

# Partnering With Christian Religious Leaders To Increase Contraceptive Coverage: A Viable Option In Enugu Nigeria

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## Abstract

A cross-sectional survey of non-Catholic Christian religious leaders was conducted in order to determine the awareness, practice and attitude to family planning amongst Christian religious leaders in Enugu, Eastern Nigeria. 303 respondents were recruited through a stratified random sampling technique. The mean age of respondents was  $44 \pm 4$  years. Every respondent was aware of at least one family planning method. Knowledge of the methods were: calendar method (45.9%), withdrawal (40.3%), condom (39.6%), (IUCD) (36.6%) and periodic sexual abstinence (28.7%). The main sources of information on family planning were health workers (46.9%), mass media (29.0%) and friends (12.5%). All respondents at risk of unwanted pregnancy were practicing some forms of family planning. The methods commonly practiced were withdrawal (28.7%), IUCD (26.2%), calendar (25.6%), condom (11.6%) and Billing's method (7.3%). 124 (41%) respondents had ever recommended family planning to members of their congregations or groups; none ever discouraged its practice. The high rates of awareness, practice and favourable attitude to family planning existing amongst the Christian religious leaders in Enugu, offer opportunities for a partnership between family planning service providers and the religious leaders such that contraceptive information could be disseminated through the churches.

## SUMMARY

A cross-sectional survey of non-Catholic Christian religious leaders was conducted in order to determine the awareness, practice and attitude to family planning amongst Christian religious leaders in Enugu, Eastern Nigeria. 303 respondents were recruited through a stratified random sampling technique. The mean age of respondents was  $44 \pm 4$  years. Every respondent was aware of at least one family planning method. Knowledge of the methods were: calendar method (45.9%), withdrawal (40.3%), condom (39.6%), (IUCD) (36.6%) and periodic sexual abstinence (28.7%). The main sources of information on family planning were health workers (46.9%), mass media (29.0%) and friends (12.5%). All respondents at risk of unwanted pregnancy were practicing some forms of family planning. The methods commonly practiced were withdrawal (28.7%), IUCD (26.2%), calendar (25.6%), condom (11.6%) and Billing's method (7.3%). 124 (41%) respondents had ever recommended family planning to members of their congregations or groups; none ever discouraged its practice. The high rates of awareness, practice and favourable attitude to family planning existing amongst the Christian religious leaders in Enugu, offer opportunities for a partnership between family planning service providers and the religious

leaders such that contraceptive information could be disseminated through the churches.

## INTRODUCTION

The low contraceptive prevalence in Nigeria has been attributed to a number of factors including religious belief<sup>1-9</sup> as well as opposition from religious organizations<sup>10-12</sup>. The Roman Catholic Church officially forbids artificial methods of family planning but encourages the natural methods<sup>12-14</sup>. On the other hand, the Anglican Church officially permits all forms of family planning including the artificial methods<sup>13-15</sup>. The official positions of the other churches in Nigeria are less clear.

The attitude of religious leaders to family planning, and particularly their practice or non-practice of it, has some influence on the overall prevalence of family planning practices in a community<sup>16-18</sup>. Because the Church is an important organ of social mobilization, the attitude of her leaders to family planning could have significant effects on the attitude to, and practice of family planning by her members. Therefore, in a predominantly Christian society such as Enugu, the attitude of the Christian religious leadership to family planning could have a profound

influence on the overall prevalence of family planning practice as well as on the particular family planning methods practiced. If the leadership is favourably disposed to family planning, the Church could also serve as an effective forum for the dissemination of family planning information. This study was carried out to investigate the awareness, practice and attitude to family planning amongst Christian religious leaders in Enugu so as to determine whether they constitute barriers or facilitators of family planning practice in the community. Information from the study will be useful in designing appropriate church-sensitive family planning interventions to improve the contraceptive prevalence in Enugu and its environs.

