

Influence of Religious Affiliations On Knowledge and Utilisation of Family Planning Among Teenage Mothers in Jos, Plateau State

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Abstract:

The study examined the influence of religious affiliations on knowledge and utilisation of family planning among teenage mothers in Plateau State. The study adopted a cross-sectional descriptive design. The study area for this research is Tudun Wada. The study population was women who have children or are pregnant and are of the age 11 to 19 years and are living in Tudun wada community of Jos North, Plateau state. A multistage sampling procedure was used to select 112 respondents in the community. The instrument for data collection is a researcher-administered questionnaire which consisted of three (3) sections A, B and C. Face and content validity of the instrument were ensured by experts in Nursing Science and Tests and Measurement. The reliability of this instrument was subjected to internal consistency method. The data collected were subjected to Cronbach's Alpha which yielded reliability coefficient of 0.82 and this implies that the instrument was reliable. The data of the study were collected and collated by the researchers after the administration of the questionnaire. Descriptive and inferential statistics were used as the hypotheses were tested using Chi-square analysis at 0.05 level of significance. The study revealed that the level of knowledge and utilization of

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family planning were relatively high. The study also revealed that religious affiliation influenced level of knowledge of family planning but not associated with utilisation of family planning. Therefore, nurses and other health workers working in PHCs should teach the community on family planning holistically to increase their knowledge so that family planning utilization will be enhanced

Keywords: Religious Affiliations, Family planning, Knowledge, Utilisation, Teenage Mothers,



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Introduction

Family planning is part of the Sustainable Development Goals (SDGs)-3 target 7 is critical in accelerating progress towards attainment of all SDGs, by ensuring universal access to family planning, it is a cost effective approach and increases the need for domestic investment, it allows users to simulate the effects of family planning on a variety of health and non-health SDG indicators (Mpunga, et al, 2017). The World Health Organization (2018) defines Family Planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in the family. Family Planning prevents unwanted pregnancies and associated consequences, maternal and under-5 deaths, and improves the health of both women and children (United Nation, Department of Economic and Social Affairs, 2015).

Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth (Riley et al., 2018). Yet, globally more than 289,000 maternal deaths occurred in 2013 of which nearly 99% (286,000) women died in developing countries of which a larger proportion were African countries (Tessema et al., 2016). Studies have showed that up to 40% of maternal deaths could have been averted through use of family planning services (Campbell, et al., 2015; Tessema et al., 2016). In 2018, 77 % of married or in-union women of reproductive age were using some form of contraception in the world but the use was much lower in Africa (33%) (Tessema et al., 2016; Wadhwa et al., 2018). It is estimated that globally, 225 million women who want to avoid pregnancy are not using safe and effective family planning methods (Kahansim, Hadejia & Sambo, 2013; USAID Office of Global Health date, WHO, 2012).

Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realizing the rights and well-being of women and girls, men and boys (Mustafa, et al., 2015). Universal access to effective contraceptive ensures that adults and adolescents can avoid the adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life. However, reducing the vast unmet need for family planning remains a massive challenge to countries and the global health community (Mercer et al., 2018; WHO, 2012).

Contraception and family planning services offer various economic benefits to the household, country and the world at large. Family planning permits individuals to influence the timing and the number of births which is likely to save lives of children. Secondly, by reducing unwanted pregnancies, contraceptive service can reduce injury, illness and deaths associated with child birth, abortions and sexually transmitted infections (STIs) including HIV/AIDS (Wood et al., 2016). The greatest impact of contraception on maternal mortality is for those women who are <20 years of age. While it is a sensitive issue in many cultures, delaying pregnancy by increasing contraception use among both married and unmarried women <20 could save many lives (Subedi et al., 2018).

Awareness and knowledge about family planning methods are major determinants of family planning services utilization and practice among individuals and families in our society today. The practice of family planning has called for global attention because of its



importance in decision making on population growth and issues of development. Childbearing and the use of various family planning methods are some of the most cardinal decisions on reproductive health that could be taken by couples to regulate the number of children they want to have. Therefore, the issue of family planning and its methods has led many couples to either accept family planning or reject it (Suntai & Apuke, 2016).

