

## THE IMPACT OF RELIGION ON THE CONTRACEPTIVE CHOICE AMONG WOMEN IN THE SOUTH WEST NIGERIA.

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### ABSTRACT

**Objective:** To determine the frequency of use and the impact of religion on the choice of the available modern methods of contraception among women in a semi-urban area in the Southwest Nigeria.

**Methods:** A total of 848 case reports of the new acceptors of the modern methods of contraception at the family planning unit of the University Teaching Hospital between January 2009 and December 2010 were retrieved. Relevant data regarding biodata and religion characteristics of the clients were collated and analyzed.

**Results:** Overall, 407 of the 848 (48%) clients studied accepted injectable hormonal contraceptives. Very closely, 382 (45%) accepted IUCD. The third and fourth most frequently accepted modern methods of contraception were Oral contraceptive pills 5.5% and implant, 1.2% respectively. Least accepted was the male condom by only 0.2% of the clients. More than half, 509 of the 848 clients (60%) were between 30 – 39 year age brackets, while only 1 client out of the 848 clients was an adolescent below 20 years. Pentecostals (605 out of 848) accounted for the majority (71.3%) of the new acceptors of Modern methods of contraception in this study. Only 61(7.2%) were Roman Catholics. Other non-catholic orthodox represented 14 %, while 7.4% were Muslims. There was no significance relationship between the religious denominations and the choice of contraceptive methods among the clients in this study  $\{X^2(35) = 32.04; p > .05\}$ .

**Conclusion:** This study shows clearly that religion to a large extent affects the acceptance of the modern method of contraception. However, there is no significant relationship between religious denomination and the choice of modern methods of contraception in our environment.

**Keywords:** Modern Contraceptive Methods, Acceptance, Choice, Religion, Nigeria.

### INTRODUCTION

Birth control has been around for ages. Egyptian scroll as far back as 1900BC described ancient methods of birth control that were later adopted in the Roman Empire during the ancient days. Wool that absorbed sperm, toxic substances to fumigate the uterus and other methods were used to prevent conception. In some countries, condoms were used (though made out of animal skin rather than latex)<sup>1</sup>.

For many years, the Christian doctrine unanimously disallowed any form of family planning<sup>2</sup>. The opposition of Catholic Church to contraception dated far back as history can trace. The church heavily emphasized pregnancy as the primary purpose of sex – some Catholics even believed that intercourse at times when pregnancy was not a possible result (such as current pregnancy and menopause) was sinful<sup>1,3</sup>. Symbiotic help between husband and wife or the alleviation of concupiscence were considered less important in the marriage relationship<sup>2</sup>. Any artificial interference with the natural processes of coitus was contrary to the laws of

God and must be condemned as gravely sinful. St. Augustine of Hippo wrote “Sexual intercourse even with a lawful wife is unlawful and shameful, if the offspring of children is prevented. This is what Onan, the son of Juda, did, and on that account God put him to death”. For priests or laymen to query these eternal and immutable laws as laid down by St. Augustine in the fourth century, and elaborated by St. Thomas Aquinas in the thirteen century, was not merely presumptuous but possibly heretical. Even the coming of the Reformation and all it represented in the way of challenge to the dogmas of the mediaeval Catholic Church has no apparent influence on the Christian doctrine concerning birth control<sup>2</sup>. However, the Catholic Church recently acknowledges a secondary,

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unitive purpose of intercourse. Therefore, the current position of Catholic Church on contraception is that artificial contraception is considered a mortal sin, but methods of natural family planning are morally permissible in some circumstances, as they do not usurp the natural chain of conception<sup>4</sup>.

Prior to 1930, all the other denominations agreed with the Catholic Church that contraception was sinful. During the seventh Lambeth conference in 1930, the Anglican Church, swayed by growing social pressure, declared that contraception should be allowed. Since then, all other protestant denominations have followed suit<sup>5</sup>.

The Islamic religion does not prohibit contraception. Muslim Scholars have allowed birth control methods under these conditions; birth control methods should be used with both parties' consent, the method should not cause permanent sterility and should not otherwise harm the body<sup>6</sup>.

The variety of positions towards contraception among Christian denominations and Islam has seriously hampered the work of World Health Organization (WHO) in some fields because of failure by members to agree as to the desirability of certain methods of family limitation<sup>2</sup>.