## **MATERIALS AND METHOD**

### **STUDY SETTING**

This study took place over a four-month period in Enugu, the capital city of Enugu state of Nigeria. Enugu is inhabited predominantly by people of the Igbo ethnic group whose religion is mainly Christianity. Therefore Christian religious leaders constitute a very influential group in Enugu. Enugu has been a capital city of the Eastern Region since 1919 when Nigeria had only three regions. The implication is that most influential people in Eastern Nigeria either have a home in Enugu or have frequent contact with Enugu so that whatever is accepted as a normal practice in Enugu eventually gets exported to the other communities in Eastern Nigeria. Enugu is also the seat of church government in Eastern Nigeria as most church denominations have their regional headquarters in Enugu. The attitudes of church leaders in Enugu have enormous influence on the attitudes of their counterparts (who are mostly their subordinates) in the rest of Eastern Nigeria as there is a tendency for those in the hinterlands to emulate their colleagues in Enugu.

### **STUDY SUBJECTS**

Registered church denominations in Enugu were the subjects of this study. Religious and social organizations are required to register with the ministry of social development and also with the local government area where the registered addresses of the churches are located. Only state headquarters of the churches are required to register; church branches do not have this registration obligation. This ensures that every church denomination relates with the state government only through her state headquarters irrespective of the number of her branches. There were 53 such registered independent church denominations, excluding the Roman Catholic Church, in Enugu urban city at the end of

2006.

### **SAMPLING TECHNIQUE AND INTERVIEW METHOD**

All the 53 registered non-Catholic church denominations in Enugu urban city were selected for the study. The register of churches at the ministry of social development was used to identify the registered churches and their registered addresses. Only one branch of each church denomination, namely the branch registered with the ministry of social development, was selected. For each church denomination, 6 categories of leaders were identified for interview, namely (1) the resident pastor in charge, (2) the leader of the men's group, (3) the leader of the women's group, (4) the leader of the youths' group, (5) the leader of the Sunday school/bible study teachers and (6) the leader of the choir group. The interview was conducted with the aid of researcher-administered semi-structured questionnaire which contained questions on respondents' socio-demographic characteristics (age, sex, marital status, highest level of education), awareness, knowledge and sources of information on family planning, practice of family planning including method of family planning practiced, recommendation of family planning to members of congregations or groups including methods of family planning recommended, and their overall approval or disapproval of family planning. The interview was conducted by resident doctors who were previously trained on administration of the questionnaire. Before interviewing any subject, the purposes of the study were explained to the prospective respondent and consent for participation was solicited. Consent was verbal. Those who granted their consent were interviewed but those who declined consent were excluded from the study. Unregistered church denominations were not included in the study. The Roman Catholic Church was also excluded from the study because of her known official disapproval of artificial contraception.

### **DATA MANAGEMENT**

Data entry and analysis were done with the computer statistical software SPSS version 10 for descriptive and inferential statistics and results were presented as tables and simple proportions.

### **RESULTS**

A total of 303 respondents participated in the study. The age of respondents ranged from 30 to 66 years with a mean of  $44.3 \pm 1.7$  years. They comprised of 171 (56.4%) males and

132 (43.6%) females of whom 267(88.1%) were married, 33(10.9%) were single and 2(0.6%) were widows (total =303). One hundred and sixteen (38.3%) respondents had secondary education while 187(61.7) had tertiary education (theology training or university education) (total=303). There were 24 (7.9%) respondents from the orthodox protestant churches (Anglican, Presbyterian, Methodist, Baptist and Evangelical Church of West Africa) and 279 (92.1%) from the Pentecostal and spiritual (independent African churches) denominations (total=303). Their sources of information on family planning are shown in Table 1(a) which revealed that health care workers and the mass media were their main sources of information on family planning. Table 1(b) shows their awareness of family planning methods. They were most aware of calendar, withdrawal, condom and intrauterine contraceptive device (IUCD) in decreasing order. Every respondent was aware of at least one family planning method. Although women knew more

family planning methods than the men, there was no significant difference in the awareness and knowledge of the two groups ( $p=0.085$ ). Table 1(c) and 1(d) show their practices and recommendations of family planning methods. Of the 267 married respondents, 164 (61.4%) were practicing family planning, 72(27%) were menopausal (or had menopausal wives), 13(4.9%) were pregnant or had pregnant wives and 18(6.7%) were trying to conceive at the time of the study. Therefore all those who were at risk of unwanted pregnancy were practicing some form of family planning. Eighty-six point five percent (86.5%) of the respondents encouraged members of their congregations/groups to practice family planning and none discouraged its practice. Calendar method, withdrawal, condom, IUCD and Billing's method were the most commonly practiced and recommended family planning methods.

