Zewoldi (1992) says that a study of the family planning attitudes and practices of Ethiopian elites was conducted with a sample of 99 Orthodox Christian priests and 86 Muslim religious leaders and the result shows a relationship between population and religion. Yeatman and Trinitapoli (2008), using the method of unique integrated individual-and congregational-level data from rural Malawi to examine religious influences on contraceptive use, submit that in rural Malawi, there is evidence for a relationship between religious socialization and contraceptive behaviour. Similarly, Agadjanian and Yabiku (2014), from the perspective of Mozambique show that a relationship indeed exists between religion and fertility rate in human societies. Also, Izale et al (2014) point out religion is among other factors that inhibit the use of contraception among women in Vanga health district, Democratic Republic of Congo. Aliyu (2018) also opines that religion among other things is capable of inhibiting awareness and acceptance of family planning in sub-Saharan Africa and as such, the need to vigorously promote it in Africa is not only for its demographic dividends but also on socio-economic and health grounds and the attainment of sustainable development goals (SDGs). Moreover, Obwoya et al (2018) say that sociocultural and political structures are likely factors influencing contraceptive use among women in the Juba, South Sudan. Also,

Sundararajan (2019) shows that in Tanzania, a major reason for the poor uptake of family planning among couples is that women and their partners are uncertain about whether pregnancy prevention is compatible with their religious beliefs. In the same vein, Kriel *et al* (2019) say that the success of family planning among people of reproductive age especially among couples in KwaZulu-Natal of South Africa is largely dependent on males' cooperation.

3. Methodology

3.1 Study Settings

The study was conducted in Effurun and Kano cities in Nigeria. These cities were selected as study areas mainly due to their religious heterogeneity in which Christianity, Islam, and African Indigenous Religion are significantly represented. Effurun and Kano represent Southern and Northern Nigeria respectively. While Effurun is predominantly dominated by Christianity, Kano is predominantly dominated by Islam. Moreover, African Indigenous Religion also known as African Traditional Religion is also present in the two cities. Thus, the information gathered would provide clearer clues for religious positions on family planning among Nigerians. As such, it would be helpful in determining the impact of overpopulation on the national economy of Nigeria. While Effurun is located in Uvwie Local Government Area¹ of Delta State in south-south, Kano is the capital city of Kano State in North West, Nigeria.² Kano city in this situation refers to the part of Dala and Kano Municipal Local Government Areas.³

3.2 Study Design

This present work adopted a quantitative cross-sectional design which included respondents from all religious denominations in Effurun and Kano. The study was conducted between February and October 2020. Three steps were followed in carrying out the research. The first step was the participant's sampling. The second step was the collection of data through a structured questionnaire. And the third step was the analysis of the collected data.

3.3 Sample and Sampling Technique

The religious setting of Effurun and Kano metropolises are heterogeneous. These cities were selected for this study due to their cosmopolitan and religious natures. Consequently, 450 religious adherents were chosen at random from Effurun and Kano metropolises, though with the religious perception of the participants due to some visible features like location, age, dressing, personality, etc. The simple random sampling procedure was explored as an be seen in table 1 below.

Table 1: Distribution and Retrieval of Questionnaires

Location	Distributed	Retrieved
Effurun	220	169
Kano	230	165
Total	450	334

Out of the 450 questionnaires distributed, the researcher was only able to retrieve 334 questionnaires. Data shall be interpreted based on this.

3.4 Instrument for Data and method of data Collection

450 questionnaires were self-developed and administered by the researcher and proxy in the chosen locations. Data were collected through the questionnaire and were collected physically, electronically and through courier.

3.5 Reliability of the Instrument

Just like similar researches that have been carried out previously (Barrett *et al*, 2014; Pinter *et al*, 2016; Sundararajan *et al*, 2019), this present study is interested in identifying the position of religious adherents on birth control among others by using the survey method which the above authors have successfully used. As such structured questionnaires

were administered. The instrument was aimed at collecting accurate data from religious adherents in Effurun and Kano metropolises while the validity of the instrument was to determine its reflection on the objective of the study. In the pre-study, this instrument was used by randomly sampling 17 persons each from Effurun and Kano metropolises. This gave a positive result by showing some kind of opinions that are similar and as well divergent, thereby showing the instrument was capable of getting needed data from a wider survey on the subject matter.

