



Religion and Fertility Behavior Among Ever-Married Women in Nigeria: Evidence from the Nigeria Demographic Health Survey 2018

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Abstract

Using the 2018 Nigeria Demography and Health Survey (NDHS), this study was designed to examine the impact of religion on fertility behaviour. The theoretical basis of this study was Philip Jenkins's Fertility and Faith hypothesis and the Religious Alloparenting hypothesis. The NDHS used a stratified sample that was chosen in two steps. First, a household listing operation was conducted in each of the chosen Enumeration Areas. Next, a fixed number of 30 households were chosen through equal probability systematic sampling in each cluster, yielding a total sample size of about 42,000 households. 42,121 women between the ages of 15 and 49 were found in the various houses, and individual interviews with 41,821 of them were later conducted. In this study, 8061 respondents were used in the analysis. Data gleaned from the NDHS was analyzed in this study, using descriptive statistics. The respondents' religions were Catholic, other Christians, Islam and other religions. Catholic (9.4%), non-Catholic Christians (34.4%), Islam (55.5%), and other religions (0.7%). Islamic religion had low use of contraceptives i.e., 90.3% of no method, Catholics made more use of the traditional method of 12.5% than other religions. There was also a significant association between the use of contraceptives and religion. Muslim respondents got married below the age of 19 (77.3%), age 19 and 30 (22.1%) while Catholic got married below the age of 19 (34.2%), 19 and 30 (61.4%) Other Christians (36.7%) of its respondents below age 18, 19-30 (58.7%) and 31 and above (4.4%). Some of the recommendations made were to bring enlightenment to the public on the National Population Policy to guide or restrict the number of children by couples through religious leaders and also to make modern contraceptives acceptable by all religions.

Keywords: Fertility behaviour, Religion, Contraceptive use, ever-married women, birth spacing





Introduction

The population of a country has been a major source of concern when discussing development in recent times, especially in a developing country like Nigeria (Ingiabuna & Uzobo, 2016; Jack & Uzobo, 2017). According to UN estimates, there will probably be 10.9 billion people on the planet by the year 2100, up from 7.8 billion in 2020 (United Nations, 2019). This projection by the UN shows a high fertility rate taken. Nigeria with a population of over 211 million. is known as the most populous country in Africa, and is said to be growing at an annual rate of 2.6% with a Total Fertility Rate (TFR) of 5.3 children per woman according to the United Nations Population Fund (UNFPA) [The Cable, 2021; Oyediran et al., 2020]. Additionally, it has been asserted that Nigerian women are typically delivering 0.5 children more than they desire (Oyediran et al., 2020).

At the individual and national levels, TFR can be influenced by faith and religious authority. For instance, Muslim and Vatican authorities opposed family planning, particularly abortion and women's autonomy at the United Nations population summit in Cairo in 1994 (Götmark & Andersson, 2020; Calderisi, 2013). In many parts of the world, population increase has been accompanied by a rise in faith (Johnson & Grim, 2013). As noted by Pearce et al (2015), one should be more pro-natalist the more devout they are to their pro-natalist religion. Some aspects of religion need to be studied, according to studies on religious influence. It was further stated that belonging to a certain religion or ethnic community signifies adherence to a variety of ideas (both specific and general) with varying levels of pronatalism. The possibility that religious ideologies will create respectable life strategies, such as a desire for family size, depends on how significant religious practices and beliefs are in a person's life (Pearce et al 2015).

While the world's population is forecast to increase by 32% in a few years, Michael and Conrad (2017), noted in their analysis that the overall number of Muslims is also likely to increase by 70%, from 1.8 billion in 2015 to roughly 3 billion in 2060. They also pointed out that, as of 2015, 24.1% of the world's population was Muslim. They will be responsible for more than 31.1% of the world's

