INVOLVEMENT AND USE OF FAMILY PLANNING AMONG RELIGIOUS LEADERS IN A COMMUNITY IN SOUTH WEST NIGERIA

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Summary

Introduction:
There is growing recognition that religious leaders play an important role in shaping health seeking behaviour including family planning. The uptake of modern family planning methods in Nigeria is low and religious belief is one of the factors responsible. This study was designed to assess the Involvement and Use of family planning among religious leaders in a community in south west Nigeria.

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Methods:
This is a descriptive cross-sectional study conducted with the use of interviewer administered questionnaire as research tool. Systematic sampling method was used to select the eligible respondents. A total of 100 religious leaders each from Christian and Islamic faith were involved in the study. The analysis of data was done by using SPSS Version 19.

Result:
The study revealed that 84.5% of respondents would support family planning use and 82.5% would encourage others to use family planning. Majority, 83% had ever used family planning and 67.5% were currently using one form of family planning or the other as at the time of the study. The major factors responsible for non-total acceptance of family planning were fear of side effects, fear of tampering with the nature, religious opposition to some of the existing modern family planning methods.

Conclusion
There is need to collaborate with religious leaders in social marketing of family planning for wide acceptance and uptake. This is necessary because they (religious leaders) are respected individuals in the community whom people, especially their followers, listen to and they have influence on their daily life activities, reproductive health inclusive.

Introduction

There is growing recognition that religious leaders play an important role in shaping health seeking behaviour, especially in conservative, traditional societies where science, religion, politics, culture and morality intersect. They often act as arbiters of morality, ethics and of what is prescribed or proscribed by faith. Their opinions strongly dictate the behavioural norms of their communities, in particular maternal, neonatal and child health. In environments where religious teachings are promoted, religious leaders are able to play an intrinsic role, re-interpreting, authenticating and guiding their congregations according to foundational religious beliefs. Consequently, activities supported by religious leaders and religious institutions have the potential to promote and sustain

positive changes in maternal, neonatal and child health, including changes in behaviours related to family planning practice.

Contraceptive use in Nigeria has been very low. If contraceptive use in the population increases among Nigerians who are sexually active, there will be significant reduction in the number of unwanted pregnancies and abortions leading to reduction in the material mortality. Research in Nigeria indicates that more than 60% of women with an unplanned pregnancy are not using any form of contraception.[1] Several studies in Nigeria indicate that contraceptive knowledge and awareness, especially among female students aged 15 to 24 years is very high.[2] Unfortunately, all of the students that showed good knowledge and awareness did not show a strong prevalence of use of contraception.[3-6] The consequence of high sexual activity and low contraceptive use is unwanted pregnancies with subsequent induced abortions. The reasons for not using contraceptives in the study were fear of side effects, objection from their partner, conflicts with their religious beliefs, objections from family members, not thinking about using contraceptives, and unplanned sexual debut. [3-6]

Contraceptive is acceptable to most Christian faith as long as it is acceptable to partners but Catholic denomination preaches natural family planning method. The Catholic Church regards abortion as termination of the human life. The law of the Church establishes that a person who actually procures abortion, fully aware of what they are doing incurs the penalty of excommunication. The Church wishes to protect the lives of unborn children and also to support expectant mother so they do not feel forced to make such harmful choice.

Family and marriage are fundamental to Islamic society, yet are not obligatory duties.[7] Individuals unable to undertake the responsibilities of marriage, including the physical care and social, cultural, and moral training of children, should postpone marriage.[8] Parents are obligated to ensure the rights of children are attained.[8] These rights, as prescribed by the Quran, include right to education, religious training, future security, and equitable treatment.[8,9] Islam recognizes the normalcy of sexual drives. Sex is permitted provided it is used within marriage and may be used for procreation and pleasure, [8,10,11] each sexual act needs not be for the for exclusive purpose of procreation.[11] Whist pre-marital sex is prohibited, a sexual relationship is seen as part of married life, both for the purpose of having children and to ensure that the sexual needs of the couple are satisfied within a legitimate relationship. Contraception has been adjudged permissible in certain circumstances: to space child-bearing etc. Thus promoting the health of all children in the family, for example, to protect the health of an existing child who may not yet be weaned or where there is fear for the physical and mental well-being of the mother. Abortion is never permitted as a means of birth control. Allah says in the Qur'an: kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin.[12]