There have been a lot of campaigns on the use of family planning and reduction of population from country to country especially in Nigeria. Even at that, a study by NPC (2009) indicates that contraceptive use is still low in many developing countries. While Nigeria's socioeconomic situation clearly shows that the country trails other countries in many indicators of development, an expanded family planning program could help reduce barriers to development. For example, researchers have suggested that several supply- and demand-side factors may explain the low level of contraceptive prevalence in Nigeria. These studies have implicated such factors as age at sexual debut, educational attainment, fertility intentions, and household wealth as important predictors of contraceptive use. Other commonly cited factors inhibiting the success of family planning program in Nigeria include cultural beliefs, fear of adverse effects, religious prohibition, partner disapproval, poverty, and common myths and misconceptions (Igwe, 2016).

Of these factors, the role of religious leaders in facilitating or inhibiting contraceptive uptake has been less well explored. Religion is often an important part of the cultural fabric of communities and, as such, can influence decision making, ideologies, and moral and ethical behaviours (Igwe, 2016). Religion seems to be an important factor that shapes the behavioural pattern especially health seeking behaviours of the people of Nigeria. Religion being an important part of the socio cultural fabric of many communities is a major determinant of contraceptive uptake among women of childbearing age in Nigeria. As such, religious leaders have the power to inhibit or facilitate effective adoption of contraceptive methods to support family health.

Religious beliefs on issues of fertility, contraceptive adoption, and abortion can differ greatly among Protestant Christians, Catholics, Muslims, and traditionalists. For instance, abortion is generally considered forbidden in Islam, although most schools of thought allow for early abortion (defined as the first 40, 90, or 120 days of pregnancy, depending on the school of thought) and for abortion in certain circumstances such as when the mother's life is in danger. The Catholic Church allows only natural methods of contraception (Alo, et al., 2020). Many religious leaders hold beliefs that lead them to speak against modern contraceptive methods. As a result, they can greatly influence the demand-side of family planning and, more generally, the reproductive health and well-being of their communities (Alo, et al., 2020).

Although studies have assessed the role of religious beliefs in shaping contraceptive adoption and family formation (Alo, 2014; Dehlendorf, et al., 2014), there are gaps in evidence regarding the roles of religious leaders in influencing contraceptive uptake. Austin (2015) reported in a study on contraceptive practice among married market men in Nigeria that out of four hundred and fifty respondents, 39.1 percent of the respondents who reported that they were not using contraceptives due to religious opposition.



Diverse perspectives on family planning among Muslims are shaped by the Qur'an, prophetic teachings, traditions and political (including post-colonial) contexts in which family planning is often perceived as a 'colonial and imperial ambition' of the West (Merali et al., n.d.). While Qur'anic texts and traditions do not specifically forbid use of contraception, the meaning and relevance of these sources to fertility have also been variably interpreted (Sundararajan et al., 2019). Qur'anic texts have been used to support family planning practices by promoting reproductive strategies that mitigate against circumstances that would prevent parents from properly raising their current children. The same texts have been cited to oppose family planning by valuing high fertility and positioning contraceptive use against family interests (Merali et al.; Naghavi et al., 2015).

Contraceptive use among the Islamic faith derives its teaching from the holy book Qur'an; family planning is seen as an acceptable intervention taken as a private measure to space or regulate the family size for health or economic reasons. There is neither any verse in the Qur'an or hadith against birth control, nor is it obligatory to have children in marriage. Moreover, there are several hadith (Imam Ali and Imam as-Sadiq) which categorically prove that birth control is permissible in Islam (Merali et al., n.d.). Any method of birth control is prohibited in Islam except under the following circumstances:

- a) When it poses serious harm to a woman's health, such as removing certain organs like the ovaries.
- b) When it involves a haram act, such as a male touching or looking at the private parts of a woman that are forbidden for him to look at, is prohibited. These conditions can only be overridden in extreme circumstances, when it is absolutely necessary.

In Christian faith, the scripture has been a site of conflicting and contested interpretations of passages in order to support or oppose the use of family planning. The relationships between religious faith and family planning are complex and variable. While contraception use is prohibited by the Roman Catholic Church, many Protestant traditions permit the use of family planning methods. Prior studies in sub-Saharan Africa demonstrate that stances on the religious acceptability of family planning vary widely both between religious groups and between individuals within groups, but the desire to access reproductive healthcare is present across groups (Joshi, 2020). The capacity for religious leaders to influence health behaviour was recently confirmed in a large cluster randomized trial, where religious leaders were provided with knowledge and skills to discuss male circumcision in their congregations. This intervention led to a major increase in the uptake of male circumcision (Johnson, 2017).