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population in 45 years. First off, according to Michael & Conrad (2017), Muslims are considered to have more children than members of other religions. They typically had 2.9 children, which is much more than the next biggest sect, which had Christians on average with 2.6 children and non-Muslims with 2.2. Muslim fertility is consistently greater than non-Muslim fertility in all the major areas with sizable Muslim populations. The fact that Muslims consistently have the youngest median age—24 in 2015—and that of all the main religious sects—more than seven years younger than the median age of non-Muslims—also contributes to their growth (Michael & Conrad, 2017). Some doctrines forbid the use of contraceptives as a method of preventing conception. An example is Catholicism. LeMaire (2016) noted that the Roman Catholic Church has long held the official position that artificial methods of family planning, such as the use of condoms and other trustworthy methods, contraceptive pills, injections, or implants, the use of intrauterine devices, and sterilisation of both sexes, are strongly opposed. Only organic techniques were permitted. In a survey by Nwokocho and Bakare (2014), it was found that while 67% of Catholics approved of contraception, all non-Catholic respondents who were broken down into Protestant and Pentecostal groups, said that using contraception is good and appropriate. The remaining 33% reiterated the Church's position, which considers it inappropriate and thus never to be used

However, with the increased level of industrialization and improvement in religious activities, Nigeria is experiencing a demographic transition from a high level of fertility to a low level of fertility, although at a very slow rate. It is also important to note that fertility behaviour varies among the different religions due to their different beliefs. Therefore, the study is set to fill the gap that will explore whether religion is related to fertility behavior or not.

It is important to look into the relationship between religion and the fertility behaviour of women in Nigeria because despite being the most densely populated country in the whole of Africa, several implementations of population-related policies (e.g National Population Policy for Sustainable Development-updated in 2021) have not yet yielded any significant result with regards to fertility

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decline. Also, research carried out by Odusina, et al, (2020), concluded that the work status of couples, region, religion and the use of contraceptives play a role in fertility behaviour. Nevertheless, previous studies have largely focused on couples and not ever-married women. Hence, this study sets out to document the fertility behaviour of ever-married women and also the relationship that exists between religion and fertility behaviour.

Theoretical Framework

For this study, the Religious Alloparenting Hypothesis by Shaver et al, (2018), and the Fertility and Faith hypothesis by Philip Jenkins (2020) are adopted as the theoretical framework. According to the *religious alloparenting proposition*, the high fertility rate that distinguishes religious groups is made possible by religious collaboration (Shaver, 2017). The model assumes that religious people have high levels of in-group collaboration (Purzycki et al., 2016; Norenzayan et al., 2015) and contends that these levels of cooperation (e.g., running errands, sharing clothing) affect fertility by allowing religious parents to devote more time and resources to their kids than non-religious parents with a comparable number of children. The religious alloparenting theory additionally projects that extensive kin ties and unrelated co-religionists will provide direct alloparental childcare. In other words, it is anticipated that religious partnership as a whole and religious alloparenting in particular, will help religious people maintain larger families.

Children are more at risk from the care provided by non-parents than from direct parental care, where well-developed attachment mechanisms drive investment (Hrdy, 2005). As a result, it is normal for parents to be wary about entrusting their children to other people, especially those who are not related to them. Although ritual behaviour in particular, fosters a sense of confidence among co-religionists, religious ecologies nonetheless promote generalised trust among community members (e.g., McCullough et al., 2016; Anderson et al., 2010). To put it differently, high levels of trust among co-religionists may encourage more alloparenting in religious

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communities, especially in the secularised surroundings linked to modernization (Sosis, 2005; Hall et al., 2015).

The religious alloparenting idea has some preliminary evidence to support it. First, regular worshippers receive more social support from their bigger social networks than irregular or non-worshippers (Bradley, 1995). Second, it has been demonstrated that parents receive greater social support from their fellow believers than non-parents (Chatters et al., 2002). Third, among religious women and men, prayer frequency and church attendance are associated with having more offspring, and that between-sex differences suggest that breeding pairs may use religious activities as signals of cooperation (Bulbulia et al., 2015).

Fourth, when a stranger is portrayed as devout, people are more likely to trust them with their children (Sosis, 2005; Purzycki&Arakchaa, 2013). And lastly, many religious communities promote responsible parenting among their members and penalise those who fail to do so (Wilcox, 2004; Bartkowski et al., 2008). However, it is currently unknown whether those who belong to religious communities provide more alloparental support than non-religious people who share the same demographics.

The Fertility and Faith hypothesis on the other hand, stated that the near-universal reduction in reproduction rates over the previous decades has been a significant factor in the downfall of religion. These processes are also thought to be concurrent and interact with one another. The aforementioned approach differs significantly from conventional demographic models of changing fertility, including the Second Demographic Transition (SDT) model. The SDT model contends that changes in family structures and a decline in fertility below replacement level have occurred





in many industrialised cultures as a result of a change in norms and values orientation, including secularisation and individualization processes (Lesthaeghe, 2010).

