

**IMPACT OF RELIGIOUS BELIEF SYSTEM ON CHOICE OF FAMILY PLANNING
AMONGST MARRIED COUPLES IN AWKA SOUTH LOCAL GOVERNMENT AREA,
ANAMBRA STATE, NIGERIA**

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Abstract

Family planning is one of the most important aspect of reproductive health that expected to provide couples with immense benefits in terms of regulation in their reproductive behaviors and to offer optimal quality of health among women and children. It is undeniable that one's religious belief also plays an important in their everyday activity and decision making, therefore religious believe system plays an important role when it comes to choice of family planning amongst married couples. This study investigated the influence of religious belief system on choice of family planning amongst married couples in Awka South L.G.A. The study adopted social learning theory and social cognitive theory as the theoretical framework. Mixed research design was adopted for this study. The population of study is 189,654, target population is 75,350 and the sample size is 398 which was generated using Taro Yamane's formula. Questionnaire and the in-depth interview were used in data collection. The quantitative data was analyzed using descriptive statistics such as frequency distribution tables, percentages, mean ratings and graphic illustrations/charts. While the qualitative data was transcribed and content analyzed. The probability sampling techniques was used. The quantitative data collected for this study was processed using the Statistical Package for Social Sciences (SPSS Version 23). The findings show that religious teachings and religious leaders all play a vital role on utilization and choice of family planning method amongst married couples in Awka South L.G.A. the study recommended that there should an increase in sensitization on the importance of family planning especially in churches or religious gatherings and proper education and awareness amongst religious leaders as their influences on their members cannot be over emphasized.

Key Words: Religious belief system, Religious leaders, Family planning, Influence, Awka South, married couples

Introduction

Family planning is one of the important schemes established to address issues of rapid population growth, high fertility and poor maternal health, as well as reproductive challenges that are detrimental to socio-economic development of people across the globe. Family planning is one of the major strategies for achieving these set goals. Family planning refers to a system that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births (World Health Organization (WHO), 2000).It is perceived to enhance quality reproductive health, regulate the number and spacing of children produced by couples, prevent

unwanted births, reduce maternal mortality, reduce population growth, give couples the opportunity to choose the number of children they can train (Olaitan, 2011), promote gender equality, reduce poverty, accelerate socioeconomic development, and protect the environment (Federal Ministry of Health, 2014). Also, it gives women who are the sole caregivers, more time to care for their children and themselves (United Nations Family Planning Agency (UNFPA), 2013).

A range of family planning choices/alternatives are available including: sexual abstinence on fertile days, natural family planning or rhythm method, barrier methods, contraceptive sponge, diaphragm, cervical cap and cervical shield, condoms, vasectomy (male sterilization), oral contraceptives, patch method, intra-uterine devices (IUDs). Other latent choices include informed choice counseling, sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management and infertility management (Askew, 2018; Ajayi, Adeniyi & Akpan, 2018; Olaitan, 2009). However, the choice of a particular choice for family planning varies across different socio-cultural settings. For instance, the United Nations (2019) noted that in the Eastern and South-Eastern Asia, the intrauterine device was mostly used; in Europe and Northern America, the pill and male condom were most commonly used methods; in Latin America and the Caribbean, female sterilization and the pill were commonly used; in Northern Africa and Western Asia, the pill and IUD were commonly used; while in sub-Saharan Africa, the combination of various methods including injectables, the pill, male condom, rhythm and withdrawal methods were quite common, with injectables being most dominant method. This also brings to the consciousness that the choices for family method can be classified according to traditional and modern methods. While traditional choices involve methods used in birth control prior to the development of modern family planning methods, including withdrawal, rhythm method, abstinence and folk method (i.e. use of lime, alcohol, salt and water, douching/extraction of sperm and amplicox as emergency contraception) (Ajayi et al, 2018; Bertrand, Mangani, Mansilu & Landry, 1985), modern methods involve medically advanced techniques for birth control including use of modern contraceptives such as condom, female sterilization, oral pills, diaphragm, among others. It is worthy of note that choices about family planning may be influenced by a host of socio-economic, socio-cultural as well as cognitive factors. However, this present study intends to focus on one of the socio-cultural variables which is region.