**Figure 1**

Table 1: Sources of information, awareness, practice and recommendation of family planning amongst Christian church leaders in Enugu

**(a) Sources of information (N=330)**

Sources of information	Number	%
Health workers	142	43
Mass media	86	26.1
Friends	38	11.5
Lectures during training for religious work	24	7.3
Members of congregation	18	5.5
Family members	12	3.6
Books	6	1.8
Husband/wife	4	1.2

**(b) Awareness (N=330)**

Family planning methods	Number	%
Calendar	139	42.1
Withdrawal	122	37
Condom	120	36.4
IUCD	111	33.6
Sexual abstinence	87	26.4
Spermicides	74	22.4
Oral contraceptive pills	65	19.7
Injectable contraceptives	62	18.8
Billings method	56	17
Female condoms/sheath/cap	53	16.1
Bilateral tubal ligation	53	16.1
Norplant/implanon	49	14.8
Symptothermal method	1	0.3

**(c) Practice of family planning (164)**

Family planning method	Number	%
Withdrawal	47	28.7
IUCD	43	26.2
Calendar	42	25.6
Condom	19	11.6
Billings' method	12	7.3
Bilateral tubal ligation	1	0.6
Total	164	100

**(d) Family planning methods recommended (N=124)**

Family planning method	Number	%
Calendar	59	47.6
Withdrawal	27	21.8
Condom	17	13.7
Billings' method	15	12.1
IUCD	6	4.8
Total	124	100

## DISCUSSION

This study revealed that 100% of the respondents were aware of one or more family planning methods. This result is similar to the findings of Orji and Onwudiegwu<sup>16</sup> from Ile-Ife but higher than Nigerian national average of 79% (amongst women aged 15 to 45 years)<sup>1</sup>. Unlike previous studies<sup>1, 10, 11, 19</sup>, all married respondents in this study at risk of unwanted pregnancy were practicing some form of family planning. The characteristics of the study population namely; being Christians, married, monogamous relationships, age greater than 30 years and being educated, are all associated with high prevalence of contraceptive practice in Nigeria<sup>20</sup> and may explain the high prevalence of family planning recorded. Similar reasons may explain the high rate of approval and recommendation of family planning to members of their congregations and groups.

It is however, disturbing that despite a positive attitude to family planning, majority of the respondents practiced and recommended the less effective methods of withdrawal, calendar and Billing's method (which constitute 61.6% of their practices and 81.5% of their recommendations) in preference to the more effective methods of condom, intra-uterine contraceptive device (IUCD), bilateral tubal ligation (BTL) and other modern contraceptive methods (34.6 of their practices and 18.5 of their recommendations respectively). The recorded practices and recommendations followed a pattern similar to their awareness and revealed important defects in their sources of information and gaps in their knowledge. The defective contraceptive communication resulted to an unmet need for effective contraceptive practice<sup>21</sup>. Targeted advocacy and orientation of religious leaders on modern family planning methods were found to be effective interventions in a similar situation elsewhere<sup>19</sup>. The identified positive disposition to family planning amongst the church leaders in this study is a window of great opportunity for promoters of family planning to exploit and work in partnership with the church leaders to promote effective contraceptive practice in the community. Family planning advocacy and sensitization meetings as well as periodic trainings could be organized for the church leaders and adult groups in the churches. This promises to have a positive multiplier effect especially in the Igbo communities. It is customary for married Igbo women who live in the cities go to their various local communities every year in the month of August to meet with other married women in their communities in order to discuss developmental and health-related issues. This has become

generally referred to as the 'August General Return'. This 'August meetings' are increasingly being targeted for sensitization, education and trainings in gender-related matters, economic empowerment and health related issues. Trained female church leaders from Enugu could use this forum to reach their peers in the hinterlands on effective contraceptive practices.

It is concluded that the non-Catholic church leaders in Enugu have a high awareness and positive attitude to family planning. A knowledge gap was revealed by their preference for the less effective methods. Targeted advocacy, sensitization and periodic training of the church leaders on modern contraceptive methods would improve their own practices of contraception as well as the overall prevalence of effective contraception in the community. The favourable attitude of the church leaders to family planning is also an opportunity for a partnership between family planning service providers and the churches to promote effective contraception. This opportunity to partner with the church needs to be exploited to facilitate the dissemination of contraceptive information in the community.