Thus, rather than the other way around, conceptions of fertility are more frequently seen as the result of intellectual and social advancements. Jenkins claims that as a result of fertility decline, not only can fertility preferences change, but it is also anticipated to cause a decline in the significance of religion in daily life. For example, due to fewer kids, families' relationship with organised religious institutions (such as religious schools, etc.) is significantly reduced. Additionally, it is asserted that the decline in family size frees women from the constraints of traditional religiously based parental roles and enables them to participate more actively in the labour force. As a consequence, this weakens ties to religious institutions and promotes the acceptance of more libertarian and individualistic viewpoints (Peri-Rotem, 2022). According to Jenkins (2020), the causal trajectory of the association between faith and fertility is less important because there is a strong correlation between the two: "Religious societies are more fertile; fertile societies tend to be more religious" (p. 163).

Materials and Methods

The NDHS 2018 design is based on a cross-sectional study design where data was gotten from a sample of different individuals across the nation. The 2018 NDHS sample was a two-stage stratified cluster sample. It was determined based on independent sampling probabilities for each sampling stage and each cluster. In the various houses surveyed, 42,121 women between the ages of 15 and 49 were identified for individual interviews. A total of 41,821 women participated, for a 99% response rate. According to NDHS 2018, 8,061 respondents were ultimately used for the research.

The 2018 Nigeria Demographic and Health Survey (2018 NDHS) was conducted by the National Population Commission (NPC), and it was funded by some other agencies and organisations,

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including the United Nations Population Fund, the Bill & Melinda Gates Foundation (BMGF), Global Fund, and others. The data for this study was obtained from the 2018 Nigeria Demographic Health Survey (NDHS). The survey's data-gathering period ran from 14 August to 29 December 2018. Its purpose was to give current information on the nation's family planning, HIV/AIDS, fertility rate, marriage, malaria, nutrition, etc. Current data on demographic and health indicators are provided by this national sample survey. Women in randomly chosen households across Nigeria between the ages of 15 and 49 were the work's target audience. The different religions were chosen with a stronger emphasis on Catholics, Other Christians, and Muslims. For analysis, data on the usage of contraceptives, number of children, age at marriage, and place of birth was used. The 2018 NDHS is unique in that it was the first Nigeria DHS to use computer-assisted personal interviewing (CAPI), which allowed data to be provided more quickly than in prior surveys.

The data obtained from the 2018 NDHS, were analyzed at three levels – univariate, bivariate, and multivariate. The univariate analysis was used to describe the mean, frequency, and percentages to explain each variable and socio-demographic characteristic of the respondents. At the bivariate level, Chi-square tests were carried out to consider the associations of religion with the use of contraceptives, age at marriage, number of children and the ideal number of children. At the Multivariate level, linear regression was used. The model was adjusted for the use of contraceptives, age at marriage, number of children ever born and the ideal number of children at the different levels of socio-demographic characteristics.

Results

Socio-demographic Characteristics of Respondents

Table 1 revealed that the age 25-29 had the highest frequency with 23.4% and the age group of 15-19 had the lowest with 6.0%. The average mean age was 39 years. It also revealed that the

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population with no level of education is the highest at 41.8% and higher education at the lowest. This shows already that the level of education among the respondents is very low and can result in people not having enough knowledge as to what to do. The table further gave information on religion; it was observed that Islam has the highest number of practised religions with a frequency of 4474, followed by other Christians with a frequency of 2774, Catholic 754 and other religions 59.

Table 1: Socio-demographic Distribution of Respondents

Age	Frequency (n=8061)	Percentage (%)
15-19	487	6.0
20-24	1258	15.6
25-29	1886	23.4
30-34	1668	20.7
35-39	1405	17.4
40-44	818	10.1
45-49	539	6.7
Highest Educational level		
No Education	3371	41.8
Primary	1329	16.5
Secondary	2615	32.4
Higher	746	9.3
Religion		
Catholic	754	9.4
Other Christian	2774	34.4
Islam	4474	55.5
Others	59	0.7
Wealth Index		
Poorest	1697	21.1
Poorer	1649	20.5
Middle	1682	20.9
Richer	1567	19.4
Richest	1466	18.2
Total	8061	100.0
Place of Residence		
Urban	3009	37.3

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Rural	5052	62.7
Region		
North Central	1451	18.0
North East	1574	19.5
North West	2101	26.1
South East	943	11.7
South South	793	9.8
South West	1199	14.9

Most of the respondents were also observed to be from the rural areas and also from the North West. It was also seen from the table that the level of poverty is high with about 62.5% of the respondents within the poverty line.