Research Questions:

The following research questions guided the study:

1. How does religious teaching/belief system influence the acceptance or rejection of specific family planning methods amongst married couples in Awka South L.G.A?
2. What role do religious leaders play in shaping the attitudes and practices of their followers regarding choice of family planning among married couples in Awka South L.G.A.?

Research Hypothesis:

There is a significant relationship between religious affiliation and choice of family planning amongst married couples in Awka South L.G.A

Review of Relevant Literature

Family planning decisions are influenced by a complex interplay of factors and religious beliefs are just of many. Religion of the people remains a very important determinant of behaviour and actions of people in the society. It is equally an aspect of the cultural elements of a people that determines their acceptance or rejection of cultural innovations particularly with regards to contraception (Srikanthan& Reid, 2008). It is important to note that within each religion, there can be a wide range of interpretations and beliefs and individuals may make personal choices that align with or differ from their religious teachings, in virtually all the major religious domains in Nigeria, there are often reservations for the applicability of contraceptives. For instance, the Roman Catholics believe that the usage of contraceptives is sinful and violates the God's principles and purpose of marriage (Richards, 2015). The same goes with the Protestants who believe that the use of contraceptives violates God's command for humans to multiply (LoPresti, 2005). In the Islamic religion, large families are encouraged. These practices and beliefs have significant influence on the adherents of such religious doctrines. As such, it would be plausible to hypothesize a direct relationship between religious affiliation/doctrines and subscription to family planning methods.

A study was also conducted by Guure, Maya, Dery, Vrom, Alotaibi, Rezk and Yawson (2019) examined the factors influencing unmet need for family planning among Ghanaian married women. The study employed the cross sectional descriptive survey design, involved secondary data analysis of women in the reproductive age (15-49 years) from the Ghana Demographic and Health Survey 2014 data. Chi-squared test statistic and bivariate multilevel multinomial mixed effects logistic regression model were used to determine significant variables which were included for the multivariable multilevel multinomial mixed effects logistic regression model. Findings of the study indicated that respondents' educational level, and cultural variables (religion and ethnicity) stood out as significant determinants of both unmet need for limiting and spacing.

Msoka, Pallangyo, Brownie and Holroyd (2019) investigated rural Tanzanian women's perceptions and cultural beliefs on the barriers to family planning services utilization. The study used a qualitative descriptive approach drawing on four group discussions with 20 purposively selected married women with two or more children. Data were collected from participants at four health facilities in Bagamoyo and Kisarawe districts in Pwani, Tanzania. Findings of the study indicated that lack of adequate family planning information; beliefs on and use of traditional/unconventional methods; gender roles expectations that influence decision making and limit women's choices of family planning methods and; religious beliefs, were the perceived barriers to family planning utilization in this study.

Theoretical Framework

Social learning theory was developed by Bandura (1972). This theory was developed in response to criticisms against the dominant personality theories that dominated the explanation about human behaviour. According to Bandura (1972, p. 2), "the developments in learning theory shifted the focus of causal analysis from hypothesised This was mainly due to the belief that people's response patterns, could be induced, eliminated and reinstated simply by varying external sources of influence

In other words, the social learning theory assumed that behaviour is learned, at least in rough from before it is performed, and this learning process could occur through observing others in social interactions within specific socio-cultural settings. The core assumptions of the social learning theory as highlighted by Health Communication Capacity Collaborative (n.d) include the view that people learn by:

- a. Observing what other people do
- b. Considering the apparent consequences experienced by those people
- c. Rehearsing (at first mentally) what might happen in their own lives if they followed the other peoples' behavior
- d. Taking action by trying the behavior themselves
- e. Comparing their experiences with what happened to the other people
- f. Confirming their belief in the new behavior

The social learning theory is apt in situations that involve people adopting or practicing a particular behavior to overcome barriers or challenges. In this direction, the social learning principles can be used to demonstrate how married couples internalize certain belief when it comes to family planning practice as a result of their environment and religious background. The social learning process could be in the direction of what married couples learn within the community level in terms of acceptable practices on family planning. Such socially learnt behaviors have the potential to influence the level of awareness, and the practice of family among married couples.

Considering the fact that the theme of this study focuses on the socio-cultural dimension (religious belief system) to explanation of choices regarding family planning among married couples. The social learning theory provides a blueprint that diverts attention from individual-based approaches to understanding of behavior (choice of family planning in this case), to a societal level approach where behavior is understood to be influenced by socio-cultural forces which are reinforced through a person's behavioral output.