Events unfolding in the last 50 year, due to the steady increase in world population, progress in medical science and the obvious inability of the Churches to enforce discipline (with regard to contraception) among their followers, leaders of churches have been forced to modify their traditional doctrines. Christian literature and discussions on the subject of marriage, the family and sexual relationships is now extensive, and reflects a growing awareness of current demographic problems. Protestants and Catholics now talk of a population "crisis", and all the major Christian Churches are actively trying to develop new demographic policies which will be doctrinally sound, and at the same time realistic in a period of rapid population growth<sup>2,3</sup>.

This study was therefore carried out in our centre, a typical secular setting with good presence of the major religion groups and Christian denominations. The specific aim was to evaluate the influence of religion on the choice and acceptability of the various modern contraceptive methods. No such study has been reported in our environment to the best of our knowledge.

**MATERIALS AND METHODS**

This retrospective study was carried out in the Family Planning unit of the Obstetrics and Gynecology department of the University Teaching Hospital (UTH), Ado – Ekiti. Ado Ekiti is situated in Ekiti State, southwest Nigeria. Ekiti State is a secular state with a

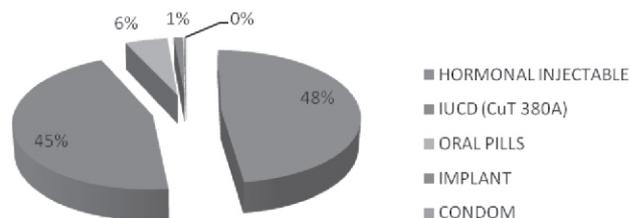
population of approximately 2.73million people (2005 EST.). Ado Ekiti has a population of about 460,000 people with the presence of major religion sects and Christian denominations. The case records of new acceptors at the Family Planning unit of the Teaching Hospital between January 2009 and December 2010 were retrieved. All retrieved records were examined for the age, parity and religion. Data were analyzed using SPSS Windows Version 17.0 (SPSS Inc, IBM, UK). Cross-tabulation for categorical variables was done. Two-sided P values were calculated using the chi-square test for dichotomous and ordinal variables. P values < 0.05 were considered statistically significant. Data sensitivity and specificity through representation for possible deductions were achieved using Microsoft Excel Windows 2007.

**RESULTS**

*Table 1 Frequency and percentage distribution showing contraceptive method of new family planning acceptors in Ekiti-state*

METHOD	FREQUENCY	PERCENTAGE (%)
HORMONAL INJECTABLE	407	48.0
IUCD (CuT 380A)	382	45.0
ORAL PILLS	47	5.5
IMPLANT	10	1.2
CONDOM	2	0.2
TOTAL:	848	100

The frequency and percentage distribution of the clients were shown in table 1 above. Majority, 48.0% of the clients used hormonal injectable, 45.0% used the IUCD(CuT 380A), 5.5% Oral Contraceptive Pills(OCs), 1.2% used Implant, while only 0.2% used Condom. The pie chart in figure 1 below sheds more light to this explanation.



*Figure 1: Pie chart showing contraceptive method distribution of the clients*

Table 2: Frequency and percentage distribution showing the age of the clients

AGE-GROUP (in years)	FREQUENCY	PERCENTAGE (%)
<20	1	0
20 – 29	149	18
30 – 39	509	60
40 – 49	177	21
50 & above	12	1
<b>TOTAL:</b>	<b>848</b>	<b>100</b>

Table 2 above showed the age composition of the clients. In all, (30-39 years) age bracket constituted the largest percentage of the clients (60.0%). The table also revealed that 21.0% were of 40-49 years bracket while 18.0% were 20-29 years old. 1.0% was 50.0 years and above. The pie chart in figure 2 below sheds more light to this explanation.

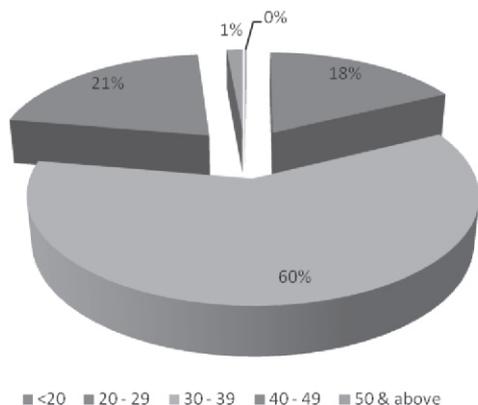


Figure 2: Pie chart showing age distribution of the clients

Table 3 Frequency and percentage distribution showing religious denominations of new family planning acceptors in Ekiti-state

RELIGION /DENOMINATION	FREQUENCY	PERCENTAGE (%)
PENTECOSTAL	605	71.3
CATHOLIC	61	7.2
OTHER ORTHODOX	85	10.0
SPIRITUALIST (White Garments)	34	4.0
MUSLIM	63	7.4
<b>TOTAL:</b>	<b>848</b>	<b>100.0</b>

Table 3 above showed the religious denominations of new family planning acceptors in Ekiti-state. Out of the 848 clients, (71.3%) are members of Pentecostals, while only (7.2%) were Catholics, (10.0%) were also other orthodox, (4.0%) were members of white garment churches, while (7.4%) are Muslim. The pie chart in figure 3 below gives pictorial details of this analysis.