In view of the foregoing, the study examined the influence of religious affiliations on knowledge and utilisation of family planning among teenage mothers in Plateau State. The study specifically examined

- 1) the level of knowledge of teenage mothers in Tudun Wada community of Plateau State on family Planning;
- 2) the extent teenage mothers utilize family planning in Tudun Wada community of Plateau State;
- 3) the association between religious affiliation and knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State; and



- 4) the association between religious affiliation and utilization of family planning among teenage mothers in Tudun Wada community of Plateau State.

Research Questions

1. What is the level of knowledge of teenage mothers in Tudun Wada community of Plateau State on family Planning?
2. To what extent do teenage mothers utilize family planning in Tudun Wada community of Plateau State?

Hypotheses

1. There is no significant association between religious affiliation and knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State.
2. There is no significant association between religious affiliation and utilization of family planning among teenage mothers in Tudun Wada community of Plateau State.

Methodology

The study adopted a cross-sectional descriptive design. The study area for this research is Tudun Wada. Tudun wada is a political ward among other 20 wards, and one of the oldest communities in Jos North Local Government Area of Plateau State. Tudun-Wada has an estimated population of 61,046 and about 6,386 households (National Population Commission 2006). It is an urban-slum area situated within the cosmopolitan area of Jos, the Plateau State capital. The area is famous for its tourist potentials as it houses a wild life games reserve and recreational facilities like an amusement park and the Mado Tourist Village. It constitutes mostly low income earners and housed the Federal and state secretariat and it is both a commercial and residential area with several ethnic groups that include Berom, Jarawa, Ngas, Miango, Idoma, Yoruba and Igbo who cut across all religions.

The study population was women who have children or are pregnant and are of the age 11 to 19 years and are living in Tudun wada community of Jos North, Plateau state. The inclusion criteria used was all women who are teenage mothers or teenage pregnant women (age 11 to 19 years) and have lived in the community for not less than 1 year. A multistage sampling procedure was used to select respondents' households in the community. The minimum sample size was determined using the Cochran's formula for determining the sample size for a cross-sectional study. (Stephanie, 2018)

$$n = \frac{z_{\alpha}^2 \times p \times q}{d^2}$$

Where n = minimum sample size

Z_{α} = coefficient of standard normal deviate (usually expressed as 1.96 when the confidence interval is 95% i.e. $\alpha=0.05$)

q = 1-p

d = absolute precision or accuracy, normally set at 0.05

P = expected population proportion of teenage mothers in Jos, 0.07 (7%)

Q = (1-0.07)

Therefore:

$$n = \frac{z_{\alpha}^2 \times p \times (1 - p)}{d^2}$$

$$n = \frac{1.96^2 \times 0.07 \times (1 - 0.07)}{0.05^2}$$



$$n = \frac{0.05^2}{3.8416 \times 0.07 \times 0.93}$$

$$n \approx \frac{0.0025}{101}$$

The non-responds rate is calculated as the 10% of three sample size;
= 10% of 101 ≈ 11

Therefore, the targeted number of mothers/pregnant women was 11 + 101 = 112

The instrument for data collection is a researcher-administered questionnaire adapted from a similar study by Ayele et al, (2018). It consisted of three (3) sections A, B and C. Section A sought for socio-demographic data of the respondents especially their religious affiliation. Section B measures knowledge of family planning and has 12 items while Section C which measured utilization of family planning. Face and content validity of the instrument were ensured by experts in Nursing Science and Tests and Measurement. The experts thereafter adjudged the instrument valid. The reliability of this instrument was subjected to internal consistency method. To achieve this, twelve copies of the instrument were administered at a community outside the sampled community. The data collected were subjected to Cronbach's Alpha which yielded reliability coefficient of 0.82 and this implies that the instrument was reliable.

The data of the study were collected and collated by the researchers after the administration of the questionnaire in Tudun wada community of Jos North, Plateau state. The responses obtained were collated and analysed using descriptive statistics of frequency counts, percentages, mean, standard deviation and graphs. The hypotheses were tested using Chi-square analysis at 0.05 level of significance.

Results

Research Question 1: What is the level of knowledge of teenage mothers in Tudun Wada community of Plateau State on family Planning?