4. Result

Table 1: Socio-demographic characteristics of respondents

Variables	Attributes	Frequency	Percentage
Age	18 - 20years	89	26.7
	21 - 25	89	26.7
	26 – 30	97	29.0
	30 – 50	48	14.3
	Above 50	11	3.2
Sex	Male	88	26.3
	Female	246	73.7
Marital Status	Single	225	67.3
	Married	71	21.2
	Separated/Divorced	28	8.3
	Widow	11	3.2
Religion	Christianity	249	74.7
	Islam	54	16.1
	Traditions	29	8.8
	Others	2	0.5
Level of Education	Primary	57	17.5
	Secondary	94	28.1
	Tertiary	168	50.2
	None	14	4.1
Occupation	Business executive	63	18.9
	Civil Servant	63	18.9
	Trader	40	12.0
	Self-employed	46	13.8
	Unemployed	46	13.8
	Others	74	22.6

Table 1 shows the socio-demographic characteristics of respondents. 89(26.7%) are of the age group 18 – 20 years, 89(26.7%) are also in the age group 21-25yrs, 78(29.0%) are in the age group 26-30, 39(14.3) are in the group 30 – 50, while 9(3.2%) are above 50years. The majority 246(73.7%) are females, 225(67.3%) of the respondents are single, 71(21.2%) are married. 249(74.7%) are Christians, 54(16.1%), are Islams, 29(8.8%) are traditional religion, while 2(0.5%) are into other religion. 123(52.1%). 168(50.2%) have a tertiary level of education. 63(18.8%) reported they are business executives and being civil servants respectively.

Research question one: what is the level of knowledge on family planning among religious adherents in Nigeria?

Table 2 respondent's level of knowledge on family planning

Knowledge items	Correct responses	Wrong responses	
1. Family planning involves practices that help to space the birth of children	278(83.3)	56(16.7)	
2. It allows the woman to recover from illnesses before becoming pregnant	273(81.7)	61(18.3)	
3. It involves practices that help in preventing unwanted pregnancies	306(91.7)	28(8.3)	
4. it involves practices that help couples to have the desired number of children	265(79.2)	69(28.8)	
5. it involves practices that help couples to have relaxed sexual intercourse	278(83.3)	56(16.7)	
6. Who should be responsible for contraception?	275(82.5)	59(17.5)	
7. The priority consideration of choosing contraceptive methods -	251(75.0)	83(25.0)	
8. The side effects of Oral contraceptive pills includes	292(87.5)	42(12.5)	
9. Which methods can be used for emergency contraception ?	295(88.3)	39(11.7)	
10. Knowledge of non-contraceptive benefits of family planning methods	312(93.3)	22(6.7)	
Grand mean responses	282(84.4)	52(15.6)	
Summary of respondent level of knowledge			
Classification	Score range (criteria)	Frequency (f)	Percentage (%)
Poor	1-3	0	0.0
Fair	4-6	61	18.3
Good	7-10	273	81.7
		334	100.0

The table above shows the respondent's responses to questions asked on knowledge of family planning. It shows that 282(84.4%) of the respondents answered correctly to the questions asked while 52(15.6%) were wrong in their responses to the questions asked. In general, most of the respondents 273(81.7%) have good knowledge of family planning while 61(18.3%) had a fair knowledge

Research question two: What is the position of the religious adherents on family planning?

Table 3: Position of the religion adherent on family planning

ITEMS	SD	D	A	SA	Mean	St.D	Remark
1. Govt. should not provide more awareness on family planning	72 (21.7)	17 (5.0)	14 (4.2)	231 (69.2)	3.21	1.26	Against
2. Family planning is not necessary for everybody	264 (79.2)	64 (19.2)	3 (0.8)	3 (0.8)	1.23	0.50	For
3. Family planning is for those who are religious	320 (95.8)	14 (4.2)	0 (0.0)	0 (0.0)	1.04	0.20	For
4. Family planning should only be practiced by women who have completed their family size	320 (95.8)	3 (0.8)	3 (0.8)	8 (2.5)	1.10	0.51	For
5. I feel family planning has serious side effect like cancer so it should not be practiced	275 (82.5)	56 (16.7)	3 (0.8)	0 (0.0)	1.18	0.41	For