In view of the foregoing, the social learning theory is considered the most relevant and appropriate framework for this kind of study and will serve as a blue print on the influence of religious belief system on choice of family planning amongst married couples in Awka South L.G.A.

Materials and Methods

Mixed research design was adopted for this study. The population of study is 189,654, target population is 75,350 and the sample size is 398 which was generated using Taro Yamane's formula. Questionnaire and the in-depth interview were used in data collection.

The quantitative data was analyzed using descriptive statistics such as frequency distribution tables, percentages, mean ratings and graphic illustrations/charts. The quantitative data collected for this study was processed using the Statistical Package for Social Sciences (SPSS Version 23). The study interviewed married couples aged 23 and above who reside in the area of study as at the time this research was conducted. The purposive sampling technique was adopted in selecting participants for the in-depth interview. The qualitative data gotten from the in-depth interviews were carefully transcribed, sorted, edited and analyzed using content analysis.

Results/Findings

The socio-demographic data of the respondents were analyzed and presented in the table below.

Table 1: Socio-demographic characteristics of the respondents

DESCRIPTION OF VARIABLES	FREQUENCY	PERCENT
Sex		
Male	154	39.9
Female	232	60.1
Total	386	100.0
Age Category		
23 - 32 Years	122	31.6
33 - 42 Years	156	40.4
44 - 52 Years	94	24.4
> 53	14	3.6
Total	386	100.0
Education		
None	2	.5
Primary school level	47	12.2
Secondary School level	109	28.2
Tertiary (Diploma)	117	30.3
Tertiary (Bachelors)	97	25.1
Tertiary (Post-Graduate)	14	3.6
Total	386	100.0
Employment Status		
Unemployed	68	17.6
Formal (government/private service)	73	18.9
Self-employed	130	33.7
Business/trading	92	23.8
Skilled Labour	23	6.0
Others	386	100.0
Total	68	17.6

Number of Children		
1 - 3	118	30.5
4 - 6	221	57.2
> 7	47	12.3
Total	386	100.0
Place of Residence		
Rural	204	52.8
Urban	182	47.2
Total	386	100.0
Religious Affiliation		
Christianity		
i) Anglican	91	23.6
ii) Roman Catholic	132	34.2
iii) Pentecostal	53	13.7
iv) Protestant	47	12.2
v) Others	14	3.6
Islam	17	4.4
African Traditional Religion	32	8.3
Total	386	100.0
Duration of Marriage		
0-5years	78	20.2
6-10 years	212	54.9
11 and above	96	24.9
Total	386	100.0

Table 1 contains information on the data analysis conducted on the socio-demographic characteristics of the respondents. With respect to respondents' sex, the findings showed that slightly higher proportion (56.2%) of females participated in the study compared to 43.8% of the male respondents who participated in the survey. This is not quite surprising considering that issues regarding family planning are often championed by the females. For respondents' age, data analysis showed that the respondents in survey aged between the minimum age of 23 years to a maximum age of 52 years old, with those aged between 33-42 years old constituting the majority (40.4%) in the data. The mean age of the respondents was 36.2 and standard deviation of 9.1. This implies that majority of the respondents in this present study were within their early mid-adult age, and mature enough to provide information regarding family planning practices. In terms of education, result of data analysis showed that the highest proportion (30.3%) of the respondents only attained up to the Diploma level of education. This was however followed by 28.2% of them who attained up to the Bachelor's degree level. This implies that they would have better understanding of the research topic and would provide more insightful and accurate responses to the questions raised in the instrument.

With regard to respondents' employment status, data analysis showed that the majority (33.7%) of the respondents were self-employed, followed by another significant proportion (23.8%) of them who were involved in business/petty trading activities. Effort was made by the researcher to ensure that there was a match in terms of the number of respondents selected in both the rural and urban settings within the present study area. However, data analysis showed that there were slight differences in the number of samples selected between the rural and urban setting. Specifically, slightly more than half (52.8%) of the respondents were selected from the rural communities, while close to half (47.2%) of them were selected from the urban settings. This shows that there was no significant discrepancy in the number sample selected between the two settings. This implies that there is representativeness in the samples between the rural and urban settings, which would help to reduce bias that may arise from over-representing respondents in one setting over the other.