Religions vary widely in their views of the ethics of birth control or uses of family planning.[13] Asian Muslims have more pro-natalist attitudes than their Christian counterparts[14] and although Islam does not prohibit the use of contraception; strictly speaking, some offer religious reasons for not using contraception.[15,16] A study by Carol Underwood on the perception of Jordanian religious leaders and their constituents on Islamic precepts and family planning revealed that there were adequate level of awareness as all the religious leaders were aware of family planning.[17] Furthermore, the study also revealed 86% of religious leaders reported that people from their community asked for advice or guidance about family planning matters in their community and 90% of religious leaders said decision about contraceptive use should be made by the couple.[17]

Recognizing that religious leaders are respected members of the community and potential proponents and advocates of family planning, religious leaders need to know the appropriateness of contraceptive use, to dispel myths about family planning, improve their perspectives toward contraception, and motivate them to advocate publicly for family planning. Despite wide recognition of the importance of religion in family life in the Nigeria, religious groups have largely been excluded from research on reproductive behaviour and family planning in particular. Other studies elsewhere have found a more essential role for religion. For instance in rural Zimbabwe, the prohibitions against modern medicine and modern contraceptive use by strict Apostolic churches were significantly more salient than those from the Catholic churches, leading to lower contraception and higher fertility among Apostolics.[18]

Globally, as at 2009, approximately 60% of those who are married and able to bear children use birth control.[19] How frequently different methods of contraceptives are used varies widely between countries. In Ile-Ife, Nigeria respondents disapproved use of family planning based on the following reasons: 44% (on religious ground), 30.5% (because of side effects) 20.8% for fear of encouraging infidelity. Orji and Onwudiegwu also reported in their study that religion was found to influence the attitude of married men towards family planning. The objective of this study was to determine the roles and utilization of family planning among religious leaders in a community in south west Nigeria.

Methodology

This study was conducted in Ogbomoso. It is a community in Oyo State, South West of Nigeria. It has two Local Government Areas namely Ogbomoso North and Ogbomoso South. The people of Ogbomoso are predominantly Yoruba, with few Hausa, lgbo, Fulani, Ghanaians and other tribe cohabiting together. Inhabitants of Ogbomoso practice Christianity, Islam and tradition religions. The focus of the study was on leaders of two main religious groups (Islam and Christianity) who were married including those who belonged to Catholic denomination. This is a descriptive cross sectional study to assess the involvement and utilization of family planning among religious leaders in Ogbomoso South West Nigeria.

Equal allocation of respondents was done for two existing religious groups to pick 200 subjects. Systematic sampling technique was used to pick the respondents from the sampling frame using sampling interval of 3 for each religious group. When the selected respondent was not available the next one on the list was picked. Included in the study were religious leaders who were married and those who belonged to the Catholic denomination. Interviewer administered questionnaire was used to obtain information from the respondents. The research instrument was pretested among religious leaders on Oyo town, about 50 kilometers south of Ogbomoso. This was to ensure validity and reliability of the instrument. The data obtained from pretested instrument was analyzed and necessary modification was made. All collected data were analyzed and checked manually for errors and entered for analysis using Statistics Package for Social Sciences version 19 (SPSS 19) software package.

Results

The respondents' age was between 28 and 65 years, the mean age was 43.7 ± 7.72 years. One hundred and eighty-nine (94.5%) of the respondents were male while 193 (96.5%) were married and 7(3.5%) were single. The singles were the Catholic priests who practised celibacy. Majority of respondents 126 (63%) had tertiary education and only 6 (3%) had non-formal education.

Sixty-seven percent each of Christian religious leaders supported the use of

injectable contraceptives and calendar monitoring (Rhythm Method) while it was 22% and 58% respectively for the Islamic religious leaders. Sixty-five percent of each of the Christian religious leaders supported oral pill and condom while it was 50% and 41% respectively for the Islamic leaders. Only 5% and 7% of Islamic religious leaders supported vasectomy and bilateral tubal ligation respectively but it was 34% and 31% respectively for the Christian religious leaders. Eighty-seven (87%) Christian and 78 (78%) Muslim religious leaders would encourage use of family planning. About half of the religious leaders (53% Christian and 48% Muslim) seldom preached family planning in their sermons while only 10.5% (6 Christian and 15 Muslim) religious leaders did not preach use of family planning. Majority of the respondents 172 (86%) mentioned married couples as the audience during preaching.

