

**RELIGION AND USE OF MODERN CONTRACEPTIVE
AMONG MARRIED WOMEN IN NIGERIA**

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DSS/11/0118**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF
HUMANITIES AND SOCIAL SCIENCES, FEDERAL UNIVERSITY,
OYE-EKITI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
AWARD OF BACHELOR OF SCIENCE (B.Sc.) HONS IN DEMOGRAPHY
AND SOCIAL STATISTICS**

AUGUST 2015

CERTIFICATION

This is to certify that ADILIKE CATHERINE BLESSING of the Department of Demography and Social Statistics, Faculty of Humanities and Social Sciences, Federal University, carried out a Research on the Topic RELIGION AND USE OF MODERN CONTRACEPTIVE AMONG MARRIED WOMEN IN NIGERIA in partial fulfillment of the award of Bachelor of Science (B.Sc.) in Federal University Oye-Ekiti under my Supervision.

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EXTERNAL EXAMINER

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DATE

DEDICATION

This project is humbly dedicated to the glory of Almighty God, the Giver of wisdom and knowledge. You are worthy to be praised. Also, to my parents Mr. and Mrs. LUCKY ADILIKE for their care, understanding and sacrifices they made for me to acquire this certificate.

ACKNOWLEDGEMENT

First and foremost, I wish to express my sincere appreciation to Almighty God for His inestimable mercy towards me from my first day in the university till this moment. Despite all the hard times, I overcome all the challenges from all angles. "If not for you who had been with me from my birth, where will I be". I give thanks to you for everything.

I need to express my genuine and unquantifiable appreciation to my parents for their love support encouragement and prayer throughout my stay in the university. you are the best parents anyone could ever wish for in the whole biosphere. May God reward you infinitely? Also to my siblings: Dr Allen, Mr Kayode, Mr Caleb and Dr Michael Olojido you are the best.

I appreciate my proficient supervisor, DR GBEMIGA ADEYEMI for his guidance, advice and support and your immense determination in making this project a successful one. I must confess that I have gained a lot from you and I acknowledge God that I am one of your supervisee. I also appreciate your effort in making this scheme a published one but as God wants it. it is not published. Thank you and may God in his favour continue to increase you in knowledge and bless you in all your endeavor's. My gratitude also goes to all the lecturers in the department of Demography and social statistics, federal university oye-ekiti from whom I have gained one thing or the other. Worthy of note are: Dr E.A Adeyemi (HOD), Dr E.K Odushina, Dr. (Mrs. L.F Ntoimo), Mr S.B shittu, Miss Alex-Ojei and Mr Babalola (my able supervisor). Also, to the Non-academic staff in the department, I say thank you all.

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ABSTRACT

Fertility transitions have been widely attributed to the increased use of modern contraceptives among married women in Nigeria. Despite this, the use of modern contraceptives is still very low in Nigeria. This study therefore examines whether religious affiliation influences the use of modern contraceptives among married women in Nigeria. The data utilized for this study was obtained from the 2013 NDHS individual married women recode dataset. The sampled population was 26,403 currently married women ages 15-49 years. Three levels of analysis were used in this study: Univariate, bivariate, and multivariate analyses. The result shows that there is a significant relationship between religion and use of modern contraceptives among married women in the study area. The multivariate analysis revealed that Muslim women and the traditionalist were less likely to use modern contraceptives where compared with the reference category. The study established a significant relationship between age, education, wealth index, age at first marriage, occupation and use of modern contraceptives. The study concludes that Muslim women and those of the traditional religion need to be educated on the importance of the use of modern contraceptives

Keywords: Religion and use of modern contraceptive among married women in Nigeria

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction and Background to the Study

Fertility transitions have been widely attributed to the increased use of modern contraceptives among married women in Nigeria (Yeatman and Trinitapoli, 2008). The use of modern contraceptive by married women has provided opportunities for couples to control child birth during reproductive period. Use of modern contraceptives gives married women the ability to make decisions, regarding when and number of children they want and also get protection against infectious diseases (Yeatman and Trinitapoli, *ibid.*). The Nigeria government introduced modern methods of contraceptives as early as 1957 when modern contraceptives were made accessible to the population with the help of the Ministry of Health and non-governmental organizations (NGO) in Nigeria (Luoma, 2010). Since then, successive governments have been advising married woman to make family planning services for interventions purpose. The national family planning strategy of Nigeria aims to make available quality and sustainable family planning services to all who use it, in order to limit unmet needs for family planning (Magadi and Curtis, 2003).

The main modern contraceptive available for married women in Nigeria include the pill, injectable, IUD intrauterine device, hormonal implants, condoms, sterilization and natural family planning (Magadi & Curtis, 2003). Researchers have focused on the acceptance and use of modern contraceptives among religious denominations in various settings in the past (Caldwell & Caldwell, 1987). This has remained an important issue, given the connection between religion and fertility in Nigeria. High fertility in Nigeria is influenced by religious theology and practices (Yeatman and Trinitapoli, 2008).

McQuillan(2004)proposed three preconditions necessary for religion to influence fertility. he believes that religion will affect use of modern contraceptives when it: (1) articulates norms relevant to fertility; (2) can communicate these values and promote compliance; and (3) is central to the social identity of its followers.

According to Ani (1999), some religions believe that having many children is advantageous and is a blessing from God. Reproduction remains the most important outcome and purpose of life as it is believed to appease ancestors whose spirits are satisfied through the childbirth of descendants in religion. Therefore, fertility is seen as God-sent among people who have many children, whereas childlessness is perceived as a punishment for sin and evil among religious married women. Religion refers to people's beliefs and opinions concerning the existence, nature, and worship of a deity, and divine involvement in the universe and human life. (Encarta dictionary, 2009). Nigeria has three main types of religion in Nigeria which are; Christianity, Islam and indigenous religions. They all have their own positive and negatives influence on the use of modern contraceptives among married women in Nigeria. The teachings of Christianity, Islam and other minor religions, among other things, regulate sexual and fertility behaviours, including family planning (Goujon et al., 2006; Edewor, 2005).

Scholars like Caldwell (1992) argues that African religions conflicts with reproductive regulation within marriage. Heaton (1986) contributed that religion plays an important role in patterns of childbearing [even] in societies that have achieved replacement level. The use of modern contraceptives varies in developed countries and developing countries, despite the fact that most of the religions in developing country also exist in developed countries such as Nigeria. The current prevalence rate for contraceptive use in Nigeria is approximately 11%-

13% (NDHS 2013). This rate is very low in spite of the high rate of sexual activities and widespread awareness of the various contraceptive methods among married women. Religious belief as a major factor affects unwanted pregnancy, illegal abortion, family size, education for the children and the participation of women in the labor force. Against these antecedents, the following questions suffice: can religion influence birth spacing, and how the socio-economic status of women have in different religious settings influence the use of modern contraceptives among married women in Nigeria. This study examines the relationship between religion and use of modern contraceptive among married women in Nigeria.

1.2 Statement of the Problem

The influence of religion on use of modern contraceptive among Christian married women in Nigeria showed that low Church attendees were more likely to use modern contraceptive to high church attendees. In addition, a 1997 survey concluded that at least 27% of married women in South-western Nigeria become pregnant when they did not want to have the pregnancy. The Nigeria Demographic and Health Survey of 2008 further revealed that 72% of all married women know at least one modern method of contraceptive. The overall contraceptive use prevalence among all women in Nigeria was 15%. This is an indication that prevalence of use is low. (Magadi and Curtis, 2003).