6. Family planning can affect the health of the woman and child	109 (32.5)	11 (3.3)	145 (43.3)	69 (20.8)	2.53	1.15	Against
7. Practicing family planning is as good as doing abortion	39 (11.7)	28 (8.3)	81 (24.2)	186 (55.8)	3.24	1.03	Against
8. Encouraging women to practice family planning can lead to more problem of infertility	292 (87.5)	19 (5.8)	6 (1.7)	17 (5.0)	1.24	0.72	For
9. It is better to abort the baby than to practice family planning.	25 (7.5)	19 (5.8)	56 (16.7)	234 (70.0)	3.49	0.91	Against
10. I do not think that family planning methods support livening and psychological comfort of the family.	317 (95.0)	8 (2.5)	6 (1.7)	3 (0.8)	1.08	0.40	For
11. I do not think that family planning methods are good for the children's health.	300 (90.0)	28 (8.3)	6 (1.7)	0 (0.0)	1.12	0.37	For
12. It is wrong for Christian to practice family planning	275 (82.5)	56 (16.7)	3 (0.8)	0 (0.0)	1.18	0.41	For
13. My religion does not accept family planning so I can practice it	320 (95.8)	3 (0.8)	3 (0.8)	8 (2.5)	1.10	0.51	For
14. I think family planning is not right?	292 (87.5)	19 (5.8)	6 (1.7)	17 (5.0)	1.24	0.72	For
Overall Average Mean					2.18	0.22	FOR

Percentage of position of religious adherents with regards to FOR or AGAISNT			
Position of religious adherents	Ratio	Frequency	Percentage
FOR	10	239	71.6
AGAINST	4	95	28.4

An items with average mean of 2.5 and above indicates (against) while below 2.5 indicates (For)

Table 3 shows the position of religious adherents on practices of family planning. It shows that out of the 14 items the respondents took their stand “for” family planning in 10 items as the average mean of these items were below 2.5, while in four items their stand were “against” family planning as the average mean in these items were above 2.5. When this is translated in the ratio of FOR and AGAINST it implies that 239(71.6%) of the respondents stand for family planning while 95(28.4%) positions are against family planning.

Research question three: Are there any differences in the position of the religious adherents with regards to family planning in Nigeria?.

Table 4: Mean comparison of Position on family planning among religious adherents (ANOVA, and ANCOVA)

	Christians	Muslims	ATR	Others	F	P
Knowledge of family planning	0.52±0.50	0.68±0.47	0.70±0.48	0.63±0.49	6.033	<0.001

ANCOVA

Tests Between-Subjects Effects						
Dependent Variable: KNOWLEDGE_CAT						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	8.376 ^a	7	1.197	5.247	.000	.090
Intercept	25.236	1	25.236	110.671	.000	.229
Religious adherents	8.374	6	1.396	6.121	.000	.090
Error	84.824	372	.228			
Total	230.000	380				
Corrected Total	93.200	379				

a. R Squared = .090 (Adjusted R Squared = .073)

The above table shows that there is a statistically significant difference in the mean position on family planning based on religion ($F = 6.033, p < 0.001$). The ANCOVA shows the effect of the covariate “religious adherent” on the outcome variable “position on family planning”. The association between religion of respondents and their position on family planning was statistically significant ($F_{6,7} = 6.121, p < 0.001$).

Research question four: Are there any significant association between the knowledge of family planning and the religious adherents’ socio-demographic characteristics?

Table 5: Relationship between the level of knowledge on family planning and socio-demographic characteristics

Socio-demographic Variables	Position of religious adherents		χ^2	P
	Good	Fair		
Age				
18 - 20years	55(62.1)	34(37.9)	3.361	0.499
21 – 25	60(67.2)	29(32.8)		
26 – 30	68(69.8)	29(30.2)		
30 – 50	38(79.5)	10(20.5)		
Above 50	7(66.7)	4(33.3)		
Sex				
Male	56(63.4)	32(36.6)	1.089	0.297

Female	173(70.4)	73(29.6)		
Marital Status				
Single	161(71.4)	64(28.6)		
Married	47(66.7)	24(33.3)	3.421	0.331
Separated/Divorced	14(50.0)	14(50.0)		
Widow	7(66.7)	4(33.3)		
Religion				
Christianity	176(70.8)	73(29.2)	2.352	0.503
Islam	33(60.4)	21(39.5)		
Traditional Religion	18(62.5)	11(37.5)		
Others	2(100.0)	0(0.0)		
Level of Education				
Primary	33(57.4)	24(42.6)	2.861	0.414
Secondary	69(73.8)	25(26.2)		
Tertiary	117(69.9)	51(30.1)		
None	9(63.6)	5(36.4)		
Occupation				
Business executives	42(66.7)	21(33.3)	3.153	0.676
Civil Servants	43(68.6)	20(31.4)		
Traders	27(66.7)	13(33.3)		
Self-employed	32(70.3)	14(29.7)		
Unemployed	27(59.5)	19(40.5)		
Others	57(77.0)	17(23.0)		

The table above showed that there were no significant relationship between socio-demographic characteristics of the respondents and knowledge of family planning ($p > 0.05$)

Research question five: Is there any significant association between the socio-demographic characteristics of the religious respondent and their position on family planning in Nigeria?