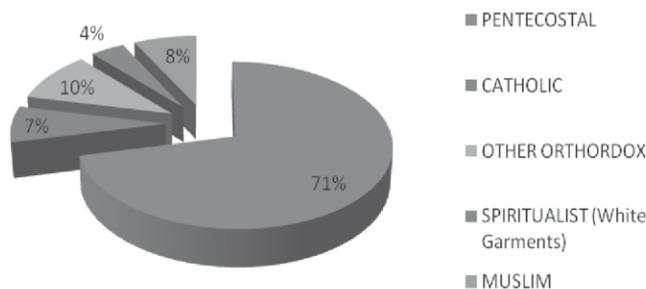


Figure 3: Pie chart showing religion distribution of the respondents

**HYPOTHESIS**

There is a significant relationship between the choice of contraceptive methods and religious denominations among new acceptors in Ekiti-state.

Table 3a: Cross tabulation showing the relationship between contraceptive methods and religious denominations.

		RELIGIOUS DENOMINATIONS								TOTAL
		PENTECOSTAL	CAC	CATHOLIC	ANGLICAN	WGC	MUSLIM	MB	RCCG	
NORPLAN	F	6	1	0	0	0	1	0	2	10
T	%	1.7	0.7	0	0	0	1.6	0	1.9	1.2
CONDOM	F	1	0	1	0	0	0	0	0	2
	%	0.3	0	1.6	0	0	0	0	0	0.2
ORAL	F	20	9	4	1	2	6	0	5	47
PILLS	%	5.5	6.5	6.6	1.6	5.9	9.5	0	4.7	5.5
NORISTE	F	56	19	8	7	8	6	1	24	129
RAT	%	15.5	13.8	13.1	11.5	23.5	9.5	4.2	22.6	15.2
DEPO	F	117	49	21	18	10	25	11	27	278
PROVERA	%	32.4	35.5	34.4	29.5	29.4	39.7	45.8	25.5	32.8
CuT 380A	F	161	60	27	35	14	25	12	48	382
	%	44.6	43.5	44.3	57.4	41.2	39.7	50.0	45.3	45.0
<b>TOTAL</b>	F	361	138	61	61	34	63	24	106	848
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

F= Actual Frequency; %= Percentage within religion denomination category

Table 3b: Chi Square Analysis Showing Relationship between Contraceptive Methods and Religion

Variables	Chi-Square Value	Df	P
FP & RELIGION	32.04	35	> .05

Table 3a above revealed that most of the clients accepted Injectable hormonal (Depo Provera and Noristerat) and CuT 380A. This is irrespective of their religious denominations. All the denominations seem to abhor condom usage as it attracted very insignificant values. Thus, it seems there is no relationship between religion denomination and the choice of contraceptive method among new acceptors in Ekiti state. This explanation is explicit in the cluster bar chart in figure 4 below.

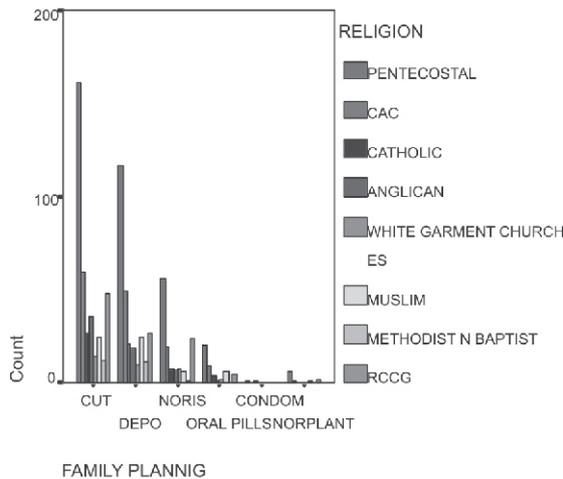


Figure 4: Cluster bar chart of contraceptive methods and religious denomination of the clients

This assertion is strengthened by the chi square analysis in table 3b which revealed that there is no significant relationship between religion denomination and family planning type among new acceptors in Ekiti state  $\{X^2(35)=32.04; P> .05\}$ . Thus, our hypothesis which stated that there is a significant relationship between family planning type and religion denomination among new acceptors in Ekiti-state is rejected.