Modern contraceptives are effective compared with natural methods and different religions in the Nigerian environment have powerful influence on sexual behavior and attitudes toward the use of modern contraceptive. Factors that affect modern contraceptive use are of relevance as they affect the levels of fertility. Researchers' focus on the relationship between modern contraceptive use and other factors such as the socio-economic

and demographic factors; however, few studies focus on the relationship between religion and modern contraceptive use in sub-Saharan African countries. Various factors have been responsible for this trend though many are not tested realistically. Some scholars posit that religion is the major factor responsible for differentials in prevalence and use of modern contraceptives, while others emphasize on the location of clinics and cost to be the barrier for its non-use. This apparent gap in scholarship serves as the motivation for the present study as it seeks to identify the role of religion in determining the rate at which married women use modern contraceptive.

1.3 Research Questions

1. What is the level of modern contraceptive use among married women of different religions in Nigeria?
2. Is there any significant relationship between religion and use of modern contraceptive among married women in Nigeria?
3. Does the socio-economic status of women in different religion influence the use of modern contraceptive among married women in Nigeria?

1.4.1 General Objectives

The general objective of the study is to examine the influence of women's religious affiliation on use of modern contraceptives and the mediating effect of their socio-economic status.

1.4.2 Specific Objectives

The specific objectives of the study are:

1. To examine the level of modern contraceptive use among married women of different religions in Nigeria

2. To examine if there is any significant relationship between religion and use of modern contraceptive among married women in Nigeria
3. To investigate whether socioeconomic status (age, level of education, wealth index) of women in different religion will influence the use of modern contraceptive among married women in Nigeria.

1.5 Justification of the Study

Over the years, fertility in sub-Saharan Africa has significantly decreased, although it still high in Nigeria (Mahayana. 2010). In addition, religion remains important in the lives of the Nigerian people (Nigeria Demographic and Health Survey. 2008). Studies have shown that Nigeria is a religious country where 94% of the respondents indicated that religion is important in their lives (Gallup Global Reports. 2009). The effect of religion on modern contraceptive use has been well documented in developed countries and the trend has emerged in developing countries (Agadjanian. 2011).

This research will provide information regarding the demographic factors that influence the use of modern contraceptives among married women in Nigeria. The study focus on religious in whom these factors will be controlled for in order to examine the actual effect of religion on modern contraceptive use among married women in Nigeria. It is important to understand whether religion is associated with modern contraceptive use in the context of Nigeria, which could further affect the levels of fertility.

1.6 Operational Definition of Terms

Modern Contraceptive: According to Prior (1976), contraceptive was understood as an agent that prevented the union of sperm and ovum. He also defined contraception as customarily something that prevents fertilization or conception.

Modern Contraceptive: This is the use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or impregnation. It is also a means to prevent pregnancy.

Contraceptive: This is the use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or impregnation; it is also a means to prevent pregnancy.

Modern Contraceptive: It allows partners to choose when and whether to have a baby. It protects married women from sexually transmitted infection.

Modern Contraceptive: Is the deliberate use of artificial method or other techniques to prevent pregnancy as a consequent of sexual intercourse.

Contraceptive Prevalence rate: Is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.

Religion: Is an organization of cultural belief, and world views that relate humanity to an order of existence. Religion is belief about a particular sort of object; Religion is the belief in an ever living God.

Modern Contraceptive: involves one or more actions that devices, sexual practices or medications followed to intentionally prevent or reduce the likelihood of pregnancy or childbirth, also modern contraception helps women plan if and when they want to give birth. condom is the only current contraception device that helps protect sexual partners from (sexually transmitted infections).

Fertility: Is the natural capability to produce offspring.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The use of modern contraceptive among married women with respect to each religion varies widely in Nigeria, and this variation is sometimes caused by their religious belief. Some religions negatively influence the acceptance of modern methods of contraception, while others positively influence them (Goldscheider and Mosher 1991). However, the use of modern contraceptives by married women has contributed to decrease population growth and decrease the expenditure towards universal primary schooling which directly affect the child population in need of education (Moreland and Talbird, 2006). Furthermore, modern contraceptive measures are used to achieve the Millennium development goals of reducing child and maternal mortality by reducing high risk pregnancies among others (Health Policy Initiative, 2007; Mburu, 2011).

2.2.1 Determinants of Modern Contraceptive Use among Married Women

Demographic and socio-economic that often determine modern contraceptive use include age, education, marital status, residence, household wealth, age at first marriage, number of living children and fertility intention among others (Waitherero 2009). Marital status is an important factor when looking at the use of modern contraceptives among married women; also Modern contraceptive use is higher among single women compared to currently married women (Adetunji, 2012).

Religion affects age at first marriage and age at first birth in Tanzania. This is because Islam puts emphasis on early marriage while Catholicism has negative attitudes towards the use of modern contraceptives, and Protestants are deemed to be more liberal in their

acceptance of contraceptive use (Ngalinda, 1998). In traditional settings in parts of Tanzania, youngsters are married of early which affects the use of modern contraceptives. The study suggests that an increase in age at first marriage will allow the rate of fertility declines, given that the onset of conception is delayed (Ngalinda, 1998).

The fertility intention of married women is associated with the use of modern contraceptive in Nigeria. The use of modern contraceptive allows married women to meet their fertility intentions in terms of the number of births and timing of births (Moerland and Talbird, 2006). This Study shows that modern contraceptive use is low among married women who desire to have children within two years and the use of modern contraceptives increases as the numbers of children married women have increases. Married Women who do not want to continue childbearing are more likely to use modern contraceptives compared to women who wish to have more children, Married women with 3 or 4 children were more likely to use modern contraceptives given that they have reached their desired numbers of children compared to those with 1-2 children (Rahayu, 2009).

Non-modern contraceptive users increase as the number of children increases among married women in Nigeria (Ojaka, 2008). The northern and eastern regions had lower levels of contraceptive use as opposed to the central parts with the highest levels of modern contraceptive use in Nigeria. This is because rural areas have lower levels of modern contraceptive use as opposed to urban areas in which married women are more likely to be using modern contraceptives, reason for this is that the urban people desire fewer children and have more and better access to family planning and social amenities (Ayoub, 2005). Education, the most important factor that affects modern contraceptive use in urban area in Nigeria is higher among married women with primary education than married women with

no education In Nigeria, he also said that higher educated married women were more likely to make use of modern contraceptives by decreasing their fertility (Olalekan and olufunmilayo, 2012). In addition, married women are more likely to use modern contraceptives when they have high level of education compared to women without education (Rahayu , 2009). Because the educated married women in urban areas usually marry at older ages and are more likely to use modern contraceptives. In Nigeria, married women with higher levels of education living in urban areas with higher wealth quintiles were found to have a higher prevalence of modern contraceptive use compared to their counterparts (Ettarh, 2011).Married women who are poor do not have high levels of education compared to the wealthy ones and are less likely to use modern contraceptives in Nigeria (Adebowale, 2013).