For respondents' parity level, data analysis showed that the majority (57.2%) of the respondents had 1 4 to 6 children, followed by about a quarter proportion (30.5%) of them who had 1 - 3 children, while a smaller proportion (12.3%) of them had more than 7 children. This data have significant implications to family planning, in the sense that the high proportion of couples having 4 - 6 children is an indication of growing population rate in the study area, which could have negative impacts on the standard of living for the families. It equally signified the immediate need for enhance family planning sensitization among married couples in Awka South L.G.A.

With respect to respondents' religious affiliation, result of data analysis showed that majority of the respondents were Christians, with the largest proportion among them (34.2%) being affiliated with the Roman Catholic denomination, followed by 23.6% of them who are affiliated with the Anglican denomination. This result is also not surprising considering that the study was conducted in an area situated within the Southeast part of Nigeria, which is largely dominated by the Christian religion. Respondents affiliated to African Traditional Religion (ATR) constituted 8.3% of the samples, while 4.4% of them formed those affiliated to Islam.

Finally on socio-demographic characteristics of the respondents was the analysis of respondents' duration of marriage. In this direction, the largest proportion (54.9%) of the respondents had stayed up to 6 - 10 years in their marriage. While about a quarter proportion (25.9%) of them had married for more than 11 years, the least proportion (20.2%) of them were those whose marriage were less than 5 years old. This implies that this study rightly targeted the right study participants, as they are the group with the most concern about family planning issues such as contraceptive usage, pregnancy complications, spacing of children, among others.

Analysis of Research Questions

This section deals with the analysis of data and interpretations of findings with regards to the research questions of this paper.

Research Question 1:

How does religious teaching/belief system influence the acceptance or rejection of specific family planning methods amongst married couples in Awka South L.G.A?

The tables below were used to answer the research question above.

Table 2: Distribution of Respondents on whether or not they consider their religious faith first before making family planning decisions

Options	Frequency	Percent
Absolutely	203	52.6
Not at all	129	33.4
Maybe	54	14.0
Total	386	100.0

As observed in table 2, slightly more than half (52.6%) of the respondents ticked to the option 'absolutely', which implies that they were in agreement with the view that they consider their religious faith first before making decisions and choices regarding family planning. This was however different for about a quarter proportion (33.4%) of the respondents who ticked to the option 'not at all'. A follow-up question which asked the respondents to indicate how important their religious beliefs are in determining their family planning choices. The responses gathered in this regard were analysed and presented in figure 1.

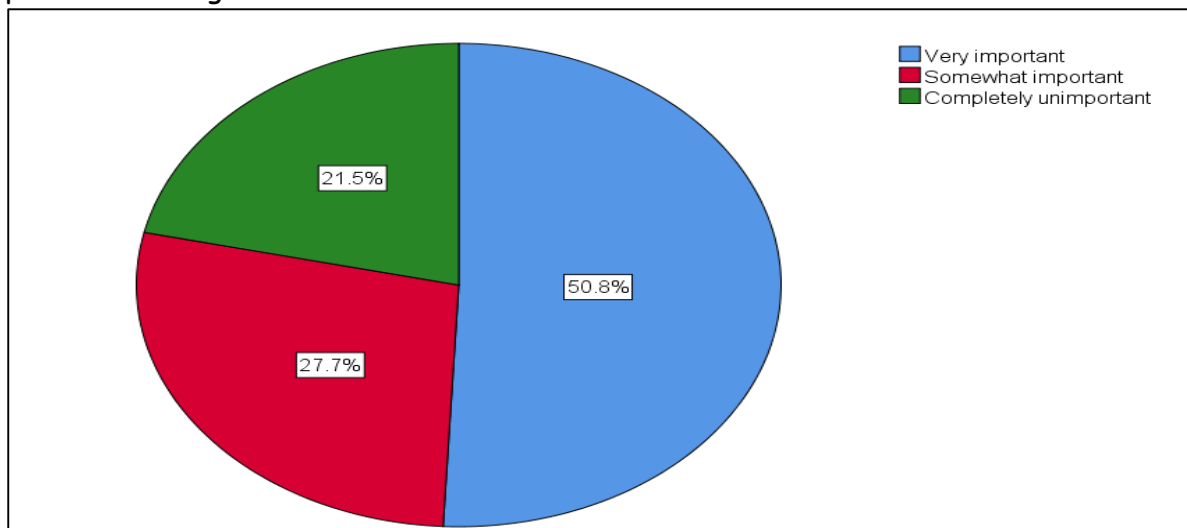


Figure 1: Distribution of Respondents on the importance of their religious beliefs in determining their family planning choices