## References

1. National Population Commission (NPC), Federal Republic of Nigeria, and ORC Macro International. Nigeria Demographic and Health Survey 2003, Calverton, MD, USA: NPC and ORC Macro International, 2004.
2. Ezechi O.C, Fasuba O.B, Dare F.O. Contraceptive promotion and utilization: solution to problem of illegally induced abortion in countries with restricted abortion law. *Nigerian Quarterly Journal of Hospital Medicine*, 1999 (9) 167-168.
3. Ejembi CL. Sexual behaviour, contraceptive practices and reproductive health outcomes among Nigerian University students. *Journal of Community Medicine and Primary Health Care*.2004,(16) 8-16.
4. Ebuchi O.M, Ekanem E.E, Ebuchi O.A. Knowledge and practice of emergency contraception among female undergraduates in the University of Lagos, Nigeria. *East African Medical Journal*.2006 (83) 90-95.
5. Etuk S.J, Ekanem A.D.Knowledge,attitude and practice of family planning among women with unplanned pregnancy in Calabar, Nigeria. *Nigerian Journal of Physiological Sciences*. 2003, (18); 65-71.
6. Ijadunda J.T, Orji E.O, Ajibade F.O. Contraceptive awareness and use among sexually active breastfeeding mothers in Ile-Ife, Nigeria. *East African Medical Journal*. 2005,(82) 250-255.
7. Onwuzulike B.C, Uzochukwu B.C. Knowledge, attitude and practice of family planning among women in a high density, low income urban population of Enugu, Nigeria. *African Journal of Reproductive Health*.2001; (5):
8. Ibrahim M.T, Sadiq A.U. Knowledge, Attitude, Practices and Beliefs about family planning among women attending primary health care clinics in Sokoto, Nigeria. *Nigeria Journal of Medicine*.1999; (8):154-158.
9. Obionu C.N. Family planning knowledge, attitude and

practice among males in a Nigerian urban population. *East African Medical Journal*. 1998; (75): 131-134.

10. Bankole A, Singh S, Haas T. Reasons why women have induced abortions: Evidence from 27 countries. *International family planning perspectives*. 1998; (28): 117-127.

11. Westoff C.F, Bankole A. Unmet needs 1990-1994.

Calverton Maryland, Macro International. 1995; DHS comparative studies, No. 16.p 55.

12. Pope Paul VI. *Humanae Vitae*. Encyclical of Pope Paul VI on regulation of birth. July 25, 1968.

13. Kathleen O'Grady. Contraception and religion: A short history. In : *The museum of menstruation and women's health*. 1999. Available at <http://www.mum.org> 18th September, 2006.

14. Schenker J.G. Women's reproductive health: Monotheistic religious perspectives. *International Journal of Gynaecology and Obstetrics*. 2000 (70):77-86.

15. Linda Foster, Judith Egar, Colin Pod Moore, Alex Nicoll, Collin Batten. Science, Medicine, Technology and Environment. The Church of England website, <http://www.cofeanglican.org> of 15th September 2006.

16. Keele J. J, Forste R. Hearing native voices; contraceptive

use in Matemwe Village. *East African Journal of Reproductive Health*. 2005; (9) 32-41.

17. Joo Sook Kim, Seung Hum Ju, Il-Soon Kim. Protestant Ministers' knowledge, attitude and practice about family planning, sex education and marriage: Postal survey. *Yonsei Medical Journal* 1970, (11):

18. Oztark A, Gazel H, Gan I, Ostark Y. Opinions of Imams about family planning and their use of methods in Kayseri Turkey. *The European Journal of contraceptive Health care*. 2002; (7): 144-149.

19. Orji E.O, Onwudiegwu U. Prevalence and determinants of contraceptive practice in a defined Nigerian population. *Journal of Obstetrics and Gynaecology* 2002; (22):

20. Oye-Adeniran B.A, Adewole I.F, Gbadegesin A, Umoh A.A, Oladokun A, Yusuf B, Osilaja O.K. The characteristics of contraceptive users in Nigeria. *Sexual Health Matters*. 2006; (7): 48-53.

21. Sonfield A. Working to Eliminate the World's Unmet Needs for Contraception. *Guttmacher Policy Review* 2006;(9) 10-13.

22. Naez A. Converting Bangladesh's influential religious leaders. *Plan Parent Chall*. 1996; (2): 38-40.

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