2.2.3 Religion and Modern Contraceptive Use among Married Women in Nigeria

Religion is widely known to affect people's views and acceptance of modern contraception use, thus affecting the outcome of their reproductive behavior (McMullan, 2004). However, religious influences on the reproductive outcomes of people in developing countries remain obscure. Married women who obey any religion have problems using modern contraceptives as different to married women who are not members of any religion. In addition, Protestant Christians were found to use more modern contraceptives compared to other religious groups (Agadjanian, 2011). Roman Catholics are also at the background of modern contraceptive usage in comparison to other religious groups in Nigeria (Agadjanian, 2003). However, according to this research, it was found that Muslims were not likely to use Modern contraceptives as opposed to Catholics (Waitherero, 2009). In addition, research in Nigeria found that the fertility of Muslims vary according to their numbers. That is, areas with

high number of Muslims have higher fertility compared to areas where Muslims are outnumbered. The low socio-economic status is responsible for the increased fertility. This is of relevance as it indicates that both religion and socio-economic factors account for the differentials seen in the use of modern contraceptives among married women in Nigeria. Furthermore, according to Johnson-Hanks (2006) he found that the differences in modern contraceptive use between Muslims and Christians remain inconclusive in the region. In another study in Nigeria, it was found that modern contraceptive use is higher among Christians than Muslims (Adebowale., 2013).

Among currently married women in Nigeria, it was found that religion does not affect the use of modern contraceptives, however, socio-economic characteristics, especially education, act as a driving force behind the use of modern contraceptives. This study also found that any modern contraceptive use differentials seen among religious groups are short term, and these differences will eventually fade over time as the reproductive patterns of people of similar socio-economic statuses become parallel to each other. Hence, it is expected that, statistically, religious affiliation will become insignificant when adjusted by demographic and socioeconomic characteristics in terms of modern contraceptive use. Early studies show that the Nigeria transition began as a result of religious acceptability of modern contraception; the acceptance of modern contraceptives by the Church led to a widespread 15 progress in fertility among married women in Nigeria (Coale, 1986). He further argued that the use of modern contraceptives largely depends on the churches' stance on contraception. If contraception is positively viewed by the Church, modern contraceptive use increases as opposed to when it is portrayed in a negative light. Moreover, the stance of Churches varied in Nigeria, most notably among Roman Catholic Christians and Protestant Christians during

the 19th Century (Agadjanian, 2011). Roman Catholics had higher fertility levels compared to Protestants as they were against the use of modern contraceptives as it went against the natural order of God. Whereas Protestants were more liberal in their use of modern contraceptives, thus the low levels of fertility (Agadjanian, 2011). This further fuelled the rapid fertility decline in Nigeria Simply put: highly religious people have more children due to their opposition to modern contraceptives.

According to (Yeatman and colleague 2008) found that most religious leaders approved the use of modern contraceptives. thus a strong relationship was seen between the two factors. However, the level of approval differed between religious leaders. For instance, Muslims and Pentecostal religious leaders approved modern contraceptive use more than Catholic Religious leaders. However, it was surprising to find that while Catholic religious leaders were the least likely to approve the use of modern contraceptives. Catholic married women used more modern contraceptives as opposed to Muslim and Pentecostal married women, thus suggesting an inverse relationship (Yeatman and Trinitapoli, 2008). A qualitative study of participant observation of religious services in Malawi indicate that religious leaders are neutral in that they do not encourage fertility nor promote modern contraceptive use in Nigeria. Literature suggests that the effect of religion on modern contraceptive use has in the past played an important role on the levels of fertility, in which religious affiliation tends to either enable or disable the use of modern contraceptives in Nigeria among married women. It has been argued that religion will hinder the use of family planning in this region (Caldwell and Caldwell, 1987). However, we are now beginning to see evidence in which religion may play an enabling role in the use of modern contraceptives. Contraceptive use differentials by religious affiliation are not the same across

in Nigeria let alone worldwide as shown in research. The effect of religious affiliation on modern contraceptive use has not been fully understood in Nigeria, and also in Kenya. Furthermore, the demographic and socio-economic factors play an important role in determining the use of modern contraceptives among married women in Nigeria.

2.2.4 Modern Contraceptive Knowledge, Attitude, Practice among Christian Married Women

Many studies in the six geopolitical zones in Nigeria indicate that the use of modern contraceptive knowledge and awareness, especially among religious married women aged 15 to 49 years, is very low. In one study done in Ilorin, the methods mostly known by respondents were the condom (69.0%), the oral contraceptive pill (OCP, 38.8%), IUCD (29%), and periodic abstinence (32.9%), with most respondents being able to name at least one method of modern contraception. Unfortunately, all of the religious married women did not show good knowledge and awareness and also did not show a strong prevalence in the use of modern contraception, this religious married women showed a low sexual activity corresponding with a low contraceptive prevalence. The average age of sexual debut in many of the religious married women ranged between 25 and 35 years. The consequence of low sexual activity and low use of modern contraceptive use is an increased frequency of unplanned pregnancies and subsequent induced abortions or unplanned deliveries. Studies reveal that a low percentage of religious married women are making use of modern contraceptive leading to induced abortion. There are many reasons given in these studies for not using modern contraceptives were fear of side effects, objections from their partner, conflicts with their religious beliefs, objections from family members, not thinking about

using contraceptives, not having sexual intercourse to have a baby, and unplanned sexual debut.

2.2.5 Religion Perspectives on Modern Contraceptives Use among Married Women in Nigeria

The use of modern contraception is a cultural process that depends on access to and acceptability of information (Agadjanian 2005), as well as modern contraceptives themselves. While access to contraception is likely unrelated to religion in Nigeria, the acceptability of modern contraceptive use is related to one's faith community. The use of modern contraceptives was introduced in urban settings beginning in 1985 is still a reproductive innovation in Nigeria. These studies consider religion as the basis of the use of modern contraceptive attitudes and behavior, conceptualizing of religion as being denominationally-driven. In contrast, other studies have found a more essential role for religion. For example, in rural Zimbabwe, (Gregson and colleagues 1999) determined that the prohibitions against modern medicine and modern contraceptive use by strict apostolic churches were significantly more salient than those from the Catholic Church, leading to lower contraception and higher fertility among Apostolic.

Anecdotal and empirical evidence from Muslims in other parts of the world has led researchers to expect Muslims in Nigeria to have different modern contraceptive use patterns than others in their communities. Asian Muslims have more prenatalist attitudes than their Christian counterparts (Morgan, 2000). Although, Islam does not prohibit the use of modern contraception strictly speaking, some explained religious reasons for not using modern contraception is that Muslims tend to have higher fertility levels that are mostly accounted for by their lower socioeconomic status in their environments (Johnson Hanks 2006). These

patterns of fertility suggest no systematic difference at the denominational level in modern contraceptive use between Muslims and Christians in the region. According to (Johnson Hanks 2006) He argued that the urban religious setting of Mission Protestants and Catholics, in which churches tend to be large and diverse, facilitates interaction and mixing of married women of different education levels, thus enabling social learning that is relevant to reproductive behaviour.

In these various settings, religious married women who were less likely to know the use of modern contraceptives came into contact with married women who were well-versed in these technologies and subsequently accepted their behaviours. While religious effects in urban areas were specific to members of particular groups, in rural areas, on the other hand, any religious involvement was associated with increased use of modern contraceptive interchange. For these rural women, Agadjanian argued that attending religious services provided important social interaction within their congregation in what could otherwise be a quite isolated lifestyle where little or no information was available. This argument is, of course, a variant on the theory of diffusion, which has long played a critical if occasionally controversial role in theorizing about fertility decline and the spread of contraceptive use (Bongaarts and Watkins 1996); Cleland and Wilson 1987; Mason 1997). At an interpersonal level, social networks and the social interaction could foster substantial influence on modern contraceptive behavior (Rutenberg and Watkins 1997). Agadjanian (2005) emphasizes the gendered process of social learning information drawn upon by individuals when they weigh alternatives and make decisions critical for the use of modern contraceptive adoption in Nigeria. Evidence from Malawi and Kenya has shown that married women often engage in repeated discussions about modern contraceptive in Nigeria.