Data contained in figure 5 showed that half proportion (50.8%) of the respondents considered their religious beliefs as very important in determining their family planning choices. This finding suggests that religion plays an important role in shaping married couples' decisions relating to family planning. This finding was supported by the findings generated qualitatively. For instance, one of the IDI participants highlighted that,

...my religious faith believes that children is gift from God...so using contraceptives would seem like trying to prevent the will of God... The bible says that we should reproduce and fill the earth... (IDI participant 4, 37 years old).

However, this is not always so in all circumstances. For instance, another IDI participant said that,

Well, it depends on the type of religion that one is affiliated to...but for me, my religious faith has nothing to do with my choices regarding family planning...I don't belong to those conservative religious doctrines... my own religion faith teaches wisdom in making certain decisions including that of family planning....(IDI participant 6, 40 years old).

The respondents were equally asked whether or not their religious doctrine support the use of specific family planning methods. Their responses were analysed and presented in table 3.

Table 3: Respondents' views on whether or not their religious doctrines support the use of specific family planning methods

Options	Frequency	Percent
Yes	182	47.2
No	204	52.8
Total	386	100.0

Field Survey, 2023

The data presented in table 4 suggest that nearly half (47.2%) of the respondents believed that their religious doctrine supports the use of specific family planning methods, while slightly more than half (52.8%) of them did not believe so. Considering the fact that this analysis did not specify the specific methods in question, the proportion of respondents who were affirmative in table... were further asked to indicate the specific method supported by their religious doctrines. Finding to this regard is shown in figure 2.

Research Question 2:

What role do religious leaders play in shaping the attitudes and practices of their followers regarding choice of family planning among married couples in Awka South L.G.A.?

Their responses were analyzed and presented in the tables below.

Table 4: Respondents' responses whether or not they have ever discussed family planning with their religious leaders.

Options	Frequency	Percent
Yes	293	76
No	93	24
Total	386	100.0

Field Survey, 2023

The data presented in table 5 suggest that (24%) of the respondents do not discuss family planning with their religious leaders, while slightly more than half (76%) of them did in fact discuss family planning with their religious leaders. This finding was supported by the findings generated qualitatively. For instance, one of the FGD participants highlighted that,

...yes I and my spouse did discuss family planning with my pastor, in our marriage class sessions, which was one of the major requirements before we were allowed to get married. (IDI participant 3, 30 years old).

Next the respondent were also to identify the family planning method that was recommended by their religious leaders. Their responses were analyzed in table 5

Table 5: Respondents' responses on choice of family planning recommended by their religious leaders.

Options	Frequency	Percent
Rhythm method	104	35.5
Withdrawal	59	20.1
Condoms	47	16
Contraceptives	48	16.4
IUD	18	6.2
Tubal ligation (tying of the fallopian tubes)	4	1.4
None (do not encourage use of family planning)	13	4.4
Total	293	100.0

Field Survey, 2023

As seen in table 5 majority respondents indicated that most religious leaders recommended the rhythm method, 59 recommended the withdrawal method, 47 recommended use of condoms, 48 recommended contraceptives, 18 recommended using IUD, 4 recommended the use of hysterectomy, while 13 suggested that family planning should not be used at all. This indicates that most religious leaders believe that the use of rhythm method is the best family planning method, while only very few believe that Tubal ligation (tying of the fallopian tubes) is the best family planning methods for married couples.

One of the IDI participant also stated that,

...well during our marriage classes, the topic of family was raised and the reverend stated that the only family planning recognized by the church is the rhythm method (ovulation method), and that any other method is a sin, this brought about a lot of debates which I was a part of. (IDI participant 7, 25 years old).

Test of Study Hypothesis

This section contains information on the test of study hypotheses and presentation of results from the different statistical tests.