## DISCUSSION

This study shows that hormonal injectable method is the most preferred method of contraception among new acceptors in our centre. This is a deviation from results of studies from other tertiary health institutions in Nigeria that had reported intrauterine contraceptive device (IUCD) as the commonest method.<sup>7,8,9,10</sup> The peculiarity of these studies is that they emanated from tertiary health institutions located in the major urban centres in Nigeria. However, results of similar studies from tertiary health institutions located in less urban settings as ours in Nigeria reach similar conclusion that hormonal injectable method of contraception is the commonest method of contraception.<sup>11,12</sup> This finding further strengthens the undeniable influence of social and

demographic changes on the contraceptive behavior of women<sup>13</sup>.

The majority of our clients are within the age group of 30 – 39 in this study. This represents the peak age of reproductive life in our environment. This review agrees with previous studies from other geopolitical zones in Nigeria.<sup>7,11,14</sup> Acceptance of modern methods of contraception was negligible among adolescents in this study. This is so despite the high prevalence of teenage pregnancies and unsafe abortion related complication among this age group in Nigeria. This may be due the fact that there is no adolescent health policy in the majority of facilities in Nigeria. For instance, Family Planning clinic in our government hospitals are structured to cater for older females. Fear of retribution from parents, negative attitude of health care providers, cultural and religious restriction on adolescent non-marital sex behavior and misconstrued association of contraception with illicit sexual permissiveness further drive adolescent away from accepting modern contraceptive methods.<sup>10,12</sup>

In this study, majority (71%) of our clients are members of the Protestant Christian churches while only 7% are Roman Catholics. This finding is rather not surprising because the Roman Catholic Church teaches that artificial means of contraception are morally unacceptable. However it is difficult to ascertain the practice of Natural Family Planning (NPF) among Roman Catholics in our environment. This study is facility based and most people who practice Natural Family Planning Methods in our environment do so without approaching the provider. Despite the fact that the other non-catholic orthodox churches and Muslim approve the use of artificial methods of contraception, this study shows a surprisingly low acceptance among them. Only 10% of the non-catholic orthodox church members (Anglicans, Methodists, Baptists) accepted available methods in our centre, while only 7.2% are Muslims. Significantly more Muslims than Christians practised coitus interruptus or the rhythm method.<sup>15</sup> Since these methods do not require their contact with the providers of modern methods of contraception, this may explain the finding in this study.

In this study, we hypothesized, that there is a significant relationship between the choice of contraceptive method and the religious denomination of the clients. These two variables were cross tabulated. The significance was tested using Chi-Square with the level of significance set at 0.05. The finding showed that there is no significant relationship between the types of contraceptive method accepted and the religious denominations of the new acceptors of contraception in Ekiti State. Our clients irrespective of their religious denomination accepted

injectable hormonal contraceptive method and intrauterine contraceptive device (IUCD). We also found that there is low acceptance of condom by our clients. This may be due to the fact that majority of condom users obtain the commodity directly from the pharmacy shops and patent medicine stores.<sup>16</sup>

Religion play a very significant role in the acceptance of birth control, however, the role of religion on the choice of contraceptive method is somehow conflicting<sup>17</sup>. In this study, we found out that despite the low acceptance of birth control by Roman Catholics, there was no significance difference in their choice of contraceptive methods when compared with Pentecostal faithful and other Non-catholic orthodox members. Therefore our hypothesis tha religion has a significant relationship on the choice of contraceptive methods in this environment was rejected. Similarly, in their study on the Influence of Religiosity on Contraceptive Use among Roman Catholic Women in the United States. Jennifer and Richard<sup>3</sup> found that there is no significant difference in the choice of modern contraceptive methods between Roman Catholics in United States of America who accepted birth control and the Non-catholic. However, they found that Roman Catholic women with high church attendance were 188% more likely ever to have used Natural Family planning compared to low attendance women.

## CONCLUSION

As a result of the progress in medical science, the steady increase in world population, and the failure of the Churches to enforce discipline (with regard to contraception) among their own flocks, the impact of religion on sexuality and fertility is being modified by other factors including socioeconomic crises, HIV/AIDS pandemic e.t.c. The government should explore this avenue to scale up family planning utilization in Nigeria. Campaign in Favour of Natural Method of family planning should be intensified. Effort should be directed towards more integration of the natural methods of family planning into the modern methods of contraception to serve as a medium of increasing the number of clients from denominations that passively or actively arbor artificial methods of family planning but accept the natural methods.

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