2.2.6 History of common modern Contraceptive available in Nigeria

2.2.6.1 Condoms

According to the 2003 Nigerian Demographic and Health Survey (NDHS), condom is reported to be the main modern contraceptive method in Nigeria, often used by religious married women of reproductive age. The extensive marketing of condoms in response to the Human Immuno-deficiency Virus (HIV) epidemic, with the active involvement of both government and non-governmental organizations, has been responsible for this increased awareness and subsequent increase in condom use. Condoms are also the preferred choice for post-partum of modern contraception, especially among religion married women with high parity. Married women in Nigeria have indicated that because patent medicine stores are common sources of modern contraceptives and because condoms are readily available over the counter at these stores, there is much less restriction on use of modern contraceptive purchases and use compared with the family planning clinics and health facilities where there are more restrictions.

2.2.6.2 Oral Contraceptive Pill

OCPs, like the condoms, are readily available over the counter at patent medicine and pharmacy shops in Nigeria. They are also available to married women of reproductive age. A significant problem in Nigeria is a general lack of adequate information about the OCP. The myth that prolonged use of the OCP leads to permanent sterility has limited its use in Nigeria and may explain why most religious people in Nigeria, especially married women, prefer not to use modern contraception for unwanted pregnancy. Also, the protective effects of OCP virtually unknown by the majority of married women in the Nigerian population policy intrauterine use of modern contraceptive device

2.2.6.3 Intra-uterine Contraceptive Device

The IUCD is very popular and widely used in Nigeria, particularly by older married women. Reasons for discontinuation of the IUCD indicate a desire for pregnancy, especially among the younger women less than 35 years. Other reasons for discontinuation were side effects (mainly heavy menstrual bleeding), spousal disapproval, fear of infertility, and menopause. Experiences of "having a foreign body" or a missing IUCD and expulsion were also reasons for discontinuation. In many of these instances, the levonorgestrel IUCD should be considered because it tends to reduce menstrual bleeding and has a longer duration of action which would ultimately lead to a reduction in the high IUCD discontinuation rate. Unfortunately, the levonorgestrel IUCD is not available in Nigeria. It is envisaged that the introduction of this device in many centers in Nigeria would lead to an increased acceptance of this method by multiparous and grand multiparous women. IUCDs are also a common post-partum contraceptive choice, especially for married women of high parity.

2.2.6.4 Hormonal contraceptive injection/implant

There are few studies in Nigeria concerning the use of hormonal modern contraceptive injections and sub dermal implants. In addition, religious married women fear the side effects of these hormonal methods of modern contraception use, because of misinformation. A study conducted in Ibadan followed 810 patients who used depot-med Roxy progesterone acetate (DMPA) as a contraceptive method over a period of 11 years. Amenorrhea, menorrhagia, and metrorrhagia were the major reasons for discontinuation of DMPA in only 11% of the patients. This low discontinuation rate is indicative of the effectiveness of this method in this population which should therefore be available for suitable women who demonstrate estrogen intolerance. The levonorgestrel sub dermal

implants (Norplant®), introduced in 1985, is the most commonly available long-acting progestin-only sub dermal implant in Nigeria. During its first year of use, Norplant was shown to be highly effective and safe, and is considered an acceptable contraceptive method among Nigerian women of different ethnic groups. The pooled Norplant continuation rate was shown to be 90.1% after 12 months, 84.9% after 24 months, and 77.1% after 36 months of use. Other studies on Norplant acceptability, effectiveness, common side effects, and reasons for discontinuation among Nigerian women have been carried out in Benin city, Zaria, and Calabar. These studies showed a promising future for implant contraceptives in Nigeria, particularly in the Hausa and Muslim communities of northern Nigeria where modern contraceptive use has been generally low. Another study in Enugu, where the sub dermal Norplant was inadvertently used by women for a prolonged period of time (up to 10 years) instead of the recommended five years, showed an effectiveness rate of 100%.

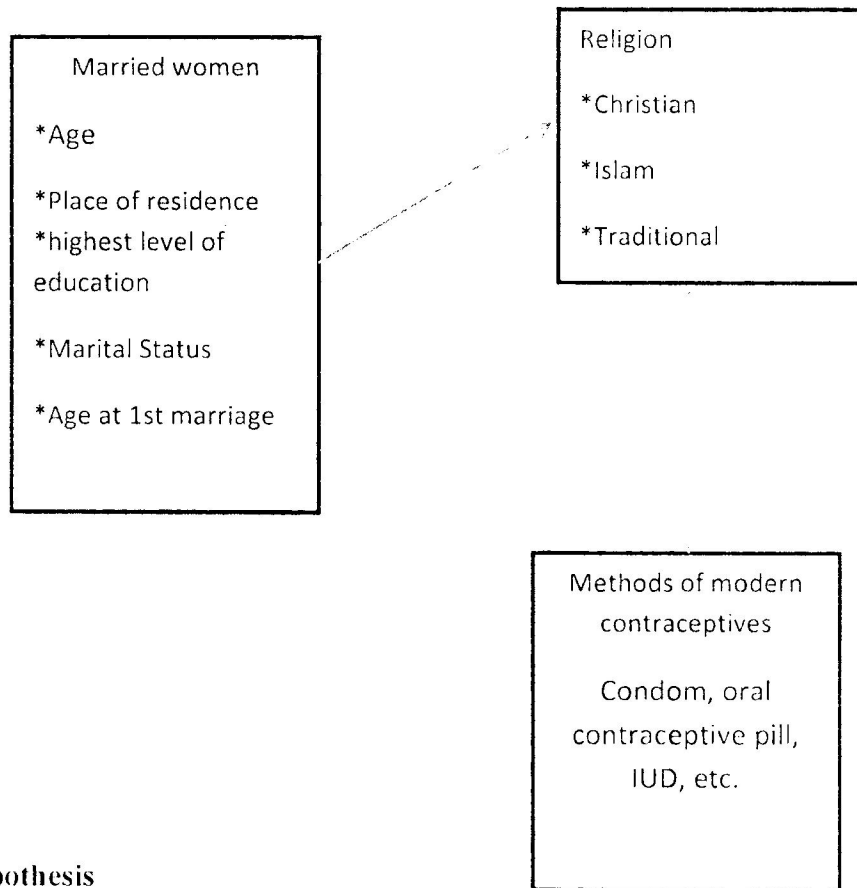
The most common reason for not having the implant removed at five years was forgetting the date of removal and moving to another town where removal was not possible because of lack of trained health personnel. Sub dermal implants are offered to women at family planning clinics in the tertiary/specialist hospitals, which are urban-based and staffed by gynecologists. A woman who migrates to a peripheral region or district after receiving the implant will not have access to trained health personnel at the local health center or rural hospital to remove the implant after five years. Other reasons for prolonged use of implants included inability to afford the cost of removal (after five years), the belief that the implant was still working, and, in a few instances, unavailability of implants at the health facility at the time of removal, so that women continue to use the implants after the recommended five years' duration.