Table 6: Association between socio-demographic characteristics of respondents and position on family planning

Variable	Level of Utilization of Social Support Centers		χ^2	p-value
	Against (n = 175) Frequency (%)	For (n = 205) Frequency (%)		
Age group (years)				
18 - 20years	55(62.1)	34(37.9)		
21 – 25	60(67.2)	29(32.8)		
26 – 30	68(69.8)	29(30.2)		
30 – 50	38(79.5)	10(20.5)		
Above 50	7(66.7)	4(33.3)	0.377	0.945
Gender				
Male	28 (17.4)	133 (82.6)		
Female	147 (67.1)	72 (32.9)	92.370	< 0.001

Educational Level				
Primary	46 (41.1)	66 (58.9)		
Secondary	34 (31.5)	74 (68.5)		
Tertiary	43 (66.2)	22 (33.8)		
None	36 (54.5)	30 (45.5)	25.195	< 0.001
Religion				
Christianity	146 (46.3)	169 (53.7)		
Islam	29 (44.6)	36 (55.4)		
Traditional Religion	18(62.5)	11(37.5)	0.065	0.798
Occupation				
Business executives	52 (81.3)	12 (18.8)		
Civil Servants	91 (79.1)	24 (20.9)		
Traders	25 (24.8)	76 (75.2)		
Self-employed	0 (0.0)	38 (100.0)		
Unemployed	0 (0.0)	4 (100.0)		
Others	0 (0.0)	18 (100.0)		
	7 (17.5)	33 (82.5)	165.349	< 0.001

This table shows the association between socio-demographic characteristics of respondents and their position on family planning. There is a statistically significant association between gender ($\chi^2 = 92.370$, $p < 0.001$), level of education ($\chi^2 = 25.195$, $p < 0.001$), occupation ($\chi^2 = 165.349$, $p < 0.001$) and position on family planning. However, there was no association between age ($\chi^2 = 0.377$, $p = 0.945$), religion ($\chi^2 = 0.065$, $p = 0.798$) and position on family planning.

Table 7: Multivariate Logistic Regression Model for position on family planning among respondents

Predictor	B (regression co-efficient)	ODDS RATIO	95% CI for OR		P - VALUE
			Lower	Upper	
Age	- 0.237	0.789	0.318	1.957	0.609
Gender					
Male	0.584	1.793	0.250	12.848	0.561
Female*		1			
Educational Level	2.834	17.006	1.998	144.716	
Primary	0.311	2.59	0.41	16.32	
Secondary	0.591	0.62	0.11-	3.57	
Tertiary	0.798	0.81	0.15	4.20	0.009
None*		1			
Religion					
Christianity	0.425	1.529	0.726	3.219	0.264
Islam*		1			
Occupation					
Business executive	3.826	45.885	9.227	228.189	< 0.001
Civil Servant	3.742	42.173	9.120	195.014	< 0.001
Trader	0.416	- 1.516	0.336	6.840	0.588

Self-employed	- 20.360	0.000	0.000	0.000	0.997
Unemployed	- 20.483	0.000	0.000	0.000	0.999
Others*		1			

*Reference category $R^2 = 45.0\% - 60.1\%$ CI= Confidence Interval

The variables in this model accounted for 45.0% - 60.1% of the observations observed in the outcome variable (position on family planning). A year decrease in age increased changes the position of religious adherents on family planning by 0.237 and this was more likely by an odds ratio of 0.789. This association was however not statistically significant ($p = 0.609$). Males were 1.793 times more likely to positive position (FOR) on family planning when compared to females. This relationship was not statistically significant ($p = 0.561$). An increase in educational level may change the position on family planning by 2.834, this was more likely by an odds ratio of 17.006 and this relationship was statistically significant ($p = 0.009$). Also, respondents who are business executive had a better position for family planning (3.826) when compared with respondents who are unemployed, with an odds ratio of 45.885. This relationship was statistically significant.