Table 1: Level of Knowledge of Family Planning

		Frequency (n)	Percentage (%)
Level of Knowledge of Family Planning	Poor level	24	21.8
	Good level	86	78.2
	Total	110	100

Table 1 shows that most 86(78.2%) of the respondents have good level of knowledge of family planning while only 24(21.8%) displaced poor knowledge. Figure i revealed the knowledge of family planning at a glance



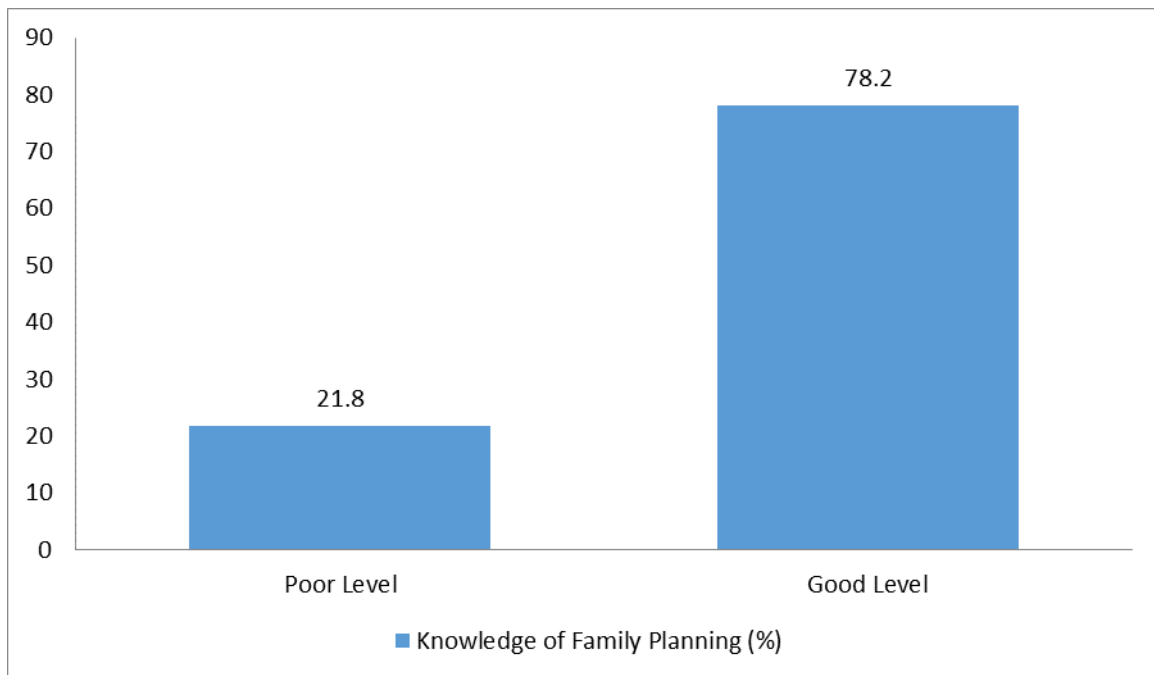


Figure i: Bar Chart showing knowledge of family planning

Research Question 2: To what extent do teenage mothers utilize family planning in Tudun Wada community of Plateau State?

Table 2: Extent of Utilisation of Family Planning

		Frequency (n)	Percentage (%)
Extent of Utilisation of Family Planning	Low Extent	37	33.6
	High Extent	73	66.4
	Total	110	100

The table above shows the distribution of the respondents according to their extents of utilisation of family planning. Most 73(66.4%) of the respondents have high extent of utilisation while 37(33.6%) have low extent of utilisation of family planning. Figure ii revealed the utilisation of family planning at a glance