2.2.6.6 Emergency Modern contraception

Knowledge and attitudes towards the use of emergency modern contraception (EC) have been reported by a national cross-sectional survey of the Nigerian population. The various groups surveyed included married women in the community; all studies concluded that there is very poor knowledge of EMC in Nigeria, even among private medical practitioners. There are very few programs in Nigeria designed to increase the awareness of EC in spite of the very high maternal mortality rate associated with induced abortions which occur as a consequence of unwanted pregnancies. In a cross-sectional sample of potential providers of EC conducted by the Society for Family Health, 81% approved of EC. The reasons cited for disapproval of EC in this study included religion (5%), potential side effects (3%), and the belief that EC leads to permanent infertility (29%). In the same survey, only 8% of the providers had training in EC, only two providers knew both the correct dose and correct timing of EC, and no provider

2.3 Conceptual Framework

The conceptual framework employed is adapted from Proximate Determinants of Fertility framework, the indirect determinants that affect fertility are the socio-economic and environmental factors, whereas the intermediate variables directly affect fertility, framework identifies modern contraceptive use, abortion, postpartum insusceptibility, sexual exposure, fecundability and sterility as the main determinants of fertility. This framework has been adapted by focusing on modern contraceptive use as the key determinant or immediate variable of fertility. Therefore, the direct effect between indirect determinants and intermediate variable of modern contraceptive use will be examined (Bongaarts, 1982).



2.4 Hypothesis

1. H_0 : There is no significant relationship between religion and use of modern contraceptives among married women in Nigeria.
2. H_1 : There is no significant relationship between socioeconomic status (age, level of education, wealth index) of women in different religion and the use of modern contraceptive among married women in Nigeria

Chapter Three

Research Methodology

3.1 Introduction

This study made use of Nigeria Demographic and Health Survey (NDHS, 2013). The NDHS is a nationally representative sample survey of married women of reproductive ages (15-49). The individual recode which is based on the married women's, provided the necessary information regarding the demographic and socio-economic variables necessary to examine the use of modern methods of contraceptives among religion married women in Nigeria (KNBS & ICF Macro, 2010).

3.2 Sample Design and Data Processing

The sampling for this 2013 NDHS is nationally representative and covers the entire population residing in non-institutional dwelling units throughout the country. The sample for the 2013 NDHS was designed to provide population and health indicator estimates and the National, Zonal, and State levels. The sample design allowed for specific indicators, such as women and information about use of modern contraceptive. It has focused on use of modern contraceptives, to be calculated for each of the six geopolitical zones that make up Nigeria (South-South, South-West, South-East, North-East, North-West and North-Central). All the six geopolitical zones are used as study area. Administratively, Nigeria is divided into states. Each state is subdivided into Local Government Area as (LGA) and each LGA is divided into localities. In addition, during the 2006 population census, each locality was divided into convenient areas called census enumeration (EAs). The primary sampling unit (PSU) referred to as a cluster for the 2013 NDHS, is defined on the basis of EA's from the 2006 EA census frame.

The 2013 NDHS with women recode dataset for national sample was selected using a stratified two stage cluster design consisting of 38,948 clusters, with 15,545 in urban areas and 23,403 in rural areas. A representative sample of households was selected for the 2013 NDHS survey, with a minimum target of 943 completed interviews per state. In each state, the number of households was distributed proportionately among the urban and rural areas. A complete listing of household and a mapping exercise were carried out for each cluster from December 2012 to January 2013 with the resulting lists of households serving as the sampling frame for the selection of households in the second stage. All regular households were listed. The NPC listing enumerations were trained to use Global Positioning System (GPS) receiver to take the coordinates of the 2013 NDHS sample clusters.

3.3 Population of Study

The population of interest was drawn from NDHS 2013 survey for married women in the reproductive age (15-49) years in Nigeria.

3.4 Sample Size

The sample size used for this study according to NDHS 2013 for Nigeria is 26,403 women of Reproductive years 15-49.

3.5 Data Analysis

Univariate analysis involves showing the percentage and frequency distribution of the married women's (age, education, occupation, wealth, religion, ethnicity, residence). bivariate analysis show that cross tabulations of religion and modern contraceptive, while Chi-Square will be analyze with some selected married women's socio-demographic factors by modern contraceptives. While Multiple Regression was used to analyze multivariate

analysis testing the effect of married women status on religion and other socio-demographic variable.

Variables Description and Measurement

The variables to be used are classified into independent and dependent variables. they are briefly discussed below:

Independent Variables

The Independent variables are measured as follows:

Age of married women: This is a nominal variable. it was measured from the NDHS using the grouped age of respondents in five year age group 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49.

Place of Residence: It is divided into two (2) categories: Rural and Urban.

Level of Education: Is a categorical variable divided into four categories: No Education, Primary Education, Secondary Education and Higher Education.

Religion: Is measured in three categories: Catholic Christian, Islam, and others.

Wealth Index: Is a categorical variable divided into three categories; poor, Meddle and, rich

Occupational Status: Is measured using kind of job, level, and also if is currently working or not.

Age at first marriage: It is categories between the age of 10-14, 15-19 and 20 above

Knowledge of contraceptive: it is categories as know no modern contraceptive and know modern contraceptive

Dependent variable are

The dependent variable is modern contraceptive use at the time of the survey. Modern Contraceptive use was measured as a dichotomous variable. In the first model, married

women who were practicing contraception at the time of the survey were coded 1 and those who were not using any method were coded 0. In the second part of the analysis, the dependent variable was modern contraceptive use at the time of the survey, which examined the odds of choosing a modern method over a religion method. Respondents were limited to 26,403 married women.

3.6 Measurement

This analysis focuses on religion and use of modern contraceptives. The married women's status includes independent variable religion, education, occupation, wealth index, mother's age, and rural urban differences. The dependent variable is modern contraceptives. Religion and use of modern contraceptives information is collected for among married women between 15 and 49 years preceding the 2013 NDHS. Most studies have concentrated on other socio-demographic characteristics such as age, ethnicity, level of education and so on independently on use of modern contraceptive.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.1 DATA PRESENTATION AND ANALYSIS OF RESEARCH FINDINGS

This chapter focuses on the presentation and analysis of data on religion and use of modern contraceptive use among married women in Nigeria. It examines variables such as socio-economic characteristics of the women- age, religion, level of education, wealth index, occupation, the prevalent modern methods used by religion affiliation and the likes. The analysis of the study was done in line with the research questions and hypothesis raised for this project work. All the research questions were analyzed using simple percentage while the hypotheses were tested at 0.05 level of significance. The Pearson Chi-square statistical technique was employed for data analysis.