One Hundred and sixty-one (80.5%) of respondents affirmed that couples should make decision about family planning. One hundred and thirty-six (68.5%) said community members used to ask for advice about family planning, 160 (80%) mentioned that congregational members used to seek for advice about family planning while 103 (51.5%) said other religious leaders also seek advice from them. One hundred and sixty-nine respondents (84.5%) comprising 89 Christian and 80 Islamic religious leaders indicated their support for family planning use. Majority (97%) of the Christian respondents gave reasons for supporting family planning use as giving financial and psychological readiness or preparation for the couples to bear and bring up children while majority (80%) of the Muslim respondents supported family planning use because it gives mother time to prepare for the next pregnancy or baby.

The reasons for not supporting use of family planning were religious opposition which was asserted to by 15% of respondents comprising of 7 and 8 Christian and Islamic religious leaders respectively; others were tempering with the nature (11%), cost (11%) and side effects (4%). Eighty-three percent of the religious leaders (82 Christians and 84 Muslims) had used family planning method and 67.5% (74 Christians and 61 Muslim leaders) were currently using at least a method of family planning as at the time of the study. Ninety-one respondents (45.5%) were using condom, calendar monitoring 53 (26.5) lactational amenorrhoea 27 (13.5%) and bilateral tubal ligation 4 (2%) which comprised of only 3 Christians and 1 Muslims while none was using vasectomy and cervical cap.

One hundred and nineteen (59.5%) mentioned that the choice of family planning was guided by minimal side effects, 98 (49%) safety and 92 (46%) effectiveness. Thirty-two (16%) respondents stopped using family planning because of side effects and 26 (13%) due to religious opposition. One hundred and thirty-four respondents (67%) believed cost was not a barrier to family planning use while 66 (33%) agreed it was. There is no significant difference in the use (ever use) of family planning between the two types of religious leaders.

Discussion

The prevalence of family planning is low, especially in the developing countries. One of the reasons accounting for low prevalence is religious opposition. It is revealing to note in this study that 84.5% of religious leaders supported use of family planning and 82.5% would encourage others to use family planning. This finding is similar to the findings of a study among religious leaders in rural Malawi[20] and in Ilorin, Nigeria[21] where 80% and 87.1% respectively supported use of family planning, but slightly different from the study by Orubuloye et al[22] on roles of religious leaders in changing of sexual behavior in southwest Nigeria where 78% and 22% of Christian and Muslim religious leaders respectively supported the use of family planning. However, our findings are similar to those reported in a study among Christian religious leaders in Enugu by Nkwo where

86.5% of religious leaders would encourage members of their congregation to practice family planning.[23] It therefore means that efforts should be put in place to seek the assistance of religious leaders in family planning services since significant proportion of them are interested and willing to support the programme.

Only 5% of the Muslim leaders supported use of vasectomy as against 34% for Christian; 7% of Muslim clerics supported use of bilateral tubal ligation as against 31% for Christian leaders. This is because Islamic doctrine do not support permanent method of family planning.[12] Few Muslim leaders (15%) supported implants while 36% of the Christian leaders did. Majority of the Christian religious leaders supported injectable contraceptive and calendar monitoring (67% each), oral pill and condom (65% each) while a little above half (58%) of the Muslim religious leaders supported the use of calendar monitoring and 50% gave their support for oral pills. Most of the oppositions to their use were mainly from Muslim religious leaders and Catholic priest. This finding is corroborated in a study[9] by Schenker and Rabenou on cultural and religious perspective of family planning where Muslim clerics only allowed use of contraceptive when they are temporary, safe and legal.

Majority of the religious leaders (86%) preached use of family planning to married individuals and 80.5% believed that couples should be allowed to make decision about family planning. To support this finding, a study in Ghana by Aryeetey et al[24] on knowledge, perception and ever use of modern contraception in East of Ghana revealed that 78% of the respondents indicated that both partners should be involved in decision to use any contraceptive while only 18% indicated that the decision should be made exclusively by the woman. Similarly, findings reported in a study in Jordan by Carol Underwood where 90% of the religious leaders said decision about contraceptive use should made by the couple.[17] Awoyemi, Osagbemi and Koladale[21] quoted 72.5% in their study to have believed that a couple should be able to decide on the number of children they want to have.