1. There is a significant relationship between religious affiliation and choice of family planning amongst married couples in Awka South L.G.A

Table...: Relationship between religious affiliation and choice of family planning amongst married couples in Awka

		<i>Choice of Family Planning amongst Married Couples in Awka South LGA</i>						
		Responses						
		Natural family planning	Barrier methods (e.g. condoms or diaphragm)	Hormonal methods (e.g. birth control pill, hormonal IUD)	Surgical methods (e.g. sterilization, vasectomy)	Emergency contraception	Others	Total
Religious Beliefs	Anglican	44	0	21	6	15	5	91
	Roman Catholic	40	17	35	9	26	5	132
	Pentecostal	31		10	2	10	0	53
	Protestant	23	0	5	8	11	0	47
	Others	11	0	1	0	2	0	14
	Islam	15	0	0	0	1	1	17
	African Traditional Religion	14	0	0	0	15	3	32
	Total		178	17	72	25	80	14

2. $Chi - squarex^2 = 141.006, df = 30, N=386, p = .001$

Table... shows that the computed Chi-square value is 141.006 while the table value of Chi-square at 0.05 level of significance with a degree of freedom (df) of 30 is 53.773. Since the computed Chi-square value is greater than (>) the table value, the alternate hypothesis (H1) was accepted while the null hypothesis (H0) was rejected. This implies that there is a positive relationship between religious affiliation and choice of family planning amongst married couples in Awka South LGA. It follows therefore that religious affiliation of married couples has significant influence on the use of family planning amongst the sampled population.

Discussion of findings:

First, the study found that majority of the respondents consider their religious faith first before making decisions about family planning. This implies that religion plays a vital role in the family planning decisions of many couples, as well as overall family planning practice within the present study area. It equally implies that it can determine not only the utility or non-utility of family planning methods, but also the choice to which couples make regarding their family planning. This view is consistent with scholars like Fasiku (2016) who reported that religious beliefs of married couples influenced significantly their family planning decisions and choices. Both the qualitative and quantitative aspects of this present research equally support the view that religion is central in influencing family planning choices and decisions among married couples. This equally implies that the design and implementation of family planning practice in Awka South LG.A, should take into account the religious beliefs of the people. Taking into account the religious practice of the people by taking certain actions such as involving religious leaders can help to increase the effectiveness of the program by creating a safe and accepting environment for discussion and decision-making about family planning options.

The study revealed that religious leaders have a tremendous effect on their members, that some members also felt the need to discuss their plans and options with their religious and most often will go with the recommendation or wants of their religious leaders even if it is not necessarily the best option for them. The concept of pre wedding classes came up a lot during the IDI sessions where respondent states that these rules and norms were taught to them during their classes and they were persuaded to use a particular family planning option, they were made to believe that going contrary to these teachings was a sin even though is not the most rational option.

The findings of this study however have further strengthened the postulations of the Social learning theory as the theoretical framework of this paper. Social learning theory states the people cultivate attitudes and behaviours which include beliefs about family planning through observing, learning and imitating the actions of others. When it comes religious belief system and family planning, individual most often observe and internalize attitudes and behaviours pertaining to reproductive choices from their religious community or leaders.

Conclusion

The aim of this study was to investigate the influence of religious belief system on family planning choices among married couples in Awka South L.G.A, Anambra State, Nigeria. This study was predicated on the view that the unmet need for family planning in developing nations like Nigeria is associated with different socio-cultural factors such as religion. This study has been able to shed light on the complex dynamics that shape reproductive decision-making among couples in the study area as it concerns their religious predispositions. There are some religious belief /teaching that are fore or against certain family planning methods and as such it is expected that the members or followers should adhere to these rules and this was the case as seen in the study,

exception for very few who are not really strong believers or those a bit more rational who were able to make their decision despite the teachings of their religion.

Recommendations

Based on the findings of this study, the following recommendations are provided:

1. There is need to increase awareness and education around the benefits of modern family planning particularly in the rural communities especially in churches and mosques, as this would help to dissect negative myths and misconceptions that affect optimal practice of family planning among couples.
2. There is the need for proper sensitization of religious leaders as their influence of their members cannot be over emphasized.
3. Religious teachings and doctrines should be re modernized to fit current trends, as the importance of proper information and importance cannot be over stressed.

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