Table 1: Percentage Distribution of Respondents Socio-economic Characteristics

VARIABLE	FREQUENCY	PERCENTAGES
Marital status		
Married	26,403	100.00
Total	N 26,403	100.00
Children Ever Born		
0-2	9,008	34.12
3-5	9,649	36.55
7	7,746	29.34
Total	N26,279	100.00

Age at first marriage		
10-14	7,038	26.66
15-19	11,718	44.38
20	7,647	28.96
Total	N 26,403	100.00
Age in 5yrs group		
15-19	1,971	7.47
20-24	3,934	14.90
25-29	5,523	20.87
30-34	4,616	17.48
35-39	4,195	15.91
40-44	3,197	12.15
45-49	2,967	11.26
Total	N26,403	100.00
Level of education		
No education	12,403	47.20
Primary education	5,337	20.31
Secondary education	6,479	24.65
High education	2,060	7.84
Total	N 26,403	100.00
Religion		
Catholic	2,160	8.18

Other Christian	8,459	32.04
Islam	15,371	58.22
Others	413	1.56
Total	N 26,403	100.00
Occupation		
Not working	7,488	28.36
White Collar	1,437	5.44
Sales Service	11,394	43.15
Agricultural	3,203	12.13
Manual	2,881	10.91
Total	N 26,403	100.00
Ethnicity		
Yoruba	3,399	12.87
Hausa	8,111	30.72
Igbo	2,781	10.53
Others	12,112	45.87
Total	N 26,403	100.00
REGION		
North central	4,172	15.80
North East	5,289	20.03
North West	8,300	31.44
South East	2,220	8.41

South South	2,812	10.64
South West	3,610	13.66
Total	N 26,403	100.00
Wealth Index		
Poor	11,713	44.36
Middle class	5,031	19.09
Rich	9,659	36.55
Total	N 26,403	100.00
Place of Residence		
Urban	9,025	34.49
Rural	17,139	65.51
Total	N 26,403	100.00

Source Nigeria NDHS data, 2013

The results of the analysis of data from the table 1 above show the socioeconomic characteristics and percentage of respondents. This study focuses on religion and modern contraceptive methods used in Nigeria. The total percentage of married women is 26,403. The high percentage at first marriage is 44% age (15-19) while the lowest is 26% age (10-14). The table also displays that children ever born by married women in Nigeria between the ages 0-1 are 8.19% and ages 2-3 is 38.9% while ages 4-6 is 32.35%. It was found that majority of sample population are from ages (25-29) with highest percentage of approximately (21%) followed by ages (30-34), (35-39), (20-24) and (40-49) having the respective percentage (17.48%), (15.91%), (14.9%) and (23.42%) with average age of married women put at 31.8

years. Considering the level of education of respondents, it was discovered that almost half of the respondents do not have any formal education (47.20%) while only (7.84%) had higher education, secondary (24.65%) and primary (20.31%).

It should be noted that Nigeria is characterized with over 250 ethnicity in which this sample population of the respondents consist of 12.87% of Yoruba, Hausa (30.53%), Igbo (10.53%) while other languages take the remaining 45.87%. It was also found that most of the respondents are from the northwest (31.42%) followed by northeast (20%), north central (15.8%) and southwest (13.66%) while the south east and south-south are approximately 8.41% and 10.64% respectively. All the same more than half of the respondents are rural dwellers (65.51%) while only (34.49%) lived in urban areas. The wealth index of married women in the sample population revealed that almost half of the sampled populations are poor while approximately 36% are rich. Majority of the respondents are Muslims (58.22%) and Christians comprise of (catholic 8.2% and Protestants 32%) while the traditionalist and other religion is just 1.56%. considering the occupational status of married women in the sample population approximately, 28% are not working while other who are working: sales service (43.15%), Agricultural (12.13%) white collar jobs (5.44%) and unskilled and skilled manual as well as domestic works takes the remaining 11%.

Table 2: Percentage distribution of Respondents knowledge and attitude of modern contraceptive characteristics

VARRIABLE	FREQUENCY	PERCENTAGES
Modern Methods		
Using	2,543	9.63
Not Using	23.860	90.37
Total	26.403	100
Current contraceptive Modern method use		
Pill	491	19.31
IUD	275	10.81
Injections	861	30.12
Diaphragm	5	0.20
Condom	516	20.29
Female sterilization	86	3.38
Male sterilization	1	0.04
Other	71	2.79
Implants/Norplant	96	3.78
Locational amenorrhea (LAM)	114	4.48
Female condom	2	0.08
Other modern method	71	2.62
Standard days method	25	0.98

Total	2,543	100
Ever used anything or tried to delay or avoid getting pregnant		
No	20,215	76.56
Yes, used calendar	6188	23.44
Total	N 26,403	100.00
Contraceptive use and intention		
Using modern method	2,543	9.63
Using traditional method	1,311	4.97
Non-user - intends to use later	5,367	20.33
Does not intend to use	17,182	65.08
Total	26,403	100.00
Knowledge of contraceptive		
Know no modern contraceptive	4,458	16.88
Know modern contraceptive	21,945	83.12
Total	N 26,403	100.0

Source: Nigeria NDHS data, 2013

The result from table 2 above shows the knowledge and attitude of modern contraceptive use among religion married women in Nigeria. It was found that there is low usage of modern contraceptive among sample population with only 9.63 % of the respondents who reported they are using modern methods; whereas 90.37% of the respondents not using modern methods are either using traditional methods or not using at all. The prevalent modern methods commonly used by the respondents are injectable and male condoms are pills

(19.31%), IUD (10.81%), implant and female sterilization takes 3.78% and 3.38% respectively. Furthermore, it was found that 77% of the respondents said NO to Ever used anything and 23% said yes, they used inside calendar. In addition 10% of the respondent reported using modern contraceptive while 5% of them use traditional method. Also 20% of the respondent are non-user intend to use later whereas only 65% does not intend to use any method. While 17% have known knowledge of modern contraceptive and 83% have knowledge modern method.

4.2 TABLE 3: CROSS-TABULATION ANALYSIS OF SOCIO-ECONOMIC CHARACTERISTICS AND USE OF MODERN CONTRACEPTIVE

Independent variable	Modern method		TOTAL	Chi-Square(X^2 statistics)
	Not using	Using		
AGE				440.4609
15-19	8.19	0.71	7.47	Pr = 0.000
20-24	15.54	8.89	14.90	
25-29	39.0	18.21	20.92	
30-34	17.04	21.63	17.48	
35-39	15.17	22.61	15.89	
40-44	11.49	17.93	12.11	
45-49	11.37	10.03	11.24	
TOTAL	2100.00	2.543	N 26,403 (100.00)	
Religion				120

Catholic	7.79	11.88	8.18	Pr 0.000
Other Christian	29.00	60.52	32.04	
Islam	61.55	26.90	58.22	
Other	1.66	0.71	1.56	
Total	23,860 (100.00)	2,543 (100.00)	N 26,403 (100.00)	
Highest level education				180
No education	51.24	9.44	47.22	Pr = 0.000
Primary	19.59	26.98	20.30	
Secondary	22.49	44.91	24.64	
Higher	6.68	18.68	7.84	
Total	23,86	2,543	N 26,403 (100.00)	
Wealth Index				
Poor	47.98	10.42	44.36	
Middle class	19.12	18.40	19.05	
Rich	32.90	71.18	36.58	
Total	23,860	2,543	N 26,403 (100.00)	
Occupation				
Not working	29.89	14.04	28.36	534.4950
White collar	4.72	12.23	5.44	Pr = 0.000
Sale service	42.02	53.76	43.15	
Agriculture	12.17	11.80	12.13	

Manual	11.20	8.1	10.19	
Total	23,860	2,543	N 26,403 (100.00)	
Region				
North Central	14.87	24.54	15.80	180
North East	21.43	6.92	20.03	Pr = 0.000
North West	33.86	8.69	31.44	
South East	8.32	9.24	8.41	
South South	10.06	16.16	10.65	
South West	11.46	34.45	13.67	
Total	23,860	2,543	N 26,403 (100.00)	
Places of residence				791.27
Urban	31.77	59.65	34.45	p-valu .0.000
RURAL	68.23	40.35	65.55	
TOTAL	23,860	2,543	N 26,403 (100.00)	
Age at first marriage				Pearson chi2(2)
10-14	24.54	75.46	7.005	= 812.8671
15-19	18.52	81.48	11.661	Pr = 0.000
20	7.34	92.66	7.613	
Total	16.88	83.14	N 26,403 (100.00)	
Total children ever born				
0-2	9,008	34.12		Pearson chi2