About two-thirds (68%) of respondents indicated that people from the community used to ask for personal advice about family planning, 80% said congregation used to ask for personal advice about family planning while 51.5% indicated that other religious leaders used to ask for advice or counselling from them pertaining to family planning. This finding is supported by Awoyemi, Osagbemi and Koladale[21] in their study where 62.5% of religious leaders spoke about family planning in their various communities. In contrast to the above, Carol Underwood in a study in Jordan indicated that 86% of religious leaders reported that more people from their community asked for advice or guidance about family planning; 73% of male and 83% of female clerics said other religious leaders asked for advice or counselling about family planning and 90% of them had discussed family planning matters with their communities.[17] Family planning service providers should ride on this to network with religious organizations towards improving uptake.

Majority (84.5%) of respondents who supported the use of family planning gave reasons as mothers have time to prepare for the next pregnancy (82%), gives time to cater for the baby (52%), helps to reduce sexually transmitted infections including HIV/AIDS (78.5) and financial or psychological readiness or preparation for the couples (45.5%). Those respondents (28.5%) who didn't support use of family planning mentioned religious reasons (7.5%), tempering with the nature (5.5%) costs (5.5%), side effects (4%) and spouse refusal (1.5%) for not supporting its use. Those who stopped use of family planning among the religious leaders were due to side effects (16%), religious opposition (13%), not made readily available (5%) and non-effectiveness (4.5%).

More than three-quarters (83%) of the respondents had used family planning at one time or the other, and 67.5% were currently using at least a method of family planning as at time of this study. This was similar to 61.5% reported as current users in a study by Nkwo.[23] Condom was the most commonly used (45.5%) followed by calendar monitoring (26.5%), coitus interruptus (13%) intrauterine contraceptive device (11.5%). None was using vasectomy and implants as at the time of the study. This is not consistent with a study by Awoyemi, Osagbemi and Kolade[21] where only 37.1% of the religious leaders had used one form of family planning, and 25.7% were at the time of the study using family planning and the most commonly used method being natural abstinence combined with breast feeding. This study also revealed that cost was a barrier to the use of family planning as thirty-three percent of the respondents asserted that cost was a barrier to its use. This is at variance with a study by Aryeetey et al[24] where fewer than 5% of respondents indicated cost as a barrier to accessing family planning services.

Table 1: Acceptance of Family Planning Methods by Religious leaders

Family Planning Methods	Frequency* (Percentage)		Total (%)
	Christians	Muslims	
Oral pills	65 (65.0)	50 (50.0)	115 (57.5)
Injectable contraceptive	67 (67.0)	22 (22.0)	89 (44.0)
Lactational amenorrhoea	44 (44.0)	28 (28.0)	72 (36.0)
Calendar monitoring	67 (67.0)	58 (58.0)	125 (62.5)
Abstinence	53 (53.0)	47 (47.0)	100 (50.0)
Coitus interrptus	45 (45.0)	46 (46.0)	91 (45.5)
Vasectomy	34 (34.0)	5 (5.0)	39 (19.5)
Bilateral tubal ligation	31 (31.0)	7 (7.0)	38 (19.0)
Condom	65 (65.0)	41 (41.0)	106 (53.0)
Intrauterine contraceptive device	50 (50.0)	34 (34.0)	84 (42.0)
Implants	36 (36.0)	15 (15.0)	51 (25.5)
Cervical cap/diaphragm	38 (38.0)	22 (22.0)	60 (30.0)
Traditional method	12 (12.0)	47 (47.0)	59 (29.5)

***Multiple Responses12**

Table 2: Respondents Encouragement, Frequency of Preaching and the Audience during Preaching of Family Planning