Relationship between Religion and the Use of Contraceptives

The use of No Method, Traditional Method and Modern Method was noted to show how well each religion makes use of contraceptives. The observation was made in percentage for easy and proper interpretation. It was noted that respondents from the Islamic religion have low use of any type of contraceptives i.e., 90.3% of no method, as it was earlier noted in Table1 that Islam is of the highest population among the respondents. This shows a high risk of high fertility. It was also observed from Table 2 that Catholics, other Christians and other religions play a major role in high fertility as they also have high percentages in ‘No Method’ i.e., 69.0%, 70.3% and 88.1% respectively. Although Catholics make use of traditional methods more (12.5%) than all the other religions, Islam has the least use of traditional methods (1.7%). Also, other Christians use the modern method more, followed by Catholics. The use of modern methods by Islam is low, but still higher than that of other religions. With Catholics as the highest number of respondents and the highest number of people who won’t use contraceptives, this is very dangerous to our population.





Table 2: Result of Respondents by the Use of Contraceptives

Religion	Use Of Contraceptives			
	No Method	Traditional Method	Modern Method	Total
Catholic	69.0%	12.5%	18.6%	100.0%
Other Christian	70.3%	7.3%	22.4%	100.0%
Islam	90.3%	1.7%	8.0%	100.0%
Others	88.1%	6.8%	5.1%	100.0%
Total	88.4%	4.7%	13.9%	100.0%

Relationship between Religion and Number of Children Ever Born

It was observed from Table 3 that women who have children below five (5) are more with the Other Christian (70.2%), and women from other religions have lesser children of that number. Women who have children between five (5) and nine (9), fall into the Islam category (37.7%); this shows that Islam will want more children than other religions.

Table 3: Number of Children Ever Born

Religion	Number Of Children				Total
	0 – 4	5 – 9	10 – 14	15 and above	
Catholic	65.3%	34.2%	0.5%	0.0%	100.0%
Other Christian	70.2%	28.5%	1.3%	0.0%	100.0%
Islam	56.5%	37.7%	5.7%	0.1%	100.0%
Others	66.1%	28.8%	5.1%	0.0%	100.0%
Total	75.8%	24.2%	0.0%	0.0%	100.0%

It was also noted that Islam still has more children above fifteen (15) with 0.1%, Catholic (0.5%), and other Christians (1.3%) have lesser children with the number between ten (10) and fourteen (14). This reveals that Catholics and other Christians have more children below five (5).

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Relationship between Religion and Ideal Number of Children

Table 4 presents the ideal number of children each woman will want to have according to their different religions. It was observed that Islam will love to have the highest number of children as they still had a higher percentage (1.9%) at the level of 15 children and above, unlike Catholics that will not want to have children up to that number and Other Christians at 0.1%. However, for Catholics, other Christians and other religions, their ideal number of children was high at the level of 0 – 4 children and the level of 5-9 children. This shows that Islam has a more ideal number of children than other religions.

Table 4: Ideal number of children according to their different religions

Religion	Ideal Number Of Children					
	0 – 4	5 – 9	10 -14	15 and above	Non-numeric response	Total
Catholic	38.2%	56.5%	4.1%	0.0%	1.2%	100.0
Other Christian	43.9%	48.7%	4.1%	0.1%	3.2%	100.0%
Islam	14.9%	45.7%	33.8%	1.9%	3.8%	100.0%
Others	38.9%	49.2%	11.9%	0.0%	0.0%	100.0%
Total	27.2%	47.8%	20.6%	1.1%	3.3%	100.0%

Discussion of Findings

The study revealed that there is a significant relationship between religion and the use of contraceptives. It was observed from a study carried out by Osuafor and Mturi(2013), using bivariate analysis that indicates a strong effect of religion on the use of contraceptives. It was concluded that religious beliefs have a strong effect on the use of contraceptives. It was also discovered that Christians were more likely to use contraceptives than their Muslim (Islam) counterparts, although other factors contribute to the low use of contraceptives such as level of education, area of residence, occupation of children, and others. Research also shows that in

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Northern Nigeria with a predominantly Muslim population, the use of contraceptives is generally low compared to Christian groups (Salam, 2017). This is based on the fact that Islam opposes family planning (Osuafor & Mturi, 2013).