3-6	9,649	36.55	10.242	288,2804 Pr = 0.000
7	7,746	29.34	8.502	
TOTAL	16.86	83.14	N 26,403 (100.00)	

Source: Nigeria NDHS data, 2013

The Results in table 3 shows that majority of respondents between the ages 15-19 do not use modern contraceptives at 8.19%. Only 0.71% of youth (15-19 year olds) currently use modern contraceptives. There exists only a slight percentage difference between the use and non-use of modern contraceptives among the age group 20-24 with 8.89% of respondents currently using modern contraceptives and 15.54% not using any methods of modern contraceptives. For the age group 25-29, 18.21% of respondents do not use modern contraceptives while only 21.21% use modern contraceptives. Majority of those that make between ages 35-39, 22.61% (61%). Surprisingly, more than half of the respondents who live in urban areas do not use modern contraceptives 31.77% as opposed to 59.65% who use modern methods of contraceptives. The majority of the respondents that live in rural areas do not use any methods of modern contraceptives (68.23%) while those that use any modern method of contraceptive is 40.35%.

The analysis shows that almost 51.24% of respondents with no education do not use modern contraceptives, while 9.44 % of no education use modern contraceptive also 19.59% of respondents with primary education do not use modern contraceptives while 26.98% with primary education uses modern contraceptive. respondents with secondary education do not use modern contraceptive 22.49% while 44.91% with secondary education make use of modern contraceptive. respondent with high education do not use modern contraceptive 6.68

while respondent with higher education that use modern contraceptive 18.68. in addition, results suggest that respondent with secondary education make use of modern method of contraceptive. Data analysis for wealth status shows that 47.98% of respondents classified as poor do not use modern contraceptives with only 10.42% using modern contraceptives. Results are the same for those classified as middle class and rich in which approximately 19.12% do not use modern contraceptives and 18.40% use modern contraceptives. for the rich 32.90% do not use modern contraceptive with only 71.18% use modern contraceptive.

Data for the regions show that 14.87% in North Central do not use modern contraceptive with only 24.54% use modern contraceptive. In the North East, 21.43% do not use contraceptive while only 6.92% use modern contraceptive. In the North West 33.86% do not use modern contraceptive while only 8.69% use modern contraceptive. In addition, South East, South South, South West, 8.32%, 10.06% and 11.46% do not use modern contraceptive while only 9.24%, 16.16%, and 34.45% use modern contraceptive respectively.

Furthermore the analysis from Table 3 above shows the socioeconomic characteristics respondents and use of modern contraceptives. The results shows that all the socio-economic variables are significantly related to use of modern contraceptives

4.3 Multivariate Analysis

Table 3: Logistic Regression of Current use of modern Contraceptive and Religion among married women Nigeria

	Model 1			Model 2		
	Odds Ratio	95% Confidence Interval		Odds Ratio	95% Confidence Interval	
Modern Contraceptive use						
Catholic (RC)	1.00					
Other Christian	1.36**	1.197	1.564	.9626	.828	1.118
Islam	.28**	.248	.331	.5890**	.491	.706
Others	.2775**	.154	.501	.5510	.299	1.015
Place of Residence						
Urban (RC)				1.00		
Rural				0.8337**	.7172	.9303
<u>REGION</u>						
North central (RC)				1.00		
North East				.5704**	.471	.689
North West				1.0548	.853	1.304

South East				.4180**	.325	.538
South South				.5765**	.496	.669
South West				.6830**	.585	.796
Wealth index						
Poor (RC)				1.00		
Middle class				1.9855**	1.676	2.352
Rich				2.6237**	2.216	3.105
AGE						
15-19 (RC)				1.00		
20-24				3.3808**	2.069	5.524
25-29				3.9159**	2.416	6.347
30-34				5.3168**	3.280	8.61
35-39				6.3523**	3.917	10.299
40-44				6.7368**	4.142	10.95
45-49				4.1118**	2.508	6.741
Occupation						
Notworking(RC)				1.00		

White Collar				1.0323	.849	1.254
Sales Service				1.1913*	1.039	1.365
Agricultural				1.0588	.8837	1.268
Manual				.99836	.8231	1.210
High level of education						
No education (RC)				1.00		
Primary education				2.8196**	2.373	3.349
Secondary education				3.1485**	2.635	3.761
High education				3.2199**	2.584	4.012
Ethnicity						
Yoruba(RC)				1.00		
Hausa				.1448**	.1088	.1928
Igbo				.5033**	.4013	.6312

Others				.5037**	.430	.589
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Source: Nigeria NDHS data, 2013

* p<0.05. **p<0.01 & ***p<0.001 is significant at 95% confidence interval RC.

Model 1 in the above logistic has religion as its independent variable while the following independent variables were included in the logistic regression model 2 with Modern methods as dependent variable, the model includes religion, education level of respondents, occupation, place of residence, age and wealth index. At the bivariate level as shown in Table 2 above, each of the independent variables is significantly related to usage of modern contraceptives.

The results of the multivariate logistic regression as displayed in model 1 implies that taking catholic as our reference point the odds that a woman will use modern contraceptive is 1.3682 times more likely among Christian than other religion who are less likely Islam and other religion with the respective odds (0.2865 and 0.2775)

In model 2, it was found that religion affiliation was significant among is less likely among Islam than other religion which has almost 1.00 odds with Catholic (Other Christian and Traditionalist/others) is significantly associated with modern contraceptive methods. the odds that a woman who practices Islam and traditionalist will use modern methods of contraception is less likely with odds 0.5890 and 0.5510 times compare to the catholic woman respectively while that of other Christians is not significant.

It was found that wealth index (poor, average and rich) is significantly associated with modern contraceptive methods, the odds that a woman who is average and rich will use modern methods is 1.9855 and 2.6237 times compare to the poor woman respectively. It

was also found that those who are working are more likely to use modern methods than those who are not working especially those who engaged in sales services with odds 1.191 compare with those not working. The educational attainment of respondent gave a significant with the likelihood of using modern contraceptive. This implies that the woman has primary, secondary and higher education are more likely to use modern contraceptive 2.819 times, 3.1485 times and 3.2199 times compare with those that has no formal education.

4.4 DISCUSSION

This chapter deliberates the extent of religion and use of modern contraceptive and factors that influence the use of modern contraceptive among married women in Nigeria, such as socio-economic and demographic factor. The proportion of the respondents that are currently use modern contraceptive is 9%. the result reveals that other Christian like the Protestant are the highest user of modern contraceptives compared to other religion groups, like Islam, catholic and others.

The purpose of this study was to examine whether the use of modern contraceptives varies among religious groups and whether the selected demographic and socio-economic factors affect the use of modern contraceptives among married women in Nigeria. Results propose that there are variances in the use of modern contraceptives among various religious denominations, in particular between Christians and Muslims and other religion. Furthermore, the results specify that age, highest level of education, marital status, and number of living children, Age at first married, occupation, region and wealth status is significant predictors to use of modern contraceptive among married women in Nigeria. Age of women is an important indicator of modern contraceptive use (Ayoub, 2005). According to the percentage distribution of age, majority of married women under the age 15- 19 do not

use modern contraceptives (0.71), while over half of 30-39 year olds are the most respondent that make use of modern contraceptive. However, according to a study by Ettarh (2011), in Kenya, modern contraceptives are mostly used by married women over the ages of 30 and between ages 30-39.