Table 8: Mean comparison of knowledge of family planning among religious adherents based on location

	Effurun	Kanu	T	P
Knowledge of family planning	0.63±0.50	0.58±0.50	1.131	0.259

There was no significant difference in the level of knowledge of family planning among the different location using Independent T-test ($t = 1.131, p = 0.259$).

5. Discussion

Population hike and the need for birth control remain an issue of importance if Nigeria wants to have an equilibrium population and economic growth. As such this paper assessed the knowledge of family planning among religious adherents using a general survey to inquire of levels of knowledge on family planning in selected cities in Southern and Northern Nigeria. It shows that most of the respondents (82%) have a good knowledge of what family planning is all about. Of the people that responded to have known something about family who spread across the various religious groups investigated shows that adherents of Christianity (0.52 ± 0.50), Islam (0.68 ± 0.47), and African Traditional Religion (0.70 ± 0.48) were almost at par. However, such knowledge was more among the educated ones. Also, the positions of religious adherents on family planning among Nigerians also differ with a ratio 4:10 standpoint.

In the overall, majority (71.6%) of Nigerians according to this survey stand for family planning leaving others at 28.4% who kick against it. Whether they kicked against family planning on the ground of religious beliefs, we were not certain because our survey did not put that into consideration. This aspect of investigation is therefore recommended for further research in the future. It is also instructive to note here that a majority of Nigerians standing for family planning irrespective of their religious affiliations and beliefs is a great insight for economic policymakers. Religion being a very sensitive issue in Nigeria, the high level of positive responses to family planning among those surveyed is a green light showing the possibility of birth control by the Nigerian government if the nation wants to have equilibrium growth in population and economy. A situation where the population of Nigeria keeps increasing more than economic growth, it may be difficult to have a developing economic that will make impact on the common people on the streets. Although the research focuses on the position of religious adherents' on family planning, the determinants of their position also span to other areas of their lives such as education, job, etc.

From the survey, we can see that most of the people who responded in terms of accepting or standing for family planning are mostly between ages 20 to 40. This shows that those within reproductive age in Nigeria have knowledge of family planning and stand for it. It means people within this age group do encourage the use of family planning as means of birth control. It means from the south to the north, there is awareness of family planning especially among the educated people.

It is therefore obvious that a major way to achieve birth control is through effective family planning. However, being aware of family planning may not be enough, being involved is what matters most.

6. Conclusion

The position of religious adherents on family planning in Nigeria is very significant to the sustainable economic development of Nigeria. It is so because religion in Nigeria can play a vital role in the success of birth control policy. This research has shown that a relationship exists between religion, population and medicine in the sense that any religious belief concerning childbearing and medical practice in any given society will impact the success or failure of population and medical policies. This is not far-fetched in Nigeria because it is a nation that is highly religious such that it pervades almost every aspect of the lives of Nigerians. This research has therefore shown that the position of religious adherents on family planning is positive and as such capable of helping government policymakers to think of a possibility of making policy on birth control.

This will help to solve overpopulation and extreme socio-economic problems in Nigeria in the future. However, the government needs to partner with religious and educational institutions to create more awareness on the need for birth control policy in Nigeria. If Nigeria's policymakers create enough awareness, the next step is the initiation of legislation on birth control. Moreover, in order to succeed in this law, the government must learn the art of religious and ethnic diversity management such that ethnic and religious groups across Nigeria are made to follow the law.

Notes

¹Uvwie LGA has a population of 191,472 according to the 2006 population Census of Nigeria). In 2016, Uvwie's population was estimated at 252,743. See page 62-63 of Federal Republic of Nigeria State Employment and expenditure for results (Seefor)-Final Report of the Environmental and Social Management Plan (ESMP) for road rehabilitation Project in Warri metropolis, Delta State, August 27, 2015. E4839 V4. Unfortunately, It was very difficult to get the estimated population of Effurun for 2020. However, it assumed that the previous population must have gone up by double.

²Kano metropolis is so large such that it comprises of eight local government areas; namely, Kano Municipal, Fagge, Dala, Gwale, Tarauni, Nasarawa, Ungogo and Kumbotso. The total area of Metropolitan Kano is now 499 square kilometres, with a population of 2,828,861 as of the 2006 Nigerian census; the latest official estimate is 3,931,300. The principal inhabitants of the city are the Hausa people. However, there are few who speak Fulani language. As in most parts of northern Nigeria, the Hausa language is widely spoken in Kano.

³As of 2006 Census, the population of Dala stands at 418,759. Also, the population of Kano Municipal in the 2006 population Census in Nigeria stands at 371,243.

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