From the findings also, it was observed that there is a significant relationship between religion and age at marriage. This implies that religion can affect the age at which women get married. The mean age for Catholics and other Christians was observed to be 21, while for Islam, it was 17. This implies that Muslims get married earlier than Catholics and other Christians. Religious leaders were at an event organized during the American Academy of Religion Conference, it was agreed that religion is to be blamed when it comes to the relationship between religion and child marriage. Even if child marriage may not be related to one's religious beliefs, religious leaders nevertheless have a crucial role to play in preventing it, especially since marriages are frequently perceived as religious ceremonies (Vogelstein, 2014). Amzat (2020), also noted that the rate of child marriage is as high as 76% and that 43% of females in Nigeria are married before the age of 18. Because religion is so important in Nigeria, religious institutions and leaders have a say in when teenage girls are married. Mobolaji, et al., (2020) in their study also affirmed this position as they stated that religion and ethnicity have an independent association with the girl- child marriage in Nigeria and so intervention must be done that will address social norms that have been laid down by culture and several religious stands.

Additionally, findings from the study indicated that there is a relationship between the number of children ever born/ideal number of children and religion. As was observed in this study, Catholics had 65.3% of children below 5, 34.2% of children between 5 and 9, and 0.5% of children between 10 and 14. Islam on the other hand, had 56.5% of children below 5, 37.7% of children between 5 and 9, and 5.7% of children between 10 and 14. It is interesting to also note that about 0.1% of Muslims had children between 15 years and above. This finding has been corroborated by the

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study of Roy and Hossain (2017), who indicated that Muslims have more preference for more children than other Christians and Catholics.

All these findings revealed that the fertility behaviour of ever married is significantly tied to their religion in Nigeria. However, a previous study that utilized the 2018 NDHS had earlier indicated that religion is not significantly related to post-natal service utilisation (Uzobo & Ayinmoro, 2021). It should be noted that there are however other socio-demographic factors that could also be important to reproductive and sexual behaviours apart from religion, such as knowledge of sexual behaviour (Ayinmoro, Uzobo, Teibowei, & Fred, 2020), social networks (Uzobo et al., 2019; Uzobo & Moroyei, 2022), economic empowerment (Uzobo & Odubo, 2016; Uzobo & Yusuf, 2021), socio-economic autonomy (Amaegberi & Uzobo, 2021), and other socio-cultural factors (Uzobo et al., 2014).

Limitations of the Study

The study can be generalised because it used the Nigeria Demographic and Health Survey (NDHS) 2018 datasets. The methodology did have significant limitations, though, in that only causal correlations were found and cross-sectional data were used. There is a high likelihood of recollection and social acceptability biases because the poll also included self-reports.

Conclusion and Recommendations

According to the study, religion is a social institution that profoundly affects people's lives, including their decisions on having children. Religion has a strong correlation with the fertility behaviour of ever-married women. Also, the use of contraceptives is very low, especially among Muslims. The ideal number of children and children ever born also is affected by religion. This





shows that Nigerians hold their religions in high esteem and might oppose population policies that threaten their religious position.

Some initiatives must be implemented in Nigeria to immediately address the issue of declining fertility rates. It should be noted that this study found that attitudes towards fertility are influenced by religious beliefs. Therefore, to tackle this problem, there is the need to appropriately engage the religious components of our religion that encourage high fertility behaviour. Thus, the following recommendations have been made;

1. Religious leaders must be made to know the Nigeria Population policy and adjust its rules to fit in.
2. Access to the use of various contraceptives especially modern contraceptives must be made freely available with easy access to especially women with high fertility who might not have any idea of ways to control it.
3. The Nigerian law must criminalise child marriage and prosecute violators of this law.
4. Public orientation on the risk of high fertility in the country should be done especially by religious leaders to their congregations.

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