In addition women located in urban areas are more likely to use modern contraceptives compared to women situated in rural areas. Similar findings are shown in a study by Kimani (2006) where women living in urban areas are almost two times more likely to use modern contraceptives as opposed to their rural counterparts. This can be explained given the context of urban settings. Urban areas are more exposed to better living conditions, influenced by mass media, better education and have access to a wide variety of reproductive and health services and family planning as opposed to rural areas that lack convenient services thereby inhibiting the use of modern contraceptives (Addai, 1999). Wealth is a significant predictor of modern contraceptive use and half of respondents are wealthy, with the rest making up the poor and middle quintiles. Results indicate that middle class and rich are wealthy women are both two times more likely to be using modern contraceptives compared to the poor. This indicates that women who fall under the middle and rich quintiles have more access to resources and services that provide family planning. This finding is in consensus with studies conducted by (Irani, 2012), and (Creanga, 2009) and (Adebowale, 2013) who found that the poor do not use modern contraceptives as much as the wealthy and are therefore less likely to use modern contraceptives and meet their fertility intentions.

Education plays a vital role in determining whether modern contraceptives are used. Results show that as the level of education increases, the likelihood of using modern contraceptives increases. This remains true irrespective of whether or not education is

controlled for in order to obtain the factors that affect modern contraception. These findings are consistent with a study in Nigeria which found that as the level of education increases, the use of modern contraceptives increases, thus a direct relationship between the two is seen (Adebowale . 2013). The reason for this is that education Bering more empowerment of married women and provides them with information on the usage and utilization of family planning methods and its benefits (Adebowale et al., 2013). Results from this study show that socio-economic factors, in particular education is important in determining reproductive behavior (Ayoub. 2005). This is because education improves the economic situations of married women and delays their age at child bearing (Ayoub, 2005).

According to a study conducted by (Douthwaite and Ward 2005), the analysis demonstrates that the period of using modern contraceptives are higher among Protestants and lower among Catholics and Muslims. Findings are consistent with the use of NDHS 2013 .Furthermore, this result is similar to a study in Mozambique by Agadjanian (2011) who found that Catholics are more likely to use modern contraceptives and their contraceptive use is similar to Protestants that is higher. Roman Catholics have historically lagged behind in terms of using contraceptives while Protestants have been more liberal and accepting in the use of contraceptives (Freedman et al. 1959). However, in Nigeria, we have seen that Catholics have been more lax in following their doctrines which encourages large family sizes and rejects modern contraceptive use. However, the analysis illustrates that Muslims are less likely to be using modern contraceptives compared to Catholics, and the use of modern contraceptive is higher among Christians compared to Muslims. Literature shows different levels of modern contraceptive use among Muslims. For example, In Cameroon and Senegal, Muslims were more likely than non-Muslims to use modern

contraceptives, while in Chad, they were less likely to use modern contraceptives compared to other religions, Furthermore, low levels of modern contraceptive use remains characteristic of Muslims in West Africa, like Nigeria (Bertrand & Farrell-Ross, 2013). This indicates that Islamic religion does not oppose the use of modern contraceptives among married women in Nigeria.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECCOMENDATION

5.0 INTRODUCTION

This chapter is concerned with the presentation of the summary, conclusion and recommendation drawn from the analysis of the research data above.

5.1 SUMMARY

Modern contraceptives give married women the ability to make decisions about when, and number of children they want and also for protection against infectious diseases. The main modern contraceptive available for married women in Nigeria include the pill, injectable, IUD intrauterine device, hormonal implants, condoms. While religion refers to people's beliefs and opinions concerning the existence, nature, and worship of a deity, and divine involvement in the universe and human life.

Nigeria has three main religions which are: Christianity, Islam and indigenous religion. They all have their own positive and negative influence on the use of modern contraceptives. Religion is found in every human society in the world. It is one of the most important structures in all the established human societies that make up the entire social system. The major interest of religion from the theological point of view is about the sacred, the holy or the numinous. Religion is concerned with man's relation to and attitude towards God and the other spiritual beings. Because religion is concerned with the divine, its institutions have been the most viable forms of human associations. The findings of the study revealed that the mean age of respondents that make use of modern contraceptive is between the ages 30-39. Finding also showed that majority of the respondents of the sample population has low usage of modern contraceptive but most respondent that has the

high knowledge and use of modern contraceptive in the study area mostly in urban area. Majority of respondents approved the use of modern contraceptive methods to avoid unwanted pregnancy and child spacing. Majority of respondents live in rural area. Also 44% of the respondents are poor and majority of the respondents live in North West. The major impediments to the use of modern contraceptives were fear of side effect.

Furthermore, the results indicate that age, highest level of education, marital status, occupation, region and wealth status are significant to use of modern contraceptive among married women in Nigeria.

5.2 Conclusion

This study was carried out to ascertain the relationship between religion and use of modern contraceptive among married women in Nigeria, making use of (NDHS 2013). The result suggests that religion is a significant forecaster of modern contraceptive use even when demographic and socio-economic factors are controlled. This suggests that religion affects the use of modern contraceptives and plays an important role in the reproductive behaviours among married women. The result shows that some religions play an enabling force and contributes to the use of modern contraceptives while other religions denominations hinder the use of contraceptives (Avong, 2012). It was seen that other Christian like the Protestant are the highest user of modern contraceptives compared to Catholics while the Muslims married women have the low level of using modern contraceptive and it is explained because of Islamic theology in which having children plays an important part of religious beliefs. Another reason while Muslim married women are not making use of modern contraceptive is low socio-economic characteristics that affect their low levels of education.

The objectives of this study have been realized as the differentials in the use of modern contraceptives among religious denominations have been examined and the socio-economic and demographic factors that affect the use of modern contraceptives have been identified. The demographic and socio-economic characteristics that affect the use of modern contraceptives are place of residence, wealth status, and number of living children. Age, level of education and marital status, occupation. The study has established that religion affects the use of modern contraceptives and plays an important role in the reproductive behaviors among married women and by cultivating the socio-economic characteristics among the Nigeria population, increases in the use of modern contraceptives will allow for additional decline in the fertility levels.

5.3 Recommendations

Religion is the important among African social institutions, it plays a significant role in determining the actions, and existences of most people in the society, as majority of the population are religious oriented (Gyimah, 2012). Religion continues to show a dynamic part in sub-Saharan Africa and its dynamics are constantly evolving from religion playing a disabling force to an enabling force in the use of modern contraceptives among various religious denominations (Avong, 2012). It would be interesting to see what happens in future regarding the evolving subtleties of religion and the use of modern contraceptives among married women in Nigeria. It is recommended that:

1. Muslim women should view the use of modern contraceptive outside their religious believe that expel them from using it.

2. To reduce the problem governmental and nongovernmental organizations who are working in the area of family planning, emphasis should be on awareness creation on modern contraceptive use with special emphasis for Muslim married Women.
3. that government should organize seminars for Muslim married women about the practicality of modern contraceptive and for them to make use of it in order to limit their family size.
4. That Government should provide available information on the suitable places to get the modern contraceptive and ways of using them should be intensified by getting the women especially those in the rural areas sufficiently informed through the sources of gen (radio/TV and Newspapers/magazines) that are mostly used by them.

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