Variables	Frequency		
Encouragement of family planning	**Christians**	**Muslims**	**Total (%)**
Would encourage	87 (87.0)	78 (78.0)	165 (82.5)
Would not encourage	13(13.0)	22(22.0)	35(17.5)
Total	**100 (100.0)**	**100 (100.0)**	**200 (100.0)**
Family Planning sermons			
Often (at least once/week)	41 (41.0)	37 (37.0)	78 (39.0)
Seldom (at least once/year)	53 (53.0)	48 (48.0)	101 (50.5)
None	6 (6.0)	15 (15.0)	21 (10.5)
Total	**100 (100.0)**	**100 (100.0)**	**200 (100.0)**
The audience during preaching of family planning use			
Teenagers	10 (10.0)	2 (2.0)	12 (6.0)
Married	82 (82.0)	90 (90.0)	172 (86.0)
Students	02 (2.0)	1 (1.0)	03 (1.5)
Others	06 (6.0)	7 (7.0)	13 (6.5)
Total	**100**	**100**	**200 (100.0)**

Table 3: Respondents support and Reasons for supporting or not supporting Use of Family Planning

Variables	Frequency* (%)		Total
	Christians	**Muslims**	
Support for Family Planning Use?			
Yes	89 (89.0)	80 (80.0)	169 (84.5)
No	11 (11.0)	20 (20.0)	31 (15.5)
	100 (100.0)	100 (100.0)	200 (100.0)
Reasons for supporting use of Family Planning			
Gives mother time to prepare for the next pregnancy or psychological	84 (84.0)	80 (80.0)	164 (82.0)
Gives Financial or Psychological readiness or preparation for the couples.	97 (97.0)	60 (60.0)	157 (78.5)
Gives time to cater for the baby	64 (64.0)	40 (40.0)	104 (52.0)
Helps to reduce sexually transmitted infection including HIV/AID	80 (80.0)	77 (77.0)	157 (78.5)
Total	**261**	**257**	**582**

***Multiple Responses**

Table 4: Use of Family Planning and methods of choice among respondents

Variable	Frequency (%) Christians	Total (%) Muslims	
Ever use			
Yes	82 (82.0)	84 (84.0)	166 (83.0)
No	18 (18.0)	16 (16.0)	34 (17.0)
Total	100 (100.0)	100 (100.0)	200 (100.0)
Current use			
Yes	74 (74.0)	61 (61.0)	135 (67.5)
No	26(26.0)	39(39)	65(32.5)
Total	100 (100.0)	100 (100.0)	200 (100.0)
Methods used*			
Oral pills	17. (17.0)	7 (7.0)	24 (12.0)
Injectable contraceptive	9 (9.0)	2 (2.0)	11 (5.5)
Lactational amenorrhea	21 (21.0)	6 (6.0)	27 (13.5)
Calendar monitoring	32 (32.0)	21 (21.0)	53 (26.5)
Abstinence	7 (7.0)	10 (10.0)	17 (8.5)
Coitus interruptus	8 (8.0)	18 (18.0)	26 (13.0)
Bilateral tubal ligation	3 (3.0)	1 (1.0)	4 (2.0)
Condom	47 (47.0)	44 (44.0)	91 (45.5)
Intrauterine device	18 (18.0)	5 (5.0)	23 (11.5)
Implant	3 (3.0)	1 (1.0)	4 (2.0)
Traditional method	1 (1.0)	19 (19.0)	20 (10.0)

***Multiple response**

Table 5: Respondents Reasons for Using and Stopping the Use of Family Planning

Variables	Frequency* (%) Christians	Muslims	Total (%)
Reasons for using FP			
My religion allows it	62 (62.0)	57 (57.0)	119 (59.5)
It is effective	53 (63.0)	39 (39.0)	92 (46.0)
It is safe	56 (56.0)	42 (42.0)	98 (49.0)
It is easily affordable	44 (44.0)	27 (27.0)	71 (35.5)
It is readily available	48 (48.0)	33 (33.0)	81 (40.5)
Helps to improve standard of living	42 (42.0)	34 (34.0)	76 (51.5)
Has minimal side effects	58 (58.0)	45 (45.0)	103 (51.5)
Reasons for stopping use of family planning			
Religious opposition	10 (10.0)	16 (16.0)	26 (13.0)
Side effects	15 (15.0)	17 (17.0)	32 (16.0)
Spouse refusal	1 (1.0)	2 (2.0)	3 (1.5)
Tampers with the nature	4 (4.0)	7 (7.0)	11 (5.5)
Too expensive	5 (5.0)	6 (6.0)	11 (5.5)

***Multiple Responses**

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