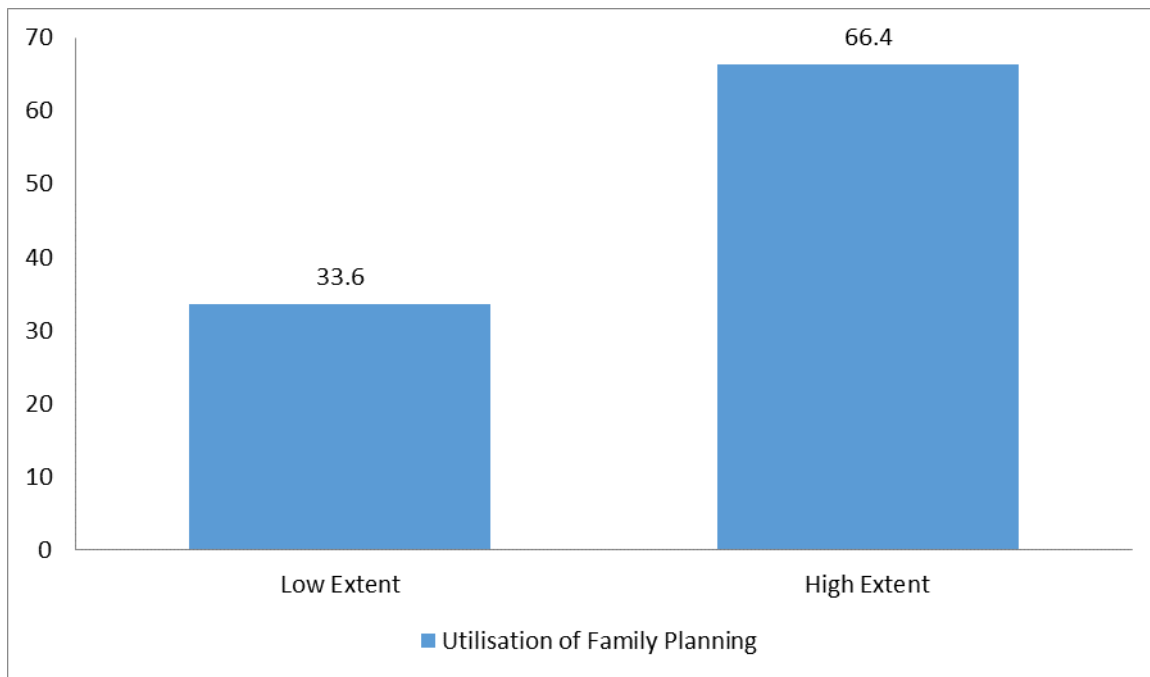


Figure ii: Bar Chart showing Utilisation of family planning

Test of Hypotheses

Ho1: There is no significant association between religious affiliation and knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State.

Table 3: Cross tabulation between religion and level of knowledge of family planning

		Level of Knowledge of Family Planning		Total	Df	Chi-Square	P-value
		Poor level of Knowledge of Family Planning	Good level of Knowledge of Family Planning				
Religion	Christian	16	73	89	2	5.771	0.038
	Islam	7	13	20			
	African traditional Religion	1	0	1			
Total		24	86	110			

From Table 3 showing the association between religious affiliation and knowledge of family planning, it was found that there is significant association between religious affiliation and knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State (chi-square = 5.771, p=0.038; p<0.05). This indicated that religious affiliation has influence on knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State. This hypothesis is therefore rejected.

Ho2: There is no significant association between religious affiliation and utilization of family planning among teenage mothers in Tudun Wada community of Plateau State.



Table 4: Cross tabulation between religion and utilisation of family planning

		Utilisation of Family Planning		Total	Df	Chi-Square	P-value
		Poor extent of Utilisation of Family Planning	Good extent of Utilisation of Family Planning				
Religion	Christian	28	60	89	2	2.243	0.338
	Islam	8	12	20			
	African traditional Religion	1	0	1			
Total		38	72	110			

From Table 4 showing the association between religious affiliation and utilisation of family planning, it was found that there was no significant association between religious affiliation and utilisation of family planning among teenage mothers in Tudun Wada community of Plateau State (chi-square = 2.243, $p=0.338$; $p>0.05$). This hypothesis is therefore not rejected.

Discussion

This study addressed the current knowledge and utilization of family planning among 110 participants who are teenage mothers in Tudun Wada community of Jos. The knowledge of these mothers in terms of family planning showed some level of prior information or education about family planning has been given to majority of these women. This agreed with the findings by Lincoln et al (2018) that there is a high level of awareness of family planning contraceptives.

The study revealed that most of the respondents have high extent of utilisation. This result contradicts the findings made by Geda (2015) who found out that the actual practice of family planning methods was found to be low and only 38.3% were using any family planning method at the time of the survey (Geda, 2015).

The study revealed that there was significant association between religious affiliation and knowledge of family planning among teenage mothers in Tudun Wada community of Plateau State. This finding supported the findings projected by Geda (2015) where they found out that religious factor influenced the likelihood of family planning service.

The study however revealed that there was no significant association between religious affiliation and utilisation of family planning among teenage mothers in Tudun Wada community of Plateau State. This finding contradicts the submission of Austin (2015) who reported in a study on contraceptive practice among married market men in Nigeria that out of four hundred and fifty respondents, 39.1 percent of the respondents reported that they were not using contraceptives due to religious opposition.

Conclusion and Recommendation

The study concludes that the level of knowledge and utilization of family planning were relatively high. The study also concluded that religious affiliation influenced level of knowledge of family planning but not associated with utilisation of family planning. Therefore, nurses and

other health workers working in PHCs should teach the community on family planning holistically to increase their knowledge so that family planning utilization will be enhanced.

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